

# **Disposition of Changes for the Hospital Program**

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
APR.04.01.01, EP 2	The hospital selects and uses measures that reflect the following characteristics:	Moved	APR.04.01.01, EP 1	The hospital selects and us
	Relevant to the hospital			Relevant to the hospital
APR.04.01.01, EP 3	The hospital selects and uses measures that reflect the following characteristics:	Moved	APR.04.01.01, EP 2	The hospital selects and us
	Support strategic measurement goals			Support strategic measurer
APR.04.01.01, EP 4	The hospital selects and uses measures that reflect the following characteristics:	Moved	APR.04.01.01, EP 3	The hospital selects and us
	Target high-volume, high-risk, problem-prone issues			Target high-volume, high-ris
APR.04.01.01, EP 5	The hospital selects and uses measures that reflect the following characteristics:	Moved	APR.04.01.01, EP 4	The hospital selects and us
	Provide opportunities to improve the quality of care			Provide opportunities to imp
APR.04.01.01, EP 11	The hospital selects chart-abstracted measures and/or electronic clinical quality	Moved	APR.04.01.01, EP 5	The hospital selects chart-a
	measures (eCQMs) based on its patient population/services offered to meet current			measures (eCQMs) based o
	ORYX <sup>®</sup> requirements.			ORYX <sup>®</sup> requirements.
APR.04.01.01, EP 12	The hospital selects performance measures within The Joint Commission's data	Moved	APR.04.01.01, EP 6	The hospital selects perforr
	submission application.			submission application.
APR.04.01.01, EP 17	The hospital discusses with the surveyor how the data are used to identify, prioritize,	Moved	APR.04.01.01, EP 7	The hospital discusses with
	and monitor performance improvement activities.			and monitor performance ir
APR.04.01.01, EP 18	The hospital uses each individual measure to identify patterns, trends, or variations	Moved	APR.04.01.01, EP 8	The hospital uses each indi
	for improvement opportunities before replacing it. (For example, chart-abstracted			for improvement opportunit
	measures should begin the first quarter of the calendar year or first quarter following			measures should begin the
	receipt of an accreditation decision letter and be used for the remainder of the			receipt of an accreditation of
	calendar year before replacing any measures.)			calendar year before replac
APR.04.01.01, EP 19	Based on Joint Commission statistical analysis, the hospital continues to use a	Moved	APR.04.01.01, EP 9	Based on Joint Commissior
	measure if the data suggest an unstable pattern of performance or otherwise identify			measure if the data suggest
	an opportunity for improvement.			an opportunity for improver
APR.04.01.01, EP 20	The hospital selects a new measure if the data reflect stable and satisfactory	Moved	APR.04.01.01, EP 10	The hospital selects a new
	performance.			performance.
APR.04.01.01, EP 21	The hospital notifies The Joint Commission of a change in its service line that results	Moved	APR.04.01.01, EP 11	The hospital notifies The Joi
	in specific measures no longer being applicable (for example, a hospital closes its			in specific measures no lon
	obstetrical unit and can no longer report the Perinatal Care measures).			obstetrical unit and can no
APR.04.01.01, EP 22	The hospital's performance measure data are submitted to The Joint Commission in	Moved	APR.04.01.01, EP 12	The hospital's performance
	the timelines established and technical manner prescribed by The Joint			the timelines established a
	Commission.			Commission.
APR.04.01.01, EP 23	The hospital resolves data quality issues for reported performance measures.	Moved	APR.04.01.01, EP 13	The hospital resolves data of
APR.04.01.01, EP 24	For the most recent 12-month calendar reporting period, the hospital achieves and	Moved	APR.04.01.01, EP 14	For the most recent 12-mor
	sustains an acceptable level of performance for each measure, as defined by Joint			sustains an acceptable leve
	Commission statistical analysis, before it discontinues a measure's use in			Commission statistical ana
	performance improvement activities.			performance improvement
EC.01.01.01, EP 1	Leaders identify an individual(s) to manage risk, coordinate risk reduction activities	Deleted EP -	N/A	N/A
	in the physical environment, collect deficiency information, and disseminate	Replaced with more		
	summaries of actions and results.	direct EP(s) or		
	Note: Deficiencies include injuries, problems, or use errors.	moved to guidance within SPG		
	CoPs: §482.41(c), §482.41(c)(1), §482.41(c)(2), §482.41(d)(2)	-		
EC.01.01.01, EP 3	The hospital has a library of information regarding inspection, testing, and	Deleted EP -	N/A	N/A
	maintenance of its equipment and systems.	Replaced with more		

uses measures that reflect the following characteristics:

uses measures that reflect the following characteristics: ement goals

uses measures that reflect the following characteristics: risk, problem-prone issues

uses measures that reflect the following characteristics: mprove the quality of care

-abstracted measures and/or electronic clinical quality I on its patient population/services offered to meet current

rmance measures within The Joint Commission's data

th the surveyor how the data are used to identify, prioritize, improvement activities.

dividual measure to identify patterns, trends, or variations nities before replacing it. (For example, chart-abstracted he first quarter of the calendar year or first quarter following in decision letter and be used for the remainder of the facing any measures.)

on statistical analysis, the hospital continues to use a stan unstable pattern of performance or otherwise identify ement.

v measure if the data reflect stable and satisfactory

oint Commission of a change in its service line that results onger being applicable (for example, a hospital closes its o longer report the Perinatal Care measures).

ce measure data are submitted to The Joint Commission in and technical manner prescribed by The Joint

a quality issues for reported performance measures. onth calendar reporting period, the hospital achieves and vel of performance for each measure, as defined by Joint nalysis, before it discontinues a measure's use in nt activities.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	Note: This library includes manuals, procedures provided by manufacturers,	direct EP(s) or		
	technical bulletins, and other information.	moved to guidance		
		within SPG		
	CoPs: §482.41(d)(2)			
EC.01.01.01, EP 4	The hospital has a written plan for managing the following: The environmental safety	Deleted EP -	N/A	N/A
	of patients and everyone else who enters the hospital's facilities.	Replaced with more		
	CoPs: §482.26(b), §482.41(a)	direct EP(s) or moved to guidance		
	COPS. 9462.26(D), 9462.41(a)	within SPG		
EC.01.01.01, EP 5	The hospital has a written plan for managing the following: The security of everyone	Deleted EP -	N/A	N/A
20101101101,21	who enters the hospital's facilities.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.13(c)(2)	moved to guidance		
		within SPG		
EC.01.01.01, EP 6	The hospital has a written plan for managing the following: Hazardous materials and	Deleted EP -	N/A	N/A
	waste.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.26(b), §482.41(a)	moved to guidance		
		within SPG		
EC.01.01.01, EP 7	The hospital has a written plan for managing the following: Fire safety.	Deleted EP -	N/A	N/A
		Replaced with more		
	CoPs: §482.41(a)	direct EP(s) or		
		moved to guidance		
	The begin its been sumitteen when for means sing the following. Modical equipment	within SPG		
EC.01.01.01, EP 8	The hospital has a written plan for managing the following: Medical equipment.	Deleted EP -	N/A	N/A
	CoPs: §482.41(a), §482.41(d)(2)	Replaced with more direct EP(s) or		
	COPS. 9402.41(a), 9402.41(u)(2)	moved to guidance		
		within SPG		
EC.01.01.01, EP 9	The hospital has a written plan for managing the following: Utility systems.	Deleted EP -	N/A	N/A
201011011,21	Note: In circumstances where the program or service is located in a business	Replaced with more		
	occupancy not owned by the accredited organization, the plan may only need to	direct EP(s) or		
	address how routine service and maintenance for their utility systems are obtained.	moved to guidance		
		within SPG		
	CoPs: §482.41(a), §482.41(d)(2)			
EC.01.01.01, EP 12	The hospital complies with the 2012 edition of NFPA 99: Health Care Facilities Code,	Moved and Revised	PE.04.01.01, EP 1	The hospital meets the app
	including Tentative Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6.			Health Care Facilities Code
	Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.			12-2, 12-3, 12-4, 12-5, and
				Note 1: Chapters 7, 8, 12, a
	CoPs: \$482.15(e)(1), \$482.15(h)(1)(i), \$482.15(h)(1)(ii), \$482.15(h)(1)(iii),			Note 2: If application of the
	\$482.15(h)(1)(iv), \$482.15(h)(1)(v), \$482.15(h)(1)(vi), \$482.41(e)(1)(i), \$482.41(e)(1)(ii), \$482.41(e)(1)(i			hardship for the hospital, th
	\$482.41(e)(1)(iii), \$482.41(e)(1)(iv), \$482.41(e)(1)(v), \$482.41(e)(1)(vi)			specific provisions of the H
				adversely affect the health Note 3: All inspecting activi
				the activity; inventory of dev
				name and contact informat
				standard(s) referenced for t
				CoPs: §482.15(e)(1), §482.1

oplicable provisions and proceeds in accordance with the de (NFPA 99-2012 and Tentative Interim Amendments [TIA] d 12-6).

and 13 of the Health Care Facilities Code do not apply. The Health Care Facilities Code would result in unreasonable the Centers for Medicare & Medicaid Services may waive Health Care Facilities Code, but only if the waiver does not h and safety of patients.

vities are documented with the name of the activity; date of levices, equipment, or other items; required frequency; ation of person who performed the activity; NFPA r the activity; and results of the activity.

.15(h)(1)(i), \$482.15(h)(1)(ii), \$482.15(h)(1)(iii),

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				\$482.15(h)(1)(iv), \$482.15(h) \$482.41(c)(2), \$482.41(e)(1) \$482.41(e)(1)(v), \$482.41(e)
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.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.13(c)(2), §482.26(b), §482.41(a)			
EC.02.01.01, EP 3	The hospital takes action to minimize or eliminate identified safety and security risks in the physical environment. CoPs: §482.13(c)(2), §482.26(b), §482.41(a)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.01.01, EP 5	The hospital maintains all grounds and equipment. CoPs: §482.41(a)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.01.01, EP 7	The hospital identifies individuals entering its facilities. Note: The hospital determines which of those individuals require identification and how to do so.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.01.01, EP 8	CoPs: §482.13(c)(2) The hospital controls access to and from areas it identifies as security sensitive.	Moved	NPG.11.01.01, EP 1	The hospital controls acces
	CoPs: §482.13(c)(2), §482.53(b)			
EC.02.01.01, EP 9	The hospital has written procedures to follow in the event of a security incident, including an infant or pediatric abduction.	Consolidation of EC.02.01.01, EP 9; EC.02.01.01, EP 10	NPG.11.01.01, EP 2	The hospital develops and i the event of a security incid
	CoPs: §482.13(c)(2)	Concelidation of		The been ital develope and i
EC.02.01.01, EP 10	When a security incident occurs, the hospital follows its identified procedures.	Consolidation of EC.02.01.01, EP 9; EC.02.01.01, EP 10	NPG.11.01.01, EP 2	The hospital develops and i the event of a security incid
EC.02.01.01, EP 11	CoPs: §482.13(c)(2) The hospital responds to product notices and recalls.	Deleted EP - Replaced with more	N/A	N/A
	CoPs: §482.25(b), §482.41(a)	direct EP(s) or moved to guidance within SPG		
EC.02.01.01, EP 14	<ul> <li>The hospital manages magnetic resonance imaging (MRI) safety risks associated with the following:</li> <li>Patients who may experience claustrophobia, anxiety, or emotional distress</li> <li>Patients who may require urgent or emergent medical care</li> <li>Patients with medical implants, devices, or imbedded metallic foreign objects (such as shrapnel)</li> </ul>	Moved	NPG.13.03.01, EP 1	The hospital manages mag with the following: - Patients who may experier - Patients who may require - Patients with medical imp (such as shrapnel)

5(h)(1)(v), §482.15(h)(1)(vi), §482.41(c), §482.41(c)(1), )(1)(i), §482.41(e)(1)(ii), §482.41(e)(1)(iii), §482.41(e)(1)(iv), (e)(1)(vi), §482.42

ess to and from areas it identifies as security sensitive.

d implements written policies and procedures to follow in sident, including an infant or pediatric abduction.

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agnetic resonance imaging (MRI) safety risks associated

ience claustrophobia, anxiety, or emotional distress re urgent or emergent medical care nplants, devices, or imbedded metallic foreign objects

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Ferromagnetic objects entering the MRI environment			- Ferromagnetic objects ent
EC.02.01.01, EP 16	- Acoustic noise     The hospital manages magnetic resonance imaging (MRI) safety risks by doing the	Moved	NPG.13.03.01, EP 2	- Acoustic noise The hospital manages magr
	following:			following:
	- Restricting access of everyone not trained in MRI safety or screened by staff trained			- Restricting access of every
	in MRI safety from the scanner room and the area that immediately precedes the entrance to the MRI scanner room.			in MRI safety from the scan entrance to the MRI scanne
	- Making sure that these restricted areas are controlled by and under the direct			- Making sure that these res
	supervision of staff trained in MRI safety.			supervision of staff trained
	- Posting signage at the entrance to the MRI scanner room that conveys that			- Posting signage at the entr
	potentially dangerous magnetic fields are present in the room. Signage should also			potentially dangerous magr
	indicate that the magnet is always on except in cases where the MRI system, by its			indicate that the magnet is
	design, can have its magnetic field routinely turned on and off by the operator.			design, can have its magne
EC.02.01.01, EP 17	The hospital conducts an annual worksite analysis related to its workplace violence	Moved	NPG.02.04.01, EP 3	The hospital conducts an a
,	prevention program. The hospital takes actions to mitigate or resolve the workplace			prevention program. The ho
	violence safety and security risks based upon findings from the analysis.			violence safety and security
	Note: A worksite analysis includes a proactive analysis of the worksite, an investigation of the hospital's workplace violence incidents, and an analysis of how			Note: A worksite analysis in investigation of the hospital
	the program's policies and procedures, training, education, and environmental			the program's policies and
	design reflect best practices and conform to applicable laws and regulations.			design reflect best practice
EC.02.01.03, EP 4	Smoking materials are removed from patients receiving respiratory therapy. When a	Deleted EP -	N/A	N/A
,	nasal cannula is delivering oxygen outside of a patient's room, no sources of ignition	Replaced with more		
	are within the site of intentional expulsion (within 1 foot). When other oxygen delivery	direct EP(s) or		
	equipment is used or oxygen is delivered inside a patient's room, no sources of	moved to guidance		
	ignition are within the area of administration (within 15 feet). Solid fuel–burning	within SPG		
	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)			
	CoPs: §482.41(c)			
EC.02.01.03, EP 6 EC.02.02.01, EP 1	<ul><li>The hospital takes action to maintain compliance with its smoking policy.</li><li>The hospital maintains a written, current inventory of hazardous materials and waste</li></ul>	Deleted Moved	N/A PE.02.01.01, EP 1	N/A
EC.02.02.01, EP 1	that it uses, stores, or generates. The only materials that need to be included on the	Moveu	PE.02.01.01, EP 1	The hospital maintains a wr that it uses, stores, or gener
	inventory are those whose handling, use, and storage are addressed by law and			inventory are those whose h
	regulation.			regulation.
	CoPs: \$482.26(b)(1), \$482.41(a)			
EC.02.02.01, EP 3	The hospital has written procedures, including the use of precautions and personal	Consolidation of	PE.02.01.01, EP 4	The hospital develops and i
	protective equipment, to follow in response to hazardous material and waste spills	EC.02.02.01, EP 3; EC.02.02.01, EP 4;		and staff from exposure to I address the following:
	or exposures.	EC.02.02.01, EP 4, EC.02.02.01, EP 5;		- Minimizing risk when sele
	CoPs: §482.26(b), §482.26(b)(1), §482.26(b)(3), §482.41(a), §482.53(b)	EC.02.02.01, EP 5;		disposing of radioactive ma
	001 0. 3402.20(b), 3402.20(b)(1), 3402.20(b)(0), 3402.41(d), 3402.00(b)	EC.02.02.01, EP 7;		vapors
		EC.02.02.01, EP 8;		- Disposal of hazardous me
		EC.02.02.01, EP 9		- Minimizing risk when sele
				use of proper shielding
				- Periodic inspection of radi
				during inspection

ntering the MRI environment

gnetic resonance imaging (MRI) safety risks by doing the

eryone not trained in MRI safety or screened by staff trained inner room and the area that immediately precedes the ner room.

estricted areas are controlled by and under the direct d in MRI safety.

ntrance to the MRI scanner room that conveys that gnetic fields are present in the room. Signage should also s always on except in cases where the MRI system, by its netic field routinely turned on and off by the operator.

annual worksite analysis related to its workplace violence nospital takes actions to mitigate or resolve the workplace ity risks based on findings from the analysis.

includes a proactive analysis of the worksite, an

al's workplace violence incidents, and an analysis of how d procedures, training, education, and environmental ces and conform to applicable laws and regulations.

written, current inventory of hazardous materials and waste lerates. The only materials that need to be included on the e handling, use, and storage are addressed by law and

d implements policies and procedures to protect patients b hazardous materials. The policies and procedures

ecting, handling, storing, transporting, using, and naterials, hazardous chemicals, and hazardous gases and

nedications ecting and using hazardous energy sources, including the

diology equipment and prompt correction of hazards found

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				<ul> <li>Precautions to follow and hazardous material and wa Note 1: Hazardous energy is radiation and x-ray equipme MRIs).</li> <li>Note 2: Hazardous gases an and nitrous oxide gases; va such as lasers; waste anest exhaust. (For full text, refer</li> </ul>
EC.02.02.01, EP 4	The hospital implements its procedures in response to hazardous material and waste spills or exposures. CoPs: \$482.41(a), \$482.53(b)	Consolidation of EC.02.02.01, EP 3; EC.02.02.01, EP 4; EC.02.02.01, EP 5; EC.02.02.01, EP 6; EC.02.02.01, EP 7; EC.02.02.01, EP 8; EC.02.02.01, EP 9	PE.02.01.01, EP 4	CoPs: §482.26(b), §482.26( The hospital develops and i and staff from exposure to h address the following: - Minimizing risk when select disposing of radioactive may vapors - Disposal of hazardous me - Minimizing risk when select use of proper shielding - Periodic inspection of radii during inspection - Precautions to follow and hazardous material and way Note 1: Hazardous energy is radiation and x-ray equipment MRIs). Note 2: Hazardous gases ar and nitrous oxide gases; val such as lasers; waste anest exhaust. (For full text, refer
EC.02.02.01, EP 5	The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.         CoPs: \$482.41(a), \$482.41(b)(4)	Consolidation of EC.02.02.01, EP 3; EC.02.02.01, EP 4; EC.02.02.01, EP 5; EC.02.02.01, EP 6; EC.02.02.01, EP 7; EC.02.02.01, EP 8; EC.02.02.01, EP 9	PE.02.01.01, EP 4	CoPs: §482.26(b), §482.26(d) The hospital develops and i and staff from exposure to b address the following: - Minimizing risk when select disposing of radioactive may vapors - Disposal of hazardous me - Minimizing risk when select use of proper shielding - Periodic inspection of radii during inspection - Precautions to follow and hazardous material and way Note 1: Hazardous energy is radiation and x-ray equipment MRIs).

- d personal protective equipment to wear in response to /aste spills or exposure
- is produced by both ionizing equipment (for example, nent) and nonionizing equipment (for example, lasers and

and vapors include but are not limited to ethylene oxide vapors generated by glutaraldehyde; cauterizing equipment, esthetic gas disposal (WAGD); and laboratory rooftop er to NFPA 99-2012: 9.3.8; 9.3.9)

6(b)(1), §482.26(b)(2), §482.53(b), §482.53(b)(2)

d implements policies and procedures to protect patients o hazardous materials. The policies and procedures

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diology equipment and prompt correction of hazards found

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EC.02.02.01, EP 6	The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of radioactive materials.         CoPs: \$482.26(b)(1), \$482.41(b)(4), \$482.53(b), \$482.53(b)(2)	Consolidation of EC.02.02.01, EP 3; EC.02.02.01, EP 4; EC.02.02.01, EP 5; EC.02.02.01, EP 6; EC.02.02.01, EP 7; EC.02.02.01, EP 8; EC.02.02.01, EP 9	PE.02.01.01, EP 4	CoPs: §482.26(b), §482.26( The hospital develops and i and staff from exposure to h address the following: - Minimizing risk when select disposing of radioactive may vapors - Disposal of hazardous me - Minimizing risk when select use of proper shielding - Periodic inspection of radii during inspection - Precautions to follow and hazardous material and way Note 1: Hazardous energy is radiation and x-ray equipmed MRIs). Note 2: Hazardous gases ar and nitrous oxide gases; vap such as lasers; waste anest exhaust. (For full text, refer
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.         CoPs: \$482.26(b), \$482.26(b)(1), \$482.26(b)(3), \$482.53(b)	Consolidation of EC.02.02.01, EP 3; EC.02.02.01, EP 4; EC.02.02.01, EP 5; EC.02.02.01, EP 6; EC.02.02.01, EP 7; EC.02.02.01, EP 8; EC.02.02.01, EP 9	PE.02.01.01, EP 4	CoPs: §482.26(b), §482.26(f) The hospital develops and i and staff from exposure to h address the following: - Minimizing risk when select disposing of radioactive ma vapors - Disposal of hazardous me - Minimizing risk when select use of proper shielding - Periodic inspection of radi during inspection - Precautions to follow and hazardous material and was Note 1: Hazardous energy is radiation and x-ray equipmed MRIs). Note 2: Hazardous gases ar and nitrous oxide gases; vap such as lasers; waste anest exhaust. (For full text, refer

and vapors include but are not limited to ethylene oxide vapors generated by glutaraldehyde; cauterizing equipment, esthetic gas disposal (WAGD); and laboratory rooftop er to NFPA 99-2012: 9.3.8; 9.3.9)

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				CoPs: §482.26(b), §482.26(b
EC.02.02.01, EP 8	The hospital minimizes risks associated with disposing of hazardous medications. CoPs: §482.26(b)(1), §482.41(a), §482.53(b), §482.53(b)(2)	Consolidation of EC.02.02.01, EP 3; EC.02.02.01, EP 4; EC.02.02.01, EP 5; EC.02.02.01, EP 6; EC.02.02.01, EP 7; EC.02.02.01, EP 8; EC.02.02.01, EP 9	PE.02.01.01, EP 4	The hospital develops and in and staff from exposure to h address the following: - Minimizing risk when select disposing of radioactive ma vapors - Disposal of hazardous me - Minimizing risk when select use of proper shielding - Periodic inspection of radii during inspection - Precautions to follow and hazardous material and was Note 1: Hazardous energy is radiation and x-ray equipment MRIs). Note 2: Hazardous gases ar and nitrous oxide gases; vap such as lasers; waste anest exhaust. (For full text, refer CoPs: §482.26(b), §482.26(b)
EC.02.02.01, EP 9	The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous gases and vapors. 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) CoPs: §482.41(d)(4)	Consolidation of EC.02.02.01, EP 3; EC.02.02.01, EP 4; EC.02.02.01, EP 5; EC.02.02.01, EP 6; EC.02.02.01, EP 7; EC.02.02.01, EP 8; EC.02.02.01, EP 9	PE.02.01.01, EP 4	The hospital develops and in and staff from exposure to h address the following: - Minimizing risk when select disposing of radioactive ma vapors - Disposal of hazardous men - Minimizing risk when select use of proper shielding - Periodic inspection of radii during inspection - Precautions to follow and p hazardous material and was Note 1: Hazardous energy is radiation and x-ray equipment MRIs). Note 2: Hazardous gases ar and nitrous oxide gases; vap such as lasers; waste anest exhaust. (For full text, refer t
EC.02.02.01, EP 10	The hospital monitors levels of hazardous gases and vapors to determine that they	Deleted EP -	N/A	CoPs: §482.26(b), §482.26(l N/A
	are in safe range. Note: Law and regulation determine the frequency of monitoring hazardous gases	Replaced with more direct EP(s) or		

6(b)(1), §482.26(b)(2), §482.53(b), §482.53(b)(2)

d implements policies and procedures to protect patients b hazardous materials. The policies and procedures

ecting, handling, storing, transporting, using, and naterials, hazardous chemicals, and hazardous gases and

nedications

ecting and using hazardous energy sources, including the

diology equipment and prompt correction of hazards found

d personal protective equipment to wear in response to /aste spills or exposure

is produced by both ionizing equipment (for example, nent) and nonionizing equipment (for example, lasers and

and vapors include but are not limited to ethylene oxide vapors generated by glutaraldehyde; cauterizing equipment, esthetic gas disposal (WAGD); and laboratory rooftop er to NFPA 99-2012: 9.3.8; 9.3.9)

6(b)(1), §482.26(b)(2), §482.53(b), §482.53(b)(2) d implements policies and procedures to protect patients o hazardous materials. The policies and procedures

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6(b)(1), §482.26(b)(2), §482.53(b), §482.53(b)(2)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	and vapors as well as acceptable ranges.	moved to guidance within SPG		
	CoPs: §482.41(a)			
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.	Moved	PE.02.01.01, EP 2	For managing hazardous ma manifests, and safety data s
	CoPs: §482.26(b)(1), §482.41(a), §482.53(b), §482.53(b)(2)			
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. CoPs: §482.26(b)(1), §482.41(a), §482.53(b), §482.53(b)(2)	Moved and Revised	PE.02.01.01, EP 3	The hospital labels hazardou hazard warnings. Note: The Occupational Safe Pathogens and Hazard Com Association (NFPA) provide o
EC.02.02.01, EP 17	For hospitals that provide computed tomography (CT), positron emission tomography (PET), nuclear medicine (NM), or fluoroscopy services: The results of dosimetry monitoring are reviewed at least quarterly by the radiation safety officer, diagnostic medical physicist, or health physicist to assess whether staff radiation exposure levels are "as low as reasonably achievable" (ALARA) and below regulatory limits. Note 1: For the definition of ALARA, please refer to US Nuclear Regulatory Commission federal regulation 10 CFR 20.1003. Note 2: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.	Moved and Revised	NPG.13.03.01, EP 3	For hospitals that provide co tomography (PET), nuclear n safety officer, diagnostic me dosimetry monitoring at leas levels are "as low as reasons Note 1: For the definition of Commission federal regulat Note 2: This element of perfor radiographic imaging studie maxillofacial region or to obt
EC.02.02.01, EP 18	For hospitals that use Joint Commission accreditation for deemed status purposes: Radiation workers are checked periodically, by the use of exposure meters or badge tests, for the amount of radiation exposure. CoPs: §482.26(b)(3)	Moved and Revised	PE.02.01.01, EP 5	Radiation workers are check for the amount of radiation e CoPs: §482.26(b)(3)
EC.02.02.01, EP 19	The hospital has procedures for the proper routine storage and prompt disposal of trash and regulated medical waste.	Moved	PE.02.01.01, EP 6	The hospital has procedures trash and regulated medical
	CoPs: §482.41(b)(4)			CoPs: §482.41(b)(4)
EC.02.03.01, EP 1	The hospital minimizes the potential for harm from fire, smoke, and other products of combustion. CoPs: §482.41(b)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.03.01, EP 4	The hospital maintains free and unobstructed access to all exits. Note: This requirement applies to all buildings classified as business occupancy. The "Life Safety" (LS) chapter addresses the requirements for all other occupancy types. CoPs: §482.41(b)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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	Moved and Revised	PE.03.01.01, EP 4	The hospital has written fire reporting of fires; extinguish evacuation; and cooperation

materials and waste, the hospital has the permits, licenses, a sheets required by law and regulation.

dous materials and waste. Labels identify the contents and

afety and Health Administration's (OSHA) Bloodborne ommunications Standards and the National Fire Protection le details on labeling requirements.

computed tomography (CT), positron emission r medicine (NM), or fluoroscopy services: The radiation nedical physicist, or health physicist reviews the results of east quarterly to assess whether staff radiation exposure onably achievable" (ALARA) and below regulatory limits. of ALARA, please refer to US Nuclear Regulatory ation 10 CFR 20.1003.

erformance does not apply to dental cone beam CT lies performed for diagnosis of conditions affecting the obtain guidance for the treatment of such conditions.

ecked periodically, using exposure meters or badge tests, n exposure.

res for the proper routine storage and prompt disposal of cal waste.

re control plans that include provisions for prompt shing fires; protection of patients, staff, and guests; ion with firefighting authorities.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	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.			CoPs: §482.15(b)(1)(ii)(C), §
	CoPs: §482.15(b)(1)(ii)(C), §482.41(b)(5)			
EC.02.03.01, EP 11	Periodic evaluations, as determined by the hospital, are made of potential fire hazards that could be encountered during surgical procedures. Written fire prevention and response procedures, including safety precautions related to the use of flammable germicides or antiseptics, are established. CoPs: §482.51(b)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.03.01, EP 12	<ul> <li>When flammable germicides or antiseptics are used during surgeries utilizing electrosurgery, cautery, or lasers, the following are required: <ul> <li>Nonflammable packaging</li> <li>Unit-dose applicators</li> <li>Preoperative "time-out" prior to the initiation of any surgical procedure to verify the following: <ul> <li>Application site is dry prior to draping and use of surgical equipment</li> <li>Pooling of solution has not occurred or has been corrected</li> <li>Solution-soaked materials have been removed from the operating room prior to draping and use of surgical devices</li> </ul> </li> </ul></li></ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.51(b)			
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. CoPs: §482.41(c)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.03.03, EP 1	The hospital conducts fire drills once per shift per quarter in each building defined as a health care occupancy by the Life Safety Code. The hospital conducts quarterly fire drills in each building defined as an ambulatory health care occupancy by the Life Safety Code. Note 1: Evacuation of patients during drills is not required. Note 2: When drills are conducted between 9:00 P.M. and 6:00 A.M., the hospital may use a coded announcement to notify staff instead of activating audible alarms. For full text, refer to NFPA 101-2012: 18/19: 7.1.7. Note 3: In leased or rented facilities, drills need be conducted only in areas of the building that the hospital occupies.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC 02 02 02 ED 2	CoPs: §482.41(b)(1)(i)	Deleted ED		N1/A
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.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
EC.02.03.03, EP 3	<ul> <li>When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions.</li> <li>Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the hospital may use a coded announcement to notify staff instead of activating audible alarms.</li> <li>Note 2: Fire drills vary by at least one hour for each shift from quarter to quarter, through four consecutive quarters.</li> <li>Note 3: For full text, refer to NFPA 101-2012: 18/19: 7.1; 7.1.7; 7.2; 7.3.</li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.03.03, EP 4	CoPs: §482.41(b)(1)(i)Staff who work in buildings where patients are housed or treated participate in drills according to the hospital's fire response plan.CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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. CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.03.03, EP 8	CoPs: \$482.41(b)(1)(i)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)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.CoPs: \$482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.03.05, EP 1	<ul> <li>COPS: 9482.41(b)(1)(1)</li> <li>The hospital tests supervisory signal devices on the inventory in accordance with the following time frames:         <ul> <li>Quarterly for pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, and other suppression system supervisory initiating devices</li> <li>Semiannually for valve supervisory switches</li> <li>Annually for other supervisory initiating devices</li> </ul> </li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	The results and completion dates are documented. Note 1: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5. Note 2: Water storage tanks and associated water storage equipment do not require testing.			
	CoPs: §482.41(d)(2)			
EC.02.03.05, EP 2	Every 6 months, the hospital tests vane-type and pressure-type water flow devices and valve tamper switches on the inventory. The results and completion dates are documented. Note 1: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5. Note 2: Mechanical water flow devices (including, but not limited to, water motor gongs) should be tested quarterly. The results and completion dates are documented. (For full text, refer to NFPA 25-2011: Table 5.1.1.2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.03.05, EP 3	CoPs: §482.41(d)(2)Every 12 months, the hospital tests duct detectors, heat detectors, manual fire alarm boxes, and smoke detectors on the inventory. The results and completion dates are documented.Note: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5; 17.14.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(d)(2)			
EC.02.03.05, EP 4	Every 12 months, the hospital tests visual and audible fire alarms, including speakers and door-releasing devices on the inventory. The results and completion dates are documented. Note: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.03.05, EP 5	CoPs: §482.41(d)(2)Every 12 months, the hospital tests fire alarm equipment on the inventory for notifying off-site fire responders. The results and completion dates are documented. Note: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.CoPs: §482.41(d)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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. CoPs: §482.41(d)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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. CoPs: §482.41(d)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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.	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	Note: For additional guidance on performing tests, see NFPA 25-2011: 13.7; Table 13.1.1.2.	moved to guidance within SPG		
	CoPs: §482.41(d)(2)			
EC.02.03.05, EP 11	For automatic sprinkler systems: Every 12 months, the hospital tests fire pumps under flow. Fire pump 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. CoPs: §482.41(d)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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. CoPs: §482.41(d)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.03.05, EP 14	CoPs: §482.41(d)(2) The hospital tests automatic fire-extinguishing systems as follows:	Deleted EP -	N/A	N/A
	<ul> <li>Carbon dioxide systems every 12 months</li> <li>Halon systems every 6 months</li> <li>Other special systems per National Fire Protection Association standards and manufacturers' recommendations.</li> <li>The results and completion dates are documented.</li> <li>Note 1: Discharge of the fire-extinguishing systems is not required.</li> <li>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).</li> <li>Note 3: For full text, refer to NFPA 11-2010; NFPA 16-2011; NFPA 17-2009; NFPA 17A-2009 for other extinguishing systems.</li> </ul>	Replaced with more direct EP(s) or moved to guidance within SPG		
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.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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.	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	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.	moved to guidance within SPG		
	CoPs: §482.41(d)(2)			
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.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.03.05, EP 18	CoPs: §482.41(d)(2) 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. CoPs: §482.41(d)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.03.05, EP 19	Every 12 months, the hospital tests automatic smoke-detection 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.	Deleted EP - Replaced with more direct EP(s) or moved to guidance	N/A	N/A
EC.02.03.05, EP 20	CoPs: §482.41(d)(2) 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; NFPA 105-2010: 5.2.1; 5.2.2. CoPs: §482.41(d)(2)	within SPG Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.03.05, EP 27	CoPs: §482.41(d)(2) Elevators with firefighters' emergency operations are tested monthly. The test completion dates and results are documented. (For full text, refer to NFPA 101-2012:	Deleted EP - Replaced with more	N/A	N/A

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	9.4.3; 9.4.6)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(d)(2)	within SPG		
EC.02.03.05, EP 28	Documentation of maintenance, testing, and inspection activities for Standard	Deleted EP -	N/A	N/A
	EC.02.03.05, EPs 1–20, 25 (including fire alarm and fire protection systems) includes	Replaced with more		
	the following:	direct EP(s) or		
	- Name of the activity	moved to guidance		
	- Date of the activity	within SPG		
	- 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.			
	CoPs: §482.41(b)(1)(i)			
EC.02.04.01, EP 2	For hospitals that do not use Joint Commission accreditation for deemed status	Deleted EP -	N/A	N/A
	purposes: The hospital maintains either a written inventory of all medical equipment	Replaced with more		
	or a written inventory of selected equipment categorized by physical risk associated	direct EP(s) or		
	with use (including all life-support equipment) and equipment incident history. The	moved to guidance		
	hospital evaluates new types of equipment before initial use to determine whether	within SPG		
	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.			
	CoPs: §482.26(b)(2), §482.41(d)(2)			
EC.02.04.01, EP 3	The hospital identifies high-risk medical equipment on the inventory for which there	Deleted EP -	N/A	N/A
	is a risk of serious injury or death to a patient or staff member should the equipment	Replaced with more		
	fail.	direct EP(s) or		
	Note: High-risk medical equipment includes life-support equipment.	moved to guidance		
		within SPG		
	CoPs: §482.41(d)(2)			
EC.02.04.01, EP 4	The hospital identifies the activities and associated frequencies, in writing, for	Consolidation of	PE.04.01.01, EP 4	The hospital maintains equ
	maintaining, inspecting, and testing all medical equipment on the inventory.	EC.02.04.01, EP 4;		medicine services offered.
	Note: Activities and associated frequencies for maintaining, inspecting, and testing	EC.02.04.03, EP 1;		efficient performance.
	of medical equipment must have a 100% completion rate.	EC.02.04.03, EP 2;		
		EC.02.04.03, EP 3		CoPs: §482.53(c), §482.53
	CoPs: §482.26(b)(2), §482.41(d)(2), §482.53(c)(1)			
EC.02.04.01, EP 5	For hospitals that use Joint Commission accreditation for deemed status purposes:	Deleted EP -	N/A	N/A
	The hospital's activities and frequencies for inspecting, testing, and maintaining the	Replaced with more		
	following items must be in accordance with manufacturers' recommendations:	direct EP(s) or		
	- Equipment subject to federal or state law or Medicare Conditions of Participation in	moved to guidance		
	which inspecting, testing, and maintaining must be in accordance with the	within SPG		
	manufacturers' recommendations, or otherwise establishes more stringent			
	maintenance requirements			
	- Medical laser devices			

equipment and supplies appropriate for the types of nuclear ed. The equipment is maintained for safe operation and

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- 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			
	CoPs: §482.41(d)(2)			
EC.02.04.01, EP 6	For hospitals that use Joint Commission accreditation for deemed status purposes:	Deleted EP -	N/A	N/A
20.02.04.01, 21 0	A qualified individual(s) uses written criteria to support the determination whether it	Replaced with more		
	is safe to permit medical equipment to be maintained in an alternate manner that	direct EP(s) or		
	includes the following:	moved to guidance		
	- How the equipment is used, including the seriousness and prevalence of harm	within SPG		
	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, refer to Standard HR.01.01.01)			
	CoPs: §482.41(d)(2)			
EC.02.04.01, EP 7	For hospitals that use Joint Commission accreditation for deemed status purposes:	Deleted EP -	N/A	N/A
	The hospital identifies medical equipment on its inventory that is included in an	Replaced with more		
	alternative equipment maintenance program.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(d)(2)	within SPG		
EC.02.04.01, EP 9	The hospital has written procedures to follow when medical equipment fails,	Deleted EP -	N/A	N/A
	including using emergency clinical interventions and backup equipment.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(a), §482.41(d)(2)	moved to guidance		
		within SPG		
EC.02.04.01, EP 10	The hospital identifies quality control and maintenance activities to maintain the	Deleted EP -	N/A	N/A
	quality of the diagnostic computed tomography (CT), positron emission tomography	Replaced with more		
	(PET), magnetic resonance imaging (MRI), and nuclear medicine (NM) images	direct EP(s) or		
	produced. The hospital identifies how often these activities should be conducted.	moved to guidance within SPG		
EC.02.04.01, EP 11	The hospital monitors and reports all incidents in which medical equipment is	Deleted EP -	N/A	N/A
EC.02.04.01, EP 11	suspected in or attributed to the death, serious injury, or serious illness of any	Replaced with more		
	individual, as required by the Safe Medical Devices Act of 1990.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(d)(2)	within SPG		
EC.02.04.03, EP 1	For hospitals that do not use Joint Commission accreditation for deemed status	Consolidation of	PE.04.01.01, EP 4	The hospital maintains eq
	purposes: Before initial use of medical equipment on the medical equipment	EC.02.04.01, EP 4;		medicine services offered
	inventory, the hospital performs safety, operational, and functional checks.	EC.02.04.03, EP 1;		efficient performance.

equipment and supplies appropriate for the types of nuclear ed. The equipment is maintained for safe operation and

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	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 2; EC.02.04.03, EP 3		CoPs: §482.53(c), §482.53(c
	CoPs: §482.26(b)(1), §482.26(b)(2), §482.41(d)(2), §482.53(c)(1)			
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.	Consolidation of EC.02.04.01, EP 4; EC.02.04.03, EP 1; EC.02.04.03, EP 2; EC.02.04.03, EP 3	PE.04.01.01, EP 4	The hospital maintains equi medicine services offered. efficient performance. CoPs: §482.53(c), §482.53(c
	CoPs: §482.41(d)(2), §482.53(c)			
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. CoPs: §482.26(b)(1), §482.26(b)(2), §482.41(d)(2), §482.53(c), §482.53(c)(1)	Consolidation of EC.02.04.01, EP 4; EC.02.04.03, EP 1; EC.02.04.03, EP 2;	PE.04.01.01, EP 4	The hospital maintains equi medicine services offered. efficient performance.
		EC.02.04.03, EP 3		CoPs: §482.53(c), §482.53(c)
EC.02.04.03, EP 4	The hospital conducts performance testing of and maintains all sterilizers. These activities are documented.	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A
	CoPs: §482.41(d)(2)	moved to guidance within SPG		
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.	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A
	CoPs: §482.41(d)(2)	moved to guidance within SPG		
EC.02.04.03, EP 8	<ul> <li>Equipment listed for use in oxygen-enriched atmospheres is clearly and permanently labeled (withstands cleaning/disinfecting) as follows:</li> <li>Oxygen-metering equipment, pressure-reducing regulators, humidifiers, and nebulizers are labeled with name of manufacturer or supplier.</li> <li>Oxygen-metering equipment and pressure reducing regulators are labeled</li> <li>"OXYGEN–USE NO OIL."</li> <li>Labels on flowmeters, pressure-reducing regulators, and oxygen-dispensing apparatuses designate the gases for which they are intended.</li> <li>Cylinders and containers are labeled in accordance with Compressed Gas</li> </ul>		N/A	N/A
	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. CoPs: §482.41(d)(2)			
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.	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A

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quipment and supplies appropriate for the types of nuclear d. The equipment is maintained for safe operation and

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quipment and supplies appropriate for the types of nuclear d. The equipment is maintained for safe operation and

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.41(d)(2)	moved to guidance within SPG		
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. CoPs: \$482.53(c)(2)	Consolidation of EC.02.04.03, EP 16; EC.02.04.03, EP 23	PE.05.01.01, EP 1	At least annually, a diagnost inspects, tests, and calibrat results, along with recomm documented. These activiti clinically by each NM scann the use of phantoms to asso - Image uniformity/system u - High-contrast resolution/s - Sensitivity - Energy resolution - Count-rate performance - Artifact evaluation Note 1: The following test is or detectability for non-plar Note 2: The medical physici activities. They may be assis performance by individuals by the medical physicist or to HR.11.01.03, EPs 1 and 2 CoPs: \$482.53(c)(2)
EC.02.04.03, EP 18	The hospital maintains the quality of the diagnostic computed tomography (CT), positron emission tomography (PET), magnetic resonance imaging (MRI), and nuclear medicine (NM) images produced.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.04.03, EP 20	<ul> <li>For diagnostic computed tomography (CT) services: At least annually, a diagnostic medical physicist does the following:</li> <li>Measures the radiation dose (in the form of volume computed tomography dose index [CTDIvol]) produced by each diagnostic CT imaging system for the following four CT protocols: adult brain, adult abdomen, pediatric brain, and pediatric abdomen. If one or more of these protocols is not used by the hospital, other commonly used CT protocols may be substituted.</li> <li>Verifies that the radiation dose (in the form of CTDIvol) produced and measured for each protocol tested is within 20 percent of the CTDIvol displayed on the CT console. The dates, results, and verifications of these measurements are documented. Note 1: This element of performance is only applicable for systems capable of calculating and displaying radiation doses.</li> <li>Note 2: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions. Note 3: Medical physicists are 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 physicist. (For more information, refer to HR.01.01.01, EP 1; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1)</li> </ul>	Moved and Revised	NPG.13.03.01, EP 4	For diagnostic computed to medical physicist does the - Measures the radiation do index [CTDIvol]) produced b four CT protocols: adult bra abdomen. If one or more of commonly used CT protoco - Verifies that the radiation of each protocol tested is with The dates, results, and verif Note 1: This element of perf calculating and displaying r Note 2: This element of perf radiographic imaging studies maxillofacial region or to ob Note 3: Medical physicists a with the testing and evaluat the required training and sk information, refer to HR.11.
EC.02.04.03, EP 21	For diagnostic computed tomography (CT) services: At least annually, a diagnostic medical physicist conducts a performance evaluation of all CT imaging equipment.	Moved and Revised	NPG.13.03.01, EP 5	For diagnostic computed to medical physicist conducts

ostic medical physicist or nuclear medicine physicist rates all nuclear medicine (NM) imaging equipment. The mendations for correcting any problems identified, are ities are conducted for all of the image types produced nner (for example, planar and/or tomographic) and include ssess the following imaging metrics:

nuniformity

/system spatial resolution

is recommended but not required: Low-contrast resolution anar acquisitions.

icist or nuclear medicine physicist is accountable for these sisted with the testing and evaluation of equipment ls who have the required training and skills, as determined or nuclear medicine physicist. (For more information, refer 12; HR.11.02.01, EP 2)

tomography (CT) services: At least annually, a diagnostic e following:

dose (in the form of volume computed tomography dose d by each diagnostic CT imaging system for the following rain, adult abdomen, pediatric brain, and pediatric of these protocols is not used by the hospital, other cols may be substituted.

n dose (in the form of CTDIvol) produced and measured for ithin 20 percent of the CTDIvol displayed on the CT console. erifications of these measurements are documented. erformance is only applicable for systems capable of g radiation doses.

erformance does not apply to dental cone beam CT lies performed for diagnosis of conditions affecting the obtain guidance for the treatment of such conditions. s are accountable for these activities. They may be assisted ation of equipment performance by individuals who have skills, as determined by the physicist. (For more 1.01.03, EP 1; HR.11.02.01, EP 2; NPG.12.04.01, EP 3) tomography (CT) services: At least annually, a diagnostic

ts a performance evaluation of all CT imaging equipment.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	The evaluation results, along with recommendations for correcting any problems			The evaluation results, alon
	identified, are documented. The evaluation includes the use of phantoms to assess			identified, are documented
	the following imaging metrics:			the following imaging metric
	- Image uniformity			- Image uniformity
	- Scout prescription accuracy			- Scout prescription accura
	- Alignment light accuracy			- Alignment light accuracy
	- Table travel accuracy			- Table travel accuracy
	- Radiation beam width			- Radiation beam width
	- High-contrast resolution			- High-contrast resolution
	- Low-contrast detectability			- Low-contrast detectability
	- Geometric or distance accuracy			- Geometric or distance ac
	- CT number accuracy and uniformity			- CT number accuracy and
	- Artifact evaluation			- Artifact evaluation
	Note 1: This element of performance does not apply to dental cone beam CT			Note 1: This element of per
	radiographic imaging studies performed for diagnosis of conditions affecting the			radiographic imaging studie
	maxillofacial region or to obtain guidance for the treatment of such conditions.			maxillofacial region or to ob
	Note 2: Medical physicists are accountable for these activities. They may be assisted			Note 2: Medical physicists
	with the testing and evaluation of equipment performance by individuals who have			with the testing and evaluat
	the required training and skills, as determined by the physicist. (For more			the required training and sk
	information, refer to HR.01.01.01, EP 1; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1)			information, refer to HR.11
		Moved and Revised		
EC.02.04.03, EP 22	At least annually, a diagnostic medical physicist or magnetic resonance imaging	Moved and Revised	NPG.13.03.01, EP 6	At least annually, a diagnos
	(MRI) scientist conducts a performance evaluation of all MRI imaging equipment.			(MRI) scientist conducts a p
	The evaluation results, along with recommendations for correcting any problems			The evaluation results, alor
	identified, are documented. The evaluation includes the use of phantoms to assess			identified, are documented
	the following imaging metrics:			the following imaging metri
	- Image uniformity for all radiofrequency (RF) coils used clinically			- Image uniformity for all rac
	- Signal-to-noise ratio (SNR) for all coils used clinically			- Signal-to-noise ratio (SNR
	- Slice thickness accuracy			- Slice thickness accuracy
	- Slice position accuracy			- Slice position accuracy
	- Alignment light accuracy			- Alignment light accuracy
	- High-contrast resolution			- High-contrast resolution
	- Low-contrast resolution (or contrast-to-noise ratio)			- Low-contrast resolution (c
	- Geometric or distance accuracy			- Geometric or distance ac
	- Magnetic field homogeneity			- Magnetic field homogenei
	- Artifact evaluation			- Artifact evaluation
	Note: Medical physicists or MRI scientists are accountable for these activities. They			Note: Medical physicists or
	may be assisted with the testing and evaluation of equipment performance by			may be assisted with the te
	individuals who have the required training and skills, as determined by the medical			individuals who have the re
	physicist or MRI scientist. (For more information, refer to HR.01.01.01, EP 1;			physicist or MRI scientist. (
	HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1)			HR.11.02.01, EP 2; NPG.12
EC.02.04.03, EP 23	At least annually, a diagnostic medical physicist or nuclear medicine physicist	Consolidation of	PE.05.01.01, EP 1	At least annually, a diagnos
	conducts a performance evaluation of all nuclear medicine imaging equipment. The	EC.02.04.03, EP 16;		inspects, tests, and calibra
	evaluation results, along with recommendations for correcting any problems	EC.02.04.03, EP 23		results, along with recomm
	identified, are documented. The evaluations are conducted for all of the image types			documented. These activiti
				clinically by each NM scanr
	produced clinically by each NM scanner (for example, planar and/or tomographic)			
	produced clinically by each NM scanner (for example, planar and/or tomographic) and include the use of phantoms to assess the following imaging metrics:			
	and include the use of phantoms to assess the following imaging metrics:			the use of phantoms to ass

ong with recommendations for correcting any problems ed. The evaluation includes the use of phantoms to assess rics:

racy

lity accuracy d uniformity

erformance does not apply to dental cone beam CT lies performed for diagnosis of conditions affecting the obtain guidance for the treatment of such conditions. s are accountable for these activities. They may be assisted ation of equipment performance by individuals who have skills, as determined by the physicist. (For more 1.01.03, EP 1; HR.11.02.01, EP 2; NPG.12.04.01, EP 3)

ostic medical physicist or magnetic resonance imaging a performance evaluation of all MRI imaging equipment. ong with recommendations for correcting any problems ed. The evaluation includes the use of phantoms to assess crics:

adiofrequency (RF) coils used clinically IR) for all coils used clinically

(or contrast-to-noise ratio) ccuracy eity

or MRI scientists are accountable for these activities. They testing and evaluation of equipment performance by required training and skills, as determined by the medical (For more information, refer to HR.11.01.03, EP 1; 2.04.01, EP 3)

ostic medical physicist or nuclear medicine physicist rates all nuclear medicine (NM) imaging equipment. The mendations for correcting any problems identified, are ities are conducted for all of the image types produced nner (for example, planar and/or tomographic) and include ssess the following imaging metrics:

uniformity

/system spatial resolution

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Energy resolution			- Energy resolution
	- Count-rate performance			- Count-rate performance
	- Artifact evaluation			- Artifact evaluation
	Note 1: The following test is recommended, but not required: Low-contrast			Note 1: The following test is
	resolution or detectability for non-planar acquisitions.			or detectability for non-plan
	Note 2: The medical physicist or nuclear medicine physicist is accountable for these			Note 2: The medical physici
	activities. They may be assisted with the testing and evaluation of equipment			activities. They may be assi
	performance by individuals who have the required training and skills, as determined			performance by individuals
	by the medical physicist or nuclear medicine physicist. (For more information, refer			by the medical physicist or
	to HR.01.01.01, EP 1; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1)			to HR.11.01.03, EPs 1 and 2
				CoPs: §482.53(c)(2)
EC.02.04.03, EP 24	At least annually, a diagnostic medical physicist conducts a performance evaluation	Moved and Revised	PE.05.01.01, EP 2	At least annually, a diagnost
	of all positron emission tomography (PET) imaging equipment. The evaluation			of all positron emission tom
	results, along with recommendations for correcting any problems identified, are			results, along with recomm
	documented. The evaluations are conducted for all of the image types produced			documented. The evaluatio
	clinically by each PET scanner (for example, planar and/or tomographic) and include			clinically by each PET scanr
	the use of phantoms to assess the following imaging metrics:			the use of phantoms to ass
	- Image uniformity/system uniformity			- Image uniformity/system u
	- High-contrast resolution/system spatial resolution			- High-contrast resolution/s
	- Low-contrast resolution or detectability (not applicable for planar acquisitions)			- Low-contrast resolution or
	- Artifact evaluation			- Artifact evaluation
	Note 1: The following tests are recommended, but not required, for PET scanner			Note 1: The following tests a
	testing: sensitivity, energy resolution, and count-rate performance.			testing: sensitivity, energy re
	Note 2: Medical physicists are accountable for these activities. They may be assisted			Note 2: Medical physicists a
	with the testing and evaluation of equipment performance by individuals who have			with the testing and evaluat
	the required training and skills, as determined by the medical physicist. (For more			the required training and ski
	information, refer to HR.01.01.01, EP 1; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1)			information, refer to HR.11.
EC.02.04.03, EP 25	For computed tomography (CT), positron emission tomography (PET), nuclear	Moved and Revised	PE.05.01.01, EP 3	For computed tomography
	medicine (NM), or magnetic resonance imaging (MRI) services: The annual			medicine (NM), or magnetic
	performance evaluation conducted by the diagnostic medical physicist or MRI			performance evaluation cor
	scientist (for MRI only) includes testing of image acquisition display monitors for			scientist (for MRI only) inclu
	maximum and minimum luminance, luminance uniformity, resolution, and spatial			maximum and minimum lur
	accuracy.			accuracy.
	Note 1: This element of performance does not apply to dental cone beam CT			Note 1: This element of perf
	radiographic imaging studies performed for diagnosis of conditions affecting the			radiographic imaging studie
	maxillofacial region or to obtain guidance for the treatment of such conditions.			maxillofacial region or to ob
	Note 2: Medical physicists or MRI scientists are accountable for these activities.			Note 2: Medical physicists of
	They may be assisted with the testing and evaluation of equipment performance by			They may be assisted with t
	individuals who have the required training and skills, as determined by the physicist			individuals who have the red
	or MRI scientist. (For more information, refer to HR.01.01.01, EP 1; HR.01.02.07, EPs			or MRI scientist. (For more i
	1 and 2; HR.01.06.01, EP 1)			HR.11.02.01, EP 2)
		Deleted ED	N1/A	. ,
EC.02.04.03, EP 26	The hospital performs equipment maintenance on anesthesia apparatus. The	Deleted EP -	N/A	N/A
	apparatus are tested at the final path to patient after any adjustment, modification,	Replaced with more		
	or repair. Before the apparatus is returned to service, each connection is checked to	direct EP(s) or		
	verify proper gas flow and an oxygen analyzer is used to verify oxygen concentration.	moved to guidance		
	Areas designated for servicing of oxygen equipment are clean and free of oil, grease,	within SPG		
	or other flammables. (For full text, refer to NFPA 99-2012: 11.4.1.3; 11.5.1.3;			
	11.6.2.5; 11.6.2.6)			

is recommended but not required: Low-contrast resolution anar acquisitions.

icist or nuclear medicine physicist is accountable for these sisted with the testing and evaluation of equipment ls who have the required training and skills, as determined or nuclear medicine physicist. (For more information, refer I 2; HR.11.02.01, EP 2)

ostic medical physicist conducts a performance evaluation omography (PET) imaging equipment. The evaluation mendations for correcting any problems identified, are ions are conducted for all of the image types produced nner (for example, planar and/or tomographic) and include ssess the following imaging metrics:

- uniformity
- /system spatial resolution
- or detectability (not applicable for planar acquisitions)

s are recommended but not required for PET scanner resolution, and count-rate performance.

s are accountable for these activities. They may be assisted ation of equipment performance by individuals who have skills, as determined by the medical physicist. (For more 1.01.03, EPs 1 and 2; HR.11.02.01, EP 2)

y (CT), positron emission tomography (PET), nuclear tic resonance imaging (MRI) services: The annual onducted by the diagnostic medical physicist or MRI cludes testing of image acquisition display monitors for uminance, luminance uniformity, resolution, and spatial

erformance does not apply to dental cone beam CT lies performed for diagnosis of conditions affecting the obtain guidance for the treatment of such conditions. s or MRI scientists are accountable for these activities. In the testing and evaluation of equipment performance by required training and skills, as determined by the physicist e information, refer to HR.11.01.03, EPs 1 and 2;

Disposition	New Standard/EP	New EP Text
Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
Moved	PE.05.01.01, EP 4	For hospitals that provide fl medical physicist conducts equipment. The evaluation problems identified, are do following: - Beam alignment and collin - Tube potential/kilovolt pea - Beam filtration (half-value - High-contrast resolution - Low-contrast detectability - Maximum exposure rate in - Displayed air-kerma rate a Note 1: Medical physicists of with the testing and evaluat the required training and sk Note 2: This element of per- for therapeutic radiation tree
Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

e fluoroscopic services: At least annually, a diagnostic cts a performance evaluation of fluoroscopic imaging on results, along with recommendations for correcting any documented. The evaluation includes an assessment of the

ollimation peak (kV/kVp) accuracy ue layer)

ity

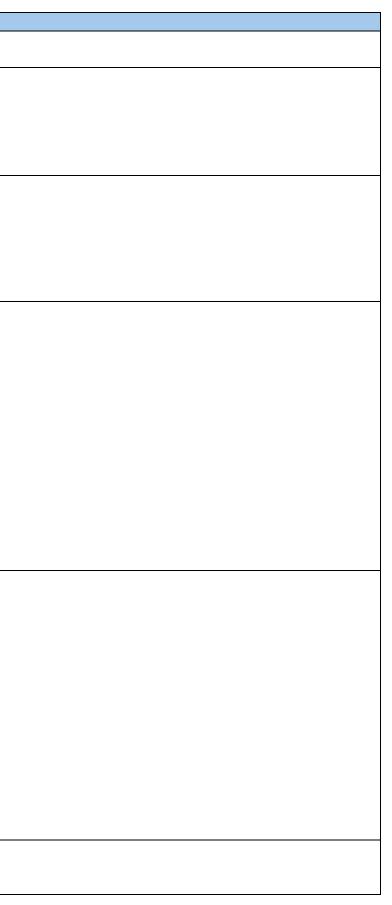
in fluoroscopic mode

e and cumulative-air kerma accuracy (when applicable)

ts conducting performance evaluations may be assisted uation of equipment performance by individuals who have skills, as determined by the physicist.

erformance does not apply to fluoroscopy equipment used treatment planning or delivery.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	$C_{0}D_{0}; 8492, 41(d)(2)$			
EC.02.05.01, EP 4	CoPs: \$482.41(d)(2)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.CoPs: \$482.41(d)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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. CoPs: §482.41(d)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.01, EP 6	<ul> <li>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:</li> <li>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</li> <li>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:</li> <li>Records provided by the hospital's contractors</li> <li>Information made public by nationally recognized sources</li> <li>Records of the hospital's experience over time</li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.01, EP 7	<ul> <li>For hospitals that use Joint Commission accreditation for deemed status purposes:</li> <li>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: <ul> <li>How the equipment is used, including the seriousness and prevalence of harm during normal use</li> <li>Likely consequences of equipment failure or malfunction, including seriousness of and prevalence of harm</li> <li>Availability of alternative or backup equipment in the event the equipment fails or malfunctions</li> <li>Incident history of identical or similar equipment</li> <li>Maintenance requirements of the equipment</li> </ul> </li> <li>CoPs: §482.41(d)(2)</li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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.	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		moved to guidance		
	CoPs: §482.41(d)(2)	within SPG		
EC.02.05.01, EP 9	The hospital labels utility system controls to facilitate partial or complete emergency	Deleted EP -	N/A	N/A
	shutdowns.	Replaced with more		
	Note 1: Examples of utility system controls that should be labeled are utility source	direct EP(s) or		
	valves, utility system main switches and valves, and individual circuits in an	moved to guidance		
	electrical distribution panel.	within SPG		
	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 additional			
	guidance, see NFPA 101-2012: 18/19.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2.			
	CoPs: §482.41(a)			
EC.02.05.01, EP 10	The hospital has written procedures for responding to utility system disruptions.	Consolidation of	NPG.11.03.01, EP 1	The hospital develops and i
		EC.02.05.01, EP 10;		system disruptions. The pro
	CoPs: §482.41(a), §482.41(a)(2)	EC.02.05.01, EP 11;		malfunctioning system and
		EC.02.05.01, EP 13		
EC.02.05.01, EP 11	The hospital's procedures address shutting off the malfunctioning system and	Consolidation of	NPG.11.03.01, EP 1	The hospital develops and i
	notifying staff in affected areas.	EC.02.05.01, EP 10;		system disruptions. The pro
		EC.02.05.01, EP 11;		malfunctioning system and
	CoPs: §482.41(a), §482.41(a)(2), §482.41(d)(2)	EC.02.05.01, EP 13		
EC.02.05.01, EP 12	The hospital's procedures address performing emergency clinical interventions	Deleted EP -	N/A	N/A
	during utility system disruptions.	Replaced with more		
	$C_{0}D_{0}$ ; \$482,41(0), \$482,41(0)(2)	direct EP(s) or moved to guidance		
	CoPs: §482.41(a), §482.41(a)(2)	within SPG		
EC.02.05.01, EP 13	The hospital responds to utility system disruptions as described in its procedures.	Consolidation of	NPG.11.03.01, EP 1	The hospital develops and i
		EC.02.05.01, EP 10;	,	system disruptions. The pro
	CoPs: §482.41(a), §482.41(a)(2)	EC.02.05.01, EP 11;		malfunctioning system and
		EC.02.05.01, EP 13		
EC.02.05.01, EP 15	In critical care areas designed to control airborne contaminants (such as biological	Deleted EP -	N/A	N/A
	agents, gases, fumes, dust), the ventilation system provides appropriate pressure	Replaced with more		
	relationships, air-exchange rates, filtration efficiencies, temperature, and humidity.	direct EP(s) or		
	For new and existing health care facilities, or altered, renovated, or modernized	moved to guidance		
	portions of existing systems or individual components (constructed or plans	within SPG		
	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 &			
	Medicaid Services (CMS) categorical waiver to reduce their relative humidity to 20%			
	in operating rooms and other anesthetizing locations. Should the facility elect the			
	waiver, it must be included in its Basic Building Information (BBI), and the facility's			
	equipment and supplies must be compatible with the humidity reduction. 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/.			
	Note 2: For hospitals that use Joint Commission accreditation for deemed status			

d implements written procedures for responding to utility procedures include but are not limited to shutting off a nd notifying staff in the affected areas.

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	purposes: Existing facilities may comply with the 2012 NFPA 99 ventilation requirements or the ventilation requirements in the edition of the NFPA code previously adopted by CMS at the time of installation (for example, 1999 NFPA 99).			
	CoPs: \$482.41(d)(2), \$482.42			
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. CoPs: §482.41(d)(4)	Moved and Revised	PE.04.01.01, EP 3	The hospital has proper venti pharmaceutical, patient care CoPs: §482.41(d)(4)
EC.02.05.01, EP 17	The hospital maps the distribution of its utility systems. CoPs: §482.41(a)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.01, EP 18	Medical gas storage rooms and transfer and manifold rooms comply with NFPA 99- 2012: 9.3.7. CoPs: §482.41(c), §482.41(d)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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) CoPs: §482.41(c), §482.41(d)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.01, EP 20	Operating rooms are considered wet procedure locations, unless otherwise determined by a risk assessment authorized by the facility governing body. Operating rooms defined as wet locations are protected by either isolated power or ground- fault circuit interrupters. A written record of the risk assessment is maintained and available for inspection. (For full text, refer to NFPA 99-2012: 6.3.2.2.8.4; 6.3.2.2.8.7; 6.4.4.2) CoPs: §482.41(d)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.01, EP 21	<ul> <li>Electrical distribution in the hospital is based on the following categories:</li> <li>Category 1: Critical care rooms served by a Type 1 essential electrical system (EES) in which electrical system failure is likely to cause major injury or death to patients, including all rooms where electric life support equipment is required.</li> <li>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.</li> <li>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)</li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(d)(2)			

ventilation, lighting, and temperature control in all
care, and food preparation areas.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
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) CoPs: §482.41(d)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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: 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.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.01, EP 24	CoPs: §482.41(d)(2) 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) CoPs: §482.41(d)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.01, EP 25	<ul> <li>Areas designated for administration of general anesthesia (specifically, inhaled anesthetics) using medical gases or vacuum are in accordance with NFPA 101-2012:</li> <li>8.7 and NFPA 99-2012 as follows:</li> <li>Zone valves are located immediately outside each anesthetizing location for medical gas or vacuum, readily accessible in an emergency, and arranged so shutting off any one anesthetizing location will not affect others.</li> <li>Area alarm panels are installed to monitor all medical gas, medical-surgical vacuum, and piped waste anesthetic gas disposal (WAGD) systems. Alarm panels include visual and audible sensors and are in locations that provide for surveillance, including medical gas pressure decreases of 20% and vacuum decreases of 12-inch</li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	gauge HgV (mercury vacuum).			
	- Alarm sensors are installed either on the source side of individual room zone valve			
	box assemblies or on the patient/use side of each of the individual zone valve box			
	assemblies.			
	(For full text, refer to NFPA 101-2012: 18/19.3.2.3; NFPA 99-2012: 5.1.4.8.7; 5.1.9.3)			
	CoPs: §482.41(d)(2)			
EC.02.05.01, EP 26	Areas designated for administration of general anesthesia (specifically, inhaled	Deleted EP -	N/A	N/A
	anesthetics) using medical gases or vacuum are in accordance with NFPA 101-2012:	Replaced with more		
	8.7 and NFPA 99-2012 as follows: The essential electrical system's (EES) critical	direct EP(s) or		
	branch supplies power for task illumination, fixed equipment, select receptacles,	moved to guidance		
	and select power circuits. The EES equipment system supplies power to the	within SPG		
	ventilation system. (For full text, refer to NFPA 101-2012: 18/19.3.2.3; NFPA 99-2012: 6.4.2.2.4.2)			
	CoPs: §482.41(d)(2)			
EC.02.05.01, EP 27	Newly engineered smoke control systems are designed, installed, maintained, and	Deleted EP -	N/A	N/A
	tested per NFPA 92-2012. Existing smoke control systems are tested and maintained	Replaced with more		
	to established engineering principles unless specifically exempted by the authority	direct EP(s) or		
	having jurisdiction. Systems not meeting the performance requirements of the	moved to guidance		
	testing specified in NFPA 101-2012: 19.7.7.1 can be continued in operation only with	within SPG		
	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.			
	CoPs: §482.41(d)(2)			
EC.02.05.02, EP 1	The water management program has an individual or a team responsible for the	Moved	PE.04.01.05, EP 1	The water management pro
	oversight and implementation of the program, including but not limited to			oversight and implementat
	development, management, and maintenance activities.			development, managemer
	CoPs: §482.41(d)(2), §482.42(a)(3)			CoPs: §482.41(d)(2), §482.4
EC.02.05.02, EP 2	The individual or team responsible for the water management program develops the	Moved	PE.04.01.05, EP 2	The individual or team resp
	following:			following:
	- A basic diagram that maps all water supply sources, treatment systems, processing			- A basic diagram that map
	steps, control measures, and end-use points			steps, control measures, a
	Note: An example would be a flow chart with symbols showing sinks, showers, water			Note: An example would be
	fountains, ice machines, and so forth.			fountains, ice machines, an
	- A water risk management plan based on the diagram that includes an evaluation of			- A water risk management
	the physical and chemical conditions of each step of the water flow diagram to			the physical and chemical
	identify any areas where potentially hazardous conditions may occur (these conditions are most likely to occur in areas with slow or stagnant water)			identify any areas where po conditions are most likely t
	Note: Refer to the Centers for Disease Control and Prevention's "Water Infection			Note: Refer to the Centers
	Control Risk Assessment (WICRA) for Healthcare Settings" tool as an example for			Control Risk Assessment (
	conducting a water-related risk assessment.			conducting a water-related
				_
	-			- A plan for addressing the
	- A plan for addressing the use of water in areas of buildings where water may have			
	-			- A plan for addressing the been stagnant for a period areas)

program has an individual or a team responsible for the tation of the program, including but not limited to ent, and maintenance activities.

### 2.42(a)(3)

sponsible for the water management program develops the

- aps all water supply sources, treatment systems, processing , and end-use points
- be a flow chart with symbols showing sinks, showers, water and so forth.
- nt plan based on the diagram that includes an evaluation of al conditions of each step of the water flow diagram to
- potentially hazardous conditions may occur (these y to occur in areas with slow or stagnant water)
- rs for Disease Control and Prevention's "Water Infection t (WICRA) for Healthcare Settings" tool as an example for ed risk assessment.
- ne use of water in areas of buildings where water may have and of time (for example, unoccupied or temporarily closed

#### ient populations served to identify patients who are

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	immunocompromised			immunocompromised
	- Monitoring protocols and acceptable ranges for control measures			- Monitoring protocols and a
	Note: Hospitals should consider incorporating basic practices for water monitoring			Note: Hospitals should con
	within their water management programs that include monitoring of water			within their water managem
	temperature, residual disinfectant, and pH. In addition, protocols should include			temperature, residual disin
	specificity around the parameters measured, locations where measurements are			specificity around the parar
	made, and appropriate corrective actions taken when parameters are out of range.			made, and appropriate corr
	CoPs: §482.41(d)(2), §482.42(a)(3)			CoPs: §482.41(d)(2), §482.4
EC.02.05.02, EP 3	The individual or team responsible for the water management program manages the	Moved and Revised	PE.04.01.05, EP 3	The individual or team resp
	following:			following:
	- Documenting results of all monitoring activities			- Documenting results of al
	- Corrective actions and procedures to follow if a test result outside of acceptable			- Corrective actions and pro
	limits is obtained, including when a probable or confirmed waterborne pathogen(s)			limits is obtained, including
	indicates action is necessary			indicates action is necessa
	- Documenting corrective actions taken when control limits are not maintained			- Documenting corrective a
	Note: See EC.04.01.01, EP 1 for the process of monitoring, reporting, and			Note: See PE.07.01.01, EP
	investigating utility system issues.			investigating utility system i
	CoPs: §482.41(d)(2)			CoPs: §482.41(d)(2)
EC.02.05.02, EP 4	The individual or team responsible for the water management program reviews the	Moved and Revised	PE.04.01.05, EP 4	The individual or team resp
	program annually and when the following occurs:			program annually and wher
	- Changes have been made to the water system that would add additional risk.			- Changes have been made
	- New equipment or an at-risk water system(s) has been added that could generate			- New equipment or an at-r
	aerosols or be a potential source for Legionella. This includes the commissioning of			aerosols or be a potential s
	a new wing or building.			a new wing or building.
	Note 1: The Joint Commission and the Centers for Medicare & Medicaid Services			Note 1: The Joint Commissi
	(CMS) do not require culturing for Legionella or other waterborne pathogens. Testing			(CMS) do not require cultur
	protocols are at the discretion of the hospital unless required by law or regulation.			protocols are at the discret
	Note 2: Refer to ASHRAE Standard 188-2018 "Legionellosis: Risk Management for			Note 2: Refer to ASHRAE St
	Building Water Systems" and the Centers for Disease Control and Prevention Toolkit			Building Water Systems" ar
	"Developing a Water Management Program to Reduce Legionella Growth and Spread			"Developing a Water Manag
	in Buildings" for additional guidance on creating a water management plan. For			in Buildings" for guidance o
	additional guidance, consult ANSI/ASHRAE Guideline 12-2020 "Managing the Risk of			guidance, consult ANSI/ASI
	Legionellosis Associated with Building Water Systems."			Legionellosis Associated w
	CoPs: §482.41(d)(2)			CoPs: §482.41(d)(2)
EC.02.05.03, EP 1	For facilities that were constructed, or had a change in occupancy type, or have	Deleted EP -	N/A	N/A
	undergone an electrical system upgrade since 1983, the hospital has a Type 1 or	Replaced with more		
	Type 3 essential electrical system in accordance with NFPA 99, 2012 edition. This	direct EP(s) or		
	essential electrical system must be divided into three branches, including the life	moved to guidance		
	safety branch, critical branch, and equipment branch. Both the life safety branch and	within SPG		
	the critical branch are kept independent of all other wiring and equipment, and they			
	transfer within 10 seconds of electrical interruption. Each branch has at least one			
	automatic transfer switch. For additional guidance, see NFPA 99-2012: 6.4.2.2.			
EC 02 05 03 EP 2	The hospital provides emergency power within 10 seconds for the following: Alarm	Consolidation of	PE.04.01.03, EP 1	The hospital has emergency
EC.02.05.03, EP 2				
20.02.00.00, 21 2	systems, as required by the Life Safety Code.	EC.02.05.03. EP 2:		- Operating rooms
20.02.00.00, 21 2	systems, as required by the Life Safety Code. Note: For guidance in establishing a reliable emergency power system (that is, an	EC.02.05.03, EP 2; EC.02.05.03, EP 3;		- Operating rooms - Recovery rooms

d acceptable ranges for control measures onsider incorporating basic practices for water monitoring ement programs that include monitoring of water infectant, and pH. In addition, protocols should include ameters measured, locations where measurements are prrective actions taken when parameters are out of range.

#### .42(a)(3)

ponsible for the water management program manages the

all monitoring activities

- procedures to follow if a test result outside of acceptable ng when a probable or confirmed waterborne pathogen(s) sary
- actions taken when control limits are not maintained P 1 for the process of monitoring, reporting, and n issues.

ponsible for the water management program reviews the en the following occurs:

le to the water system that would add additional risk. -risk water system(s) has been added that could generate source for Legionella. This includes the commissioning of

sion and the Centers for Medicare & Medicaid Services uring for Legionella or other waterborne pathogens. Testing etion of the hospital unless required by law or regulation. Standard 188-2018 "Legionellosis: Risk Management for and the Centers for Disease Control and Prevention Toolkit agement Program to Reduce Legionella Growth and Spread on creating a water management plan. For additional SHRAE Guideline 12-2020 "Managing the Risk of with Building Water Systems."

#### cy power and lighting in the following areas, at a minimum:

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	110-2010: 4.1; Table 4.1(b).	EC.02.05.03, EP 5;		- Emergency rooms
		EC.02.05.03, EP 6;		- Stairwells
	CoPs: §482.41(a)(1)	EC.02.05.03, EP 7;		Battery lamps and flashlight
1		EC.02.05.03, EP 13;		emergency power supply so
		EC.02.05.03, EP 16		
				CoPs: §482.41(a)(1)
EC.02.05.03, EP 3	The hospital provides emergency power within 10 seconds for the following: Exit	Consolidation of	PE.04.01.03, EP 1	The hospital has emergency
	route and exit sign illumination, as required by the Life Safety Code.	EC.02.05.03, EP 2;		- Operating rooms
	Note: For guidance in establishing a reliable emergency system (that is, an essential	EC.02.05.03, EP 3;		- Recovery rooms
	electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA 110-2010:	EC.02.05.03, EP 4;		- Intensive care
	4.1; Table 4.1(b).	EC.02.05.03, EP 5;		- Emergency rooms
		EC.02.05.03, EP 6;		- Stairwells
	CoPs: §482.41(a)(1)	EC.02.05.03, EP 7;		Battery lamps and flashlight
		EC.02.05.03, EP 13;		emergency power supply so
		EC.02.05.03, EP 16		
				CoPs: §482.41(a)(1)
EC.02.05.03, EP 4	New buildings equipped with or requiring the use of life support systems (electro-	Consolidation of	PE.04.01.03, EP 1	The hospital has emergency
	mechanical or inhalation anesthetics) have illumination of means of egress,	EC.02.05.03, EP 2;		- Operating rooms
	emergency lighting equipment, exit, and directional signs supplied by the life safety	EC.02.05.03, EP 3;		- Recovery rooms
	branch of the electrical system described in NFPA 99. (For full text, refer to NFPA	EC.02.05.03, EP 4;		- Intensive care
	101-2012: 18.2.9.2; 18.2.10.5; NFPA 99-2012: 6.4.2.2)	EC.02.05.03, EP 5;		- Emergency rooms
		EC.02.05.03, EP 6;		- Stairwells
	CoPs: §482.41(a)(1)	EC.02.05.03, EP 7;		Battery lamps and flashlight
		EC.02.05.03, EP 13;		emergency power supply so
		EC.02.05.03, EP 16		
				CoPs: §482.41(a)(1)
EC.02.05.03, EP 5	The hospital provides emergency power within 10 seconds for the following:	Consolidation of	PE.04.01.03, EP 1	The hospital has emergency
	Emergency communication systems, as required by the Life Safety Code.	EC.02.05.03, EP 2;		- Operating rooms
	Note: For guidance in establishing a reliable emergency power system (that is, an	EC.02.05.03, EP 3;		- Recovery rooms
	essential electrical distribution system), see NFPA 99-2012: 6.4.2.2; NFPA 110-2010:	EC.02.05.03, EP 4;		- Intensive care
	4.1; Table 4.1(b).	EC.02.05.03, EP 5;		- Emergency rooms
		EC.02.05.03, EP 6;		- Stairwells
	CoPs: §482.41(a)(1)	EC.02.05.03, EP 7;		Battery lamps and flashlight
		EC.02.05.03, EP 13;		emergency power supply so
		EC.02.05.03, EP 16		
				CoPs: §482.41(a)(1)
EC.02.05.03, EP 6	The hospital provides emergency power within 10 seconds for the following:	Consolidation of	PE.04.01.03, EP 1	The hospital has emergency
	Equipment that could cause patient harm when it fails, including life-support	EC.02.05.03, EP 2;		- Operating rooms
	systems; blood, bone, and tissue storage systems; medical air compressors; and	EC.02.05.03, EP 3;		- Recovery rooms
	medical and surgical vacuum systems.	EC.02.05.03, EP 4;		- Intensive care
	Note: For guidance in establishing a reliable emergency power system (that is, an	EC.02.05.03, EP 5;		- Emergency rooms
	essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA	EC.02.05.03, EP 6;		- Stairwells
	110-2010: 4.1; Table 4.1(b).	EC.02.05.03, EP 7;		Battery lamps and flashlight
		EC.02.05.03, EP 13;		emergency power supply so
	CoPs: §482.41(a)(1)	EC.02.05.03, EP 16		
	The boopital provides emergency news within 10 seconds for the following: Areas in	Concolidation of		CoPs: §482.41(a)(1)
EC.02.05.03, EP 7	The hospital provides emergency power within 10 seconds for the following: Areas in	Consolidation of	PE.04.01.03, EP 1	The hospital has emergency
	which loss of power could result in patient harm, including intensive care,	EC.02.05.03, EP 2;		- Operating rooms
	emergency rooms, operating rooms, recovery rooms, obstetrical delivery rooms, and	EC.02.05.03, EP 3;		- Recovery rooms

ghts are available in all other areas not serviced by the source.

cy power and lighting in the following areas, at a minimum:

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ncy power and lighting in the following areas, at a minimum:

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	nurseries.	EC.02.05.03, EP 4;		- Intensive care
	Note: For guidance in establishing a reliable emergency power system (that is, an	EC.02.05.03, EP 5;		- Emergency rooms
	essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2; NFPA	EC.02.05.03, EP 6;		- Stairwells
	110-2010: 4.1; Table 4.1(b).	EC.02.05.03, EP 7;		Battery lamps and flashligh
		EC.02.05.03, EP 13;		emergency power supply so
	CoPs: §482.41(a)(1)	EC.02.05.03, EP 16		
				CoPs: §482.41(a)(1)
EC.02.05.03, EP 11	The hospital provides emergency power within 10 seconds for the following:	Deleted EP -	N/A	N/A
	Emergency lighting at emergency generator locations. The hospital's emergency	Replaced with more		
	power system (EPS) has a remote manual stop station (with identifying label) to	direct EP(s) or		
	prevent inadvertent or unintentional operation. A remote annunciator (powered by	moved to guidance		
	storage battery) is located outside the EPS location.	within SPG		
	Note: For guidance in establishing a reliable emergency power system (that is, an			
	essential electrical distribution system), refer to NFPA 99-2012: 6.4.1.1.6; 6.4.1.1.17;			
	6.4.2.2; NFPA 110-2010: 5.6.5.6; 7.3.1.			
EC.02.05.03, EP 12	Equipment designated to be powered by emergency power supply is energized by the	Deleted EP -	N/A	N/A
	hospital's design. Staging of equipment startup is permissible. (For full text, refer to	Replaced with more		
	NFPA 99-2012: 6.4.2.2)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(a)(1)	within SPG		
EC.02.05.03, EP 13	The hospital provides emergency power for elevators selected to provide service to	Consolidation of	PE.04.01.03, EP 1	The hospital has emergency
	patients during interruption of normal power (at least one for nonambulatory	EC.02.05.03, EP 2;		- Operating rooms
	patients).	EC.02.05.03, EP 3;		- Recovery rooms
	Note: For guidance in establishing a reliable emergency power system for the	EC.02.05.03, EP 4;		- Intensive care
	equipment branch (that is, an essential electrical distribution system), refer to NFPA	EC.02.05.03, EP 5;		- Emergency rooms
	99-2012: 6.4.2.2.	EC.02.05.03, EP 6;		- Stairwells
		EC.02.05.03, EP 7;		Battery lamps and flashligh
	CoPs: §482.41(a)(1)	EC.02.05.03, EP 13;		emergency power supply so
		EC.02.05.03, EP 16		
				CoPs: §482.41(a)(1)
EC.02.05.03, EP 14	The hospital implements a policy to provide emergency backup for essential	Moved and Revised	NPG.11.03.01, EP 2	The hospital develops and i
	medication dispensing equipment identified by the hospital, such as automatic			essential medication dispe
	dispensing cabinets, medication carousels, and central medication robots.			automatic dispensing cabir
	Note: Examples of emergency backup can include emergency power, battery-based			robots.
	indoor generators, or other actions describing how dispensing and administration of			Note: Examples of emerger
	medications will continue when emergency backup is needed.			indoor generators, or other
				medications will continue v
EC.02.05.03, EP 15	The hospital implements a policy to provide emergency backup for essential	Moved and Revised	NPG.11.03.01, EP 3	The hospital develops and i
	refrigeration for medications identified by the hospital, such as designated			essential refrigeration for m
	refrigerators and freezers.			refrigerators and freezers.
	Note: Examples of emergency backup can include emergency power, battery-based			Note: Examples of emerger
	indoor generators, or other actions describing how refrigeration of medications will			indoor generators, or other
	continue when emergency backup is needed.			continue when emergency
EC.02.05.03, EP 16	For hospitals that use Joint Commission accreditation for deemed status purposes:	Consolidation of	PE.04.01.03, EP 1	The hospital has emergency
	Battery lamps and flashlights are available in areas not serviced by the emergency	EC.02.05.03, EP 2;		- Operating rooms
	supply source.	EC.02.05.03, EP 3;		- Recovery rooms
		EC.02.05.03, EP 4;		- Intensive care
	CoPs: §482.41(a)(1)	EC.02.05.03, EP 5;		- Emergency rooms
		EC.02.05.03, EP 6;		- Stairwells

ghts are available in all other areas not serviced by the source.

cy power and lighting in the following areas, at a minimum:

ghts are available in all other areas not serviced by the source.

d implements a policy to provide emergency backup for bensing equipment identified by the hospital, such as binets, medication carousels, and central medication

ency backup can include emergency power, battery-based er actions describing how dispensing and administration of e when emergency backup is needed.

d implements a policy to provide emergency backup for medications identified by the hospital, such as designated

ency backup can include emergency power, battery-based er actions describing how refrigeration of medications will y backup is needed.

cy power and lighting in the following areas, at a minimum:

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		EC.02.05.03, EP 7;		Battery lamps and flashligh
		EC.02.05.03, EP 13;		emergency power supply sc
		EC.02.05.03, EP 16		
				CoPs: §482.41(a)(1)
EC.02.05.05, EP 1	When performing repairs or maintenance activities, the hospital has a process to	Moved and Revised	PE.04.01.03, EP 4	When performing repairs or
	manage risks associated with air-quality requirements; infection control; utility			manage risks associated wi
	requirements; noise, odor, dust, vibration; and other hazards that affect care,			requirements; noise, odor, o
	treatment, or services for patients, staff, and visitors.			treatment, or services for pa
EC.02.05.05, EP 2	For hospitals that do not use Joint Commission accreditation for deemed status	Deleted EP -	N/A	N/A
	purposes: The hospital tests utility system components on the inventory before	Replaced with more		
	initial use. The completion dates and test results are documented.	direct EP(s) or		
	For hospitals that use Joint Commission accreditation for deemed status purposes:	moved to guidance		
	The hospital tests utility system components on the inventory before initial use and	within SPG		
	after major repairs or upgrades. The completion date and the results of the tests are			
	documented.			
	CoPs: §482.41(d)(2)			
EC.02.05.05, EP 4	The hospital inspects, tests, and maintains the following: High-risk utility system	Deleted EP -	N/A	N/A
,	components on the inventory. The completion date and the results of the activities	Replaced with more		
	are documented.	direct EP(s) or		
	Note 1: A high-risk utility system includes components for which there is a risk of	moved to guidance		
	serious injury or even death to a patient or staff member should it fail, which	within SPG		
	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.			
	CoPs: §482.41(d)(2)			
EC.02.05.05, EP 5	The hospital inspects, tests, and maintains the following: Infection control utility	Deleted EP -	N/A	N/A
	system components on the inventory. The completion date and the results of the	Replaced with more		
	activities are documented.	direct EP(s) or		
	Note: Required activities and associated frequencies for maintaining, inspecting,	moved to guidance		
	and testing of utility systems components must have a 100% completion rate.	within SPG		
	CoPs: §482.41(d)(2)			
EC.02.05.05, EP 6	The hospital inspects, tests, and maintains the following: Non-high-risk utility system	Deleted EP -	N/A	N/A
	components on the inventory. The completion date and the results of the activities	Replaced with more		
	are documented.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(d)(2)	within SPG		
EC.02.05.05, EP 7	Line isolation monitors (LIM), if installed, are tested at least monthly by actuating the	Deleted EP -	N/A	N/A
	LIM test switch per NFPA 99-2012: 6.3.2.6.3.6, which activates both visual and	Replaced with more		
	audible alarms. For LIM circuits with automated self-testing, a manual test is	direct EP(s) or		
	performed at least annually. LIM circuits are tested per NFPA 99-2012: 6.3.3.3.2 after	moved to guidance		
	any repair or renovation to the electric distribution system. Records are maintained	within SPG		
	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)			
			1	

ghts are available in all other areas not serviced by the source.

or maintenance activities, the hospital has a process to with air-quality requirements; infection control; utility r, dust, and vibration; and other hazards that affect care, patients, staff, and visitors.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
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 (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.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.07, EP 1	CoPs: §482.41(c), §482.41(d)(2)At least monthly, the hospital performs a functional test of emergency lighting systems and exit signs required for egress and task lighting for a minimum duration of 30 seconds, along with a visual inspection of other exit signs. The test results and completion dates are documented. (For full text, refer to NFPA 101-2012: 7.9.3; 7.10.9; NFPA 99-2012: 6.3.2.2.11.5)CoPs: §482.41(d)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.07, EP 2	Every 12 months, the hospital performs a functional test of battery-powered lights on the inventory required for egress and exit signs for a duration of 1 1/2 hours. For new construction, renovation, or modernization, battery-powered lighting in locations where deep sedation and general anesthesia are administered is tested annually for 30 minutes. The test results and completion dates are documented. (For full text, refer to NFPA 101-2012: 7.9.3; 7.10.9; NFPA 99-2012: 6.3.2.2.11.5) CoPs: \$482.41(d)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.07, EP 3	The hospital performs a functional test of Level 1 stored emergency power supply systems (SEPSS) on a monthly basis and performs a test of Level 2 SEPSS on a quarterly basis. Test duration is for five minutes or as 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.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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)	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		moved to guidance		
	CoPs: §482.15(e)(2)	within SPG		
EC.02.05.07, EP 5	At least monthly, the hospital tests each emergency generator beginning with a cold	Deleted EP -	N/A	N/A
	start under load for at least 30 continuous minutes. The cooldown period is not part	Replaced with more		
	of the 30 continuous minutes. The test results and completion dates are	direct EP(s) or		
	documented. (For full text, refer to NFPA 99-2012: 6.4.4.1)	moved to guidance		
		within SPG		
	CoPs: §482.15(e)(2), §482.41(d)(2)			
EC.02.05.07, EP 6	The monthly tests for diesel-powered emergency generators are conducted with a	Deleted EP -	N/A	N/A
	dynamic load that is at least 30% of the nameplate rating of the generator or meets	Replaced with more		
	the manufacturer's recommended prime movers' exhaust gas temperature. If the	direct EP(s) or		
	hospital does not meet either the 30% of nameplate rating or the recommended	moved to guidance		
	exhaust gas temperature during any test in EC.02.05.07, EP 5, then it must test the	within SPG		
	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.			
	$O_{2} D_{2} = S_{2} S_{2} O_{2} = (S_{2} + S_{2}) (O_{2} + S$			
	CoPs: §482.15(e)(2), §482.41(d)(2)	Deleted EP -	N/A	N/A
EC.02.05.07, EP 7	At least monthly, the hospital tests all automatic and manual transfer switches on		N/A	N/A
	the inventory. The test results and completion dates are documented. (For full text,	Replaced with more		
	refer to NFPA 99-2012: 6.4.4.1)	direct EP(s) or moved to guidance		
	CoPs: §482.15(e)(2), §482.41(d)(2)	within SPG		
EC.02.05.07, EP 8	At least annually, the hospital tests the fuel quality to ASTM standards. The test	Deleted EP -	N/A	N/A
EC.02.05.07, EF 8	results and completion dates are documented.	Replaced with more	N/A	N/A
	Note: For additional guidance, see NFPA 110-2010: 8.3.8.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.15(e)(2)	within SPG		
EC.02.05.07, EP 9	At least once every 36 months, hospitals with a generator providing emergency	Deleted EP -	N/A	N/A
20.02.03.07, 21 3	power test each emergency generator for a minimum of 4 continuous hours. The test	Replaced with more		
	results and completion dates are documented.	direct EP(s) or		
	Note: For additional guidance, see NFPA 110-2010, Chapter 8.	moved to guidance		
		within SPG		
	CoPs: §482.15(e)(2), §482.41(d)(2)			
EC.02.05.07, EP 10	The 36-month diesel-powered emergency generator test uses a dynamic or static	Deleted EP -	N/A	N/A
· · · · · , · ·	load that is at least 30% of the nameplate rating of the generator or meets the	Replaced with more		
	manufacturer's recommended prime movers' exhaust gas temperature.	direct EP(s) or		
	Note 1: Tests for non-diesel-powered generators need only be conducted with	moved to guidance		
	available load.	within SPG		
	Note 2: For additional guidance, see NFPA 110-2010, Chapter 8.			
	CoPs: §482.15(e)(2), §482.41(d)(2)			
EC.02.05.07, EP 11	The hospital meets all other emergency power system requirements found in NFPA	Moved and Revised	PE.04.01.03, EP 3	The hospital meets the em
	99-2012 Health Care Facilities Code, NFPA 110-2010 Standard for Emergency and			in NFPA 99-2012 Health Ca
	Standby Power Systems, and NFPA 101-2012 Life Safety Code requirements.			Emergency and Standby Po
				requirements.

mergency power system and generator requirements found Care Facilities Code, NFPA 110-2010 Standard for Power Systems, and NFPA 101-2012 Life Safety Code

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	$C_{0}$ Det 8/82 15(e)(1) 8/82 15(e)(2) 8/82 15(b)(1)(vii)			$C_0 P_0 \cdot 8/82 \cdot 15(0)(1) \cdot 8/82 \cdot 2$
EC.02.05.09, EP 1	CoPs: §482.15(e)(1), §482.15(e)(2), §482.15(h)(1)(xii)Medical gas, medical air, surgical vacuum, waste anesthetic gas disposal (WAGD), and air supply systems are designated as follows: - Category 1: Systems in which failure is likely to cause major injury or death. - Category 2: Systems in which failure is likely to cause minor injury to patients. - Category 3: Systems in which failure is not likely to cause injury but can cause discomfort to patients. Deep sedation and general anesthesia are not administered when using Category 3 medical gas systems. - Category 4: Systems in which failure would have no impact on patient care. (For full text, refer to NFPA 99-2012: 5.1.1.1; 5.2.1; 5.3.1.1; 5.3.1.5; 5.1.14.2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	CoPs: §482.15(e)(1), §482. N/A
EC.02.05.09, EP 2	CoPs: §482.41(d)(2) All master, area, and local alarm systems used for medical gas and vacuum systems comply with the category 1–3 warning system requirements. (For full text, refer to NFPA 99-2012: 5.1.9; 5.2.9; 5.3.6.2.2) CoPs: §482.41(d)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.09, EP 3	Containers, cylinders, and tanks are designed, fabricated, tested, and marked in accordance with NFPA 99-2012: 5.1.3.1.1–5.1.3.1.7. CoPs: §482.41(d)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.09, EP 4	Locations containing positive pressure gases, other than oxygen or medical air, have doors labeled "Positive Pressure Gases: NO Smoking or Open Flame. Room May Have Insufficient Oxygen. Open Door and Allow Room to Ventilate Before Entering." Locations containing central supply systems or cylinders only containing oxygen or medical air have doors labeled "Medical Gases: NO Smoking or Open Flame." (For full text, refer to NFPA 99-2012: 5.1.3.1.8 and 5.1.3.1.9) CoPs: §482.41(d)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.09, EP 5	A precautionary sign readable from 5 feet away is on each door or gate of a cylinder storage room, where the sign, at a minimum, includes the wording "CAUTION: OXIDIZING GAS(ES) STORED WITHIN. NO SMOKING." Storage is planned so cylinders are used in the order they are received from the supplier. Only gas cylinders and reusable shipping containers and their accessories are permitted to be stored in rooms containing central supply systems or gas cylinders. CoPs: §482.41(d)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.09, EP 6	<ul> <li>When the hospital uses cylinders with an integral pressure gauge, a threshold pressure considered empty is established when the volume of stored gases is as follows:</li> <li>When more than 300 but less than 3,000 cubic feet, the storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited-combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2-hour fire protection rating.</li> <li>When less than 301 cubic feet in a single smoke compartment, individual cylinders</li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

## 2.15(e)(2), §482.15(h)(1)(xii)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in NFPA 99-2012: 11.6.2. (For full text, refer to NFPA 99-2012: 5.1.3.1; 5.1.3.2.3; 5.2.3.1; 5.3.10; 11.3; 11.6.5.2.1)			
	CoPs: §482.41(d)(2)			
EC.02.05.09, EP 7	In time frames defined by the hospital, the hospital inspects, tests, and maintains critical components of piped medical gas and vacuum systems, waste anesthetic gas disposal (WAGD), and support gas systems on the inventory. This inventory of critical components includes at least all source subsystems, control valves, alarms, manufactured assemblies containing patient gases, and inlets and outlets. Activities, dates, and results are documented. Persons maintaining the systems are qualified by training and certification to the requirements of the American Society of Sanitary Engineers (ASSE) 6030 or 6040. (For full text, refer to NFPA 99-2012: 5.1.14.2; 5.1.15; 5.2.14; 5.3.13)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(d)(2)	Deleted EP -	N/A	N1/A
EC.02.05.09, EP 8	When the hospital has bulk oxygen systems above ground, they are in a locked enclosure (such as a fence) at least 10 feet from vehicles and sidewalks. There is permanent signage stating "OXYGEN – NO SMOKING – NO OPEN FLAMES." Note: For additional guidance, refer to NFPA 99-2012: 5.1.3.5.12.	Replaced with more direct EP(s) or moved to guidance within SPG		N/A
EC.02.05.09, EP 9	The hospital's emergency oxygen supply connection is installed in a manner that allows a temporary auxiliary source to connect to it. Note: For additional guidance, refer to NFPA 99-2012: 5.1.3.5.13.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.09, EP 10	The hospital tests piped medical gas and vacuum systems for purity, correct gas, and proper pressure when these systems are installed, modified, or repaired. The test results and completion dates are documented. (For full text, refer to NFPA 99-2012: 5.1.2; 5.1.4; 5.1.14.4.1; 5.1.14.4.6; 5.2.13)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(d)(2)			
EC.02.05.09, EP 11	The hospital makes main supply valves and area shutoff valves for piped medical gas and vacuum systems accessible and clearly identifies what the valves control. Piping is labeled by stencil or adhesive markers identifying the gas or vacuum system, including the name of system or chemical symbol, color code (see NFPA 99-2012: Table 5.1.11), and operating pressure if other than standard. Labels are at intervals of 20 feet or less and are in every room, at both sides of wall penetrations, and on every story traversed by riser. Piping is not painted. Shutoff valves are identified with the name or chemical symbol of the gas or vacuum system, room or area served, and caution to not use the valve except in emergency. (For full text, refer to NFPA 99- 2012: 5.1.4; 5.1.11.1; 5.1.11.2; 5.1.14.3; 5.2.11; 5.3.13.3; 5.3.11)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.09, EP 12	CoPs: §482.41(d)(2) The hospital implements a policy on all cylinders within the hospital that includes the following: - Labeling, handling, and transporting (for example, in carts, attached to equipment,	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
<u>Standard/EP</u>	<ul> <li>EP Text</li> <li>on racks) in accordance with NFPA 99-2012: 11.5.3.1 and 11.6.2</li> <li>Physically segregating full and empty cylinders from each other in order to assist staff in selecting the proper cylinder</li> <li>Adaptors or conversion fittings are prohibited</li> <li>Oxygen cylinders, containers, and associated equipment are protected from contamination, damage, and contact with oil and grease</li> <li>Cylinders are kept away from heat and flammable materials and do not exceed a temperature of 130°F</li> <li>Nitrous oxide and carbon dioxide cylinders do not reach temperatures lower than manufacturer recommendations or -20°F</li> <li>Valve protection caps (if supplied) are secured in place when cylinder is not in use</li> <li>Labeling empty cylinders</li> </ul>	Disposition moved to guidance within SPG	New Standard/EP	New EP Text
EC.02.05.09, EP 13	<ul> <li>Prohibiting transfilling in any compartment with patient care (For full text, refer to NFPA 99-2012: 11.6.1; 11.6.2; 11.6.5; 11.7.3)</li> <li>At no time is transfilling done in any patient care room. A designated area is used away from any section of the hospital where patients are housed, treated, or</li> </ul>	Deleted EP - Replaced with more	N/A	N/A
	examined. The designated area is separated by a barrier of at least 1-hour fire- resistant construction from any patient care areas. Transfilling cylinders is only of the same gas (no mixing of different compressed gases). Transfilling of liquid oxygen is only done in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring. Storage and use of liquid oxygen in base reservoir containers and portable containers comply with sections NFPA 99-2012: 11.7.2–11.7.4. (For full text, refer to NFPA 99-2012: 11.5.2.2; 11.5.2.3.1; 11.5.2.3.2; 11.7.2–11.7.4)	direct EP(s) or moved to guidance within SPG		
	CoPs: §482.41(d)(2)			
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.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(c)			
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. CoPs: §482.13(c)(2), §482.41, §482.41(a)	Split to PE.01.01.01, EP 1; PE.01.01.01, EP 2	PE.01.01.01, EP 1	The hospital's building is co access and to protect the s Note 1: Diagnostic and the services provided. Note 2: When planning for r rules and regulations or the Hospitals published by the regulations or the Guideline uses other reputable stand criteria.
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.	Split to PE.01.01.01, EP 1; PE.01.01.01,	PE.01.01.01, EP 2	CoPs: §482.41, §482.41(a), The hospital has adequate facilities for the diagnosis a
	CoPs: §482.13(c)(2), §482.41, §482.41(a)	EP 2		offered to meet the needs of Note: The extent and comp

constructed, arranged, and maintained to allow safe e safety and well-being of patients. herapeutic facilities are located in areas appropriate for the

or new, altered, or renovated space, the hospital uses state the current Guidelines for Design and Construction of he Facility Guidelines Institute. If the state rules and lines do not address the design needs of the hospital, then it ndards and guidelines that provide equivalent design

### a), §482.41(d), §482.41(d)(1), §482.42(a)(3)

te space and facilities for the services it provides, including s and treatment of patients and for any special services s of the community served.

nplexity of facilities is determined by the services offered.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				CoPs: §482.41, §482.41(a),
EC.02.06.01, EP 11	Lighting is suitable for care, treatment, and services. CoPs: §482.41, §482.41(d)(4)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.06.01, EP 20	Areas used by patients are clean and free of offensive odors. CoPs: §482.41	Consolidation of EC.02.06.01, EP 20	PE.01.01.01, EP 3	The hospital's premises are Note: Clean and orderly me and staff can function. This supplies in their proper spa CoPs: §482.41(a)
EC.02.06.01, EP 26	The hospital keeps furnishings and equipment safe and in good repair. CoPs: §482.41, §482.41(a)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.06.05, EP 1	<ul> <li>When planning for new, altered, or renovated space, the hospital uses one of the following design criteria:</li> <li>State rules and regulations</li> <li>The most current edition of the Guidelines for Design and Construction of Hospitals published by the Facility Guidelines Institute</li> <li>When the above rules, regulations, and guidelines do not meet specific design needs, use other reputable standards and guidelines that provide equivalent design criteria.</li> <li>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:</li> <li>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)</li> <li>Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments TIA 12-2, TIA 12-3, and TIA 12-4)</li> <li>NFPA 110-2010 when a new structure is built or when an existing structure or building is renovated</li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.06.05, EP 3	CoPs: §482.41, §482.42(a)(3) The hospital takes action based on its assessment to minimize risks during demolition, construction, renovation, or general maintenance.	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A
	CoPs: §482.41, §482.42(a)(3)			

a), §482.41(d), §482.41(d)(3)

re clean and orderly.

neans an uncluttered physical environment where patients his includes but is not limited to storing equipment and paces, attending to spills, and keeping areas neat.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		moved to guidance		
		within SPG		
EC.02.06.05, EP 4	<ul> <li>For computed tomography (CT), positron emission tomography (PET), or nuclear medicine (NM) services: Prior to installation of new imaging equipment, replacement of existing imaging equipment, or modification to rooms where ionizing radiation will be emitted or radioactive materials will be stored (such as scan rooms or hot labs), a medical physicist or health physicist conducts a structural shielding design * assessment to specify required radiation shielding.</li> <li>Note: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions. Footnote *: For additional guidance on shielding designs and radiation protection surveys, see National Council on Radiation Protection and Measurements Report</li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	No. 147 (NCRP-147).			
EC.02.06.05, EP 6	<ul> <li>For computed tomography (CT), positron emission tomography (PET), or nuclear medicine (NM) services: After installation of imaging equipment or construction in rooms where ionizing radiation will be emitted or radioactive materials will be stored, a medical physicist or health physicist conducts a radiation protection survey to verify the adequacy of installed shielding. * This survey is conducted prior to clinical use of the room.</li> <li>Note: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions. Footnote *: For additional guidance on shielding designs and radiation protection surveys, see National Council on Radiation Protection and Measurements Report</li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	No. 147 (NCRP-147).			
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 safe handling of hazardous materials and waste are competent and receive continuing education and training.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i)			
EC.03.01.01, EP 2	Staff can describe or demonstrate actions to take in the event of an environment of care incident. CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.04.01.01, EP 1	<ul> <li>The hospital establishes a process(es) for continually monitoring, internally reporting, and investigating the following: <ul> <li>Injuries to patients or others within the hospital's facilities</li> <li>Occupational illnesses and staff injuries</li> <li>Incidents of damage to its property or the property of others</li> <li>Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence</li> <li>Hazardous materials and waste spills and exposures</li> <li>Fire safety management problems, deficiencies, and failures</li> <li>Medical or laboratory equipment management problems, failures, and use errors</li> <li>Utility systems management problems, failures, or use errors</li> </ul> </li> </ul>	Moved and Revised	NPG.11.01.01, EP 3	The hospital develops and i internally reporting, and inv - Injuries to patients or othe - Occupational illnesses an - Incidents of damage to its - Safety and security incide including those related to w - Hazardous materials and - Fire safety management p - Medical or laboratory equ - Utility systems management Note 1: All the incidents an

nd implements a process(es) for continually monitoring, investigating the following:

- thers within the hospital's facilities and grounds
- and staff injuries
- its property or the property of others
- dents involving patients, staff, or others within its facilities,
- workplace violence
- nd waste spills and exposures
- problems, deficiencies, and failures
- quipment management problems, failures, and use errors
- ment problems, failures, or use errors
- and issues listed above may be reported to staff in quality

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	assessment, improvement, or other functions. A summary of such incidents may			assessment, improvement
	also be shared with the person designated to coordinate safety management			also be shared with the per
	activities.			activities.
	Note 2: Review of incident reports often requires that legal processes be followed to			Note 2: Review of incident
	preserve confidentiality. Opportunities to improve care, treatment, and services, or			preserve confidentiality. Op
	to prevent similar incidents, are not lost as a result of following the legal process.			to prevent similar incidents
	CoPs: §482.13(c)(2), §482.41(d)(2)			
EC.04.01.01, EP 3	Based on its process(es), the hospital reports and investigates the following: Injuries	Deleted EP -	N/A	N/A
	to patients or others in the hospital's facilities.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.13(c)(2)	moved to guidance		
		within SPG		
EC.04.01.01, EP 4	Based on its process(es), the hospital reports and investigates the following:	Deleted EP -	N/A	N/A
	Occupational illnesses and staff injuries.	Replaced with more		
		direct EP(s) or		
		moved to guidance		
		within SPG		
EC.04.01.01, EP 5	Based on its process(es), the hospital reports and investigates the following:	Deleted EP -	N/A	N/A
	Incidents of damage to its property or the property of others.	Replaced with more		
		direct EP(s) or		
		moved to guidance		
		within SPG		
EC.04.01.01, EP 6	Based on its process(es), the hospital reports and investigates the following: Safety	Deleted EP -	N/A	N/A
	and security incidents involving patients, staff, or others within its facilities, including	Replaced with more		
	those related to workplace violence.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.13(c)(2)	within SPG		
EC.04.01.01, EP 8	Based on its process(es), the hospital reports and investigates the following:	Deleted EP -	N/A	N/A
	Hazardous materials and waste spills and exposures.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.26(b)(2)	moved to guidance		
		within SPG		
EC.04.01.01, EP 9	Based on its process(es), the hospital reports and investigates the following: Fire	Deleted EP -	N/A	N/A
	safety management problems, deficiencies, and failures.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(d)(2)	moved to guidance		
		within SPG		
EC.04.01.01, EP 10	Based on its process(es), the hospital reports and investigates the following:	Deleted EP -	N/A	N/A
	Medical/laboratory equipment management problems, failures, and use errors.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(d)(2)	moved to guidance		
		within SPG		
EC.04.01.01, EP 11	Based on its process(es), the hospital reports and investigates the following: Utility	Deleted EP -	N/A	N/A
	systems management problems, failures, or use errors.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(d)(2)	moved to guidance		
		within SPG		

ent, or other functions. A summary of such incidents may person designated to coordinate safety management

nt reports often requires that legal processes be followed to Opportunities to improve care, treatment, and services, or nts, are not lost as a result of following the legal process.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
EC.04.01.01, EP 15	Every 12 months, the hospital evaluates each environment of care management	Deleted EP -	N/A	N/A
	plan, including a review of the plan's objectives, scope, performance, and	Replaced with more		
	effectiveness.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(a), §482.41(d)(2)	within SPG		
EC.04.01.03, EP 2	The hospital uses the results of data analysis to identify opportunities to resolve	Deleted EP -	N/A	N/A
	environmental safety issues.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(a), §482.41(d)(2)	moved to guidance		
		within SPG		
EC.04.01.05, EP 1	The hospital takes action on the identified opportunities to resolve environmental	Deleted EP -	N/A	N/A
	safety issues.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(a), §482.41(d)(2)	moved to guidance		
		within SPG		
EM.09.01.01, EP 4	For hospitals that use Joint Commission accreditation for deemed status purposes:	Revised	EM.09.01.01, EP 4	For hospitals that use Joint (
	If a hospital has one or more transplant programs the following must occur: - A			If a hospital has one or more
	representative from each transplant program must be included in the development			following must occur: - A re
	and maintenance of the hospital's emergency preparedness program - The hospital			included in the developmen
	must develop and maintain mutually agreed upon protocols that address the duties			preparedness program - Th
	and responsibilities of the hospital, each transplant program, and the organ			upon protocols that address
	procurement organization (OPO) for the donation service area where the hospital is			transplant program, and the
	situated, unless the hospital has been granted a waiver to work with another OPO,			service area where the hosp
	during an emergency			waiver to work with another
	CoPs: §482.15(g)(1), §482.15(g)(2)			CoPs: §482.15(g)(1), §482.15
EM.10.01.01, EP 1	The hospital's senior leaders provide oversight and support for the following	Moved	NPG.03.01.01, EP 1	The hospital's senior leaders
	emergency management program activities:	Hoved		emergency management pr
	- Allocation of resources for the emergency management program			- Allocation of resources for
	- Review of the emergency management program documents			- Review of the emergency r
	- Review of the emergency operations plan, policies and procedures, and training			- Review of the emergency c
	and education that support the emergency management program			and education that support
	- Review of after-action reports (AAR) and improvement plans			- Review of after-action repo
	Note 1: The hospital defines who the members of the senior leadership group are as			Note 1: The hospital defines
	well as their roles and responsibilities for emergency management–related activities.			well as their roles and respo
	Note 2: An AAR provides a detailed critical summary or analysis of a planned			Note 2: An AAR provides a d
	exercise or actual emergency or disaster incident. The report summarizes what took			exercise or actual emergence
	place during the event, analyzes the actions taken by participants, and identifies			place during the event, anal
	areas needing improvement.			areas needing improvement
EM.10.01.01, EP 2	The hospital's senior leaders identify a qualified individual to lead the emergency	Moved	NPG.03.01.01, EP 2	The hospital's senior leader
	management program who has defined responsibilities that include, but are not			management program who
	limited to, the following:			limited to, the following:
	- Developing and maintaining the emergency operations plan and policies and			- Developing and maintainir
	procedures			procedures
	- Implementing the four phases of emergency management (mitigation,			- Implementing the four pha
	preparedness, response, and recovery)			preparedness, response, an
	- Implementing emergency management activities across the six critical areas			- Implementing emergency r
			1	
	(communications, staffing, patient clinical and support services, safety and security,			(communications, staffing,

the Commission accreditation for deemed status purposes: bre transplant programs (as defined in 42 CFR 482.70) the a representative from each transplant program must be ent and maintenance of the hospital's emergency The hospital must develop and maintain mutually agreed ess the duties and responsibilities of the hospital, each he organ procurement organization (OPO) for the donation spital is situated, unless the hospital has been granted a er OPO, during an emergency

## .15(g)(2)

ers provide oversight and support for the following program activities:

or the emergency management program

- / management program documents
- operations plan, policies and procedures, and training
- rt the emergency management program
- ports (AAR) and improvement plans
- es who the members of the senior leadership group are as ponsibilities for emergency management–related activities. In detailed critical summary or analysis of a planned incy or disaster incident. The report summarizes what took alyzes the actions taken by participants, and identifies ent.

ers identify a qualified individual to lead the emergency o has defined responsibilities that include, but are not

ning the emergency operations plan and policies and

- hases of emergency management (mitigation, and recovery)
- y management activities across the six critical areas
- g, patient clinical and support services, safety and security, lutilities)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Coordinating the emergency management exercises and developing after-action			- Coordinating the emergen
	reports			reports
	- Collaborating across clinical and operational areas to implement organizationwide			- Collaborating across clinic
	emergency management			emergency management
	- Identifying and collaborating with community response partners			- Identifying and collaborat
	Note: Education, training, and experience in emergency management should be			Note: Education, training, a
	taken into account when considering the qualifications of the individual(s) who lead			taken into account when co
	the program.			the program.
EM.10.01.01, EP 3	The hospital has a multidisciplinary committee that oversees the emergency	Moved	NPG.03.01.01, EP 3	The hospital has a multidisc
·	management program. The committee includes the emergency program lead and			management program. The
	other participants identified by the hospital; meeting frequency, goals, and			other participants identified
	responsibilities are defined by the committee.			responsibilities are defined
	Note 1: Other multidisciplinary committee participants may include representatives			Note 1: Other multidisciplin
	from senior leadership, nursing services, medical staff, pharmacy services, infection			from senior leadership, nurs
	prevention and control, facilities engineering, security, and information technology.			prevention and control, faci
	Note 2: The multidisciplinary committee that oversees the emergency management			Note 2: The multidisciplinar
	program may be incorporated into an existing committee.			program may be incorporate
EM.10.01.01, EP 4	The multidisciplinary committee provides input and assists in the coordination of the	Moved and Revised	NPG.03.01.01, EP 4	The multidisciplinary comm
	preparation, development, implementation, evaluation, and maintenance of the			preparation, development,
	hospital's emergency management program. The activities include, but are not			hospital's emergency mana
	limited to, the following:			limited to, the following:
	- Hazard vulnerability analysis			- Hazard vulnerability analy
	- Emergency operations plan, policies, and procedures			- Emergency operations pla
	- Continuity of operations plan			- Continuity of operations pla
	- Training and education			- Training and education
	- Planning and coordinating incident response exercises (seminars; workshops;			- Planning and coordinating
	tabletop exercises; functional exercises; full-scale, community-based exercises)			tabletop exercises; functior
	- After-action reports and improvement plans			- After-action reports and in
	Note: An after-action report (AAR) provides a detailed critical summary or analysis of			Note: An after-action report
	a planned exercise or actual emergency or disaster incident. The report summarizes			a planned exercise or actua
	what took place during the event, analyzes the actions taken by participants, and			-
				what took place during the e
	specifies areas needing improvement.			specifies areas needing imp
EM.12.01.01, EP 5	The hospital's incident command structure describes the overall incident command	Moved	NPG.03.02.01, EP 1	The hospital's incident com
	operations, including specific incident command roles and responsibilities. The			operations, including specif
	incident command structure is flexible and scalable to respond to varying types and			incident command structur
	degrees of emergencies or disaster incidents.			degrees of emergencies or o
	Note: The incident command structure may include facilities, equipment, staff,			Note: The incident commar
	procedures, and communications within a defined organizational structure.			procedures, and communic
EM.12.01.01, EP 7	The hospital identifies the individual(s) who has the authority to activate the	Moved	NPG.03.02.01, EP 2	The hospital identifies the ir
	hospital's emergency operations plan and/or the hospital's incident command.			hospital's emergency opera
EM.12.01.01, EP 8	The hospital identifies its primary and alternate sites for incident command	Moved and Revised	NPG.03.02.01, EP 3	The hospital identifies its pr
	operations and determines how it will maintain and support operations at these			operations and determines
	sites.			sites.
	Note 1: Alternate command center sites may include the use of virtual command			Note 1: Alternate command
	centers.			centers.
	Note 2: Maintaining and supporting operations at alternate sites include having			Note 2: Maintaining and sup
	appropriate supplies, resources, communications, and information technology			appropriate supplies, resou
	capabilities.			capabilities.

ency management exercises and developing after-action

nical and operational areas to implement organizationwide

ating with community response partners

and experience in emergency management should be considering the qualifications of the individual(s) who lead

sciplinary committee that oversees the emergency ne committee includes the emergency program lead and ed by the hospital; meeting frequency, goals, and ed by the committee.

linary committee participants may include representatives ursing services, medical staff, pharmacy services, infection icilities engineering, security, and information technology. Pary committee that oversees the emergency management ated into an existing committee.

mittee provides input and assists in the coordination of the t, implementation, evaluation, and maintenance of the nagement program. The activities include, but are not

lysis

lan, policies, and procedures plan

ng incident response exercises (seminars; workshops; onal exercises; full-scale, community-based exercises) improvement plans

ort (AAR) provides a detailed critical summary or analysis of ual emergency or disaster incident. The report summarizes e event, analyzes the actions taken by participants, and nprovement.

mmand structure describes the overall incident command cific incident command roles and responsibilities. The ure is flexible and scalable to respond to varying types and r disaster incidents.

and structure may include facilities, equipment, staff, nications within a defined organizational structure.

individual(s) who has the authority to activate the

rations plan and/or the hospital's incident command.

primary and alternate sites for incident command as how it will maintain and support operations at these

nd center sites may include the use of virtual command

upporting operations at alternate sites include having ources, communications, and information technology

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
Standard/EP EM.12.01.01, EP 9	EP TextThe hospital must develop and implement emergency preparedness policies and procedures that address the role of the hospital under a waiver declared by the Secretary, in accordance with section 1135 of the Social Security Act, in the provision of care and treatment at an alternate care site identified by emergency 	Moved	New Standard/EP EM.12.01.01, EP 7	New EP Text The hospital must develop a procedures that address the Secretary, in accordance wit provision of care and treatm management officials. Note 1: This element of perfect Medicare, Medicaid, or Child Note 2: For more information cms/what-we-do/emergency/ https://www.cms.gov/about information/emergency/dow f.
	CoPs: §482.15(b)(8)			CoPs: §482.15(b)(8)
EM.12.02.01, EP 2	<ul> <li>The hospital's communications plan describes how it will establish and maintain communications in order to deliver coordinated messages and information during an emergency or disaster incident to the following individuals:</li> <li>Staff and volunteers (including individuals providing care at alternate sites)</li> <li>Patients and family members, including people with disabilities and other access and functional needs</li> <li>Community partners (such as fire department, emergency medical services, police, public health department)</li> <li>Relevant authorities (federal, state, tribal, regional, and local emergency preparedness staff)</li> <li>Media and other stakeholders</li> <li>Note: Examples of means of communication include text messaging, phone system alerts, email, social media, and augmentative and alternative communication (AAC) for those with difficulties communicating using speech.</li> </ul>	Moved and Revised	NPG.03.02.02, EP 1	The hospital's communication communications in order to emergency or disaster incide - Staff and volunteers (inclue - Patients and family member and functional needs - Community partners (such public health department) - Relevant authorities (federation preparedness staff) - Media and other stakehold Note: Examples of means of alerts, email, social media, a for those with difficulties con
EM.12.02.01, EP 4	The emergency response communications plan identifies the hospital's warning and notification alerts specific to emergency and disaster events and the procedures to follow when an emergency or disaster incident occurs.	Moved	NPG.03.02.02, EP 2	The emergency response co notification alerts specific to follow when an emergency of
EM.12.02.01, EP 5	In the event of an emergency or evacuation, the hospital's communications plan includes a method for sharing and/or releasing location information and medical documentation for patients under the hospital's care to the following individuals or entities, in accordance with law and regulation: - Patient's family, representative, or others involved in the care of the patient - Disaster relief organizations and relevant authorities - Other health care providers Note: Sharing and releasing of patient information is consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4).	Moved	EM.12.02.01, EP 4	In the event of an emergency includes a method for sharin documentation for patients entities, in accordance with - Patient's family, representa - Disaster relief organization - Other health care providers Note: Sharing and releasing 164.510(b)(1)(ii) and (b)(4).
EM.12.02.01, EP 6	CoPs: §482.15(c)(4), §482.15(c)(5), §482.15(c)(6)The hospital's communications plan identifies its primary and alternate means for communicating with staff and relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff). The plan includes procedures for the following: - How and when alternate/backup communication methods are used - Verifying that its communications systems are compatible with those of community partners and relevant authorities the hospital plans to communicate with	Moved	EM.12.02.01, EP 5	CoPs: §482.15(c)(4), §482.15 The hospital's communication communicating with staff and regional, and local emergent the following: - How and when alternate/ba - Verifying that its communication partners and relevant author

o and implement emergency preparedness policies and he role of the hospital under a waiver declared by the with section 1135 of the Social Security Act, in the tment at an alternate care site identified by emergency

rformance is applicable only to hospitals that receive ildren's Health Insurance Program reimbursement. ion on 1135 waivers, visit https://www.cms.gov/aboutncy-response/how-can-we-help/waivers-flexibilities and ut-cms/agency-

wnloads/consolidated\_medicare\_ffs\_emergency\_qsas.pd

ations plan describes how it will establish and maintain to deliver coordinated messages and information during an ident to the following individuals:

luding individuals providing care at alternate sites) bers, including people with disabilities and other access

ch as fire department, emergency medical services, police,

eral, state, tribal, regional, and local emergency

### lders

of communication include text messaging, phone system a, and augmentative and alternative communication (AAC) communicating using speech.

communications plan identifies the hospital's warning and to emergency and disaster events and the procedures to or disaster incident occurs.

ncy or evacuation, the hospital's communications plan aring and/or releasing location information and medical ts under the hospital's care to the following individuals or th law and regulation:

ntative, or others involved in the care of the patient ons and relevant authorities

ers

ng of patient information is consistent with 45 CFR .

## .15(c)(5), §482.15(c)(6)

ations plan identifies its primary and alternate means for and relevant authorities (such as federal, state, tribal, ency preparedness staff). The plan includes procedures for

/backup communication methods are used nications systems are compatible with those of community norities the hospital plans to communicate with

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Testing the functionality of the hospital's alternate/backup communication systems			- Testing the functionality of
	or equipment			or equipment
	Note: Examples of alternate/backup communication systems include amateur			Note: Examples of alternate
	radios, portable radios, text-based notifications, cell and satellite phones, and			radios, portable radios, text
	reverse 911 notification systems.			reverse 911 notification sys
	CoPs: §482.15(b)(3), §482.15(c)(3)(i), §482.15(c)(3)(ii)			CoPs: §482.15(b)(3), §482.1
EM.12.02.03, EP 4	The hospital's staffing plan describes in writing how it will manage volunteer licensed	Moved and Revised	NPG.03.02.03, EP 1	The hospital's staffing plan
	practitioners when the emergency operations plan has been activated and the			practitioners when the eme
	hospital is unable to meet its patient needs. The hospital does the following:			hospital is unable to meet it
	- Verifies and documents the identity of all volunteer licensed practitioners			- Verifies and documents th
	- Completes primary source verification of licensure as soon as the immediate			- Completes primary source
	situation is under control or within 72 hours from the time the volunteer licensed			situation is under control or
	practitioner presents to the organization			practitioner presents to the
	- Provides oversight of the care, treatment, and services provided by volunteer			- Provides oversight of the c
	licensed practitioners			licensed practitioners
	Note: If primary source verification of licensure cannot be completed within 72			Note: If primary source veri
	hours, the hospital documents the reason(s) it could not be performed.			hours, the hospital docume
EM.12.02.03, EP 5	The hospital identifies the individual(s) responsible for granting disaster privileges to	Moved	NPG.03.02.03, EP 2	The hospital identifies the in
	volunteer physicians and other licensed practitioners and has a process for granting			volunteer physicians and ot
	these privileges. This is documented in the medical staff bylaws, rules and			these privileges. This is doc
	regulations, or policies and procedures.			regulations, or policies and
EM.12.02.03, EP 6	The emergency response staffing plan describes how it will provide employee	Moved and Revised	NPG.03.02.03, EP 3	The emergency response st
	assistance and support, which includes the following:			assistance and support, wh
	- Staff support needs (for example, housing or transportation)			- Staff support needs (for ex
	- Family support needs of staff (for example, child care, elder care)			- Family support needs of st
	- Mental health and wellness needs			- Mental health and wellnes
EM.12.02.05, EP 2	The hospital's plan for providing patient care and clinical support includes written	Moved	NPG.03.02.04, EP 1	The hospital's plan for provi
	procedures for managing individuals that may present during a disaster or			procedures for managing in
	emergency that are not in need of medical care (such as visitors).			emergency that are not in n
EM.12.02.05, EP 3	The hospital coordinates with the local medical examiner's office, local mortuary	Moved	NPG.03.02.04, EP 2	The hospital coordinates wi
	services, and other local, regional, or state services when there is a surge of			services, and other local, re
	unidentified or deceased patients.			unidentified or deceased pa
EM.12.02.07, EP 1	The hospital has a plan for safety and security measures. The plan describes the	Moved	NPG.03.02.05, EP 1	The hospital has a plan for s
	roles that community security agencies (for example, police, sheriff, National Guard)			roles that community secur
	will have in the event of an emergency and how the hospital will coordinate security			will have in the event of an e
	activities with these agencies.			activities with these agencie
EM.12.02.09, EP 1	The hospital's plan for managing its resources and assets describes in writing how it	Revised	EM.12.02.09, EP 1	The hospital's plan for man
	will document, track, monitor, and locate the following resources (on-site and off-			will document, track, monit
	site inventories) and assets during and after an emergency or disaster incident: -			site inventories) and assets
	Medications and related supplies - Medical/surgical supplies - Medical gases			Medications and related su
	including oxygen and supplies - Potable or bottled water and nutrition - Non-potable			including oxygen and suppl
	water - Laboratory equipment and supplies - Personal protective equipment - Fuel			water - Laboratory equipme
	for operations - Equipment and nonmedical supplies to sustain operations Note:			for operations - Equipment
	The hospital should be aware of the resources and assets it has readily available and			The hospital should be awa
	what resources and assets may be quickly depleted depending on the type of			what resources and assets
	emergency or disaster incident.			emergency or disaster incid
	CoPs: §482.15(e)(3), §482.41(d)(2)			CoPs: §482.15(e)(3)

of the hospital's alternate/backup communication systems

te/backup communication systems include amateur xt-based notifications, cell and satellite phones, and ystems.

# .15(c)(3)(i), §482.15(c)(3)(ii)

n describes in writing how it will manage volunteer licensed hergency operations plan has been activated and the t its patient needs. The hospital does the following: the identity of all volunteer licensed practitioners ce verification of licensure as soon as the immediate or within 72 hours from the time the volunteer licensed he organization

care, treatment, and services provided by volunteer

rification of licensure cannot be completed within 72 nents the reason(s) it could not be performed.

individual(s) responsible for granting disaster privileges to other licensed practitioners and has a process for granting ocumented in the medical staff bylaws, rules and of procedures.

staffing plan describes how it will provide employee vhich includes the following:

example, housing, transportation)

staff (for example, child care, elder care) ess needs

viding patient care and clinical support includes written individuals that may present during a disaster or need of medical care (such as visitors).

with the local medical examiner's office, local mortuary regional, or state services when there is a surge of patients.

r safety and security measures. The plan describes the urity agencies (for example, police, sheriff, National Guard) n emergency and how the hospital will coordinate security cies.

naging its resources and assets describes in writing how it hitor, and locate the following resources (on-site and offts during and after an emergency or disaster incident: supplies - Medical/surgical supplies - Medical gases, plies - Potable or bottled water and nutrition - Non-potable ment and supplies - Personal protective equipment - Fuel nt and nonmedical supplies to sustain operations Note: vare of the resources and assets it has readily available and s may be quickly depleted depending on the type of ident.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
EM.12.02.09, EP 3	The hospital's plan for managing its resources and assets describes in writing the	Moved and Revised	NPG.03.02.06, EP 1	The hospital's plan for mana
	actions the hospital will take to sustain the needs of the hospital for up to 96 hours			actions the hospital will take
	based on calculations of current resource consumptions.			based on calculations of cu
	Note 1: Hospitals are not required to remain fully functional for 96 hours or stockpile			Note 1: Hospitals are not re
	96 hours' worth of supplies.			96 hours' worth of supplies.
	Note 2: The 96-hour time frame provides a framework for hospitals to evaluate their			Note 2: The 96-hour time fra
	capability to be self-sufficient for at least 96 hours. For example, if a hospital loses			capability to be self-sufficie
	electricity and has backup generators, the emergency response plan for resources			electricity and has backup g
	and assets establishes how much fuel is on hand and how long those generators can			and assets establishes how
	be operated before determining next steps. The plan may also address conservation			be operated before determi
	of resources and assets, such as rationing existing resources, canceling noncritical			of resources and assets, su
	procedures, or redirecting resources.			procedures, or redirecting r
EM.14.01.01, EP 1	The hospital has a disaster recovery plan that describes in writing its strategies for	Moved and Revised	NPG.03.03.01, EP 1	The hospital has a disaster i
,	when and how it will do the following:			when and how it will do the
	- Conduct hospitalwide damage assessments			- Conduct hospitalwide dan
	- Restore critical systems and essential services			- Restore critical systems ar
	- Return to full operations			- Return to full operations
EM.14.01.01, EP 2	The hospital's disaster recovery plan describes in writing how the hospital will	Moved	NPG.03.03.01, EP 2	The hospital's disaster reco
	address family reunification and coordinate with its local community partners to			address family reunification
	help locate and assist with the identification of adults and unaccompanied children.			help locate and assist with t
EM.15.01.01, EP 4	The hospital requires that incident command staff participate in education and	Moved and Revised	NPG.03.04.01, EP 1	The hospital requires that in
	training specific to their duties and responsibilities in the incident command			training specific to their dut
	structure.			structure.
	Note: The hospital may choose to develop its own training, or it may require incident			Note: The hospital may cho
	command staff to take an incident command–related course(s) such as those			command staff to take an ir
	offered by the Federal Emergency Management Agency.			offered by the Federal Emer
EM.16.01.01, EP 3	Each accredited freestanding outpatient care building that provides patient care,	Moved and Revised	NPG.03.05.01, EP 1	Each accredited freestandir
LH.10.01.01, LF 0	treatment, and services is required to conduct at least one operations-based or			treatment, and services is re
	discussion-based exercise per year to test its emergency response procedures, if not			discussion-based exercise
	conducted in conjunction with the hospital's emergency exercises.			conducted in conjunction w
	Exercises and actual emergency or disaster incidents are documented.			actual emergency or disaste
EM 17 01 01 ED 2		Moved and Revised	NPG.03.06.01, EP 1	
EM.17.01.01, EP 2	The after-action reports, identified opportunities for improvement, and	Moved and Revised	NPG.03.00.01, EP 1	The after-action reports, ide
	recommended actions to improve the emergency management program are			recommended actions to in
	forwarded to senior hospital leaders for review.	May and an al Day is a d		forwarded to senior hospita
HR.01.01.01, EP 1	The hospital defines staff qualifications specific to their job responsibilities.	Moved and Revised	HR.11.02.01, EP 1	The hospital defines staff qu
	Note 1: Qualifications for infection control may be met through ongoing education,			Note 1: Qualifications for in
	training, experience, and/or certification (such as that offered by the Certification			training, experience, and/or
	Board for Infection Control).			Board for Infection Control)
	Note 2: Qualifications for laboratory personnel are described in the Clinical			Note 2: Qualifications for la
	Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M:			Laboratory Improvement Ar
	"Personnel for Nonwaived Testing" \$493.1351-\$493.1495. A complete description of			Nonwaived Testing" §493.13
	the requirement is located at https://www.ecfr.gov/cgi-bin/text-			requirement is located at ht
	idx?SID=0854acca5427c69e771e5beb52b0b986&mc=true&node=sp42.5.493.m&rg			idx?SID=0854acca5427c69
	n=div6.			n=div6.
	Note 3: For hospitals that use Joint Commission accreditation for deemed status			Note 3: For hospitals that us
	purposes: Qualified physical therapists, physical therapist assistants, occupational			purposes: Qualified physica
	therapists, occupational therapy assistants, speech-language pathologists, or			therapists, occupational the
	audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational			audiologists, as defined in 4
	therapy, speech-language pathology, or audiology services, if these services are			therapy, speech-language p

naging its resources and assets describes in writing the ake to sustain the needs of the hospital for up to 96 hours current resource consumptions.

required to remain fully functional for 96 hours or stockpile es.

frame provides a framework for hospitals to evaluate their sient for at least 96 hours. For example, if a hospital loses o generators, the emergency response plan for resources ow much fuel is on hand and how long those generators can nining next steps. The plan may also address conservation such as rationing existing resources, canceling noncritical g resources.

er recovery plan that describes in writing its strategies for le following:

amage assessments

and essential services

covery plan describes in writing how the hospital will on and coordinate with its local community partners to h the identification of adults and unaccompanied children. incident command staff participate in education and uties and responsibilities in the incident command

noose to develop its own training, or it may require incident incident command–related course(s) such as those ergency Management Agency.

ding outpatient care building that provides patient care, a required to conduct at least one operations-based or e per year to test its emergency response procedures, if not with the hospital's emergency exercises. Exercises and ster incidents are documented.

dentified opportunities for improvement, and improve the emergency management program are tal leaders for review.

qualifications specific to their job responsibilities. infection control may be met through ongoing education, or certification (such as that offered by the Certification ol).

laboratory personnel are described in the Clinical Amendments (CLIA), under Subpart M: "Personnel for 1351-§493.1495. A complete description of the https://www.ecfr.gov/cgi-bin/text-

69e771e5beb52b0b986&mc=true&node=sp42.5.493.m&rg

use Joint Commission accreditation for deemed status cal therapists, physical therapist assistants, occupational herapy assistants, speech-language pathologists, or 42 CFR 484, provide physical therapy, occupational pathology, or audiology services, if these services are

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	provided by the hospital. The provision of care and staff qualifications are in			provided by the hospital. Se
	accordance with national acceptable standards of practice and also meet the			therapist assistant, occupa
	requirements of 409.17. See Appendix A for 409.17 requirements.			language pathologist, and a
	Note 4: Qualifications for language interpreters and translators may be met through			Note 4: Qualifications for la
	language proficiency assessment, education, training, and experience. The use of			language proficiency asses
	qualified interpreters and translators is supported by the Americans with Disabilities			qualified interpreters and t
	Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act			Act, Section 504 of the Reh
	of 1964.			of 1964.
	Note 5: For hospitals that use Joint Commission accreditation for deemed status			Note 5: If respiratory care s
	purposes: Staff qualified to perform specific respiratory care procedures and the			respiratory care procedures
	amount of supervision required to carry out the specific procedures is designated in			specific procedures is desi
	writing.			
	CoPs: §482.23(b)(5), §482.24(a), §482.26, §482.28, §482.28(a)(1)(iii), §482.28(a)(2),			CoPs: §482.42(a)(1), §482.5
	\$482.42(a)(1), \$482.43(a)(5), \$482.51(a)(1), \$482.51(a)(2), \$482.51(a)(3),			
	\$482.53(a)(2), \$482.54(b)(2), \$482.55(b)(2), \$482.56(a)(2), \$482.56(b)(2),			
	\$482.57(a)(2), \$482.57(b)(1), \$482.58(b)(4)			
HR.01.01.01, EP 2	The hospital verifies and documents the following:	Consolidation of	HR.11.01.03, EP 1	All staff who provide patien
1 11.0 1.0 1.0 I, LF Z	- Credentials of staff using the primary source when licensure, certification, or	HR.01.01.01, EP 2;		a current license, certificat
	registration is required by law and regulation to practice their profession. This is done	HR.01.01.01, EP 3;		regulation.
	at the time of hire and at the time credentials are renewed.	HR.01.02.07, EP 1		
	- Credentials of staff (primary source not required) when licensure, certification, or	1111.01.02.07, ET 1		CoPs: §482.11(c)
	registration is not required by law and regulation. This is done at the time of hire and			001 0. 3402.11(0)
	at the time credentials are renewed.			
	Note 1: It is acceptable to verify current licensure, 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	CoPs: §482.11(c), §482.23(b)(2), §482.28 The hospital verifies and documents that the applicant has the education and	Consolidation of	HR.11.01.03, EP 1	All staff who provide patien
	experience required by the job responsibilities.	HR.01.01.01, EP 2;		a current license, certificat
		HR.01.01.01, EP 3;		regulation.
	CoPs: §482.11(c), §482.28, §482.28(a)(1)(iii), §482.28(a)(2), §482.51(a)(1),	HR.01.02.07, EP 1		
	\$482.54(b)(2), \$482.55(b)(2), \$482.56(a)(1), \$482.56(a)(2), \$482.56(b)(2),			CoPs: §482.11(c)
	\$482.57(a)(2)			
HR.01.01.01, EP 4	The hospital obtains a criminal background check on the applicant as required by	Moved and Revised	NPG.12.04.01, EP 1	The hospital obtains a crim
	law and regulation or hospital policy. Criminal background checks are documented.			law and regulation or hospi
HR.01.01.01, EP 5	Staff comply with applicable health screening as required by law and regulation or	Moved	NPG.12.04.01, EP 2	Staff comply with applicable
	hospital policy. Health screening compliance is documented.			hospital policy. Health scre
HR.01.01.01, EP 7	Before providing care, treatment, and services, the hospital confirms that	Deleted EP -	N/A	N/A
	nonemployees who are brought into the hospital by a physician or other licensed	Replaced with more		
	practitioner to provide care, treatment, or services have the same qualifications and	direct EP(s) or		
	competencies required of employed individuals performing the same or similar			

See Glossary for definitions of physical therapist, physical pational therapist, occupational therapy assistant, speechd audiologist.

r language interpreters and translators may be met through essment, education, training, and experience. The use of I translators is supported by the Americans with Disabilities ehabilitation Act of 1973, and Title VI of the Civil Rights Act

e services are provided, staff qualified to perform specific res and the amount of supervision required to carry out the esignated in writing.

2.56(a)(2), \$482.57(b)(1), \$482.58(b)(6), \$483.65(b)

ent care, treatment, and services are qualified and possess ation, or registration, in accordance with law and

ent care, treatment, and services are qualified and possess ation, or registration, in accordance with law and

iminal background check on the applicant as required by spital policy. Criminal background checks are documented. able health screening as required by law and regulation or creening compliance is documented.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	services at the hospital.	moved to guidance		
	Note 1: This confirmation can be accomplished either through the hospital's regular	within SPG		
	process or with the physician or other licensed practitioner who brought in the			
	individual.			
	Note 2: When the care, treatment, and services provided by the nonemployee are not			
	currently performed by anyone employed by the hospital, leadership consults the			
	appropriate professional hospital guidelines for the required credentials and			
	competencies.			
HR.01.01.01, EP 18	For hospitals that use Joint Commission accreditation for deemed status purposes	Moved and Revised	HR.11.02.01, EP 4	For hospitals that use Joint
	and have swing beds: The facility does not employ individuals who have been found			and have swing beds: The h
	guilty by a court of law of abusing, neglecting, exploiting, misappropriating property,			guilty by a court of law of at
	or mistreating residents or who have had a finding entered into the state nurse aide			or mistreating residents or
	registry concerning abuse, neglect, exploitation, mistreatment of residents, or			registry concerning abuse,
	misappropriation of residents' property.			misappropriation of resider
	CoPs: §482.58(b)(3), §483.12(a)(3)(i), §483.12(a)(3)(ii)			CoPs: §482.58(b)(3), §483.1
HR.01.01.01, EP 30	For psychiatric hospitals that use Joint Commission accreditation for deemed status	Moved and Revised	HR.11.02.01, EP 2	For psychiatric hospitals th
	purposes: The director of psychiatric nursing is a registered nurse who has a			purposes: The hospital has
	master's degree in psychiatric or mental health nursing, or its equivalent, from a			who has a master's degree
	school of nursing accredited by the National League for Nursing, or is qualified by			from a school of nursing ac
	education and experience in the care of the mentally ill. The director of psychiatric			by education and experience
	nursing demonstrates competence to participate in interdisciplinary formulation of			nursing demonstrates com
	individual treatment plans; to give skilled nursing care and therapy; and to direct,			individual treatment plans;
	monitor, and evaluate the nursing care furnished.			monitor, and evaluate the n
	CoPs: §482.62(d), §482.62(d)(1), §482.62(d)(1)			CoPs: §482.62(d), §482.62(d)
HR.01.01.01, EP 31	For psychiatric hospitals that use Joint Commission accreditation for deemed status	Moved and Revised	HR.11.02.01, EP 5	For psychiatric hospitals the
	purposes: The director of the social work department or service has a master's			purposes: The director of so
	degree from an accredited school of social work or is qualified by education and			school of social work or is c
	experience in the social services needs of the mentally ill.			services needs of the ment
	Note: If the director does not hold a master's degree in social work, at least one staff			Note: If the director does no
	member has this qualification.			member has this qualificati
	CoPs: §482.62(f)(1)			CoPs: §482.62(f)(1)
HR.01.01.01, EP 32	Technologists who perform diagnostic computed tomography (CT) exams have	Moved and Revised	NPG.13.01.01, EP 1	Technologists who perform
	advanced-level certification by the American Registry of Radiologic Technologists			advanced-level certification
	(ARRT) or the Nuclear Medicine Technology Certification Board (NMTCB) in			(ARRT) or the Nuclear Medi
	computed tomography or have one of the following qualifications:			computed tomography or h
	- State licensure that permits them to perform diagnostic CT exams and documented			- State licensure that permi
	training on the provision of diagnostic CT exams or			training on the provision of
	- Registration and certification in radiography by ARRT and documented training on			- Registration and certificat
	the provision of diagnostic CT exams or			the provision of diagnostic
	- Certification in nuclear medicine technology by ARRT or NMTCB and documented			- Certification in nuclear mo
	training on the provision of diagnostic CT exams			training on the provision of
	Note 1: This element of performance does not apply to CT exams performed for			Note 1: This element of per
	therapeutic radiation treatment planning or delivery, or for calculating attenuation			therapeutic radiation treatm
	coefficients for nuclear medicine studies.			coefficients for nuclear me
	Note 2: This element of performance does not apply to dental cone beam CT			Note 2: This element of per

At Commission accreditation for deemed status purposes hospital does not employ individuals who have been found abusing, neglecting, exploiting, misappropriating property, r who have had a finding entered into the state nurse aide e, neglect, exploitation, mistreatment of residents, or ents' property.

## .12(a)(3)(i), §483.12(a)(3)(ii)

that use Joint Commission accreditation for deemed status as a director of psychiatric nursing that is a registered nurse e in psychiatric or mental health nursing, or its equivalent, accredited by the National League for Nursing or is qualified nce in the care of the mentally ill. The director of psychiatric mpetence to participate in interdisciplinary formulation of s; to give skilled nursing care and therapy; and to direct, nursing care provided.

## 2(d)(1), §482.62(d)(1)

that use Joint Commission accreditation for deemed status social services has a master's degree from an accredited qualified by education and experience in the social ntally ill.

not hold a master's degree in social work, at least one staff ation.

m diagnostic computed tomography (CT) exams have on by the American Registry of Radiologic Technologists dicine Technology Certification Board (NMTCB) in have one of the following qualifications:

nits them to perform diagnostic CT exams and documented of diagnostic CT exams

ation in radiography by ARRT and documented training on c CT exams

nedicine technology by ARRT or NMTCB and documented of diagnostic CT exams

erformance does not apply to CT exams performed for tment planning or delivery or for calculating attenuation nedicine studies.

erformance does not apply to dental cone beam CT

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	radiographic imaging studies performed for diagnosis of conditions affecting the			radiographic imaging studie
	maxillofacial region or to obtain guidance for the treatment of such conditions.			maxillofacial region or to ob
HR.01.01.01, EP 33	The hospital verifies and documents that diagnostic medical physicists who support computed tomography (CT) services have board certification in diagnostic radiologic physics or radiologic physics by the American Board of Radiology, or in Diagnostic Imaging Physics by the American Board of Medical Physics, or in Diagnostic Radiological Physics by the Canadian College of Physicists in Medicine, or meet all of the following requirements: - A graduate degree in physics, medical physics, biophysics, radiologic physics, medical health physics, or a closely related science or engineering discipline from an accredited college or university - College coursework in the biological sciences with at least one course in biology or	Moved and Revised	NPG.13.01.01, EP 2	The hospital verifies and do computed tomography (CT) physics or radiologic physic imaging physics by the Ame radiological physics by the the following requirements - A graduate degree in phys medical health physics, or accredited college or unive - College coursework in the
	radiation biology and one course in anatomy, physiology, or a similar topic related to the practice of medical physics - Documented experience in a clinical CT environment conducting at least 10 CT performance evaluations under the direct supervision of a board-certified medical physicist Note: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.			radiation biology and one co the practice of medical phy - Documented experience in performance evaluations un physicist Note: This element of perfo radiographic imaging studie maxillofacial region or to ob
HR.01.02.01, EP 1	The equivalent process for credentialing and privileging physician assistants and advanced practice registered nurses who practice within the hospital is approved by the governing body.	Deleted	N/A	N/A
HR.01.02.01, EP 2	<ul> <li>The equivalent process for credentialing and privileging physician assistants and advanced practice registered nurses who practice within the hospital includes the following:</li> <li>A documented evaluation of the applicant's credentials</li> <li>An evaluation of the applicant's current competence</li> <li>Documented peer recommendations</li> <li>Input from individuals and committees, including the medical staff, to make an informed decision regarding requests for privileges</li> </ul>	Deleted	N/A	N/A
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.	Moved and Revised	NPG.12.01.01, EP 9	The hospital has a qualified CoPs: §482.28(a)(2)
HR.01.02.05, EP 28	CoPs: §482.28, §482.28(a)(2), §482.28(b)(1) 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. CoPs: §482.25(a)(1)	Moved and Revised	NPG.12.01.01, EP 11	The hospital has a full-time, for developing, supervising, CoPs: §482.25(a)(1)
HR.01.02.07, EP 1	All staff who provide patient care, treatment, and services possess a current license, certification, or registration, in accordance with law and regulation.	Consolidation of HR.01.01.01, EP 2; HR.01.01.01, EP 3; HR.01.02.07, EP 1	HR.11.01.03, EP 1	All staff who provide patien a current license, certificati regulation. CoPs: §482.11(c)
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.	Moved and Revised	NPG.12.04.01, EP 3	Staff who provide patient ca their license, certification, c

lies performed for diagnosis of conditions affecting the obtain guidance for the treatment of such conditions.

documents that diagnostic medical physicists who support T) services have board certification in diagnostic radiologic sics by the American Board of Radiology, or in diagnostic nerican Board of Medical Physics, or in diagnostic

e Canadian College of Physicists in Medicine, or meet all of ts:

vsics, medical physics, biophysics, radiologic physics,

r a closely related science or engineering discipline from an /ersity

ne biological sciences with at least one course in biology or course in anatomy, physiology, or a similar topic related to nysics

e in a clinical CT environment conducting at least 10 CT under the direct supervision of a board-certified medical

formance does not apply to dental cone beam CT lies performed for diagnosis of conditions affecting the obtain guidance for the treatment of such conditions.

ed dietitian on a full-time, part-time, or consultative basis.

ne, part-time, or consulting pharmacist who is responsible ng, and coordinating all pharmacy services activities.

ent care, treatment, and services are qualified and possess ation, or registration, in accordance with law and

care, treatment, and services practice within the scope of , or registration, in accordance with law and regulation.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.23(c)(3), §482.23(c)(3)(ii), §482.51(a)(2), §482.51(a)(3), §482.52(a)(5), §482.56(b)(2)			
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.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.23(b)(6), §482.41(b)(5)			
HR.01.04.01, EP 3	<ul> <li>The hospital orients staff on the following:</li> <li>Relevant hospitalwide and unit-specific policies and procedures</li> <li>Their specific job duties, including those related to infection prevention and control and assessing and managing pain</li> <li>Sensitivity to cultural diversity based on their job duties and responsibilities</li> <li>Patient rights, including ethical aspects of care, treatment, or services and the process used to address ethical issues based on their job duties and responsibilities</li> <li>Completion of this orientation is documented.</li> </ul>	Moved and Revised	NPG.12.05.01, EP 1	The hospital orients staff on - Relevant hospitalwide and - Their specific job duties, in and assessing and managin - Sensitivity to cultural diver - Patient rights, including eth process used to address eth Completion of this orientation
HR.01.05.03, EP 1	Staff participate in ongoing education and training to maintain or increase their competency and, as needed, when staff responsibilities change. Staff participation is documented.	Moved	HR.11.03.01, EP 1	Staff participate in ongoing e competency and, as needed is documented.
	CoPs: §482.42(c)(2)(iv), §482.51			CoPs: §482.42(c)(2)(iv)
HR.01.05.03, EP 14	<ul> <li>The hospital verifies and documents that individuals who perform diagnostic computed tomography (CT) examinations participate in ongoing education that includes annual training on the following: <ul> <li>Radiation dose optimization techniques and tools for pediatric and adult patients addressed in the Image Gently® and Image Wisely® campaigns</li> <li>Safe procedures for operation of the types of CT equipment they will use Note 1: Information on the Image Gently and Image Wisely initiatives can be found online at https://www.imagegently.org and https://www.imagewisely.org, respectively.</li> <li>Note 2: This element of performance does not apply to CT systems used for therapeutic radiation treatment planning or delivery, or for calculating attenuation coefficients for nuclear medicine studies.</li> <li>Note 3: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.</li> </ul> </li> </ul>	Moved and Revised	NPG.13.01.01, EP 3	The hospital verifies and doo computed tomography (CT) includes annual training on - Radiation dose optimizatio addressed in the Image Gen - Safe procedures for operat Note 1: Information on the In online at https://www.image respectively. Note 2: This element of perf therapeutic radiation treatm coefficients for nuclear med Note 3: This element of perf radiographic imaging studie maxillofacial region or to ob
HR.01.05.03, EP 25	<ul> <li>The hospital verifies and documents that technologists who perform magnetic resonance imaging (MRI) examinations participate in ongoing education that includes annual training on safe MRI practices in the MRI environment, including the following: <ul> <li>Patient screening criteria that address ferromagnetic items, electrically conductive items, medical implants and devices, and risk for nephrogenic systemic fibrosis (NSF)</li> <li>Proper patient and equipment positioning activities to avoid thermal injuries</li> <li>Equipment and supplies that have been determined to be acceptable for use in the MRI environment (MR safe or MR conditional) *</li> <li>MRI safety response procedures for patients who require urgent or emergent</li> </ul> </li> </ul>	Moved and Revised	NPG.13.01.01, EP 4	The hospital verifies and doo resonance imaging (MRI) ex- annual training on safe MRI following: - Patient screening criteria th items, medical implants and (NSF) - Proper patient and equipm - Equipment and supplies th MRI environment (MR safe o - MRI safety response proce

on the following:

nd unit-specific policies and procedures

including those related to infection prevention and control ging pain

ersity based on their job duties and responsibilities

ethical aspects of care, treatment, or services and the ethical issues based on their job duties and responsibilities ation is documented.

g education and training to maintain or increase their led, when staff responsibilities change. Staff participation

locuments that individuals who perform diagnostic T) examinations participate in ongoing education that In the following:

tion techniques and tools for pediatric and adult patients ently® and Image Wisely® campaigns

ration of the types of CT equipment they will use

e Image Gently and Image Wisely initiatives can be found agegently.org and https://www.imagewisely.org,

erformance does not apply to CT systems used for tment planning or delivery or for calculating attenuation edicine studies.

erformance does not apply to dental cone beam CT lies performed for diagnosis of conditions affecting the obtain guidance for the treatment of such conditions. locuments that technologists who perform magnetic

examinations participate in ongoing education, including RI practices in the MRI environment that addresses the

a that address ferromagnetic items, electrically conductive and devices, and risk for nephrogenic systemic fibrosis

oment positioning activities to avoid thermal injuries that have been determined to be acceptable for use in the e or MR conditional)

cedures for patients who require urgent or emergent

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	medical care			medical care
	- MRI system emergency shutdown procedures, such as MRI system quench and			- MRI system emergency sh
	cryogen safety procedures			cryogen safety procedures
	- Patient hearing protection			- Patient hearing protection
	- Management of patients with claustrophobia, anxiety, or emotional distress			- Management of patients w
	Footnote *: Terminology for defining the safety of items in the magnetic resonance			Note: Terminology for defini
	environment is provided in ASTM F2503 Standard Practice for Marking Medical			environment is provided in A
	Devices and Other Items for Safety in the Magnetic Resonance Environment			Devices and Other Items fo
	(http://www.astm.org).			(http://www.astm.org).
HR.01.05.03, EP 29	As part of its workplace violence prevention program, the hospital provides training,	Moved and Revised	NPG.02.04.01, EP 2	As part of its workplace viol
	education, and resources (at time of hire, annually, and whenever changes occur			education, and resources (a
	regarding the workplace violence prevention program) to leadership, staff, and			regarding the workplace vio
	licensed practitioners. The hospital determines what aspects of training are			practitioners. The hospital of
	appropriate for individuals based on their roles and responsibilities. The training,			individuals based on their re
	education, and resources address prevention, recognition, response, and reporting			resources address preventi
	of workplace violence as follows:			violence as follows:
	- What constitutes workplace violence			- What constitutes workpla
	- Education on the roles and responsibilities of leadership, clinical staff, security			- Education on the roles and
	personnel, and external law enforcement			personnel, and external law
	- Training in de-escalation, nonphysical intervention skills, physical intervention			- Training in de-escalation, I
	techniques, and response to emergency incidents			techniques, and response t
	- The reporting process for workplace violence incidents			- The reporting process for v
HR.01.06.01, EP 1	The hospital defines the competencies it requires of its staff who provide patient	Split to	HR.11.01.01, EP 1	The hospital's food and diet
	care, treatment, or services.	HR.11.01.01, EP 1;		competent to perform their
		HR.11.02.01, EP 3		
	CoPs: §482.23(b)(5), §482.23(c)(1), §482.26, §482.28(a)(3), §482.42(c)(2)(iv), §482.51,			CoPs: §482.28(a)(3)
	\$482.53(a)(2), \$482.54(b)(2), \$482.55(b)(2), \$482.56(a)(1), \$482.56(a)(2),			
	\$482.56(b)(2), \$482.57(a)(2), \$482.57(b)(1)			
HR.01.06.01, EP 1	The hospital defines the competencies it requires of its staff who provide patient	Split to	HR.11.02.01, EP 3	The director of rehabilitation
	care, treatment, or services.	HR.11.01.01, EP 1;		capabilities to supervise an
		HR.11.02.01, EP 3		
	CoPs: §482.23(b)(5), §482.23(c)(1), §482.26, §482.28(a)(3), §482.42(c)(2)(iv), §482.51,			CoPs: §482.56(a)(1)
	\$482.53(a)(2), \$482.54(b)(2), \$482.55(b)(2), \$482.56(a)(1), \$482.56(a)(2),			
	\$482.56(b)(2), \$482.57(a)(2), \$482.57(b)(1)			
HR.01.06.01, EP 3	An individual with the educational background, experience, or knowledge related to	Deleted EP -	N/A	N/A
	the skills being reviewed assesses competence.	Replaced with more		
	Note: When a suitable individual cannot be found to assess staff competence, the	direct EP(s) or		
	hospital can utilize an outside individual for this task. If a suitable individual inside	moved to guidance		
	or outside the hospital cannot be found, the hospital may consult the competency	within SPG		
	guidelines from an appropriate professional organization to make its assessment.			
	CoPs: \$482.23(b)(5), \$482.23(b)(6), \$482.23(c)(1), \$482.42(c)(2)(iv), \$482.51			
HR.01.06.01, EP 5	Staff competence is initially assessed and documented as part of orientation.	Moved and Revised	HR.11.04.01, EP 1	Staff competence is initially
	CoDe: \$400.00(h)(E) \$400.00(h)(C) \$400.00(-)(4) \$400.00(-)(0) \$400.40(-)(0)(h)			once every three years, or m
	CoPs: §482.23(b)(5), §482.23(b)(6), §482.23(c)(1), §482.28(a)(3), §482.42(c)(2)(iv),			accordance with law and re
	§482.51			CoRet 8492 42(0)(2)(1)
			1	CoPs: §482.42(c)(2)(iv)

shutdown procedures, such as MRI system quench and s

with claustrophobia, anxiety, or emotional distress ining the safety of items in the magnetic resonance n ASTM F2503 Standard Practice for Marking Medical for Safety in the Magnetic Resonance Environment

olence prevention program, the hospital provides training, (at time of hire, annually, and whenever changes occur riolence prevention program) to leaders, staff, and licensed I determines what aspects of training are appropriate for r roles and responsibilities. The training, education, and ntion, recognition, response, and reporting of workplace

lace violence

nd responsibilities of leaders, clinical staff, security aw enforcement

, nonphysical intervention skills, physical intervention to emergency incidents

r workplace violence incidents

etetic services administrative and technical staff are ir responsibilities.

ion services has the knowledge, experience, and administer the services.

lly assessed and documented as part of orientation and more frequently as required by hospital policy or in regulation.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
HR.01.06.01, EP 6	Staff competence is assessed and documented once every three years, or more	Consolidation of	HR.11.04.01, EP 1	Staff competence is initially
	frequently as required by hospital policy or in accordance with law and regulation.	HR.01.06.01, EP 5;		once every three years, or m
		HR.01.06.01, EP 6		accordance with law and re
	CoPs: §482.23(b)(5), §482.23(c)(1), §482.28(a)(3), §482.42(c)(2)(iv), §482.51			CoPs: §482.42(c)(2)(iv)
HR.01.07.01, EP 1	The hospital evaluates staff based on performance expectations that reflect their job	Consolidation of	NPG.12.05.01, EP 2	The hospital evaluates staff
	responsibilities.	HR.01.07.01, EP 1;		as required by hospital polic
		HR.01.07.01, EP 2		evaluated based on perform
				This evaluation is documen
HR.01.07.01, EP 2	The hospital evaluates staff performance once every three years, or more frequently	Consolidation of	NPG.12.05.01, EP 2	The hospital evaluates staff
	as required by hospital policy or in accordance with law and regulation. This	HR.01.07.01, EP 1;		as required by hospital polic
	evaluation is documented.	HR.01.07.01, EP 2		evaluated based on perform
				This evaluation is documen
N/A	N/A	New, more-direct EP	HR.11.01.03, EP 3	The hospital develops and i
		for CoP requirement		following:
				- Credentials of staff using t
				registration is required by fe
				the time of hire and at the ti
				- Credentials of staff (prima
				registration is not required b
				at the time credentials are r
				Note 1: It is acceptable to v
				the primary source via a sec
				verification is documented.
				Note 2: A primary verification
				credentials information. The
				source.
				Note 3: An external organiza
				[CVO]) may be used to verif
				guidelines identified in the
				Note 4: The hospital determ
				responsibilities.
				CoPs: §482.23(b)(2)
IC.04.01.01, EP 1	The hospital's governing body, based on the recommendation of the medical staff	Moved	NPG.12.01.01, EP	The hospital's governing boo
10.04.01.01, 21 1	and nursing leaders, appoints an infection preventionist(s) or infection control	1 loved	12	and nursing leaders, appoir
	professional(s) qualified through education, training, experience, or certification in		12	professional(s) qualified thr
	infection prevention to be responsible for the infection prevention and control			infection prevention to be re
	program.			program.
	P.08.0111			p. 68. a.m.
	CoPs: §482.42(a)(1)			CoPs: §482.42(a)(1)
IC.04.01.01, EP 2	The infection preventionist(s) or infection control professional(s) is responsible for	Revised	IC.04.01.01, EP 2	The infection preventionist(
	the following: - Development and implementation of hospitalwide infection			the following: - Developme
	surveillance, prevention, and control policies and procedures that adhere to law and			surveillance, prevention, an
	regulation and nationally recognized guidelines - Documentation of the infection			regulation and nationally re
	prevention and control program and its surveillance, prevention, and control			prevention and control prog
	activities - Competency-based training and education of hospital staff on infection			activities - Competency-ba
	prevention and control policies and procedures and their application - Prevention			staff, including medical stat
	and control of health care-associated infections and other infectious diseases,			services in the hospital, on

lly assessed and documented as part of orientation and more frequently as required by hospital policy or in regulation.

aff performance once every three years, or more frequently licy or in accordance with law and regulation. Staff are rmance expectations that reflect their job responsibilities. ented.

aff performance once every three years, or more frequently licy or in accordance with law and regulation. Staff are rmance expectations that reflect their job responsibilities. ented.

l implements a procedure to verify and document the

g the primary source when licensure, certification, or federal, state, or local law and regulation. This is done at time credentials are renewed.

nary source not required) when licensure, certification, or d by law and regulation. This is done at the time of hire and e renewed.

verify current licensure, certification, or registration with ecure electronic communication or by telephone, if this d.

tion source may designate another agency to communicate The designated agency can then be used as a primary

zation (for example, a credentials verification organization rify credentials information. A CVO must meet the CVO e Glossary.

mines the required qualifications for staff based on job

ody, based on the recommendation of the medical staff pints an infection preventionist(s) or infection control hrough education, training, experience, or certification in responsible for the infection prevention and control

et(s) or infection control professional(s) is responsible for nent and implementation of hospitalwide infection and control policies and procedures that adhere to law and recognized guidelines - Documentation of the infection ogram and its surveillance, prevention, and control based training and education of hospital personnel and caff, and, as applicable, personnel providing contracted n infection prevention and control policies and procedures

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	including auditing staff adherence to infection prevention and control policies and			and their application - Prev
	procedures - Communication and collaboration with all components of the hospital			and other infectious diseas
	involved in infection prevention and control activities, including but not limited to the			prevention and control polic
	antibiotic stewardship program, sterile processing department, and water			with all components of the
	management program - Communication and collaboration with the hospital's			activities, including but not
	quality assessment and performance improvement program to address infection			processing department, an
	prevention and control issues Note: The outcome of competency-based training is			collaboration with the hosp
	the staff's ability to demonstrate the skills and tasks specific to their roles and			program to address infection
	responsibilities. Examples of competencies may include donning/doffing of personal			competency-based training
	protective equipment and the ability to correctly perform the processes for high-level			specific to their roles and re
	disinfection. (For more information on competency requirements, refer to			donning/doffing of persona
	HR.01.06.01 EPs 1, 3, 5, 6).			the processes for high-leve
				requirements, refer to HR.1
	CoPs: §482.42, §482.42(c)(2)(i), §482.42(c)(2)(ii), §482.42(c)(2)(iii), §482.42(c)(2)(iv),			
	\$482.42(c)(2)(v), \$482.42(c)(2)(vi)			CoPs: §482.42, §482.42(c)(2
				§482.42(c)(2)(v), §482.42(c)
IC.04.01.01, EP 5	The infection prevention and control program reflects the scope and complexity of	Revised	IC.04.01.01, EP 5	The infection prevention an
	the hospital services provided by addressing all locations, patient populations, and			the hospital services provid
	staff.			staff.
	CoPs: §482.42, §482.42(a)(4)			CoPs: §482.42, §482.42(a)(4
IC.06.01.01, EP 1	To prioritize the program's activities, the hospital identifies risks for infection,	Moved and Revised	NPG.05.01.01, EP 1	To prioritize the program's a
10.00.01.01, EF	contamination, and exposure that pose a risk to patients and staff based on the	T IOVED DITA NEVISED		contamination, and exposu
	following:			following:
	- Its geographic location, community, and population served			- Its geographic location, co
	- The care, treatment, and services it provides			- The care, treatment, and s
	- The analysis of surveillance activities and other infection control data			- The analysis of surveilland
	- Relevant infection control issues identified by the local, state, or federal public			- Relevant infection control
	health authorities that could impact the hospital			health authorities that coul
	Note: Risks may include organisms with a propensity for transmission within health			Note: Risks may include org
	care facilities based on published reports and the occurrence of clusters of patients			care facilities based on pub
	(for example, norovirus, respiratory syncytial virus [RSV], influenza, measles,			(for example, norovirus, res
	organisms with antimicrobial resistance such as Carbapenem-resistant			with antimicrobial resistance
	Enterobacterales [CRE] and Candida auris).			and Candida auris).
IC.06.01.01, EP 2	The hospital reviews identified risks at least annually or whenever significant	Moved	NPG.05.01.01, EP 2	The hospital reviews identif
10.00.01.01, El 2	changes in risk occur.	Hoved		changes in risk occur.
IC.06.01.01, EP 3	The hospital implements activities for the surveillance, prevention, and control of	Revised	IC.06.01.01, EP 3	The hospital implements ac
10.00.01.01, EF 3	health care-associated infections and other infectious diseases, including	neviseu	10.00.01.01, EI 3	health care-associated infe
	maintaining a clean and sanitary environment to avoid sources and transmission of			maintaining a clean and sar
	infection, and addresses any infection control issues identified by public health			infection, and addresses ar
	authorities that could impact the hospital.			authorities that could impa
	CoPs: §482.42, §482.42(a)(3), §482.51			CoPs: §482.42, §482.42(a)(
IC.07.01.01, EP 1	The hospital develops and implements protocols for high-consequence infectious	Moved	NPG.05.02.01, EP 1	The hospital develops and i
	diseases or special pathogens. The protocols are readily available for use at the			diseases or special pathoge
	point of care and address the following:			point of care and address th
	- Identify: Procedures for screening at the points of entry to the hospital for			- Identify: Procedures for sc
	respiratory symptoms, fever, rash, and travel history to identify or initiate evaluation			respiratory symptoms, feve
	for high-consequence infectious diseases or special pathogens			for high-consequence infec

evention and control of health care–associated infections ases, including auditing staff adherence to infection blicies and procedures - Communication and collaboration e hospital involved in infection prevention and control of limited to the antibiotic stewardship program, sterile and water management program - Communication and spital's quality assessment and performance improvement cion prevention and control issues Note: The outcome of mg is the staff's ability to demonstrate the skills and tasks responsibilities. Examples of competencies may include al protective equipment and the ability to correctly perform vel disinfection. (For more information on competency .11.04.01 EP 1).

)(2)(i), §482.42(c)(2)(ii), §482.42(c)(2)(iii), §482.42(c)(2)(iv), c)(2)(vi)

nd control program reflects the scope and complexity of ided by addressing all locations, patient populations, and

## )(4)

activities, the hospital identifies risks for infection, sure that pose a risk to patients and staff based on the

- community, and population served
- services it provides
- nce activities and other infection control data
- ol issues identified by the local, state, or federal public uld impact the hospital
- organisms with a propensity for transmission within health ublished reports and the occurrence of clusters of patients espiratory syncytial virus, influenza, measles, organisms nce such as Carbapenem-resistant Enterobacterales [CRE]

tified risks at least annually or whenever significant

activities for the surveillance, prevention, and control of ifections and other infectious diseases, including anitary environment to avoid sources and transmission of any infection control issues identified by public health pact the hospital.

#### )(3)

d implements protocols for high-consequence infectious gens. The protocols are readily available for use at the the following:

screening at the points of entry to the hospital for /er, rash, and travel history to identify or initiate evaluation ectious diseases or special pathogens

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Isolate: Procedures for transmission-based precautions			- Isolate: Procedures for tra
	- Inform: Procedures for informing public health authorities and key hospital staff			- Inform: Procedures for infe
	- Required personal protective equipment and proper donning and doffing			- Required personal protect
	techniques			techniques
	- Infection control procedures to support continued and safe provision of care while			- Infection control procedu
	the patient is in isolation and to reduce exposure among staff, patients, and visitors			the patient is in isolation ar
	using the hierarchy of controls			using the hierarchy of contr
	- Procedures for managing waste and cleaning and disinfecting patient care spaces,			- Procedures for managing
	surfaces, and equipment			surfaces, and equipment
	Note 1: Points of entry may include the emergency department, urgent care, and			Note 1: Points of entry may
	ambulatory clinics.			ambulatory clinics.
	Note 2: See the Glossary for a definition of hierarchy of controls.			Note 2: See the Glossary fo
IC.07.01.01, EP 2	The hospital develops and implements education and training and assesses	Moved	NPG.05.02.01, EP 2	The hospital develops and i
	competencies for staff who will implement protocols for high-consequence			competencies for staff who
	infectious diseases or special pathogens.			infectious diseases or spec
IM.01.01.01, EP 2	The hospital identifies how data and information enter, flow within, and leave the	Deleted EP -	N/A	N/A
	organization.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.24(b)(2)	moved to guidance		
		within SPG		
IM.01.01.03, EP 1	The hospital follows a written plan for managing interruptions to its information	Moved and Revised	IM.11.01.01, EP 1	The hospital develops and i
	processes (paper-based, electronic, or a mix of paper-based and electronic).			documentation and patient
				to information managemen
	CoPs: §482.15(b)(5)			records to support continui
				Note: These policies and pr
				assessment, and emergend
				least every 2 years.
				CoPs: §482.15(b)(5)
IM.01.01.03, EP 2	The hospital's plan for managing interruptions to information processes addresses	Deleted EP -	N/A	N/A
	the following:	Replaced with more		
	- Scheduled and unscheduled interruptions of electronic information systems	direct EP(s) or		
	- Training for staff on alternative procedures to follow when electronic information	moved to guidance		
	systems are unavailable	within SPG		
	- Backup of electronic information systems			
	CoPs: §482.15(b)(5)			
IM.02.01.01, EP 1	The hospital follows a written policy addressing the privacy and confidentiality of	Deleted EP -	N/A	N/A
	health information.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.13(d)(1), §482.15(b)(5), §482.24(b)(3), §482.58(b)(1), §483.10(h),	moved to guidance		
	\$483.10(h)(1), \$483.10(h)(3)	within SPG		
IM.02.01.01, EP 3	The hospital uses health information only for purposes permitted by law and	Deleted EP -	N/A	N/A
	regulation or as further limited by its policy on privacy.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.13(d)(1), §482.24(b)(3), §482.58(b)(1), §483.10(h), §483.10(h)(1),	moved to guidance		
	§483.10(h)(3)	within SPG		
IM.02.01.01, EP 4	The hospital discloses health information only as authorized by the patient or as	Moved and Revised	IM.12.01.01, EP 2	The hospital discloses heal
	otherwise consistent with law and regulation.			patient's written consent or

- ransmission-based precautions
- nforming public health authorities and key hospital staff ctive equipment and proper donning and doffing
- ures to support continued and safe provision of care while and to reduce exposure among staff, patients, and visitors itrols
- g waste and cleaning and disinfecting patient care spaces,
- ay include the emergency department, urgent care, and

for a definition of hierarchy of controls.

d implements education and training and assesses no will implement protocols for high-consequence ecial pathogens.

d implements policies and procedures regarding medical nt information during emergencies and other interruptions ent systems, including security and availability of patient uity of care.

- procedures are based on the emergency plan, risk
- ncy communication plan and are reviewed and updated at

alth information only as authorized by the patient with the or as otherwise required by law and regulation.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.13(d)(1), §482.15(b)(5), §482.24(b)(3), §482.43(b), §482.58(b)(1), §483.10(h), §483.10(h)(1), §483.10(h)(3)(i), §483.10(h)(3)(ii)			Note: For hospitals that use purposes and have swing be the State Long-Term Care O administrative records in ac
				CoPs: §482.58(b)(1), §483.1
IM.02.01.03, EP 1	The hospital follows a written policy that addresses the security of health information, including access, use, and disclosure. CoPs: §482.13(d)(1), §482.15(b)(5), §482.24(b), §482.24(b)(3)	Consolidation of IM.02.01.03, EP 1; IM.02.01.03, EP 2	IM.12.01.03, EP 1	The hospital develops and in health information, includin - Access and use of health i - Integrity of health informat unintentional change, and a - Intentional destruction of I - When and by whom the ref Note: Removal refers to tho hospital's control.
				CoPs: §482.24(b)(3)
IM.02.01.03, EP 2	<ul> <li>The hospital implements a written policy addressing the following: <ul> <li>The integrity of health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction</li> <li>The intentional destruction of health information</li> <li>When and by whom the removal of health information is permitted</li> <li>Note: Removal refers to those actions that place health information outside the hospital's control.</li> </ul> </li> <li>CoPs: §482.13(d)(1), §482.24(b)</li> </ul>	Consolidation of IM.02.01.03, EP 1; IM.02.01.03, EP 2	IM.12.01.03, EP 1	The hospital develops and in health information, includin - Access and use of health i - Integrity of health informat unintentional change, and a - Intentional destruction of I - When and by whom the real Note: Removal refers to tho hospital's control.
				CoPs: §482.24(b)(3)
IM.02.01.03, EP 5	The hospital protects against unauthorized access, use, and disclosure of health information.CoPs: §482.15(b)(5)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
IM.02.01.03, EP 6	The hospital protects health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction. CoPs: §482.24(b), §482.24(b)(3)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
IM.02.01.03, EP 7	The hospital controls the intentional destruction of health information.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
IM.02.02.01, EP 2	The hospital uses standardized terminology, definitions, abbreviations, acronyms, symbols, and dose designations.	Moved	IM.13.01.01, EP 1	The hospital uses standardi symbols, and dose designat
IM.02.02.01, EP 3	The hospital follows its list of prohibited abbreviations, acronyms, symbols, and dose designations, which includes the following: - U,u - IU	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A

se Joint Commission accreditation for deemed status beds: The hospital allows representatives of the Office of Ombudsman to examine a resident's medical, social, and accordance with state law.

- 8.10(h)(3)(i), §483.10(h)(3)(ii)
- d implements a written policy that addresses the security of Jing the following:
- h information
- nation against loss, damage, unauthorized alteration,
- d accidental destruction
- of health information
- removal of health information is permitted
- nose actions that place health information outside the

d implements a written policy that addresses the security of ling the following:

- h information
- nation against loss, damage, unauthorized alteration,
- d accidental destruction
- of health information
- removal of health information is permitted
- nose actions that place health information outside the

dized terminology, definitions, abbreviations, acronyms, nations.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Q.D., QD, q.d., qd	moved to guidance		
	- Q.O.D., QOD, q.o.d, qod	within SPG		
	- Trailing zero (X.0 mg)			
	- Lack of leading zero (.X mg)			
	- MS			
	- MSO4			
	- MgSO4			
	Note 1: A trailing zero may be used only when required to demonstrate the level of			
	precision of the value being reported, such as for laboratory results, imaging studies			
	that report the size of lesions, or catheter/tube sizes. It may not be used in			
	medication orders or other medication-related documentation.			
	Note 2: The prohibited list applies to all orders, preprinted forms, and medication-			
	related documentation. Medication-related documentation can be either			
	handwritten or electronic.			
IM.02.02.03, EP 2	The hospital's storage and retrieval systems make health information accessible	Deleted EP -	N/A	N/A
	when needed for patient care, treatment, and services.	Replaced with more		
	Note: For hospitals that use Joint Commission accreditation for deemed status	direct EP(s) or		
	purposes: The medical records system allows for timely retrieval of patient	moved to guidance		
	information by diagnosis and procedure.	within SPG		
		Within or o		
	CoPs: §482.21(d)(2), §482.24(a), §482.24(b), §482.24(b)(2)			
IM.02.02.03, EP 3	The hospital disseminates data and information in useful formats within time frames	Deleted EP -	N/A	N/A
	that are defined by the hospital and consistent with law and regulation.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.24(a), §482.24(b)(2)	moved to guidance		
		within SPG		
IM.02.02.07, EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	IM.13.01.05, EP 1	For hospitals that use Joint
	The hospital demonstrates that its electronic health records system (or other			The hospital demonstrates
	electronic administrative system) has a fully operational notification capacity and is			electronic administrative s
	used in accordance with applicable state and federal laws and regulations for the			used in accordance with a
	exchange of patient health information.			exchange of patient health
	CoPs: §482.24(d)(1), §482.61(f)(1)			CoPs: §482.24(d)(1), §482.6
IM.02.02.07, EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	IM.13.01.05, EP 2	For hospitals that use Joint
	The hospital demonstrates that its electronic health records system (or other			The hospital demonstrates
	electronic administrative system) sends notifications that include at least the			electronic administrative s
	patient's name, treating licensed practitioner's name, and sending institution's			patient's name, treating lic
	name.			name.
	CoPs: §482.24(d)(2), §482.61(f)(2)			CoPs: §482.24(d)(2), §482.
IM.02.02.07, EP 3	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	IM.13.01.05, EP 3	For hospitals that use Joint
	In accordance with the patient's expressed privacy preferences and applicable laws			In accordance with the pat
	and regulations, the hospital's electronic health records system (or other electronic			and regulations, the hospit
	administrative system) sends notifications directly, or through an intermediary that			administrative system) sen
	facilitates exchange of health information, at the time of the patient's emergency			facilitates exchange of hea
	department registration or inpatient admission.			- The patient's emergency of
				- The patient's inpatient ad
	CoPs: §482.24(d)(3), §482.24(d)(3)(i), §482.24(d)(3)(ii), §482.61(f)(3), §482.61(f)(3)(i),			
	§482.61(f)(3)(ii)			

int Commission accreditation for deemed status purposes: es that its electronic health records system's (or other e system's) notification capacity is fully operational and is applicable state and federal laws and regulations for the th information.

## 2.61(f)(1)

int Commission accreditation for deemed status purposes: es that its electronic health records system (or other e system) sends notifications that include, at a minimum, the licensed practitioner's name, and sending institution's

## 2.61(f)(2)

int Commission accreditation for deemed status purposes: atient's expressed privacy preferences and applicable laws pital's electronic health records system (or other electronic ends notifications directly, or through an intermediary that ealth information, at the following times, when applicable: y department registration

dmission

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				CoPs: §482.24(d)(3), §482.24 §482.61(f)(3)(ii)
IM.02.02.07, EP 4	For hospitals that use Joint Commission accreditation for deemed status purposes: In accordance with the 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 emergency department or inpatient services. CoPs: §482.24(d)(4), §482.24(d)(4)(i), §482.24(d)(4)(ii), §482.61(f)(4), §482.61(f)(4)(i),	Moved	IM.13.01.05, EP 4	For hospitals that use Joint ( In accordance with the patie and regulations, the hospita administrative system) sence facilitates exchange of healt of the patient's discharge or inpatient services. CoPs: §482.24(d)(4), §482.2
	\$482.61(f)(4)(ii)			\$482.61(f)(4)(ii)
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 post-acute 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 patient event notifications in a manner consistent with a hospital system's capabilities. CoPs: \$482.24(d)(5), \$482.24(d)(5)(i), \$482.24(d)(5)(ii), \$482.24(d)(5)(iii),	Moved and Revised	IM.13.01.05, EP 5	For hospitals that use Joint ( The hospital makes a reason system (or other electronic a applicable post-acute care following who need to receiv coordination, or quality imp - Patient's established prima - Patient's established prima - Other licensed practitioner patient as primarily respons Note: The term "reasonable patient event notifications w infrastructure. There may be cannot identify an applicabl establishing processes for id not be able to receive patier hospital system's capabilitie CoPs: §482.24(d)(5), §482.24
IM.03.01.01, EP 1	§482.61(f)(5), §482.61(f)(5)(i), §482.61(f)(5)(ii), §482.61(f)(5)(iii)The hospital provides access to knowledge-based information resources 24 hours a	Deleted EP -	N/A	\$482.61(f)(5), \$482.61(f)(5)(i N/A
	day, 7 days a week. CoPs: §482.25(b)(8)	Replaced with more direct EP(s) or moved to guidance within SPG		
N/A	N/A	Moved and Revised	IM.12.01.01, EP 1	The hospital develops and ir privacy and confidentiality of Note: For hospitals that use purposes and have swing be personal records. CoPs: §482.13(d)(1), §482.24
N/A	N/A	Moved and Revised	IM.13.01.03, EP 1	The hospital has a system for information accessible whe Note: For hospitals that use purposes: The medical reco information by diagnosis and

## .24(d)(3)(i), \$482.24(d)(3)(ii), \$482.61(f)(3), \$482.61(f)(3)(i),

At Commission accreditation for deemed status purposes: attent's expressed privacy preferences and applicable laws ital's electronic health records system (or other electronic nds notifications directly, or through an intermediary that alth information, either immediately prior to or at the time or transfer from the hospital's emergency department or

## .24(d)(4)(i), \$482.24(d)(4)(ii), \$482.61(f)(4), \$482.61(f)(4)(i),

At Commission accreditation for deemed status purposes: sonable effort to confirm that its electronic health records c administrative system) sends the notifications to all re service providers and suppliers, as well as any of the eive notification of the patient's status for treatment, care approvement purposes:

- mary care licensed practitioner
- mary care practice group or entity
- ners, or other practice groups or entities, identified by the nsible for the patient's care
- le effort" means that the hospital has a process to send s while working within the constraints of its technology be instances in which the hospital (or its intermediary) able recipient for a patient event notification despite r identifying recipients. In addition, some recipients may ent event notifications in a manner consistent with the ities.

..24(d)(5)(i), \$482.24(d)(5)(ii), \$482.24(d)(5)(iii), 5)(i), \$482.61(f)(5)(ii), \$482.61(f)(5)(iii)

I implements policies and procedures addressing the y of health information.

se Joint Commission accreditation for deemed status beds: Policies and procedures also address the resident's

## .24(b)(3), \$482.58(b)(1), \$483.10(h), \$483.10(h)(3)

for coding and indexing medical records to make health nen needed for patient care, treatment, and services. se Joint Commission accreditation for deemed status cords system allows for timely retrieval of patient and procedure.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				CoPs: §482.24(b)(2)
LD.01.01.01, EP 1	The hospital identifies those responsible for governance.	Deleted EP -	N/A	N/A
201011011011, 21		Replaced with more		
	CoPs: §482.12	direct EP(s) or		
		moved to guidance		
		within SPG		
LD.01.01.01, EP 2	The governing body identifies those responsible for planning, management, and	Deleted EP -	N/A	N/A
20.01.01.01, 21 2	operational activities.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.12, §482.12(d)(7)(ii)	moved to guidance		
	0013.3402.12, 3402.12(0)(7)(1)	within SPG		
LD.01.01.01, EP 3	The governing body identifies those responsible for the provision of care, treatment,	Deleted EP -	N/A	N/A
LD.01.01.01, LT 0	and services.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.22	moved to guidance		
	0013.3402.22	within SPG		
LD.01.02.01, EP 1	Senior managers and leaders of the organized medical staff work with the governing	Deleted EP -	N/A	N/A
LD.01.02.01, LT 1	body to define their shared and unique responsibilities and accountabilities.	Replaced with more		
	body to define their shared and dilique responsibilities and accountabilities.	direct EP(s) or		
		moved to guidance		
		within SPG		
LD.01.03.01, EP 1	The governing body defines in writing its responsibilities.	Deleted EP -	N/A	N/A
LD.01.03.01, LF 1	The governing body defines in writing its responsibilities.	Replaced with more		
	CoPs: §482.12	direct EP(s) or		
	G0FS. 3462.12	moved to guidance		
		within SPG		
LD.01.03.01, EP 2	The governing body provides for organization management and planning.	Deleted EP -	N/A	N/A
LD.01.03.01, EF 2	The governing body provides for organization management and planning.	Replaced with more		N/A
	CoPs: §482.12, §482.12(d)(7)(i)	direct EP(s) or		
	COPS. 8402.12, 8402.12(0)(7)(1)	moved to guidance		
		within SPG		
	The governing body enpresses the beenitel's written seens of equipped			
LD.01.03.01, EP 3	The governing body approves the hospital's written scope of services.	Split to LD.13.03.01,	LD.13.03.01, EP 11	The surgical services are co
	0-0-5400 40(4)(4) 5400 00 5400 07(-)(0) 5400 54(-) 5400 50 5400 50(-)	EP 11; LD.13.03.01,		0-0-5400 54(-) \$400 54(
	CoPs: §482.12(f)(1), §482.26, §482.27(a)(2), §482.51(a), §482.52, §482.52(a),	EP 14		CoPs: §482.51(a), §482.51(l
	§482.52(b), §482.53, §482.53, §482.53(a), §482.54, §482.54, §482.55, §482.56,			
	\$482.56(a), \$482.57(a)	0		
LD.01.03.01, EP 3	The governing body approves the hospital's written scope of services.	Split to LD.13.03.01,	LD.13.03.01, EP 14	The hospital maintains a wr
		EP 11; LD.13.03.01,		provided that is available to
	CoPs: §482.12(f)(1), §482.26, §482.27(a)(2), §482.51(a), §482.52, §482.52(a),	EP 14		
	\$482.52(b), \$482.53, \$482.53, \$482.53(a), \$482.54, \$482.54, \$482.55, \$482.56,			CoPs: §482.27(a)(2)
LD.01.03.01, EP 4	§482.56(a), §482.57(a)			· · · · · ·
	The governing body selects the chief executive responsible for managing the	Moved and Revised	LD.11.01.01, EP 6	The governing body appoint
	hospital.			hospital.
				0-0-0400 10/1
	$C_{2} D_{2} S_{4} S_{4} S_{4} S_{4} S_{4} S_{5} S_{5$			CoPs: §482.12(b)
	CoPs: §482.12(b)			· · · · · · · ·
LD.01.03.01, EP 5	The governing body provides for the resources needed to maintain safe, quality care,	Consolidation of	LD.13.03.03, EP 2	The governing body is respo
	treatment, and services.	LD.01.03.01, EP 5;		contracted services. The go

consistent with the resources available.

51(b)

written description of the scope of laboratory services e to the medical staff.

bints the chief executive officer responsible for managing the

sponsible for all services provided in the hospital, including governing body assesses that services are provided in a

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.12, §482.12(e)(1), §482.21(e)(1), §482.21(e)(4), §482.52(b), §482.53, §482.53, §482.53(a), §482.53(c), §482.54, §482.54, §482.55, §482.56(a), §482.57(a)	LD.04.03.09, EP 6; LD.04.03.09, EP 7		safe and effective manner a and performance. Note: For hospitals that use purposes: The governing bo one for shared services and to comply with applicable C Conditions of Participation
LD.01.03.01, EP 6	The governing body works with the senior managers and leaders of the organized medical staff to annually evaluate the hospital's performance in relation to its mission, vision, and goals. CoPs: §482.21(e)(1)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LD.01.03.01, EP 8	The governing body provides the organized medical staff with the opportunity to participate in governance. CoPs: §482.12(d)(7)(ii)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LD.01.03.01, EP 9	The governing body provides the organized medical staff with the opportunity to be represented at governing body meetings (through attendance and voice) by one or more of its members, as selected by the organized medical staff.	Moved	LD.11.01.01, EP 3	The governing body provide represented at governing bo more of its members, as se
LD.01.03.01, EP 10	Organized medical staff members are eligible for full membership in the hospital's governing body, unless legally prohibited.	Moved	LD.11.01.01, EP 4	Organized medical staff me governing body, unless lega
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. CoPs: §482.12	Moved and Revised	LD.11.01.01, EP 1	The hospital has a governing conduct of the hospital. If the the persons legally respons functions that pertain to the CoPs: §482.12
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 care provided to patients of the hospital. For a multi-hospital system using a single governing body, the single multihospital system governing body consults directly with the individual responsible for the organized medical staff (or the individual's designee) of each hospital within its system.	Moved and Revised	LD.11.01.01, EP 5	For hospitals that use Joint The governing body consult for the organization and cor individual's designee. At a n throughout the fiscal or cale the quality of medical care p system using a single gover consults directly with the in the individual's designee) or
LD.01.03.01, EP 14	CoPs: §482.12(a)(10) For hospitals that use Joint Commission accreditation for deemed status purposes: If a hospital is part of a system consisting of multiple separately certified hospitals using a system governing body that is legally responsible for the conduct of two or more hospitals, the system governing body can elect to have a unified and integrated quality assessment and performance improvement program for all of its member hospitals after determining that such decision is in accordance with all applicable state and local laws. The system governing body is responsible and accountable for making certain that each of its separately certified hospitals meets the requirements	Moved and Revised	LD.11.01.01, EP 9	CoPs: §482.12(a)(10) For hospitals that use Joint If a hospital is part of a syste using a system governing bo more hospitals, the system quality assessment and per hospitals after determining state and local laws. Each separately certified ho

r and takes action to address issues pertaining to quality

se Joint Commission accreditation for deemed status body makes certain that a contractor of services (including nd joint ventures) provides services that permit the hospital e Centers for Medicare & Medicaid Services (CMS) n and standards for contract services.

2(e)(1)

les the organized medical staff with the opportunity to be body meetings (through attendance and voice) by one or selected by the organized medical staff.

nembers are eligible for full membership in the hospital's gally prohibited.

ing body that assumes full legal responsibility for the the hospital does not have an organized governing body, nsible for the conduct of the hospital carry out the he governing body.

nt Commission accreditation for deemed status purposes: alts directly with the individual assigned the responsibility onduct of the hospital's medical staff, or with the a minimum, this direct consultation occurs periodically alendar year and includes a discussion of matters related to e provided to the hospital's patients. For a multi-hospital erning body, the single multihospital system governing body individual responsible for the organized medical staff (or of each hospital within its system.

At Commission accreditation for deemed status purposes: stem consisting of multiple separately certified hospitals body that is legally responsible for the conduct of two or m governing body can elect to have a unified and integrated erformance improvement program for all of its member ng that such decision is in accordance with all applicable

hospital subject to the system governing body

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	for quality assessment and performance improvement at 42 CFR 482.21.			demonstrates that the unifi
				improvement program does
	Each separately certified hospital subject to the system governing body			- Accounts for each membe
	demonstrates that the unified and integrated quality assessment and performance			differences in patient popu
	improvement program has the following characteristics:			- Establishes and impleme
	- Structured in a manner that accounts for each member hospital's unique			needs and concerns of eac
	circumstances and any significant differences in patient populations and services			practice or location, are giv
	offered in each hospital			program has mechanisms i
	- Establishes and implements policies and procedures to make certain that the			hospitals are duly consider
	needs and concerns of each of its separately certified hospitals, regardless of			Note: For hospitals that use
	practice or location, are given due consideration, and that the unified and integrated			purposes: The system gove
	program has mechanisms in place to ensure that issues localized to particular			certain that each of its separate
	hospitals are duly considered and addressed			quality assessment and pe
	CoPs: §482.21(f), §482.21(f)(1), §482.21(f)(2)			CoPs: §482.21(f), §482.21(f
LD.01.03.01, EP 20	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved	LD.11.01.01, EP 11	For hospitals that elect The
LD.01.03.01, LI 20	The primary care medical home evaluates the effectiveness of how the primary care	THOVED		The primary care medical h
	clinician and the interdisciplinary team partner with the patient to support continuity			clinician and the interdiscip
				-
	of care and comprehensive, coordinated care.	Mayod and Dayland		of care and comprehensive
LD.01.03.01, EP 21	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	LD.11.01.01, EP 8	The governing body is respo
	The governing body is responsible for making sure that performance improvement			activities reflect the compl
	activities reflect the complexity of the hospital's organization and services, involve all			departments and services
	departments and services, and include services provided under contract. (For more			arrangement; and focuses
	information on contracted services, see Standard LD.04.03.09)			the prevention and reduction
	Note: For hospitals that use Joint Commission accreditation for deemed status			services, see Standard LD.
	purposes: The hospital is not required to participate in a quality improvement			Note: For hospitals that do
	organization (QIO) cooperative project, but its own projects are required to be of			status purposes: If the hos
	comparable effort.			leadership structure that is
	CoPs: §482.21, §482.21(d)(4)			CoPs: §482.21
LD.01.03.01, EP 27	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	LD.11.01.01, EP 10	For hospitals that use Joint
	If a hospital is part of a hospital system consisting of separately certified hospitals			If a hospital is part of a hos
	using a system governing body that is legally responsible for the conduct of two or			using a system governing b
	more hospitals, the system governing body can elect to have unified and integrated			more hospitals, the system
	infection prevention and control and antibiotic stewardship programs for all of its			infection prevention and co
	member hospitals after determining that such a decision is in accordance with			member hospitals after det
	applicable law and regulation. The system governing body is responsible and			applicable law and regulati
	accountable for making certain that each of its separately certified hospitals meet all			Each separately certified h
	of the requirements at 42 CFR 482.42(d).			demonstrates that the unif
	Each separately certified hospital subject to the system governing body			program and the antibiotic
	demonstrates that the unified and integrated infection prevention and control			- Account for each member
	program and the antibiotic stewardship program have the following characteristics:			differences in patient popu
	- Structured in a manner that accounts for each member hospital's unique			- Establish and implement
	circumstances and any significant differences in patient populations and services			and concerns of each sepa
	offered at each hospital			are given due consideration
				_
	- Establish and implement policies and procedures to make certain that the needs			- Have mechanisms in plac
	and concerns of each separately certified hospital, regardless of practice or location,			are duly considered and ad
	are given due consideration			- Designate a qualified indiv
	- Have mechanisms in place to ensure that issues localized to particular hospitals			prevention and control and

ified and integrated quality assessment and performance es the following:

ber hospital's unique circumstances and any significant ulations and services offered

nents policies and procedures to make certain that the ach of its separately certified hospitals, regardless of iven due consideration, and that the unified and integrated s in place to ensure that issues localized to particular ered and addressed

se Joint Commission accreditation for deemed status verning body is responsible and accountable for making parately certified hospitals meets the requirements for erformance improvement at 42 CFR 482.21.

# (f)(1), §482.21(f)(2)

e Joint Commission Primary Care Medical Home option: home evaluates the effectiveness of how the primary care iplinary team partner with the patient to support continuity *y*e, coordinated care.

consible for making sure that performance improvement olexity of the hospital's organization and services; involve all s including services provided under contract or

s on indicators related to improved health outcomes and tion of medical errors. (For more information on contracted 0.14.03.03)

lo not use Joint Commission accreditation for deemed ospital does not have a governing body, it identifies the is responsible for these activities.

nt Commission accreditation for deemed status purposes: ospital system consisting of separately certified hospitals body that is legally responsible for the conduct of two or m governing body can elect to have unified and integrated control and antibiotic stewardship programs for all of its etermining that such a decision is in accordance with ation.

hospital subject to the system governing body

ified and integrated infection prevention and control c stewardship program do the following:

er hospital's unique circumstances and any significant ulations and services offered

nt policies and procedures to make certain that the needs parately certified hospital, regardless of practice or location, on

ice to ensure that issues localized to particular hospitals iddressed

lividual(s) at the hospital with expertise in infection d in antibiotic stewardship as responsible for

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	are duly considered and addressed			communicating with the un
	- A qualified individual(s) with expertise in infection prevention and control and in			stewardship programs, imp
	antibiotic stewardship has been designated at the hospital as responsible for			governing infection prevent
	communicating with the unified infection prevention and control and antibiotic			the unified infection prever
	stewardship programs, implementing and maintaining the policies and procedures			and providing education an
	governing infection prevention and control and antibiotic stewardship (as directed by			prevention and control and
	the unified infection prevention and control and antibiotic stewardship programs),			Note: For hospitals that use
	and providing education and training on the practical applications of infection			purposes: The system gove
	prevention and control and antibiotic stewardship to hospital staff			certain that each of its sepa
				42 CFR 482.42(d).
	CoPs: §482.42(d), §482.42(d)(1), §482.42(d)(2), §482.42(d)(3), §482.42(d)(4)			12 0111 1021 12(0).
				CoPs: §482.42(d), §482.42(
LD.01.04.01, EP 1	The chief executive provides for the following:	Deleted EP -	N/A	N/A
	- Information and support systems	Replaced with more		
	- Physical and financial assets	direct EP(s) or		
		moved to guidance		
		within SPG		
LD.01.04.01, EP 5	The chief executive identifies a nurse leader at the executive level who participates in	Deleted EP -	N/A	N/A
· · · <b>,</b> · ·	decision making.	Replaced with more		
		direct EP(s) or		
		moved to guidance		
		within SPG		
LD.01.05.01, EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes:	Deleted EP -	N/A	N/A
	There is a single organized medical staff.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.22	moved to guidance		
		within SPG		
LD.01.05.01, EP 2	For hospitals that do not use Joint Commission accreditation for deemed status	Moved and Revised	LD.11.02.01, EP 4	For hospitals that do not us
	purposes: There is a single organized medical staff unless criteria are met for an			purposes: There is a single
	exception to the single medical staff requirements. (Refer to the introduction to			exception to the single med
	MS.01.01.01)			
LD.01.05.01, EP 3	The organized medical staff is self governing. (Refer to the bulleted list describing self	Deleted EP -	N/A	N/A
	governance in the Overview to the "Medical Staff" [MS] chapter.)	Replaced with more		
		direct EP(s) or		
		moved to guidance		
		within SPG		
LD.01.05.01, EP 4	The governing body approves the structure of the organized medical staff.	Moved	LD.11.02.01, EP 2	The governing body approve
	CoPs: §482.22(b), §482.22(b)(1)			CoPs: §482.22(b)(1)
LD.01.05.01, EP 6	The organized medical staff is accountable to the governing body for the quality of	Moved and Revised	LD.11.02.01, EP 1	The hospital has an organiz
	care provided to patients.			body for the quality of care
	CoPs: §482.12(a)(5), §482.22, §482.22(b)			CoPs: §482.22(b)
LD.01.05.01, EP 7	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	LD.11.02.01, EP 3	For hospitals that use Joint
/	A doctor of medicine or osteopathy, or, if permitted by state law, a doctor of dental			A doctor of medicine or ost
	surgery or dental medicine, or a doctor of podiatric medicine is responsible for the			surgery or dental medicine,
	organization and conduct of the medical staff			organization and conduct o
	organization and conduct of the medical staff.			organization and conduct o

unified infection prevention and control and antibiotic pplementing and maintaining the policies and procedures ntion and control and antibiotic stewardship (as directed by ention and control and antibiotic stewardship programs), and training on the practical applications of infection id antibiotic stewardship to hospital staff

se Joint Commission accreditation for deemed status verning body is responsible and accountable for making parately certified hospitals meet all of the requirements at

# 2(d)(1), §482.42(d)(2), §482.42(d)(3), §482.42(d)(4)

use Joint Commission accreditation for deemed status e organized medical staff unless criteria are met for an edical staff requirements.

ves the structure of the organized medical staff.

nized medical staff that is accountable to the governing re provided to patients.

nt Commission accreditation for deemed status purposes: steopathy or, if permitted by state law, a doctor of dental le, or a doctor of podiatric medicine is responsible for the t of the medical staff.

82.22(b)(3)(ii), §482.22(b)(3)(iii)

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LD.02.01.01, EP 1	The governing body, senior managers, and leaders of the organized medical staff work together to create the hospital's mission, vision, and goals, which guide the actions of the leaders. The mission, vision, and goals are communicated to the staff and the population(s) the hospital serves.	Moved and Revised	NPG.02.01.01, EP 1	The governing body, senior r work together to create the l leaders' actions. The missio population(s) served.
LD.02.02.01, EP 1	The governing body, senior managers, and leaders of the organized medical staff work together to define in writing conflicts of interest that could affect safety and quality of care, treatment, and services.	Moved	NPG.02.02.01, EP 1	The governing body, senior r work together to define in w quality of care, treatment, a
LD.02.02.01, EP 2	The governing body, senior managers, and leaders of the organized medical staff work together to develop a written policy that defines how conflicts of interest will be addressed.	Moved and Revised	NPG.02.02.01, EP 3	Conflicts of interest are disc
LD.02.02.01, EP 3	Conflicts of interest are disclosed as defined by the hospital.	Moved and Revised	NPG.02.02.01, EP 2	The governing body, senior r work together to develop a v addressed.
LD.02.04.01, EP 1	Senior managers and leaders of the organized medical staff work with the governing body to develop and implement an ongoing process for managing conflict among leadership groups that has the potential to adversely affect patient safety or quality of care.	Moved	NPG.02.02.01, EP 4	Senior managers and leader body to develop and implem leadership groups that has t of care.
LD.03.01.01, EP 1	Leaders regularly evaluate the culture of safety and quality using valid and reliable tools.	Consolidation of LD.03.01.01, EP 1; LD.03.01.01, EP 2	NPG.02.03.01, EP 11	Leaders regularly evaluate t tools. Possible issues are id improvements are prioritized
LD.03.01.01, EP 2	Leaders prioritize and implement changes identified by the evaluation.	Consolidation of LD.03.01.01, EP 1;	NPG.02.03.01, EP 11	Leaders regularly evaluate t tools. Possible issues are id
LD.03.01.01, EP 4	CoPs: \$482.21(b)(2)(ii)Leaders develop a code of conduct that defines acceptable behavior and behaviorsthat undermine a culture of safety.	LD.03.01.01, EP 2 Moved	NPG.02.03.01, EP 12	improvements are prioritized Leaders develop a code of c that undermine a culture of
LD.03.01.01, EP 5	Leaders create and implement a process for managing behaviors that undermine a culture of safety. CoPs: §482.12	Moved	NPG.02.03.01, EP 13	Leaders create and implement
LD.03.01.01, EP 9	<ul> <li>The hospital has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team that includes the following:</li> <li>Policies and procedures to prevent and respond to workplace violence</li> <li>A process to report incidents in order to analyze incidents and trends</li> <li>A process for follow up and support to victims and witnesses affected by workplace violence violence, including trauma and psychological counseling, if necessary</li> <li>Reporting of workplace violence incidents to the governing body</li> </ul>	Moved and Revised	NPG.02.04.01, EP 1	The hospital has a workplac individual and developed by - Policies and procedures to - A process to report incider - A process for follow up and violence, including trauma a - Reporting of workplace vio
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 CoPs: §482.21, §482.21(a)(1), §482.21(b)(2)(i)	Moved and Revised	LD.12.01.01, EP 3	The hospital's governing boo legal authority and responsi administrative officials are r - An ongoing program for qua reduction of medical errors, - The hospitalwide quality as address priorities for improv improvement actions are ev - Clear expectations for safe - Adequate resources are all sustaining the hospital's per - The determination of the n

r managers, and leaders of the organized medical staff e hospital's mission, vision, and goals, which guide the sion, vision, and goals are communicated to staff and the

r managers, and leaders of the organized medical staff writing conflicts of interest that could affect safety and , and services.

sclosed as defined by the hospital.

r managers, and leaders of the organized medical staff a written policy that defines how conflicts of interest will be

ders of the organized medical staff work with the governing ement an ongoing process for managing conflict among s the potential to adversely affect patient safety or quality

e the culture of safety and quality using valid and reliable identified by the culture of safety evaluation. Proposed zed and implemented.

e the culture of safety and quality using valid and reliable identified by the culture of safety evaluation. Proposed zed and implemented.

f conduct that defines acceptable behavior and behaviors of safety.

ment a process for managing behaviors that undermine a

ace violence prevention program led by a designated by a multidisciplinary team that includes the following: to prevent and respond to workplace violence ents in order to analyze incidents and trends nd support to victims and witnesses affected by workplace a and psychological counseling, if necessary violence incidents to the governing body

body (or organized group or individual who assumes full asibility for operations of the hospital), medical staff, and e responsible and accountable for the following: quality improvement and patient safety, including the rs, is defined, implemented, and maintained assessment and performance improvement efforts roved quality of care and patient safety, and all evaluated

afety are established

allocated for measuring, assessing, improving, and

- performance and reducing risk to patients
- number of distinct improvement projects is conducted

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				CoPs: §482.21(e)(1), §482.2
LD.03.02.01, EP 2	Leaders evaluate how effectively data and information are used throughout the	Deleted	N/A	N/A
· · · · <b>,</b>	hospital.			
LD.03.02.01, EP 4	For hospitals that use Joint Commission accreditation for deemed status purposes:	Deleted EP -	N/A	N/A
	The quality assessment and performance improvement program incorporates quality	-		
	indicator data, including patient care data and other relevant data such as that	direct EP(s) or		
	submitted to or received from Medicare quality reporting and quality performance	moved to guidance		
	programs (for example, data related to hospital readmissions and hospital-acquired	within SPG		
	conditions).			
	CoPs: §482.21(b)(1)			
LD.03.03.01, EP 1	Planning activities focus on the following:	Deleted EP -	N/A	N/A
,	- Improving patient safety and health care quality	Replaced with more		
	- Adapting to changes in the environment	direct EP(s) or		
		moved to guidance		
	CoPs: §482.62(g)(1)	within SPG		
LD.03.03.01, EP 2	Planning is hospitalwide, systematic, and involves designated individuals and	Deleted EP -	N/A	N/A
	information sources.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.62(g)(1)	moved to guidance		
LD.03.03.01, EP 3	Leaders evaluate the effectiveness of planning activities.	within SPG Deleted	N/A	N/A
LD.03.04.01, EP 1	Communication processes are effective in doing the following:	Consolidation of	NPG.02.03.01, EP 9	Communication processes
LD.03.04.01, LI 1	- Fostering the safety of the patient and their quality of care	LD.03.04.01, EP 1;	NI 0.02.00.01, EI 0	- Fostering the safety of the
	- Supporting safety and quality throughout the hospital	LD.03.09.01, EP 9		- Supporting a culture of sat
	- Meeting the needs of internal and external users			- Meeting the needs of inter
	- Informing those who work in the hospital of changes in the environment			- Informing those who work
				- Disseminating lessons lea
				example, root cause analys
				assessments to all affected
LD.03.04.01, EP 2	Leaders evaluate the effectiveness of communication methods.	Moved	NPG.02.03.01, EP	Leaders evaluate the effect
		Deleted ED	10	N1/A
LD.03.05.01, EP 1	The hospital has a systematic approach to change and performance improvement.	Deleted EP - Replaced with more	N/A	N/A
	CoPs: §482.21, §482.21(a)(1), §482.21(d), §482.21(d)(1), §482.21(e)(1)	direct EP(s) or		
	Cors. 3402.21, 3402.21(a)(1), 3402.21(a), 3402.21(a)(1), 3402.21(c)(1)	moved to guidance		
		within SPG		
LD.03.05.01, EP 2	Structures for managing change and performance improvement do the following:	Deleted EP -	N/A	N/A
-	- Foster the safety of the patient and the quality of care, treatment, and services	Replaced with more		
	- Support both safety and quality throughout the hospital	direct EP(s) or		
	- Adapt to changes in the environment	moved to guidance		
		within SPG		
	CoPs: §482.21, §482.21(a)(1), §482.21(d)(1)		N1/A	
LD.03.05.01, EP 3	Leaders evaluate the effectiveness of processes for the management of change and	Deleted EP -	N/A	N/A
	performance improvement.	Replaced with more		
	CoPs: §482.21, §482.21(a)(1), §482.21(c)(3), §482.21(e)(2)	direct EP(s) or moved to guidance		
	001 0. 0402.21, 0402.21(0/(1/) 0402.21(0/(0/) 0402.21(0/(2/)	within SPG		

## 2.21(e)(2), §482.21(e)(3), §482.21(e)(4), §482.21(e)(5)

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- he patient and their quality of care
- safety and quality
- ternal and external users
- rk in the hospital of changes in the environment
- earned from comprehensive systematic analyses (for
- yses), system or process failures, and proactive risk
- ed staff
- ctiveness of communication methods.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LD.03.06.01, EP 1	Leaders design work processes to focus individuals on safety and quality issues.	Moved to Standard	Standard	The hospital's leaders desig
			NPG.02.03.01	quality issues.
LD.03.06.01, EP 2	Leaders provide for a sufficient number and mix of individuals to support safe,	Moved and Revised	NPG.12.01.01, EP 1	Leaders provide for an adec
	quality care, treatment, and services.			safe, quality care, treatmen
	Note: The number and mix of individuals is appropriate to the scope and complexity			Note 1: The number and mi
	of the services offered.			complexity of the services of following:
	CoPs: §482.12, §482.23(a), §482.23(b), §482.23(b)(1), §482.24(a), §482.25(a)(2),			- Rehabilitation services
	\$482.28, \$482.28(a)(2), \$482.51(a)(1), \$482.51(a)(3), \$482.52(a), \$482.53(a)(2),			- Emergency services
	\$482.54(b)(2), \$482.55(b)(2), \$482.56, \$482.57(a)(2), \$482.58(b)(4), \$482.58(b)(6),			- Outpatient services
	\$482.62, \$482.62(a)(1), \$482.62(a)(2), \$482.62(a)(3), \$482.62(a)(4), \$482.62(b),			- Respiratory services
	\$482.62(c), \$482.62(d), \$482.62(d)(2), \$482.62(d)(2), \$482.62(g)(2), \$483.65(b)			- Pharmaceutical services,
				- Diagnostic and therapeuti
				Note 2: Emergency services
				CoPs: §482.25(a)(2), §482.2
LD.03.06.01, EP 3	Those who work in the hospital are competent to complete their assigned	Deleted EP -	N/A	N/A
	responsibilities.	Replaced with more		
	Q - D - SA00 - 54 - SA00 - 54(-)(4) - SA00 - 54(-)(0) - SA00 - 52(-)(0) - SA00 - 55((-)(0)	direct EP(s) or		
	CoPs: $\$482.51$ , $\$482.51(a)(1)$ , $\$482.51(a)(3)$ , $\$482.53(a)(2)$ , $\$482.55(b)(2)$ , \$482.56(a)(2), $$482.56(b)(2)$ , $$482.57(a)$ , $$482.58(b)(4)$ , $$482.58(b)(6)$ , $$482.62$	moved to guidance within SPG		
	\$482.56(a)(2), \$482.56(b)(2), \$482.57(a), \$482.58(b)(4), \$482.58(b)(6), \$482.62, \$482.62(a)(1), \$482.62(a)(2), \$482.62(a)(3), \$482.62(a)(4), \$482.62(b), \$482.62(d),	within 3PG		
	\$482.62(d)(2), \$482.62(g)(2), \$483.65(b)			
LD.03.07.01, EP 1	Performance improvement occurs hospitalwide.	Moved and Revised	LD.12.01.01, EP 1	The hospital develops, impl
				ongoing, data-driven, hospi
	CoPs: §482.21, §482.21(a)(1), §482.21(d), §482.21(d)(2), §482.21(e)(1)			improvement program.
				Note: For hospitals that use
				purposes: The hospital ma
				for review by CMS.
	As nort of participance improvement, loaders (including the gaverning head) do the	Mayod and Daviage		CoPs: §482.21
LD.03.07.01, EP 2	As part of performance improvement, leaders (including the governing body) do the following:	Moved and Revised	LD.12.01.01, EP 2	As part of performance imp following:
	- Set priorities for performance improvement activities and patient health outcomes			- Set priorities for performa
	- Give priority to high-volume, high-risk, or problem-prone processes for			that are shown to be predic
	performance improvement activities			quality of care
	- Identify the frequency of data collection for performance improvement activities			- Give priority to high-volum
	- Reprioritize performance improvement activities in response to changes in the			performance improvement
	internal or external environment			severity of problems in thos
				- Identify the frequency and
	CoPs: §482.21, §482.21(a)(1), §482.21(a)(2), §482.21(b)(3), §482.21(c)(1)(i),			activities
	\$482.21(c)(1)(ii), \$482.21(c)(1)(iii), \$482.21(d), \$482.21(d)(1), \$482.21(d)(2),			
LD.03.07.01, EP 4	\$482.21(d)(3), \$482.21(e)(1), \$482.21(e)(2), \$482.21(e)(3), \$482.21(e)(5)	Moved		CoPs: §482.21(b)(3), §482.2
LD.03.07.01, EP 4	For hospitals that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team actively participates in performance improvement	Moved	LD.12.01.01, EP 4	For hospitals that elect The The interdisciplinary team a
	activities.			activities.
LD.03.07.01, EP 21	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved and Revised	LD.12.01.01, EP 5	For hospitals that elect The
. ,	Leaders use qualitative data collection methods to involve patients in performance		,	Leaders use qualitative data
	improvement activities.			improvement activities.

sign work processes to focus individuals on safety and

equate number and mix of qualified individuals to support ent, and services.

nix of individuals is appropriate to the scope and

s offered. Services may include but are not limited to the

s, including emergency pharmaceutical services itic radiology services es staff are qualified in emergency care.

.26, \$482.26(a), \$482.54(b)(2), \$482.55(b)(2), \$482.57(a)(2)

plements, maintains, and documents an effective, pitalwide quality assessment and performance

se Joint Commission accreditation for deemed status naintains and demonstrates evidence of its QAPI program

nprovement, leaders (including the governing body) do the

ance improvement activities related to health outcomes ictive of desired patient outcomes, patient safety, and

me, high-risk, or problem-prone processes for

nt activities and consider the incidence, prevalence, and ose areas

nd detail of data collection for performance improvement

2.21(c)(1)(i), §482.21(c)(1)(ii), §482.21(c)(1)(iii) ne Joint Commission Primary Care Medical Home option: n actively participates in performance improvement

ne Joint Commission Primary Care Medical Home option: ata collection methods to involve patients in performance

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	Note: Qualitative data collection methods are used to provide insight into patients'			Note: Qualitative data colle
	opinions, along with underlying reasons, and motivations. Examples of qualitative			opinions, along with underly
	methods include focus groups, telephonic or in-person patient interviews or patient			methods include focus grou
	rounding, and patient participation on performance improvement committees.			rounding, and patient partic
LD.03.08.01, EP 1	The hospital's design of new or modified services or processes incorporates the	Deleted EP -	N/A	N/A
	following:	Replaced with more		
	- The needs of patients, staff, and others	direct EP(s) or		
	- The results of performance improvement activities	moved to guidance		
	- Information about potential risks to patients	within SPG		
	- Evidence-based information in the decision-making process			
	- Information about sentinel events			
	Note 1: A proactive risk assessment is one of several ways to assess potential risks			
	to patients. For suggested components, refer to the "Proactive Risk Assessment"			
	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.			
	CoPs: §482.21(c)(2), §482.25(a)			
LD.03.09.01, EP 1	The leaders implement a hospitalwide patient safety program as follows:	Moved and Revised	NPG.02.03.01, EP 1	The leaders implement a ho
	- One or more qualified individuals or an interdisciplinary group manage the safety			- One or more qualified indiv
	program.			program.
	- All departments, programs, and services within the hospital participate in the safety			- All departments, programs
	program.			program.
	- The scope of the safety program includes the full range of safety issues, from			- The scope of the safety pro
	potential or no-harm errors (sometimes referred to as close calls ["near misses"] or			potential or no-harm errors
	good catches) to hazardous conditions and sentinel events.			good catches) to hazardous
	CoPs: §482.21, §482.21(a)(1), §482.21(d)(2), §482.21(e)(1), §482.21(e)(2),			
	\$482.21(e)(3)			
LD.03.09.01, EP 2	As part of the safety program, the leaders create procedures for responding to	Moved and Revised	NPG.02.03.01, EP 3	As part of the safety program
· · · · · ,	system or process failures.		, -	system or process failures.
	Note: Responses might include continuing to provide care, treatment, and services			Note: Responses might incl
	to those affected, containing the risk to others, and preserving factual information for			to those affected, containin
	subsequent analysis.			subsequent analysis.
	CoPs: §482.21(e)(1)			
LD.03.09.01, EP 3	The leaders provide and encourage the use of systems for blame-free internal	Moved and Revised	NPG.02.03.01, EP 4	The leaders provide and end
	reporting of a system or process failure, or the results of a proactive risk assessment.			system or process failure, o
	Note: This EP is intended to minimize staff reluctance to report errors in order to help			risk of retaliation.
	an organization understand the source and results of system and process failures.			Note: This EP is intended to
				an organization understand
	errors.			The EP does not conflict wit
	CoPs: §482.21(c)(2), §482.21(e)(1)			
LD.03.09.01, EP 4			N/A	N/A
	the organization.	Replaced with more		
	Note: At a minimum, the organization's definition includes those events subject to	direct EP(s) or		
	review as described in the "Sentinel Event Policy" (SE) chapter of this manual.	moved to guidance		
		within SPG		
LD.03.09.01, EP 4	CoPs: §482.21(c)(2), §482.21(e)(1) 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	direct EP(s) or moved to guidance	N/A	-

lection methods are used to provide insight into patients' erlying reasons, and motivations. Examples of qualitative oups, telephonic or in-person patient interviews or patient ticipation on performance improvement committees.

hospitalwide patient safety program as follows: dividuals or an interdisciplinary group manage the safety

ns, and services within the hospital participate in the safety

program includes the full range of safety issues, from rs (sometimes referred to as close calls ["near misses"] or us conditions and sentinel events.

am, the leaders create procedures for responding to

clude continuing to provide care, treatment, and services ning the risk to others, and preserving factual information for

ncourage the use of systems for internal reporting of a , or the results of a proactive risk assessment, without the

to minimize staff reluctance to report errors in order to help nd the source and results of system and process failures. vith holding individuals accountable for errors due to

EP Text	Disposition	New Standard/EP	New EP Text
$C_{0}P_{0}$ : 8482 21(a)(2) 8482 21(a)(1)			
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.	Moved	NPG.02.03.01, EP 5	The hospital conducts thoro (for example, root cause and "Sentinel Event Policy" (SE)
CoPs: §482.21(a)(2), §482.21(c)(2), §482.21(e)(1)			
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 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.	Moved and Revised	NPG.02.03.01, EP 6	The leaders make support sy adverse or sentinel event. Note: Support systems reco sentinel events may be nega Support systems provide sta through the human resource systems also focus on the p
CoPs: §482.21(e)(1)			
At least every 18 months, the hospital selects one high-risk process and conducts a proactive risk assessment. Note: For suggested components, refer to the "Proactive Risk Assessment" section at the beginning of this chapter.	Moved and Revised	NPG.02.03.01, EP 7	At least every 18 months, th proactive risk assessment. Note: For suggested compo the beginning of this chapte
CoPs: §482.21(c)(2), §482.21(e)(1)			
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.	Moved and Revised	NPG.02.03.01, EP 8	To improve safety and to red uses information about syst assessments.
CoPs: §482.21(a)(1), §482.21(b)(2)(i), §482.21(c)(2), §482.21(d)(1), §482.21(e)(1)			
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. CoPs: §482.21(c)(2), §482.21(e)(1)	Consolidation of LD.03.04.01, EP 1; LD.03.09.01, EP 9	NPG.02.03.01, EP 9	Communication processes - Fostering the safety of the - Supporting a culture of safe - Meeting the needs of interr - Informing those who work - Disseminating lessons lear example, root cause analyse assessments to all affected
<ul> <li>At least once a year, the leaders provide governance with written reports on the following: <ul> <li>All system or process failures</li> <li>The number and type of sentinel events</li> <li>Whether the patients and the families were informed of the event</li> <li>All actions taken to improve safety, both proactively and in response to actual occurrences</li> <li>For hospitals that use Joint Commission accreditation for deemed status purposes: The determined number of distinct improvement projects to be conducted annually</li> <li>All results of the analyses related to the adequacy of staffing</li> </ul> </li> </ul>	Moved and Revised	NPG.12.06.01, EP 4	At least once a year, the lead results of the analyses relate
	CoPs: \$482.21(c)(2), \$482.21(e)(1)         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.         CoPs: \$482.21(a)(2), \$482.21(c)(2), \$482.21(e)(1)         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 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.         CoPs: \$482.21(e)(1)         At least every 18 months, the hospital selects one high-risk process and conducts a proactive risk assessment.         Note: For suggested components, refer to the "Proactive Risk Assessment" section at the beginning of this chapter.         CoPs: \$482.21(c)(2), \$482.21(e)(1)         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.         CoPs: \$482.21(a)(1), \$482.21(b)(2)(i), \$482.21(c)(2), \$482.21(d)(1), \$482.21(e)(1)         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	CoPs: \$482.21(c)(2), \$482.21(e)(1)           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.         Moved           CoPs: \$482.21(a)(2), \$482.21(c)(2), \$482.21(e)(1)         Moved and Revised           The leaders make support systems available for staff who have been involved in an adverse or sentinel event.         Moved and Revised           Note: Support systems recognize that conscientious health care workers who are involved in sentinel events 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.         Moved and Revised           CoPs: \$482.21(e)(1)         At least every 18 months, the hospital selects one high-risk process and conducts a proactive risk assessment.         Moved and Revised           CoPs: \$482.21(c)(2), \$482.21(e)(1)         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 to all staff who provide services for the specific situation.         Consolidation of LD.03.04.01, EP 1; LD.03.09.01, EP 9           CoPs: \$482.21(c)(2), \$482.21(e)(1)         Moved and Revised         Moved and Revised           At least once a year, the leaders provide governance with written reports on the following: - All system or process failur	CoPs: 8482.21(c)(2), 8482.21(e)(1)         Moved         NPG.02.03.01, 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.         Moved         NPG.02.03.01, EP 5           CoPs: 8482.21(a)(2), 8482.21(c)(2), 8482.21(e)(1)         Moved and Revised         NPG.02.03.01, EP 6           The loaders make support systems available for staff who have been involved in an adverse or sentinel event.         Moved and Revised         NPG.02.03.01, EP 6           Note: Support systems provide staff with additional resources through the human resources function or an employee assistance program. Support systems at of focus on the process rather than blaming the involved individuals.         Moved and Revised         NPG.02.03.01, EP 7           CoPs: 8482.21(e)(1)         At least every 18 months, the hospital selects one high-risk process and conducts a the beginning of this chapter.         Moved and Revised         NPG.02.03.01, EP 7           CoPs: 8482.21(e)(2), 8482.21(e)(1)         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.         Moved and Revised         NPG.02.03.01, EP 8           CoPs: \$482.21(e)(1), \$482.21(b)(2)(i), \$482.21(e)(2), \$482.21(c)(2), \$482.21(e)(2)         Consolidation of L0.03.04.01, EP 1; L0.03.09.01, EP 9         NPG.02.03.01, EP 9           CoPs: \$482.21(e)(2), \$482.21(e)(2)(i), \$482.21(e)(2

brough and credible comprehensive systematic analyses analyses) in response to sentinel events as described in the E) chapter of this manual.

t systems available for staff who have been involved in an

cognize that health care workers who are involved in egatively affected by the event and require support. staff with help and support as well as additional resources rces function or an employee assistance program. Support e process rather than blaming the involved individuals.

the hospital selects one high-risk process and conducts a t.

ponents, refer to the Proactive Risk Assessment section at iter.

educe the risk of medical errors, the hospital analyzes and /stem or process failures and the results of proactive risk

es are effective in doing the following:

- ne patient and their quality of care
- afety and quality
- ernal and external users
- rk in the hospital of changes in the environment
- earned from comprehensive systematic analyses (for
- yses), system or process failures, and proactive risk ed staff

eaders provide governance with written reports that include ated to the adequacy of staffing.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LD.03.09.01, EP 11	The leaders encourage external reporting of significant adverse events, including voluntary reporting programs in addition to mandatory programs. Note: Examples of voluntary programs include The Joint Commission Sentinel Event Database and the US Food and Drug Administration (FDA) MedWatch. Mandatory programs are often state initiated.	Moved and Revised	NPG.02.03.01, EP 2	The leaders encourage extervoluntary reporting program Note: Examples of voluntary Database and the US Food a
LD.03.10.01, EP 3	CoPs: §482.21(d)(4) 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. CoPs: §482.25(a), §482.28(b)(1), §482.51, §482.51(a), §482.53, §482.53, §482.54, 2 to 2 5 to 2	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LD.04.01.01, EP 1	<ul> <li>§482.54, §482.56(b)(2), §482.57</li> <li>The hospital is licensed, is certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, or services for which the hospital is seeking accreditation from The Joint Commission.</li> <li>Note 1: Each service location that performs laboratory 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.</li> <li>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_Lab oratories.html.</li> </ul>	Moved and Revised	LD.13.01.01, EP 2	The hospital is licensed or a established by the state or r regulation to provide the car accreditation from The Joint CoPs: §482.11(b)(1), §482.1
LD.04.01.01, EP 2	CoPs: §482.11(b)(1), §482.11(b)(2), §482.27, §482.27(a), §482.53(b)(3), §482.57(b)(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.) CoPs: §482.1(a)(1)(i), §482.1(a)(1)(ii), §482.1(b), §482.11(a), §482.12(d)(5), §482.12(d)(5) continued, §482.12(d)(5)(i), §482.12(d)(5)(ii), §482.12(d)(5)(iii), §482.12(d)(5)(iv), §482.12(d)(5)(v), §482.12(f)(1), §482.13(b)(3), §482.27, §482.56(b)(2)	Moved and Revised	LD.13.01.01, EP 1	The hospital provides care, t requirements and federal, s Note: For hospitals that use purposes: The hospital mee definition of a hospital in ac https://www.ecfr.gov/ for the CoPs: §482.1(a)(1)(i), §482.1
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. CoPs: §482.12	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LD.04.01.01, EP 16	For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	NPG.12.03.01, EP 1	For psychiatric hospitals that purposes: The psychiatric here.

tternal reporting of significant adverse events, including ams in addition to mandatory programs. ary programs include The Joint Commission Sentinel Event od and Drug Administration (FDA) MedWatch.

r approved as meeting the standards for licensing r responsible locality, in accordance with law and care, treatment, or services for which the hospital is seeking int Commission.

2.11(b)(2)

e, treatment, and services in accordance with licensure , state, and local laws, rules, and regulations. se Joint Commission accreditation for deemed status eets the Centers for Medicare & Medicaid Services' (CMS) accordance with 42 CFR 482.1(a)(1) and (b). (Refer to the language of this CMS requirement)

2.1(a)(1)(ii), §482.1(b), §482.11(a)

that use Joint Commission accreditation for deemed status hospital does the following:

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	<ul> <li>The psychiatric hospital is primarily engaged in providing, by or under the supervision of a doctor of medicine or osteopathy, psychiatric services for the diagnosis and treatment of mentally ill persons.</li> <li>The psychiatric hospital meets the Medicare Conditions of Participation specified in 42 CFR 482.1 through 482.23, and 42 CFR 482.25 through 482.57.</li> <li>The psychiatric hospital maintains clinical records on all patients to determine the degree and intensity of treatments, as specified in 42 CFR 482.61.</li> <li>The psychiatric hospital meets the staffing requirements specified in 42 CFR 482.62.</li> </ul>			<ul> <li>- Is primarily engaged in promedicine or osteopathy, ps mentally ill persons.</li> <li>- Meets the Medicare Cond 482.23, and 42 CFR 482.25</li> <li>- Meets the staffing required CoPs: \$482.60(a), \$482.60(a)</li> </ul>
LD.04.01.01, EP 17	<ul> <li>CoPs: \$482.60(a), \$482.60(b), \$482.60(c), \$482.60(d), \$482.61, \$482.62</li> <li>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 &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).</li> </ul>	Moved and Revised	LD.13.01.03, EP 1	For hospitals that use Joint The hospital has a utilizatio by the hospital and the med Medicare and Medicaid pro Note: The hospital does not improvement organization ( Centers for Medicare & Med review procedures establish are superior to the procedu that state to meet the utiliza through 42 CFR 456.245.
	$\begin{array}{l} CoPs: \$482.30, \$482.30(a)(1), \$482.30(a)(2), \$482.30(b), \$482.30(b)(1)(i),\\ \$482.30(b)(1)(ii), \$482.30(b)(1)(ii)(A), \$482.30(b)(1)(ii)(B), \$482.30(b)(2),\\ \$482.30(b)(3)(i), \$482.30(b)(3)(ii), \$482.30(c)(1)(i), \$482.30(c)(1)(ii), \$482.30(c)(1)(ii),\\ \$482.30(c)(2), \$482.30(c)(3), \$482.30(c)(4)(i), \$482.30(c)(4)(ii), \$482.30(d)(1)(i),\\ \$482.30(d)(1)(ii), \$482.30(d)(2), \$482.30(d)(3), \$482.30(e)(1), \$482.30(e)(1)(i),\\ \$482.30(e)(1)(ii), \$482.30(e)(2), \$482.30(e)(3), \$482.30(f)\\ \end{array}$			
LD.04.01.01, EP 18	<ul> <li>For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan.</li> <li>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.</li> <li>Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix A: Medicare Requirements for Hospitals" (AXA).</li> <li>CoPs: \$482.30(a)(1), \$482.30(a)(2), \$482.30(b), \$482.30(b)(1)(i), \$482.30(b)(1)(ii), \$482.30(b</li></ul>	Split to LD.13.01.03, EP 2; LD.13.01.03, EP 3; LD.13.01.03, EP 4; LD.13.01.03, EP 5; LD.13.01.03, EP 6; LD.13.01.03, EP 7; LD.13.01.03, EP 8; LD.13.01.03, EP 9; LD.13.01.03, EP 10	LD.13.01.03, EP 2	For hospitals that use Joint The hospital's utilization rev Medicaid patients with resp - Admissions to the hospita - Duration of stays - Professional services prov Note 1: The hospital may per hospital admission. Note 2: The hospital may per extended stay cases. CoPs: §482.30(c)(1), §482.3 §482.30(c)(2), §482.30(c)(3)
	\$482.30(a)(1), \$482.30(a)(2), \$482.30(b), \$482.30(b)(1)(i), \$482.30(b)(1)(i), \$482.30(b)(1)(ii), \$482.30(b)(1)(ii), \$482.30(b)(3)(ii), \$482.30(c)(1)(ii), \$482.30(c)(1)(ii), \$482.30(c)(1)(ii), \$482.30(c)(1)(ii), \$482.30(c)(2), \$482.30(c)(3), \$482.30(c)(4)(i), \$482.30(c)(4)(ii), \$482.30(c)(1)(ii), \$482.30(d)(1)(i), \$482.30(d)(1)(ii), \$482.30(d			

roviding, by or under the supervision of a doctor of osychiatric services for the diagnosis and treatment of

ditions of Participation specified in 42 CFR 482.1 through 25 through 482.57. rements specified in 42 CFR 482.62.

0(b), §482.60(d)

nt Commission accreditation for deemed status purposes: ion review plan that provides for review of services provided edical staff to patients entitled to benefits under the rograms.

not need to have a utilization review plan if either a quality n (QIO) has assumed binding review for the hospital or the ledicaid Services (CMS) has determined that the utilization lished by the state under title XIX of the Social Security Act dures required in this section, and has required hospitals in lization review plan requirements under 42 CFR 456.50

a)(1), §482.30(a)(2)

nt Commission accreditation for deemed status purposes: eview plan provides for the review of Medicare and spect to the medical necessity of the following: tal

ovided, including drugs and biologicals perform reviews of admissions before, during, or after

perform reviews on a sample basis, except for reviews of

2.30(c)(1)(i), §482.30(c)(1)(ii), §482.30(c)(1)(iii), (3)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	\$482.30(d)(2), \$482.30(d)(3), \$482.30(e)(1), \$482.30(e)(1)(i), \$482.30(e)(1)(ii), \$482.30(e)(2), \$482.30(e)(3), \$482.30(f)			
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).		LD.13.01.03, EP 3	For hospitals that use Joint The hospital has a utilizatio group outside the hospital of the hospitals in the locality Medicaid Services. Note: If, because of the sma properly functioning staff co by a group outside the hosp CoPs: §482.30(b)(1)(i), §482 §482.30(b)(2)
	$\begin{array}{l} CoPs: \$482.30(a)(1), \$482.30(a)(2), \$482.30(b), \$482.30(b)(1)(i), \$482.30(b)(1)(ii),\\ \$482.30(b)(1)(ii)(A), \$482.30(b)(1)(ii)(B), \$482.30(b)(2), \$482.30(b)(3)(i),\\ \$482.30(b)(3)(ii), \$482.30(c)(1)(i), \$482.30(c)(1)(ii), \$482.30(c)(1)(iii), \$482.30(c)(2),\\ \$482.30(c)(3), \$482.30(c)(4)(i), \$482.30(c)(4)(ii), \$482.30(d)(1)(i), \$482.30(d)(1)(ii),\\ \$482.30(d)(2), \$482.30(d)(3), \$482.30(e)(1), \$482.30(e)(1)(i), \$482.30(e)(1)(ii),\\ \$482.30(e)(2), \$482.30(e)(3), \$482.30(f) \end{array}$			
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).		LD.13.01.03, EP 4	For hospitals that use Joint The hospital's utilization rev practitioners, and at least to medicine or osteopathy. The practitioners specified in 42 Note: The committee or gro a direct financial interest (fo was professionally involved CoPs: §482.30(b), §482.30(b)
	$\begin{array}{l} \text{CoPs: } \$482.30(a)(1), \$482.30(a)(2), \$482.30(b), \$482.30(b)(1)(i), \$482.30(b)(1)(ii), \\ \$482.30(b)(1)(ii)(A), \$482.30(b)(1)(ii)(B), \$482.30(b)(2), \$482.30(b)(3)(i), \\ \$482.30(b)(3)(ii), \$482.30(c)(1)(i), \$482.30(c)(1)(ii), \$482.30(c)(1)(iii), \$482.30(c)(2), \\ \$482.30(c)(3), \$482.30(c)(4)(i), \$482.30(c)(4)(ii), \$482.30(d)(1)(i), \$482.30(d)(1)(ii), \\ \$482.30(d)(2), \$482.30(d)(3), \$482.30(e)(1), \$482.30(e)(1)(i), \$482.30(e)(1)(ii), \\ \$482.30(e)(2), \$482.30(e)(3), \$482.30(f) \end{array}$			
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		LD.13.01.03, EP 5	For hospitals that use Joint The hospital's utilization rev determine medical necessi health facilities and service CoPs: §482.30(f)

nt Commission accreditation for deemed status purposes: ion review committee that is either a staff committee or a l established by the local medical society and some or all ty or in a manner approved by the Centers for Medicare &

mall size of the hospital, it is impracticable to have a committee, the utilization review committee is established spital, as specified in 42 CFR 482.30(b)(1)(ii).

82.30(b)(1)(ii), \$482.30(b)(1)(ii)(A), \$482.30(b)(1)(ii)(B),

nt Commission accreditation for deemed status purposes: eview committee consists of two or more licensed two of the members of the committee are doctors of The other members may be any of the other types of 42 CFR 482.12(c)(1).

roup's reviews are not conducted by any individual who has (for example, an ownership interest) in that hospital or who ed in the care of the patient whose case is being reviewed.

0(b)(3), §482.30(b)(3)(i), §482.30(b)(3)(ii)

nt Commission accreditation for deemed status purposes: eview committee reviews professional services provided to sity and to promote the most efficient use of available ces.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	456.50 through 42 CFR 456.245.	EP 9; LD.13.01.03,		
	Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to	EP 10		
	"Appendix A: Medicare Requirements for Hospitals" (AXA).			
	CoPs: §482.30(a)(1), §482.30(a)(2), §482.30(b), §482.30(b)(1)(i), §482.30(b)(1)(ii),			
	§482.30(b)(1)(ii)(A), §482.30(b)(1)(ii)(B), §482.30(b)(2), §482.30(b)(3)(i),			
	§482.30(b)(3)(ii), §482.30(c)(1)(i), §482.30(c)(1)(ii), §482.30(c)(1)(iii), §482.30(c)(2),			
	§482.30(c)(3), §482.30(c)(4)(i), §482.30(c)(4)(ii), §482.30(d)(1)(i), §482.30(d)(1)(ii),			
	\$482.30(d)(2), \$482.30(d)(3), \$482.30(e)(1), \$482.30(e)(1)(i), \$482.30(e)(1)(ii),			
	\$482.30(e)(2), \$482.30(e)(3), \$482.30(f)			
LD.04.01.01, EP 18	For hospitals that use Joint Commission accreditation for deemed status purposes:	Split to LD.13.01.03,	LD.13.01.03, EP 6	For hospitals that use Joint
	Utilization review activities are implemented by the hospital in accordance with the	EP 2; LD.13.01.03,		The hospital develops and i
	plan.	EP 3; LD.13.01.03,		continued stay is not medic
	Note 1: The hospital does not need to implement utilization review activities itself if	EP 4; LD.13.01.03,		following:
	either a Quality Improvement Organization (QIO) has assumed binding review for the	EP 5; LD.13.01.03,		- One member of the utilization
	hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that	EP 6; LD.13.01.03,		responsible for the patient's
	the utilization review procedures established by the state under title XIX of the Social	EP 7; LD.13.01.03,		determination or fails to pre
	Security Act are superior to the procedures required in this section, and has required	EP 8; LD.13.01.03,		- At least two members of th
	hospitals in that state to meet the utilization review plan requirements under 42 CFR	EP 9; LD.13.01.03,		Note: Before determining th
	456.50 through 42 CFR 456.245.	EP 10		necessary, the utilization re
	Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to			responsible for the patient's
	"Appendix A: Medicare Requirements for Hospitals" (AXA).			practitioner(s) the opportun
	CoPs: §482.30(a)(1), §482.30(a)(2), §482.30(b), §482.30(b)(1)(i), §482.30(b)(1)(ii),			CoPs: §482.30(d)(1)(i), §482
	\$482.30(b)(1)(ii)(A), \$482.30(b)(1)(ii)(B), \$482.30(b)(2), \$482.30(b)(3)(i),			
	\$482.30(b)(3)(ii), \$482.30(c)(1)(i), \$482.30(c)(1)(ii), \$482.30(c)(1)(iii), \$482.30(c)(2),			
	\$482.30(c)(3), \$482.30(c)(4)(i), \$482.30(c)(4)(ii), \$482.30(d)(1)(i), \$482.30(d)(1)(ii),			
	\$482.30(d)(2), \$482.30(d)(3), \$482.30(e)(1), \$482.30(e)(1)(i), \$482.30(e)(1)(ii),			
	\$482.30(e)(2), \$482.30(e)(3), \$482.30(f)			
LD.04.01.01, EP 18	For hospitals that use Joint Commission accreditation for deemed status purposes:	Split to LD.13.01.03,	LD.13.01.03, EP 7	For hospitals that use Joint
	Utilization review activities are implemented by the hospital in accordance with the	EP 2; LD.13.01.03,		If the hospital is paid for inp
	plan.	EP 3; LD.13.01.03,		system set forth in 42 CFR F
	Note 1: The hospital does not need to implement utilization review activities itself if	EP 4; LD.13.01.03,		review of professional servi
	either a Quality Improvement Organization (QIO) has assumed binding review for the	EP 5; LD.13.01.03,		- For duration of stays, the h
	hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that	EP 6; LD.13.01.03,		cases based on extended le
	the utilization review procedures established by the state under title XIX of the Social	EP 7; LD.13.01.03,		- For professional services,
	Security Act are superior to the procedures required in this section, and has required	EP 8; LD.13.01.03,		outlier cases based on extra
	hospitals in that state to meet the utilization review plan requirements under 42 CFR	EP 9; LD.13.01.03,		412.80(a)(1)(ii).
	456.50 through 42 CFR 456.245.	EP 10		0 - D - S 400 00(-)(4) S 400 0
	Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to			CoPs: §482.30(c)(4), §482.3
	"Appendix A: Medicare Requirements for Hospitals" (AXA).			
	CoPs: §482.30(a)(1), §482.30(a)(2), §482.30(b), §482.30(b)(1)(i), §482.30(b)(1)(ii),			
	§482.30(b)(1)(ii)(A), §482.30(b)(1)(ii)(B), §482.30(b)(2), §482.30(b)(3)(i),			
	§482.30(b)(3)(ii), §482.30(c)(1)(i), §482.30(c)(1)(ii), §482.30(c)(1)(iii), §482.30(c)(2),			
	§482.30(c)(3), §482.30(c)(4)(i), §482.30(c)(4)(ii), §482.30(d)(1)(i), §482.30(d)(1)(ii),			
	§482.30(d)(2), §482.30(d)(3), §482.30(e)(1), §482.30(e)(1)(i), §482.30(e)(1)(ii),			
	§482.30(e)(2), §482.30(e)(3), §482.30(f)			

nt Commission accreditation for deemed status purposes: d implements a process to determine if an admission or lically necessary. This determination is made by one of the

zation review committee if the licensed practitioner(s) t's care, as specified in 42 CFR 482.12(c), concurs with the present their views when afforded the opportunity the utilization review committee in all other cases that an admission or continued stay is not medically review committee consults the licensed practitioner(s) t's care, as specified in 42 CFR 482.12(c), and affords the unity to present their views.

82.30(d)(1)(ii), §482.30(d)(2)

nt Commission accreditation for deemed status purposes: npatient hospital services under the prospective payment R Part 412, it conducts a review of duration of stays and a vices as follows:

e hospital reviews only cases that it determines to be outlier length of stay, as described in 42 CFR 412.80(a)(1)(i). s, the hospital reviews only cases that it determines to be traordinarily high costs, as described in 42 CFR

2.30(c)(4)(i), §482.30(c)(4)(ii)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LD.04.01.01, EP 18	For hospitals that use Joint Commission accreditation for deemed status purposes:	Split to LD.13.01.03,	LD.13.01.03, EP 8	For hospitals that use Joint
	Utilization review activities are implemented by the hospital in accordance with the	EP 2; LD.13.01.03,		In hospitals that are not pai
	plan.	EP 3; LD.13.01.03,		review (UR) committee peri
	Note 1: The hospital does not need to implement utilization review activities itself if	EP 4; LD.13.01.03,		inpatient during a continuo
	either a Quality Improvement Organization (QIO) has assumed binding review for the	EP 5; LD.13.01.03,		periodic reviews may be th
	hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that	EP 6; LD.13.01.03,		Note: The UR committee co
	the utilization review procedures established by the state under title XIX of the Social	EP 7; LD.13.01.03,		required in the UR plan.
	Security Act are superior to the procedures required in this section, and has required	EP 8; LD.13.01.03,		
	hospitals in that state to meet the utilization review plan requirements under 42 CFR	EP 9; LD.13.01.03,		CoPs: §482.30(e)(1), §482.3
	456.50 through 42 CFR 456.245.	EP 10		
	Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to			
	"Appendix A: Medicare Requirements for Hospitals" (AXA).			
	CoPs: §482.30(a)(1), §482.30(a)(2), §482.30(b), §482.30(b)(1)(i), §482.30(b)(1)(ii),			
	\$482.30(b)(1)(ii)(A), \$482.30(b)(1)(ii)(B), \$482.30(b)(2), \$482.30(b)(3)(i),			
	§482.30(b)(3)(ii), §482.30(c)(1)(i), §482.30(c)(1)(ii), §482.30(c)(1)(iii), §482.30(c)(2),			
	§482.30(c)(3), §482.30(c)(4)(i), §482.30(c)(4)(ii), §482.30(d)(1)(i), §482.30(d)(1)(ii),			
	§482.30(d)(2), §482.30(d)(3), §482.30(e)(1), §482.30(e)(1)(i), §482.30(e)(1)(ii),			
	\$482.30(e)(2), \$482.30(e)(3), \$482.30(f)			
LD.04.01.01, EP 18	For hospitals that use Joint Commission accreditation for deemed status purposes:	Split to LD.13.01.03,	LD.13.01.03, EP 9	For hospitals that use Joint
	Utilization review activities are implemented by the hospital in accordance with the	EP 2; LD.13.01.03,		In hospitals paid under the
	plan.	EP 3; LD.13.01.03,		committee reviews all case
	Note 1: The hospital does not need to implement utilization review activities itself if	EP 4; LD.13.01.03,		threshold criteria for the dia
	either a Quality Improvement Organization (QIO) has assumed binding review for the	EP 5; LD.13.01.03,		hospital is not required to r
	hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that	EP 6; LD.13.01.03,		threshold for the diagnosis.
	the utilization review procedures established by the state under title XIX of the Social	EP 7; LD.13.01.03,		Note: The UR committee co
	Security Act are superior to the procedures required in this section, and has required	EP 8; LD.13.01.03,		required in the UR plan.
	hospitals in that state to meet the utilization review plan requirements under 42 CFR	EP 9; LD.13.01.03,		
	456.50 through 42 CFR 456.245.	EP 10		CoPs: §482.30(e)(2), §482.3
	Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to			
	"Appendix A: Medicare Requirements for Hospitals" (AXA).			
	CoPs: §482.30(a)(1), §482.30(a)(2), §482.30(b), §482.30(b)(1)(i), §482.30(b)(1)(ii),			
	\$482.30(b)(1)(ii)(A), \$482.30(b)(1)(ii)(B), \$482.30(b)(2), \$482.30(b)(3)(i),			
	§482.30(b)(3)(ii), §482.30(c)(1)(i), §482.30(c)(1)(ii), §482.30(c)(1)(iii), §482.30(c)(2),			
	§482.30(c)(3), §482.30(c)(4)(i), §482.30(c)(4)(ii), §482.30(d)(1)(i), §482.30(d)(1)(ii),			
	§482.30(d)(2), §482.30(d)(3), §482.30(e)(1), §482.30(e)(1)(i), §482.30(e)(1)(ii),			
	§482.30(e)(2), §482.30(e)(3), §482.30(f)			
LD.04.01.01, EP 18	For hospitals that use Joint Commission accreditation for deemed status purposes:	Split to LD.13.01.03,	LD.13.01.03, EP 10	For hospitals that use Joint
	Utilization review activities are implemented by the hospital in accordance with the	EP 2; LD.13.01.03,		If the utilization review com
	plan.	EP 3; LD.13.01.03,		the hospital is not medicall
	Note 1: The hospital does not need to implement utilization review activities itself if	EP 4; LD.13.01.03,		the hospital, the patient, ar
	either a Quality Improvement Organization (QIO) has assumed binding review for the	EP 5; LD.13.01.03,		care, as specified in 42 CFF
	hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that	EP 6; LD.13.01.03,		
	the utilization review procedures established by the state under title XIX of the Social	EP 7; LD.13.01.03,		CoPs: §482.30(d)(3)
	Security Act are superior to the procedures required in this section, and has required	EP 8; LD.13.01.03,		
	hospitals in that state to meet the utilization review plan requirements under 42 CFR	EP 9; LD.13.01.03,		
	456.50 through 42 CFR 456.245.	EP 10		
	Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to			

nt Commission accreditation for deemed status purposes: baid under the prospective payment system, the utilization eriodically reviews, as specified in the UR plan, each current uous period of extended duration. The scheduling of the the same for all cases or differ for different classes of cases. conducts its review no later than 7 days after the day

2.30(e)(1)(i), §482.30(e)(1)(ii)

nt Commission accreditation for deemed status purposes: ne prospective payment system, the utilization review (UR) ses where the extended length of stay exceeds the diagnosis, as described in 42 CFR 412.80 (a)(1)(i). The preview an extended stay that does not exceed the outlier is.

conducts its review no later than 7 days after the day

.30(e)(3)

nt Commission accreditation for deemed status purposes: ommittee determines that admission to or continued stay in ally necessary, the committee gives written notification to and the licensed practitioner(s) responsible for the patient's FR 482.12(c), no later than 2 days after the determination.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	"Appendix A: Medicare Requirements for Hospitals" (AXA).			
	CoPs: §482.30(a)(1), §482.30(a)(2), §482.30(b), §482.30(b)(1)(i), §482.30(b)(1)(ii),			
	\$482.30(b)(1)(ii)(A), \$482.30(b)(1)(ii)(B), \$482.30(b)(2), \$482.30(b)(3)(i),			
	\$482.30(b)(3)(ii), \$482.30(c)(1)(i), \$482.30(c)(1)(ii), \$482.30(c)(1)(iii), \$482.30(c)(2),			
	\$482.30(c)(3), \$482.30(c)(4)(i), \$482.30(c)(4)(ii), \$482.30(d)(1)(i), \$482.30(d)(1)(ii),			
	\$482.30(d)(2), \$482.30(d)(3), \$482.30(e)(1), \$482.30(e)(1)(i), \$482.30(e)(1)(ii),			
	\$482.30(e)(2), \$482.30(e)(3), \$482.30(f)			
LD.04.01.03, EP 1	Leaders solicit comments from those who work in the hospital when developing the	Deleted EP -	N/A	N/A
	operational and capital budgets.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.12(d)(7)(ii)	moved to guidance		
		within SPG		
LD.04.01.03, EP 3	The operating budget reflects the hospital's goals and objectives.	Split to LD.13.01.05,	LD.13.01.05, EP 2	For hospitals that use Joint (
	Note: For hospitals that use Joint Commission accreditation for deemed status	EP 2; LD.13.01.05,		The institutional plan includ
	purposes: The hospital meets the Centers for Medicare & Medicaid Services' (CMS)	EP 3; LD.13.01.05,		anticipated sources of finan
	Institutional Plan and Budget requirements in accordance with 42 CFR 482.12(d).	EP 4		of \$600,000 (or a lesser amo
	(See Appendix A [AXA] for the language of this CMS requirement.)			1122(g)(1) of the Social Secu
				the hospital is located) that
	CoPs: \$482.12(d)(2), \$482.12(d)(3), \$482.12(d)(4), \$482.12(d)(4)(i), \$482.12(d)(4)(ii), \$482.12(d)(4)(4)(ii), \$482.12(d)(4)(ii), \$482.12(d)(4)(ii)			- Acquisition of land
	\$482.12(d)(4)(iii), \$482.12(d)(5) continued, \$482.12(d)(5)(i), \$482.12(d)(5)(ii),			- Improvement of land, build
	§482.12(d)(5)(iii), §482.12(d)(5)(iv), §482.12(d)(5)(v)			- Replacement, modernizati
				$C_{0}D_{0}$ ; \$490, 10(d)(4), \$490, 1
LD.04.01.03, EP 3	The operating budget reflects the hospital's goals and objectives.	Split to LD.13.01.05,	LD.13.01.05, EP 3	CoPs: §482.12(d)(4), §482.12 For hospitals that use Joint (
LD.04.01.03, LF 3	Note: For hospitals that use Joint Commission accreditation for deemed status	EP 2; LD.13.01.05,	LD. 13.01.03, LF 3	The institutional plan is prep
	purposes: The hospital meets the Centers for Medicare & Medicaid Services' (CMS)	EP 3; LD.13.01.05,		the administrative staff, and
	Institutional Plan and Budget requirements in accordance with 42 CFR 482.12(d).	EP 4		body. The institutional plan i
	(See Appendix A [AXA] for the language of this CMS requirement.)			
				CoPs: §482.12(d)(6), §482.12
	CoPs: §482.12(d)(2), §482.12(d)(3), §482.12(d)(4), §482.12(d)(4)(i), §482.12(d)(4)(ii),			0010.0402.12(0)(0); 3402.12
	\$482.12(d)(4)(iii), \$482.12(d)(5) continued, \$482.12(d)(5)(i), \$482.12(d)(5)(ii),			
	\$482.12(d)(5)(iii), \$482.12(d)(5)(iv), \$482.12(d)(5)(v)			
LD.04.01.03, EP 3	The operating budget reflects the hospital's goals and objectives.	Split to LD.13.01.05,	LD.13.01.05, EP 4	For hospitals that use Joint (
LD.04.01.00, LT 0	Note: For hospitals that use Joint Commission accreditation for deemed status	EP 2; LD.13.01.05,	ED. 10.01.00, EI 4	The institutional plan is subr
	purposes: The hospital meets the Centers for Medicare & Medicaid Services' (CMS)	EP 3; LD.13.01.05,		accordance with section 11
	Institutional Plan and Budget requirements in accordance with 42 CFR 482.12(d).	EP 4		if an agency is not designate
	(See Appendix A [AXA] for the language of this CMS requirement.)			A capital expenditure is not
				care facility's patients who a
	CoPs: §482.12(d)(2), §482.12(d)(3), §482.12(d)(4), §482.12(d)(4)(i), §482.12(d)(4)(ii),			expenditure is made are ind
	\$482.12(d)(4)(iii), \$482.12(d)(5) continued, \$482.12(d)(5)(i), \$482.12(d)(5)(ii),			(HMO) or competitive medic
	\$482.12(d)(5)(iii), \$482.12(d)(5)(iv), \$482.12(d)(5)(v)			1876(b) of the Social Securit
				of Health and Human Service
				and facilities that are needed
				economically and that are n
				because of one of the follow
				- The facilities do not provide
				- The facilities are not availa
				- Full and equal medical stat
				- rutt and equal method sta

At Commission accreditation for deemed status purposes: udes and identifies in detail the objective of, and the ancing for, each anticipated capital expenditure in excess mount that is established, in accordance with section ecurity Act [42 U.S.C. 1320a–1(g)(1)], by the state in which at relates to any of the following:

ildings, and equipment ation, and expansion of buildings and equipment

### .12(d)(4)(i), §482.12(d)(4)(ii), §482.12(d)(4)(iii)

At Commission accreditation for deemed status purposes: repared by representatives of the hospital's governing body, and the medical staff under the direction of the governing in is reviewed and updated annually.

.12(d)(7)(i), §482.12(d)(7)(ii)

at Commission accreditation for deemed status purposes: ubmitted for review to the planning agency designated in 1122(b) of the Social Security Act (42 U.S.C. 1320a–1(b)), or ated, to the appropriate health planning agency in the state. of subject to section 1122 review if 75 percent of the health to are expected to use the service for which the capital individuals enrolled in a health maintenance organization dical plan (CMP) that meets the requirements of section urity Act (42 U.S.C. 1395mm(b)), and if the US Department vices determines that the capital expenditure is for services ded by the HMO or CMP in order to operate efficiently and e not otherwise readily accessible to the HMO or CMP owing:

ide common services at the same site.

lable under a contract of reasonable duration.

taff privileges in the facilities are not available.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				<ul> <li>Arrangements with these final services directly.</li> <li>CoPs: §482.12(d)(5), §482.1</li> <li>§482.12(d)(5)(iv), §482.12(d)</li> </ul>
LD.04.01.03, EP 4	The governing body approves an annual operating budget and, when needed, a long- term capital expenditure plan. CoPs: §482.12(d)(1), §482.12(d)(2), §482.12(d)(3), §482.12(d)(4), §482.12(d)(4)(i), §482.12(d)(4)(ii), §482.12(d)(4)(iii), §482.12(d)(6)	Split to LD.13.01.05, EP 2; LD.13.01.05, EP 3; LD.13.01.05, EP 4	LD.13.01.05, EP 2	For hospitals that use Joint of The institutional plan include anticipated sources of finan of \$600,000 (or a lesser amo 1122(g)(1) of the Social Sec the hospital is located) that - Acquisition of land - Improvement of land, build - Replacement, modernizat CoPs: \$482.12(d)(4), \$482.1
LD.04.01.03, EP 4	The governing body approves an annual operating budget and, when needed, a long-term capital expenditure plan.         CoPs: \$482.12(d)(1), \$482.12(d)(2), \$482.12(d)(3), \$482.12(d)(4), \$482.12(d)(4)(i), \$482.12(d)(4)(ii), \$482.12(d)(4)(iii), \$482.12(d)(6)	Split to LD.13.01.05, EP 2; LD.13.01.05, EP 3; LD.13.01.05, EP 4	LD.13.01.05, EP 3	For hospitals that use Joint The institutional plan is prep the administrative staff, and body. The institutional plan CoPs: §482.12(d)(6), §482.1
LD.04.01.03, EP 4	The governing body approves an annual operating budget and, when needed, a long- term capital expenditure plan. CoPs: \$482.12(d)(1), \$482.12(d)(2), \$482.12(d)(3), \$482.12(d)(4), \$482.12(d)(4)(ii), \$482.12(d)(4)(iii), \$482.12(d)(4)(iii), \$482.12(d)(6)	Split to LD.13.01.05, EP 2; LD.13.01.05, EP 3; LD.13.01.05, EP 4	LD.13.01.05, EP 4	For hospitals that use Joint of The institutional plan is sub accordance with section 11 if an agency is not designate A capital expenditure is not care facility's patients who a expenditure is made are ind (HMO) or competitive medic 1876(b) of the Social Securi of Health and Human Servic and facilities that are neede economically and that are n because of one of the follow - The facilities are not availa - Full and equal medical sta - Arrangements with these fi - The purchase of these services services directly. CoPs: §482.12(d)(5), §482.1
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.	Consolidation of HR.01.06.01, EP 1; LD.04.01.05, EP 2; LD.04.01.05, EP 3	HR.11.02.01, EP 3	The director of rehabilitation capabilities to supervise an CoPs: §482.56(a)(1)

#### e facilities are not administratively feasible. ervices is more costly than if the HMO or CMP provided the

.12(d)(5)(i), §482.12(d)(5)(ii), §482.12(d)(5)(iii), (d)(5)(v)

At Commission accreditation for deemed status purposes: udes and identifies in detail the objective of, and the ancing for, each anticipated capital expenditure in excess mount that is established, in accordance with section ecurity Act [42 U.S.C. 1320a–1(g)(1)], by the state in which at relates to any of the following:

ildings, and equipment

ation, and expansion of buildings and equipment

## .12(d)(4)(i), §482.12(d)(4)(ii), §482.12(d)(4)(iii)

At Commission accreditation for deemed status purposes: repared by representatives of the hospital's governing body, and the medical staff under the direction of the governing n is reviewed and updated annually.

## .12(d)(7)(i), §482.12(d)(7)(ii)

nt Commission accreditation for deemed status purposes: ubmitted for review to the planning agency designated in 1122(b) of the Social Security Act (42 U.S.C. 1320a–1(b)), or ated, to the appropriate health planning agency in the state. of subject to section 1122 review if 75 percent of the health o are expected to use the service for which the capital ndividuals enrolled in a health maintenance organization dical plan (CMP) that meets the requirements of section urity Act (42 U.S.C. 1395mm(b)), and if the US Department vices determines that the capital expenditure is for services ded by the HMO or CMP in order to operate efficiently and e not otherwise readily accessible to the HMO or CMP owing:

ide common services at the same site.

ilable under a contract of reasonable duration.

taff privileges in the facilities are not available.

e facilities are not administratively feasible.

ervices is more costly than if the HMO or CMP provided the

.12(d)(5)(i), §482.12(d)(5)(ii), §482.12(d)(5)(iii), (d)(5)(v)

ion services has the knowledge, experience, and administer the services.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.24, §482.28, §482.28(a)(1)(i), §482.28(a)(1)(ii), §482.28(a)(1)(iii),			
	§482.51(a)(1), §482.56(a)(1), §482.62(f)			
LD.04.01.05, EP 3	The hospital defines, in writing, the responsibility of those with administrative and	Split to	HR.11.02.01, EP 3	The director of rehabilitation
	clinical direction of its programs, services, sites, or departments.	HR.11.02.01, EP 3;		capabilities to supervise an
	Note: For hospitals that use Joint Commission accreditation for deemed status	NPG.12.01.01, EP 7;		
	purposes: This includes the full-time employee who directs and manages dietary	NPG.12.01.01, EP 8		CoPs: §482.56(a)(1)
	services.			
	CoPs: §482.24, §482.25(a), §482.26(c)(1), §482.28, §482.28(a)(1), §482.28(a)(1)(i),			
	§482.28(a)(1)(ii), §482.28(a)(1)(iii), §482.56(a)(1), §482.62(b)(2), §482.62(f)			
LD.04.01.05, EP 3	The hospital defines, in writing, the responsibility of those with administrative and	Split to	NPG.12.01.01, EP 7	The hospital has dietetic se
	clinical direction of its programs, services, sites, or departments.	HR.11.02.01, EP 3;		qualified personnel.
	Note: For hospitals that use Joint Commission accreditation for deemed status	NPG.12.01.01, EP 7;		Note: For hospitals that pro
	purposes: This includes the full-time employee who directs and manages dietary	NPG.12.01.01, EP 8		contracted service has a die
	services.			a consultant basis and acts
				recommendations on dieter
	CoPs: \$482.24, \$482.25(a), \$482.26(c)(1), \$482.28, \$482.28(a)(1), \$482.28(a)(1)(i),			services.
	§482.28(a)(1)(ii), §482.28(a)(1)(iii), §482.56(a)(1), §482.62(b)(2), §482.62(f)			
	The base in the first first first state and the second state in the first state state in the second state st	Outline		CoPs: §482.28
LD.04.01.05, EP 3	The hospital defines, in writing, the responsibility of those with administrative and	Split to	NPG.12.01.01, EP 8	The hospital has a full-time
	clinical direction of its programs, services, sites, or departments.	HR.11.02.01, EP 3;		experience, who serves as c
	Note: For hospitals that use Joint Commission accreditation for deemed status	NPG.12.01.01, EP 7;		dietetic services.
	purposes: This includes the full-time employee who directs and manages dietary services.	NPG.12.01.01, EP 8		CoDo: \$492.29(a)(1)(i) \$492
	services.			CoPs: §482.28(a)(1)(i), §482
	CoPs: §482.24, §482.25(a), §482.26(c)(1), §482.28, §482.28(a)(1), §482.28(a)(1)(i),			
	\$482.28(a)(1)(ii), \$482.28(a)(1)(iii), \$482.56(a)(1), \$482.62(b)(2), \$482.62(f)			
LD.04.01.05, EP 4	Staff are held accountable for their responsibilities.	Deleted EP -	N/A	N/A
LD.04.01.00, LI 4		Replaced with more		
	CoPs: §482.12, §482.21(e)(4)	direct EP(s) or		
		moved to guidance		
		within SPG		
LD.04.01.05, EP 5	Leaders provide for the coordination of care, treatment, and services among the	Moved and Revised	LD.13.03.01, EP 10	If the hospital provides outp
	hospital's different programs, services, sites, or departments.			the quality of inpatient surgi
	CoPs: §482.54(a), §482.55(a)(2)			CoPs: §482.51
LD.04.01.05, EP 6	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	LD.13.01.07, EP 1	The hospital's emergency se
	The hospital's emergency services are directed and supervised by a qualified			medical staff.
	member of the medical staff.			$C_{2}D_{2}$ ; \$402 FF(b)(1)
	CoPs: §482.55(a)(1), §482.55(b)(1)			CoPs: §482.55(b)(1)
LD.04.01.05, EP 7	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	LD.13.01.07, EP 3	For hospitals that use Joint
	A qualified doctor of medicine or osteopathy directs the following services:			A qualified doctor of medici
	- Anesthesia			provided:
	- Nuclear medicine			- Anesthesia
	- Respiratory care			- Nuclear medicine
				- Respiratory care
	CoPs: §482.52, §482.53(a)(1), §482.57(a)(1)			Note 1: The anesthesia serv
				hospital.

ion services has the knowledge, experience, and administer the services.

services that are directed and adequately staffed by

rovide dietetic services through contracted services, the dietician who serves the hospital full-time, part-time, or on ets as a liaison to hospital medical staff for tetic policies that affect patient care, treatment, and

ne employee, qualified through education, training, or s director to oversee the daily management of food and

82.28(a)(1)(ii), §482.28(a)(1)(iii)

tpatient surgical services, the services are consistent with rgical care.

services are supervised by a qualified member of the

nt Commission accreditation for deemed status purposes: icine or osteopathy directs the following services, when

rvice is responsible for all anesthesia administered in the

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				Note 2: For respiratory care
				part-time basis.
				CoPs: §482.52, §482.53(a)( <sup>2</sup>
LD.04.01.05, EP 8	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	LD.13.01.07, EP 2	The hospital assigns one or
	The hospital assigns one or more individuals who are responsible for outpatient			services.
	services.			
				CoPs: §482.54(b)(1)
	CoPs: §482.54(b)(1)			
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.	Deleted EP -	N/A	N/A
		Replaced with more direct EP(s) or		
	CoPs: §482.52	moved to guidance		
	00101010102.02	within SPG		
LD.04.01.05, EP 10	For psychiatric hospitals that use Joint Commission accreditation for deemed status	Moved and Revised	NPG.12.03.01, EP 6	For psychiatric hospitals the
·	purposes: The hospital has a director of social work services who monitors and			purposes: The hospital has
	evaluates the social work services furnished.			the quality and appropriate
	Note: Social work services are furnished in accordance with accepted standards of			Note: Social services are pr
	practice and established policies and procedures.			practice and established po
	CoPs: §482.62(f), §482.62(g)(1)			CoPs: §482.62(f)
LD.04.01.05, EP 25	The hospital designates an individual to serve as the radiation safety officer who is	Moved and Revised	NPG.13.02.01, EP 1	The hospital designates an
	responsible for making certain that radiologic services are provided in accordance			responsible for making cert
	with law, regulation, and organizational policy. This individual has the necessary			with law, regulation, and ho
	authority and leadership support to do the following:			and leadership support to d
	- Monitor and verify compliance with established radiation safety practices			- Monitor and verify complia
	(including oversight of dosimetry monitoring)			(including oversight of dosir
	<ul> <li>Provide recommendations for improved radiation safety</li> <li>Intervene as needed to stop unsafe practices</li> </ul>			- Provide recommendations
	- Implement corrective action			- Implement corrective action
LD.04.01.06, EP 1	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved and Revised	MS.16.01.03, EP 5	For hospitals that elect The
2010 110 1100, 21	Primary care clinicians have the educational background and broad-based			Primary care clinicians have
	knowledge and experience necessary to handle most medical and other health care			knowledge and experience
	needs of the patients who selected them. This includes resolving conflicting			needs of the patients who s
	recommendations for care.			recommendations for care.
LD.04.01.07, EP 1	Leaders review, approve, and manage the implementation of policies and	Deleted EP -	N/A	N/A
	procedures that guide and support patient care, treatment, and services.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.12, §482.23(c)(2), §482.23(c)(4), §482.25, §482.26(b), §482.51(a)(3), §482.51(b), §482.52(b), §482.55(a)(3), §482.57(b), §482.57(b)(1), §482.62(f)	moved to guidance within SPG		
LD.04.01.10, EP 2	Senior hospital leadership directs implementation of selected hospitalwide	Deleted EP -	N/A	N/A
,	improvements in emergency management based on the following:	Replaced with more		
	- Examine the emergency management planning reviews at least every two years	direct EP(s) or		
	- Review of the evaluations of all emergency response exercises and all responses to	moved to guidance		
	actual emergencies	within SPG		
	- Determination of which emergency management improvements will be prioritized			
	for implementation, recognizing that some emergency management improvements			
	might be a lower priority and not taken up in the near term			

re services, the director may serve on either a full-time or

# )(1), §482.57(a)(1)

or more individuals who are responsible for outpatient

that use Joint Commission accreditation for deemed status as a director of social services who monitors and evaluates teness of social services.

provided in accordance with accepted standards of policies and procedures.

n individual to serve as the radiation safety officer who is ertain that radiologic services are provided in accordance nospital policy. This individual has the necessary authority o do the following:

- liance with established radiation safety practices
- simetry monitoring)
- ns for improved radiation safety
- stop unsafe practices
- tion

ne Joint Commission Primary Care Medical Home option: ave the educational background and broad-based be necessary to handle most medical and other health care be selected them. This includes resolving conflicting re.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LD.04.01.11, EP 3	The interior and exterior space provided for care, treatment, and services meets the	Deleted EP -	N/A	N/A
	needs of patients.	Replaced with more		
	Note: For hospitals that use Joint Commission accreditation for deemed status	direct EP(s) or		
	purposes: The extent and complexity of facilities must be determined by the services	moved to guidance		
	offered.	within SPG		
	CoPs: §482.41(d), §482.41(d)(1), §482.41(d)(3)			
LD.04.01.11, EP 4	The grounds, equipment, and special activity areas are safe, maintained, and	Deleted EP -	N/A	N/A
	supervised.	Replaced with more		
		direct EP(s) or		
		moved to guidance		
		within SPG		
LD.04.01.11, EP 5	The leaders provide for equipment, information systems, supplies, and other	Deleted EP -	N/A	N/A
	resources.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.21(e)(4), §482.41(d)(2), §482.51(b), §482.51(b)(4), §482.52(a), §482.53(a),	moved to guidance		
	§482.53(c), §482.54, §482.54, §482.56, §482.56(a), §482.57(a)	within SPG		
LD.04.02.03, EP 1	The hospital develops and implements a process that allows staff, patients, and	Moved and Revised	NPG.02.02.01, EP 5	The hospital develops and i
	families to address ethical issues or issues prone to conflict.			families to address ethical i
LD.04.02.03, EP 5	Care, treatment, and services are provided based on patient needs, regardless of	Deleted EP -	N/A	N/A
	compensation or financial risk-sharing with those who work in the hospital.	Replaced with more		
		direct EP(s) or		
		moved to guidance		
		within SPG		
LD.04.02.03, EP 13	For hospitals that use Joint Commission accreditation for deemed status purposes	Moved and Revised	LD.13.02.01, EP 2	For hospitals that use Joint
	and have swing beds: Each resident who is entitled to Medicaid benefits is informed			and have swing beds: Each
	in writing, either at the time of admission or when the resident becomes eligible for			the time of admission or wh
	Medicaid, of the following:			following:
	- The items and services included in the state plan for which the resident may not be			- Items and services include
	charged			charged
	- Those items and services that the facility offers and for which the resident may be			- Items and services that the
	charged, and the amount of charges for those services			charged, and the amount of
				Note: The hospital informs r
	CoPs: §482.58(b)(1), §483.10(g)(17)(i)(A), §483.10(g)(17)(i)(B)			services.
				CoPs: §482.58(b)(1), §483.1
LD.04.02.03, EP 14	For hospitals that use Joint Commission accreditation for deemed status purposes	Deleted EP -	N/A	N/A
	and have swing beds: Residents are informed when changes are made to the	Replaced with more		
	services that are specified in LD.04.02.03, EP 13.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.58(b)(1), §483.10(g)(17)(ii)	within SPG		
LD.04.02.03, EP 16	For hospitals that use Joint Commission accreditation for deemed status purposes	Moved and Revised	LD.13.02.01, EP 3	For hospitals that use Joint
	and have swing beds: Residents are informed before or at the time of admission, and			and have swing beds: The h
	periodically during the resident's stay, of services available in the facility and of			admission, and periodically
	charges for those services not covered under Medicare or by the facility's per diem			hospital and of charges for t
	rate.			by the hospital's per diem ra
		1	1	

d implements a process that allows staff, patients, and Il issues or issues prone to conflict.

nt Commission accreditation for deemed status purposes h Medicaid-eligible resident is informed in writing, either at when the resident becomes eligible for Medicaid, of the

ded in the state plan for which the resident may not be

the hospital offers, those for which the resident may be of charges for those services is residents when changes are made to the items and

3.10(g)(17)(i)(A), §483.10(g)(17)(i)(B), §483.10(g)(17)(ii)

nt Commission accreditation for deemed status purposes hospital informs residents before or at the time of lly during the resident's stay, of services available in the or those services not covered under Medicare, Medicaid, or rate.

8.10(g)(18)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LD.04.03.01, EP 1	<ul> <li>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.</li> <li>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.</li> <li>CoPs: §482.26, §482.26(a), §482.27, §482.51(b), §482.54, §482.54, §482.56, §482.57,</li> </ul>	Consolidation of LD.04.03.01, EP 1; LD.04.03.01, EP 3	LD.13.01.05, EP 1	For hospitals that use Joint ( The hospital has an overall i - The plan includes an annu- generally accepted account expenses. This provision do components of each anticip - The plan provides for capit year in which the operating P CoPs: §482.12(d)(1), §482.1
LD.04.03.01, EP 2	<ul> <li>S482.62(c)</li> <li>The hospital provides essential services, including the following: <ul> <li>Diagnostic radiology</li> <li>Dietary</li> <li>Emergency</li> <li>Medical records</li> <li>Nuclear medicine</li> <li>Nursing care</li> <li>Pathology and clinical laboratory</li> <li>Pharmaceutical</li> <li>Physical rehabilitation</li> <li>Respiratory care</li> <li>Social work</li> </ul> </li> <li>Note 1: Hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services.</li> <li>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).</li> <li>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.</li> <li>CoPs: \$482.12(f)(1), \$482.23, \$482.24, \$482.24(a), \$482.25, \$482.25, \$482.26, \$482.26(a), \$482.27, \$482.27(a), \$482.28, \$482.53, \$482.53, \$482.53, \$482.55, \$482.56, \$482.57</li> </ul>	Split to LD.13.03.01, EP 1; LD.13.03.01, EP 2; LD.13.03.01, EP 5; LD.13.03.01, EP 7; LD.13.03.01, EP 8; NPG.12.01.01, EP 6; NPG.12.01.01, EP 7; NPG.13.02.01, EP 2	LD.13.03.01, EP 1	The hospital provides servic arrangements, or other agre are organized appropriate to accordance with accepted s limited to the following: - Outpatient - Emergency - Medical records - Diagnostic and therapeutio - Nuclear medicine - Surgical - Anesthesia - Laboratory - Respiratory - Dietetic CoPs: §482.24, §482.24(a), § §482.51, §482.51(a), §482.5 §482.53(a), §482.54, §482.5
LD.04.03.01, EP 2	3402.07         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	Split to LD.13.03.01, EP 1; LD.13.03.01, EP 2; LD.13.03.01, EP 5; LD.13.03.01, EP 7; LD.13.03.01, EP 7; LD.13.03.01, EP 8; NPG.12.01.01, EP 6; NPG.12.01.01, EP 7; NPG.13.02.01, EP 2	LD.13.03.01, EP 2	The hospital has an organize and delineation of responsil services. Note: For hospitals that use Rural hospitals with a 24-ho required to have 24-hour nu CoPs: §482.23, §482.23(a), §

nt Commission accreditation for deemed status purposes: Il institutional plan that meets the following conditions: nual operating budget that is prepared according to inting principles and that has all anticipated income and does not require that the budget identify item by item the cipated income or expense.

pital expenditures for at least a 3-year period, including the g budget is applicable.

.12(d)(2), §482.12(d)(3)

vices directly or through referral, consultation, contractual greements that meet the needs of the population(s) served, to the scope and complexity of services offered, and are in d standards of practice. Services may include but are not

itic radiology

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), §482.26, §482.26(a), §482.27, §482.27(a), §482.28,
.51(b), §482.52, §482.52(a), §482.52(b), §482.53,
.55, §482.55(a)(1), §482.55(a)(2), §482.57, §482.57(a)
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ized nursing service, with a plan of administrative authority sibility for patient care, that provides 24-hour nursing

se The Joint Commission for deemed-status purposes: hour nursing waiver granted under 42 CFR 488.54(c) are not nursing services.

), §482.23(b)(1)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- 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.			
	CoPs: §482.12(f)(1), §482.23, §482.24, §482.24(a), §482.25, §482.25, §482.26,			
	§482.26(a), §482.27, §482.27(a), §482.28, §482.53, §482.53, §482.55, §482.56,			
	§482.57			
LD.04.03.01, EP 2	The hospital provides essential services, including the following:	Split to LD.13.03.01,	LD.13.03.01, EP 5	If the hospital provides out
	- Diagnostic radiology	EP 1; LD.13.03.01,	, ,	services.
	- Dietary	EP 2; LD.13.03.01,		
	- Emergency	EP 5; LD.13.03.01,		CoPs: §482.54(a)
	- Medical records	EP 7; LD.13.03.01,		
	- Nuclear medicine	EP 8; NPG.12.01.01,		
	- Nursing care	EP 6; NPG.12.01.01,		
	- Pathology and clinical laboratory	EP 7; NPG.13.02.01,		
	- Pharmaceutical	EP 2		
	- 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.			
	CoPs: §482.12(f)(1), §482.23, §482.24, §482.24(a), §482.25, §482.25, §482.26,			
	§482.26(a), §482.27, §482.27(a), §482.28, §482.53, §482.53, §482.55, §482.56,			
	§482.57			
LD.04.03.01, EP 2	The hospital provides essential services, including the following:	Split to LD.13.03.01,	LD.13.03.01, EP 7	If the hospital provides em
- , _	- Diagnostic radiology	EP 1; LD.13.03.01,		direction of a qualified mer
	- Dietary	EP 2; LD.13.03.01,		departments of the hospita
	- Emergency	EP 5; LD.13.03.01,		
	- Medical records	EP 7; LD.13.03.01,		CoPs: §482.55, §482.55(a)(
	- Nuclear medicine	EP 8; NPG.12.01.01,		
	- Nursing care	EP 6; NPG.12.01.01,		
	- Pathology and clinical laboratory			
	radiotopy and ouniout aboratory			

utpatient services, the services are integrated with inpatient

mergency services, the services are organized under the nember of the medical staff, and are integrated with other pital.

a)(1), §482.55(a)(2)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Pharmaceutical	EP 7; NPG.13.02.01,		
	- Physical rehabilitation	EP 2		
	- 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.			
	qualifications, meet professionally approved standards.			
	CoDe: \$492 12(f)(1) \$492 22 \$492 24 \$492 24(a) \$492 25 \$492 25 \$492 26			
	CoPs: \$482.12(f)(1), \$482.23, \$482.24, \$482.24(a), \$482.25, \$482.25, \$482.26,			
	\$482.26(a), \$482.27, \$482.27(a), \$482.28, \$482.53, \$482.53, \$482.55, \$482.56,			
	§482.57			
LD.04.03.01, EP 2	The hospital provides essential services, including the following:	Split to LD.13.03.01,	LD.13.03.01, EP 8	For hospitals that use Joint
	- Diagnostic radiology	EP 1; LD.13.03.01,		If emergency services are p
	- Dietary	EP 2; LD.13.03.01,		requirements of 42 CFR 48
	- Emergency	EP 5; LD.13.03.01,		
	- Medical records	EP 7; LD.13.03.01,		CoPs: §482.12(f)(1)
	- Nuclear medicine	EP 8; NPG.12.01.01,		
	- Nursing care	EP 6; NPG.12.01.01,		
	- Pathology and clinical laboratory	EP 7; NPG.13.02.01,		
	- Pharmaceutical	EP 2		
	- 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.			
	CoPs: §482.12(f)(1), §482.23, §482.24, §482.24(a), §482.25, §482.25, §482.26,			
	\$482.26(a), \$482.27, \$482.27(a), \$482.28, \$482.53, \$482.53, \$482.55, \$482.56,			
	\$482.57			
LD.04.03.01, EP 2	The hospital provides essential services, including the following:	Split to 1 D 12 02 01	NPG.12.01.01, EP 6	The hospital has a medical
LD.04.03.01, EP 2		Split to LD.13.03.01,	11FG. 12.01.01, EP 6	
	- Diagnostic radiology	EP 1; LD.13.03.01,		medical records. The hosp
	- Dietary	EP 2; LD.13.03.01,		completion, filing, and retri
	- Emergency	EP 5; LD.13.03.01,		
	- Medical records	EP 7; LD.13.03.01,		CoPs: §482.24(a)

int Commission accreditation for deemed status purposes: e provided at the hospital, the hospital complies with the 482.55.

cal record service that has administrative responsibility for spital employs adequate staff to support the prompt etrieval of records.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Nuclear medicine	EP 8; NPG.12.01.01,		
	- Nursing care	EP 6; NPG.12.01.01,		
	- Pathology and clinical laboratory	EP 7; NPG.13.02.01,		
	- Pharmaceutical	EP 2		
	- 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.			
	CoPs: §482.12(f)(1), §482.23, §482.24, §482.24(a), §482.25, §482.25, §482.26,			
	§482.26(a), §482.27, §482.27(a), §482.28, §482.53, §482.53, §482.55, §482.56,			
	\$482.57			
LD.04.03.01, EP 2	The hospital provides essential services, including the following:	Split to LD.13.03.01,	NPG.12.01.01, EP 7	The hospital has dietetic se
20.04.00.01, 21 2	- Diagnostic radiology	EP 1; LD.13.03.01,		qualified personnel.
	- Dietary	EP 2; LD.13.03.01,		Note: For hospitals that pro
	- Emergency	EP 5; LD.13.03.01,		contracted service has a d
	- Medical records	EP 7; LD.13.03.01,		a consultant basis and act
	- Nuclear medicine	EP 8; NPG.12.01.01,		recommendations on diete
	- Nursing care	EP 6; NPG.12.01.01,		services.
	- Pathology and clinical laboratory			Services.
		EP 7; NPG.13.02.01,		CoDe: \$492.20
	- Pharmaceutical	EP 2		CoPs: §482.28
	- 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.			
	CoPs: §482.12(f)(1), §482.23, §482.24, §482.24(a), §482.25, §482.25, §482.26,			
	\$482.26(a), \$482.27, \$482.27(a), \$482.28, \$482.53, \$482.53, \$482.55, \$482.56, \$482.57			
				The share state to see that a second state state of the
LD.04.03.01, EP 2	The hospital provides essential services, including the following:	Split to LD.13.03.01,	NPG.13.02.01, EP 2	The hospital provides radio

services that are directed and adequately staffed by

provide dietetic services through contracted services, the dietician who serves the hospital full-time, part-time, or on cts as a liaison to hospital medical staff for etetic policies that affect patient care, treatment, and

diology services that meet safety standards approved by ofessional organizations. At a minimum, diagnostic radiology

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Dietary	EP 2; LD.13.03.01,		services are maintained and
	- Emergency	EP 5; LD.13.03.01,		including emergency servic
	- Medical records	EP 7; LD.13.03.01,		Note: If the hospital also pr
	- Nuclear medicine	EP 8; NPG.12.01.01,		radiology, the requirements
	- Nursing care	EP 6; NPG.12.01.01,		services.
	- Pathology and clinical laboratory	EP 7; NPG.13.02.01,		
	- Pharmaceutical	EP 2		
	- 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.			
	CoPs: §482.12(f)(1), §482.23, §482.24, §482.24(a), §482.25, §482.25, §482.26,			
	\$482.26(a), \$482.27, \$482.27(a), \$482.28, \$482.53, \$482.53, \$482.55, \$482.56,			
	\$482.57			
LD.04.03.01, EP 3	The hospital provides at least one of the following acute care clinical services:	Consolidation of	LD.13.01.05, EP 1	For hospitals that use Joint
LD.04.00.01, LT 0	- Child, adolescent, or adult psychiatry	LD.04.03.01, EP 1;	ED. 10.01.00, El 1	The hospital has an overall
	- Medicine	LD.04.03.01, EP 3		- The plan includes an annu
	- Obstetrics and gynecology	LD.04.00.01, LI 0		generally accepted account
	- Pediatrics			expenses. This provision do
	- Treatment for addictions			components of each antici
	- Surgery			- The plan provides for capi
	Note: When the hospital provides surgical or obstetric services, anesthesia services			year in which the operating
	are also available.			
				CoPs: §482.12(d)(1), §482.7
	CoPs: §482.51, §482.51(a)			
LD.04.03.01, EP 14	For psychiatric hospitals that use Joint Commission accreditation for deemed status	Moved and Revised	LD.13.03.01, EP 18	For psychiatric hospitals th
	purposes: The psychiatric hospital provides psychological services, social work			purposes: The hospital prov
	services, psychiatric nursing, and therapeutic activities.			psychiatric nursing, and the
	Note: The therapeutic activities program is appropriate to the needs and interests of			Note: The therapeutic activ
	patients and is directed toward restoring and maintaining optimal levels of physical			patients and is directed tov
	and psychosocial functioning.			and psychosocial functioni
	CoPs: \$482.62(d), \$482.62(e), \$482.62(f), \$482.62(g), \$482.62(g)(1)			CoPs: §482.62(e), §482.62(
LD.04.03.01, EP 26	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	LD.13.03.01, EP 13	Emergency laboratory serv
	Emergency laboratory services are available 24 hours a day, 7 days a week.			
				CoPs: §482.27(a)(1)
	CoPs: §482.27(a)(1)			
LD.04.03.07, EP 1	Variances in staff, setting, or payment source do not affect outcomes of care,	Deleted EP -	N/A	N/A

nd available at all times the hospital provides services, ices.

provides other radiology services, such as therapeutic its of this element of performance also apply to those

nt Commission accreditation for deemed status purposes: Ill institutional plan that meets the following conditions: nual operating budget that is prepared according to unting principles and that has all anticipated income and does not require that the budget identify item by item the cipated income or expense.

pital expenditures for at least a 3-year period, including the grad budget is applicable.

2.12(d)(2), §482.12(d)(3)

that use Joint Commission accreditation for deemed status rovides psychological services, social work services, herapeutic activities to meet the needs of its patients. tivities program is appropriate to the needs and interests of oward restoring and maintaining optimal levels of physical ning.

2(g), §482.62(g)(1)

rvices are available 24 hours a day, 7 days a week.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		direct EP(s) or		
	CoPs: §482.51	moved to guidance		
		within SPG		
LD.04.03.09, EP 1	Clinical leaders and medical staff have an opportunity to provide advice about the	Deleted EP -	N/A	N/A
	sources of clinical services to be provided through contractual agreement.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.22(a)(4), §482.28	moved to guidance		
		within SPG		
LD.04.03.09, EP 2	The hospital describes, in writing, the nature and scope of services provided through	Moved and Revised	LD.13.03.03, EP 1	The hospital maintains a lis
	contractual agreements.			nature of the services provid
	CoPs: §482.12(a)(8), §482.12(a)(9), §482.12(e), §482.12(e)(2), §482.21, §482.22(a)(4),			CoPs: §482.12(e), §482.12(e)
	§482.22(a)(4)(i), §482.23(b)(6), §482.26, §482.26(a), §482.27(a), §482.27(a)(2),			
	§482.27(b)(3), §482.27(b)(3)(i), §482.27(b)(3)(ii), §482.27(b)(3)(iii), §482.28,			
	§482.62(c)			
LD.04.03.09, EP 3	Designated leaders approve contractual agreements.	Deleted EP -	N/A	N/A
		Replaced with more		
	CoPs: §482.12(a)(9), §482.12(e), §482.22(a)(4), §482.28	direct EP(s) or		
		moved to guidance		
		within SPG		
LD.04.03.09, EP 4	Leaders monitor contracted services by establishing expectations for the	Deleted EP -	N/A	N/A
	performance of the contracted services.	Replaced with more		
	Note 1: In most cases, each physician and other licensed practitioner providing	direct EP(s) or		
	services through a contractual agreement must be credentialed and privileged by the	moved to guidance		
	hospital using their services following the process described in the "Medical Staff"	within SPG		
	(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.			
	CoPs: §482.12(a)(8), §482.12(a)(9), §482.12(e), §482.21, §482.22(a)(4),			
	\$482.22(a)(4)(i), \$482.26, \$482.27(a), \$482.27(b)(3), \$482.27(b)(3)(i), \$482.27(b)(3)(ii), \$482.27(b)(3)(ii)			
	\$482.27(b)(3)(iii), \$482.28	Deleter FD	N1/A	
LD.04.03.09, EP 5	Leaders monitor contracted services by communicating the expectations in writing	Deleted EP -	N/A	N/A
	to the provider of the contracted services.	Replaced with more		
	Note: A written description of the expectations can be provided either as part of the	direct EP(s) or		
	written agreement or in addition to it.	moved to guidance		
	CoDo: \$492 12(0)(0) \$492 12(0) \$492 21 \$492 22(0)(4) \$492 20 \$492 27(0)(2)	within SPG		
	CoPs: §482.12(a)(9), §482.12(e), §482.21, §482.22(a)(4), §482.26, §482.27(b)(3),			
	\$482.27(b)(3)(i), \$482.27(b)(3)(ii), \$482.27(b)(3)(iii), \$482.28	1		

list of all contracted services, including the scope and ovided.

2(e)(2)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LD.04.03.09, EP 6	Leaders monitor contracted services by evaluating these services in relation to the	Consolidation of	LD.13.03.03, EP 2	The governing body is respo
	hospital's expectations.	LD.01.03.01, EP 5;		contracted services. The go
		LD.04.03.09, EP 6;		safe and effective manner a
	CoPs: §482.12(a)(9), §482.12(e), §482.12(e)(1), §482.21, §482.21(e)(1), §482.22(a)(4),	LD.04.03.09, EP 7		and performance.
	§482.23(b)(6), §482.26, §482.28			Note: For hospitals that use
				purposes: The governing bo
				one for shared services and
				to comply with applicable C
				Conditions of Participation
				CoPs: §482.12(e), §482.12(e
LD.04.03.09, EP 7	Leaders take steps to improve contracted services that do not meet expectations.	Consolidation of	LD.13.03.03, EP 2	The governing body is respo
	Note: Examples of improvement efforts to consider include the following:	LD.01.03.01, EP 5;		contracted services. The go
	- Increase monitoring of the contracted services	LD.04.03.09, EP 6;		safe and effective manner a
	- Provide consultation or training to the contractor	LD.04.03.09, EP 7		and performance.
	- Renegotiate the contract terms			Note: For hospitals that use
	- Apply defined penalties			purposes: The governing bo
	- Terminate the contract			one for shared services and
				to comply with applicable C
	CoPs: §482.12(e)(1), §482.21, §482.23(b)(6), §482.26, §482.28			Conditions of Participation
				CoPs: §482.12(e), §482.12(e
LD.04.03.09, EP 8	When contractual agreements are renegotiated or terminated, the hospital	Deleted EP -	N/A	N/A
	maintains the continuity of patient care.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.26, §482.26(a)	moved to guidance		
		within SPG		
LD.04.03.09, EP 9	For hospitals that do not use Joint Commission accreditation for deemed status	Moved and Revised	LD.13.03.03, EP 6	For hospitals that do not us
	purposes: When using the services of physicians or other licensed practitioners from			purposes: When using the s
	a Joint Commission–accredited ambulatory care organization through a telemedical			a Joint Commission–accred
	link for interpretive services, the hospital accepts the credentialing and privileging			link for interpretive services
	decisions of a Joint Commission–accredited ambulatory provider only after			decisions of a Joint Commis
	confirming that those decisions are made using the process described in Standards			confirming that those decis
	MS.06.01.03 through MS.06.01.07, excluding MS.06.01.03, EP 2.			MS.17.01.03 through MS.17
LD.04.03.09, EP 10	Reference and contract laboratory services meet the federal regulations for clinical	Deleted EP -	N/A	N/A
	laboratories and maintain evidence of the same.	Replaced with more		
	Note: For law and regulation guidance on the Clinical Laboratory Improvement	direct EP(s) or		
	Amendments of 1988, refer to 42 CFR 493.	moved to guidance		
		within SPG		
	CoPs: §482.27(a)			
LD.04.03.09, EP 23	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	LD.13.03.03, EP 3	For hospitals that use Joint
	When telemedicine services are furnished to the hospital's patients, the originating			When telemedicine service
	site has a written agreement with the distant site that specifies the following:			site has a written agreemen
	- The distant site is a contractor of services to the hospital.			- The distant site is a contra
	- The distant site furnishes services in a manner that permits the originating site to be			- The distant site furnishes s
	in compliance with the Medicare Conditions of Participation			in compliance with the Med
	- The originating site makes certain through the written agreement that all distant-			- The originating site makes
	site telemedicine providers' credentialing and privileging processes meet, at a			site telemedicine providers
	minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through			minimum, the Medicare Co

ponsible for all services provided in the hospital, including governing body assesses that services are provided in a r and takes action to address issues pertaining to quality

se Joint Commission accreditation for deemed status body makes certain that a contractor of services (including nd joint ventures) provides services that permit the hospital e Centers for Medicare & Medicaid Services (CMS) n and standards for contract services.

## 2(e)(1)

ponsible for all services provided in the hospital, including governing body assesses that services are provided in a r and takes action to address issues pertaining to quality

se Joint Commission accreditation for deemed status body makes certain that a contractor of services (including nd joint ventures) provides services that permit the hospital centers for Medicare & Medicaid Services (CMS) n and standards for contract services.

2(e)(1)

use Joint Commission accreditation for deemed status e services of physicians or other licensed practitioners from edited ambulatory care organization through a telemedical es, the hospital accepts the credentialing and privileging hission–accredited ambulatory provider only after isions are made using the process described in Standards 17.02.03.

nt Commission accreditation for deemed status purposes: ces are furnished to the hospital's patients, the originating ent with the distant site that specifies the following: ractor of services to the hospital.

s services in a manner that permits the originating site to be edicare Conditions of Participation.

es certain through the written agreement that all distantrs' credentialing and privileging processes meet, at a Conditions of Participation at 42 CFR 482.12(a)(1) through

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	(a)(9) and 482.22(a)(1) through (a)(4).			(a)(9) and 482.22(a)(1) throu
	Note: For the language of the Medicare Conditions of Participation pertaining to			Note: For the language of th
	telemedicine, see Appendix A.			telemedicine, see Appendix
	If the originating site chooses to use the credentialing and privileging decision of the			If the originating site choose
	distant-site telemedicine provider, then the following requirements apply:			distant-site telemedicine pr
	- The governing body of the distant site is responsible for having a process that is			- The governing body of the o
	consistent with the credentialing and privileging requirements in the "Medical Staff"			consistent with the credent
	(MS) chapter (Standards MS.06.01.01 through MS.06.01.13).			(MS) chapter (Standards MS
	- The governing body of the originating site grants privileges to a distant site physician			- The governing body of the o
	or other licensed practitioner based on the originating site's medical staff			or other licensed practitione
	recommendations, which rely on information provided by the distant site.			recommendations, which re
				The written agreement inclu
	CoPs: §482.12(a)(8), §482.12(a)(9), §482.22(a)(3)(i), §482.22(a)(4), §482.22(a)(4)(i),			the distant-site hospital to r
				the distant-site hospitat to r
	\$482.22(c)(6)			CoPs: §482.12(a)(9)
LD.04.03.11, EP 1	The hospital has processes that support the flow of patients throughout the hospital	Deleted EP -	N/A	N/A
	that address the following:	Replaced with more		
	- Plans for the care of admitted patients who are in overflow locations or temporary	direct EP(s) or		
	bed locations, such as the postanesthesia care unit or the emergency department	moved to guidance		
	- Criteria to guide decisions to initiate ambulance diversion	within SPG		
	CoPs: \$482.55(a)(2)			
LD.04.03.11, EP 5	The hospital measures and sets goals for the components of the patient flow	Moved and Revised	NPG.01.03.01, EP 1	The hospital measures and
	process, including the following:			process, including the follow
	- The available supply of patient beds			- Available supply of patient
	- The throughput of areas where patients receive care, treatment, and services (such			- Throughput of areas where
	as inpatient units, laboratory, operating rooms, telemetry, radiology, and the			inpatient units, laboratory, c
	postanesthesia care unit)			postanesthesia care unit)
	- The safety of areas where patients receive care, treatment and services			- Safety of areas where patie
	- The efficiency of the nonclinical services that support patient care and treatment			- Efficiency of the nonclinica
	(such as housekeeping and transportation)			as housekeeping and transp
	- Access to support services (such as case management and social work)			- Access to support services
LD.04.03.11, EP 6	The hospital measures and sets goals for mitigating and managing the boarding of	Moved and Revised	NPG.01.03.01, EP 2	The hospital measures and
	patients who come through the emergency department. (Refer to NPSG.15.01.01,			patients who come through
	EPs 1 and 2; PC.01.02.03, EP 3; PC.02.01.19, EP 2)			and 2; NPG.01.05.02, EP 1)
	Note: Boarding is the practice of holding patients in the emergency department or			Note: Boarding is the practic
	another temporary location after the decision to admit or transfer has been made.			another temporary location
	The hospital should set its goals with attention to patient acuity and best practice; it			The hospital should set its g
	is recommended that boarding time frames not exceed 4 hours in the interest of			
	patient safety and quality of care.			
LD.04.03.11, EP 7	The individuals who manage patient flow processes review measurement results to	Moved and Revised	NPG.01.03.01, EP 3	The individuals who manage
,	determine whether goals were achieved, and leaders take action to improve patient		,	determine whether goals we
	flow processes when goals are not achieved.)			flow processes when goals
	Note: At a minimum, leaders include members of the medical staff and governing			Note: At a minimum, leader
	body, the chief executive officer and other senior managers, the nurse executive,			body, the chief executive off
	clinical leaders, and staff members in leadership positions within the organization.			clinical leaders, and staff m
	(See the Glossary for the definition of leader.)			(See the Glossary for the de

ough (a)(4).

- the Medicare Conditions of Participation pertaining to Jix A.
- ses to use the credentialing and privileging decision of the provider, then the following requirements apply:
- e distant site is responsible for having a process that is ntialing and privileging requirements in the "Medical Staff" MS.17.01.01 through MS.17.04.01).
- e originating site grants privileges to a distant site physician oner based on the originating site's medical staff
- rely on information provided by the distant site.
- cludes that it is the responsibility of the governing body of present the requirements of this element of performance.

Id sets goals for the components of the patient flow lowing:

- nt beds
- tients receive care, treatment and services
- ical services that support patient care and treatment (such sportation)
- es (such as case management and social work)
- d sets goals for mitigating and managing the boarding of gh the emergency department. (Refer to NPG.8.01.01, EPs 1 1)
- tice of holding patients in the emergency department or on after the decision to admit or transfer has been made. Is goals with attention to patient acuity and best practice.
- age patient flow processes review measurement results to were achieved, and leaders take action to improve patient s are not achieved.
- ers include members of the medical staff and governing officer and other senior managers, the nurse executive, members in leadership positions within the organization. definition of leader.)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LD.04.03.13, EP 1	The hospital has a leader or leadership team that is responsible for pain	Moved	NPG.06.01.01, EP 1	The hospital has a leader or
	management and safe opioid prescribing, as well as developing and monitoring			management and safe opioi
	performance improvement activities.			performance improvement a
LD.04.03.13, EP 2	The hospital provides nonpharmacologic pain treatment modalities.	Moved	NPG.06.01.01, EP 2	The hospital provides nonph
LD.04.03.13, EP 3	The hospital provides staff with educational resources and programs to improve pain	Moved	NPG.06.01.01, EP 3	The hospital provides staff v
	assessment, pain management, and the safe use of opioid medications based on			assessment, pain managen
	the identified needs of its patient population.			the identified needs of its pa
LD.04.03.13, EP 4	The hospital provides information to staff on available services for consultation and	Moved	NPG.06.01.01, EP 4	The hospital provides inform
	referral of patients with complex pain management needs.	Mayad		referral of patients with com
LD.04.03.13, EP 5	The hospital identifies opioid treatment programs that can be used for patient referrals.	Moved	NPG.06.01.01, EP 5	The hospital identifies opioi referrals.
LD.04.03.13, EP 6	The hospital facilitates licensed practitioner and pharmacist access to the	Moved and Revised	NPG.06.01.01, EP 6	The hospital facilitates licen
	Prescription Drug Monitoring Program databases.			Prescription Drug Monitoring
	Note: This element of performance is applicable in any state that has a Prescription			Note: This element of perfor
	Drug Monitoring Program database, whether querying is voluntary or is mandated by			Drug Monitoring Program da
	state regulations for all patients prescribed opioids.			state regulations for all patie
LD.04.03.13, EP 7	Hospital leadership works with its clinical staff to identify and acquire the equipment	Moved and Revised	NPG.06.01.01, EP 7	Hospital leadership works w
	needed to monitor patients who are at high risk for adverse outcomes from opioid			needed to monitor patients
	treatment.			treatment.
N/A	N/A	New, more-direct EP	LD.13.01.09, EP 6	The hospital develops and in
		for CoP requirement		maintain high standards for
				CoPs: §482.51(b)
N/A	N/A	New, more-direct EP	LD.13.01.09, EP 7	If respiratory care services a
		for CoP requirement		policies and procedures app
				CoPs: §482.57(b)
N/A	N/A	New, more-direct EP	LD.13.03.01, EP 9	For hospitals that use Joint (
		for CoP requirement		If the hospital provides nucl
				perform laboratory tests, the
				laboratory services specifie
				CoPs: §482.53(b)(3)
N/A	N/A	New, more-direct EP	LD.13.03.01, EP 12	The hospital has laboratory
		for CoP requirement		contractual agreement with
				certified laboratory that me
				CoPs: §482.27, §482.27(a)
N/A	N/A	New, more-direct EP	LD.13.03.01, EP 15	For hospitals that use Joint (
		for CoP requirement		If the hospital provides resp
				blood gasses or other clinic
				laboratory services specifie
				CoPs: §482.57(b)(2)
N/A	N/A	New, more-direct EP	LD.13.03.03, EP 5	If the hospital routinely uses
		for CoP requirement		establishment, it must have
				that governs the procureme
				components. The agreemen
				the hospital within the spec

or leadership team that is responsible for pain ioid prescribing, as well as developing and monitoring nt activities.

pharmacologic pain treatment modalities.

f with educational resources and programs to improve pain ement, and the safe use of opioid medications based on patient population.

rmation to staff on available services for consultation and omplex pain management needs.

oid treatment programs that can be used for patient

ensed practitioner and pharmacist access to the ing Program databases.

formance is applicable in any state that has a Prescription database, whether querying is voluntary or is mandated by itients prescribed opioids.

with its clinical staff to identify and acquire the equipment ts who are at high risk for adverse outcomes from opioid

d implements surgical care policies and procedures that or medical practice and patient care.

s are provided, services are delivered in accordance with pproved by the medical staff.

nt Commission accreditation for deemed status purposes: Iclear medicine services, and nuclear medicine staff the services meet the applicable requirements for Fied in 42 CFR 482.27.

ry services available, either directly or through a th a Clinical Laboratory Improvement Amendments (CLIA)– neets the requirements of 42 CFR 493.

nt Commission accreditation for deemed status purposes: spiratory care services, and respiratory care staff perform ical laboratory tests, the applicable requirements for fied in 42 CFR 482.27 are met.

ses the services of an outside blood collecting ve an agreement with the blood collecting establishment nent, transfer, and availability of blood and blood ent includes that the blood collecting establishment notify ecified timeframes under the following circumstances:

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				- Within 3 calendar days if t
				blood components collecte
				donation but tests reactive
				hepatitis C virus (HCV) infe
				increased risk for transmitt
				- Within 45 days of the test
				specific) test for HIV or HC
				Drug Administration
				-Within 3 calendar days aft
				blood components collecte
				available
				CoDo: \$400.07(b)(0) \$400.0
LS.01.01.01, EP 1	The hospital assigns an individual(s) to assess compliance with the Life Safety Code	Deleted EP -	N/A	CoPs: §482.27(b)(3), §482.2
_3.01.01.01, EP 1	and manage the Statement of Conditions (SOC) when addressing survey-related		IN/A	IN/A
	deficiencies.	Replaced with more direct EP(s) or		
	Note 1: For hospitals that use Joint Commission accreditation for deemed status	moved to guidance		
	purposes: The hospital complies with the 2012 Life Safety Code.	within SPG		
	Note 2: For hospitals that use Joint Commission accreditation for deemed status	within SFG		
	purposes: The provisions of the Life Safety Code do not apply in a state where the			
	Centers for Medicare & Medicaid Services finds that a fire and safety code imposed			
	by state law adequately protects patients in hospitals.			
	CoPs: §482.41(b)(1)(i), §482.41(b)(3)			
LS.01.01.01, EP 2	In time frames defined by the hospital, the hospital performs a building assessment	Deleted EP -	N/A	N/A
201011011011,21 2	to determine compliance with the "Life Safety" (LS) chapter.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(2)	moved to guidance		
		within SPG		
LS.01.01.01, EP 3	The hospital maintains current and accurate drawings denoting features of fire safety	Moved	PE.03.01.01, EP 1	The hospital maintains curr
	and related square footage. Fire safety features include the following:			and related square footage.
	- Areas of the building that are fully sprinklered (if the building is partially sprinklered)			- Areas of the building that a
	- Locations of all hazardous storage areas			- Locations of all hazardous
	- Locations of all fire-rated barriers			- Locations of all fire-rated
	- Locations of all smoke-rated barriers			- Locations of all smoke-rat
	- Sleeping and non-sleeping suite boundaries, including the size of the identified			- Sleeping and non-sleeping
	suites			suites
	- Locations of designated smoke compartments			- Locations of designated s
	- Locations of chutes and shafts			- Locations of chutes and s
	- Any approved equivalencies or waivers			- Any approved equivalenci
LS.01.01.01, EP 4	When the hospital plans to resolve a deficiency through a Survey-Related Plan for	Deleted EP -	N/A	N/A
	Improvement (SPFI), the hospital meets the 60-day time frame.	Replaced with more		
	Note 1: If the corrective action will exceed the 60-day time frame, the hospital must	direct EP(s) or		
	request a time-limited waiver within 30 days from the end of survey.	moved to guidance		
	Note 2: If there are alternative systems, methods, or devices considered equivalent,	within SPG		
	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-			

f the blood collecting establishment supplied blood and cted from a donor who tested negative at the time of ve for evidence of human immunodeficiency virus (HIV) or fection on a later donation or who is determined to be at itting HIV or HCV infection

st for the results of the supplemental (additional, more CV or other follow-up testing required by the US Food and

fter the blood collecting establishment supplied blood and cted from an infectious donor, whenever records are

2.27(b)(3)(i), §482.27(b)(3)(ii), §482.27(b)(3)(iii)

urrent and accurate drawings denoting features of fire safety ge. Fire safety features include the following:

at are fully sprinklered (if the building is partially sprinklered) ous storage areas

- d barriers
- ated barriers
- ng suite boundaries, including the size of the identified

smoke compartments shafts cies or waivers

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	environment/life-safety-code-information-and-resources/ and NFPA 101-2012: 1.4.			
LS.01.01.01, EP 5	CoPs: §482.41(b)(2) For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	PE.03.01.01, EP 5	The hospital maintains writt
20.01.01.01, 21 0	The hospital maintains documentation of any inspections and approvals made by		1 2.00.01.01, 21 0	or local fire control agencies
	state or local fire control agencies.			
				CoPs: §482.41(b)(6)
	CoPs: §482.41(b)(6)			
LS.01.01.01, EP 6	The hospital does not remove or minimize an existing life safety feature when such	Deleted EP -	N/A	N/A
	feature is a requirement for new construction. Existing life safety features, if not	Replaced with more		
	required by the Life Safety Code, can be either maintained or removed. (For full text,	direct EP(s) or		
	refer to NFPA 101-2012: 4.6.12.2; 4.6.12.3; 18/19.7.9)	moved to guidance within SPG		
LS.01.01.01, EP 7	The hospital maintains current Basic Building Information (BBI) within the Statement	Moved	PE.03.01.01, EP 2	The hospital maintains curr
	of Conditions (SOC).			of Conditions (SOC).
LS.01.01.01, EP 8	The hospital complies with the Life Safety Code (NFPA 101-2012 and Tentative	Moved and Revised	PE.03.01.01, EP 3	The hospital meets the app
	Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).			and Tentative Interim Amen
				Note 1: Outpatient surgical
	CoPs: §482.15(e)(1), §482.15(h)(1)(ix), §482.15(h)(1)(vii), §482.15(h)(1)(viii),			ambulatory health care occ
	\$482.15(h)(1)(x), \$482.15(h)(1)(xi), \$482.41(e)(1)(ix), \$482.41(e)(1)(vii),			Note 2: For hospitals that u
	\$482.41(e)(1)(viii), \$482.41(e)(1)(x), \$482.41(e)(1)(xi)			purposes: The provisions of
				Centers for Medicare & Med
				imposed by state law adeque Note 3: For hospitals that us
				purposes: In consideration
				accrediting organization or
				of Health & Human Service
				specific provisions of the Li
				hardship upon a hospital, b
				and safety of the patients.
				Note 4: All inspecting activi
				the activity; inventory of dev
				name and contact informat
				standard(s) referenced for t
				CoPs: §482.15(e)(1), §482.1
				\$482.15(h)(1)(x), \$482.15(h)
				\$482.41(b)(3), \$482.41(e)(1)
				§482.41(e)(1)(xi)
LS.01.02.01, EP 1	The hospital has a written interim life safety measures (ILSM) policy that covers	Moved and Revised	PE.03.02.01, EP 1	The hospital has a written ir
	situations when Life Safety Code deficiencies cannot be immediately corrected or			situations when Life Safety
	during periods of construction. The policy includes criteria for evaluating when and			during periods of construct
	to what extent the hospital implements LS.01.02.01, EPs 2–15, to compensate for			to what extent the hospital i
	increased life safety risk. The criteria include the assessment process to determine			increased life safety risk. Th
	when interim life safety measures are implemented. Note: For any Life Safety Code (LSC) deficiency that cannot be immediately			when interim life safety mea Note: For any Life Safety Co
	corrected during survey, the hospital identifies which ILSMs in its policy will be			corrected during survey, the
	controlled during our voy, the hospital aonthios which ited is in its policy will be		1	

itten evidence of regular inspection and approval by state ies.

rrent Basic Building Information (BBI) within the Statement

plicable provisions of the Life Safety Code (NFPA 101-2012 endments [TIA] 12-1, 12-2, 12-3, and 12-4).

al departments meet the provisions applicable to ccupancies, regardless of the number of patients served. use Joint Commission accreditation for deemed status of the Life Safety Code do not apply in a state where the edicaid Services (CMS) finds that a fire and safety code quately protects patients in hospitals.

use Joint Commission accreditation for deemed status n of a recommendation by the state survey agency or or at the discretion of the Secretary for the US Department ses, CMS may waive, for periods deemed appropriate, Life Safety Code, which would result in unreasonable but only if the waiver will not adversely affect the health

vities are documented with the name of the activity; date of evices, equipment, or other items; required frequency; ation of person who performed the activity; NFPA r the activity; and results of the activity.

.15(h)(1)(ix), §482.15(h)(1)(vii), §482.15(h)(1)(viii), h)(1)(xi), §482.41(b), §482.41(b)(1)(i), §482.41(b)(2), (1)(ix), §482.41(e)(1)(vii), §482.41(e)(1)(viii), §482.41(e)(1)(x),

interim life safety measures (ILSM) policy that covers cy Code deficiencies cannot be immediately corrected or ction. The policy includes criteria for evaluating when and al implements PE.03.02.01, EPs 2–15, to compensate for The criteria include the assessment process to determine easures are implemented.

Code (LSC) deficiency that cannot be immediately he hospital identifies which ILSMs in its policy will be ue is corrected.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	$C_{0}D_{0}$ ; 8482, 41(b)(1)(i)			
LS.01.02.01, EP 2	CoPs: §482.41(b)(1)(i)         When the hospital identifies Life Safety Code deficiencies that cannot be         immediately corrected or during periods of construction, the hospital evacuates the	Moved and Revised	PE.03.01.01, EP 8	When a sprinkler system is s evacuates the building or po
	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			the system is back in service is back in service.
	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			CoPs: §482.41(b)(8)(i), §482
	text, refer to NFPA 101-2012: 9.6.1.6; 9.7.6; NFPA 25-2011: 15.5.2)			COF 5. 5402.4 (b)(0)(i), 5402
	CoPs: \$482.41(b)(1)(i), \$482.41(b)(8), \$482.41(b)(8)(i), \$482.41(b)(8)(ii)			
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)	Split to PE.03.01.01, EP 8; PE.03.02.01, EP 2	PE.03.02.01, EP 2	When the hospital identifies immediately corrected or du building or notifies the fire d initiates a fire watch when a hours in an occupied buildir (For full text, refer to NFPA 1
	CoPs: §482.41(b)(1)(i), §482.41(b)(8), §482.41(b)(8)(i), §482.41(b)(8)(ii)			
LS.01.02.01, EP 3	When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Posts signage identifying the location of alternative exits to everyone affected.	Moved and Revised	PE.03.02.01, EP 3	When the hospital identifies immediately corrected or du identifying the location of al
LS.01.02.01, EP 4	When the hospital identifies Life Safety Code deficiencies that cannot be	Moved and Revised	PE.03.02.01, EP 4	When the hospital identifies
	immediately corrected or during periods of construction, the hospital does the following: Inspects exits in affected areas on a daily basis. The need for these			immediately corrected or du in affected areas on a daily l
	inspections is based on criteria in the hospital's interim life safety measures (ILSM) policy.			in the hospital's interim life
LS.01.02.01, EP 5	When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Provides temporary but equivalent fire alarm and detection systems for use when a fire system is impaired. The need for equivalent systems is based on	Moved and Revised	PE.03.02.01, EP 5	When the hospital identifies immediately corrected or du temporary but equivalent fir system is impaired. The nee
LS.01.02.01, EP 6	criteria in the hospital's interim life safety measures (ILSM) policy.         When the hospital identifies Life Safety Code deficiencies that cannot be         immediately corrected or during periods of construction, the beginted does the	Moved and Revised	PE.03.02.01, EP 6	hospital's interim life safety When the hospital identifies
	immediately corrected or during periods of construction, the hospital does the following: Provides additional firefighting equipment. The need for this equipment is based on criteria in the hospital's interim life safety measures (ILSM) policy.			immediately corrected or du additional firefighting equip the hospital's interim life sa
LS.01.02.01, EP 7	When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the	Moved and Revised	PE.03.02.01, EP 7	When the hospital identifies immediately corrected or du
	following: Uses temporary construction partitions that are smoke-tight, or made of noncombustible or limited-combustible material that will not contribute to the development or spread of fire. The need for these partitions is based on criteria in the			temporary construction par or limited-combustible mat spread of fire. The need for t
	hospital's interim life safety measures (ILSM) policy.			interim life safety measures
LS.01.02.01, EP 8	When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the	Moved and Revised	PE.03.02.01, EP 8	When the hospital identifies immediately corrected or du
	following: Increases surveillance of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices.			surveillance of buildings, gro construction areas and stor

s shut down for more than 10 hours, the hospital either portion of the building affected by the system outage until ice, or the hospital establishes a fire watch until the system

## 82.41(b)(8)(ii)

es Life Safety Code deficiencies that cannot be during periods of construction, the hospital evacuates the e department (or other emergency response group) and a fire alarm system is out of service more than 4 out of 24 ding. Notification and fire watch times are documented. A 101-2012: 9.6.1.6; 9.7.6; NFPA 25-2011: 15.5.2)

es Life Safety Code deficiencies that cannot be during periods of construction, the hospital posts signage alternative exits to everyone affected.

es Life Safety Code deficiencies that cannot be during periods of construction, the hospital inspects exits y basis. The need for these inspections is based on criteria re safety measures (ILSM) policy.

es Life Safety Code deficiencies that cannot be during periods of construction, the hospital provides fire alarm and detection systems for use when a fire eed for equivalent systems is based on criteria in the ty measures (ILSM) policy.

es Life Safety Code deficiencies that cannot be during periods of construction, the hospital provides ipment. The need for this equipment is based on criteria in safety measures (ILSM) policy.

es Life Safety Code deficiencies that cannot be during periods of construction, the hospital uses artitions that are smoke-tight or made of noncombustible aterial that will not contribute to the development or or these partitions is based on criteria in the hospital's es (ILSM) policy.

es Life Safety Code deficiencies that cannot be during periods of construction, the hospital increases grounds, and equipment, giving special attention to orage, excavation, and field offices. The need for increased

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	The need for increased surveillance is based on criteria in the hospital's interim life			surveillance is based on crit
	safety measures (ILSM) policy.			policy.
LS.01.02.01, EP 9	When the hospital identifies Life Safety Code deficiencies that cannot be	Moved and Revised	PE.03.02.01, EP 9	When the hospital identifies
	immediately corrected or during periods of construction, the hospital does the			immediately corrected or du
	following: Enforces storage, housekeeping, and debris-removal practices that reduce			storage, housekeeping, and
	the building's flammable and combustible fire load to the lowest feasible level. The			flammable and combustible
	need for these practices is based on criteria in the hospital's interim life safety			practices is based on criteri
	measures (ILSM) policy.			policy.
LS.01.02.01, EP 10	When the hospital identifies Life Safety Code deficiencies that cannot be	Moved and Revised	PE.03.02.01, EP 10	When the hospital identifies
	immediately corrected or during periods of construction, the hospital does the			immediately corrected or d
	following: Provides additional training to those who work in the hospital on the use of			additional training to those
	firefighting equipment. The need for additional training is based on criteria in the			equipment. The need for ad
	hospital's interim life safety measures (ILSM) policy.			interim life safety measures
LS.01.02.01, EP 11	When the hospital identifies Life Safety Code deficiencies that cannot be	Moved and Revised	PE.03.02.01, EP 11	When the hospital identifies
	immediately corrected or during periods of construction, the hospital does the			immediately corrected or du
	following: Conducts one additional fire drill per shift per quarter. The need for			additional fire drill per shift
	additional drills is based on criteria in the hospital's interim life safety measures			criteria in the hospital's inte
	(ILSM) policy.			
LS.01.02.01, EP 12	When the hospital identifies Life Safety Code deficiencies that cannot be	Moved and Revised	PE.03.02.01, EP 12	When the hospital identifies
	immediately corrected or during periods of construction, the hospital does the			immediately corrected or du
	following: Inspects and tests temporary systems monthly. The completion date of			tests temporary systems me
	the tests is documented. The need for these inspections and tests is based on			The need for these inspection
	criteria in the hospital's interim life safety measures (ILSM) policy.			life safety measures (ILSM)
LS.01.02.01, EP 13	The hospital conducts education to promote awareness of building deficiencies,	Moved	PE.03.02.01, EP 13	The hospital conducts educ
	construction hazards, and temporary measures implemented to maintain fire safety.			construction hazards, and t
	The need for education is based on criteria in the hospital's interim life safety			The need for education is ba
	measures (ILSM) policy.			measures (ILSM) policy.
LS.01.02.01, EP 14	The hospital trains those who work in the hospital to compensate for impaired	Moved	PE.03.02.01, EP 14	The hospital trains those wh
	structural or compartmental fire safety features. The need for training is based on			structural or compartmenta
	criteria in the hospital's interim life safety measures (ILSM) policy.			criteria in the hospital's inte
	Note: Compartmentalization is the concept of using various building components			Note: Compartmentalizatio
	(for example, fire-rated walls and doors, smoke barriers, fire-rated floor slabs) to			(for example, fire-rated wall
	prevent the spread of fire and the products of combustion so as to provide a safe			prevent the spread of fire ar
	means of egress to an approved exit. The presence of these features varies,			means of egress to an appro
	depending on the building occupancy classification.			depending on the building o
LS.01.02.01, EP 15	The hospital's policy allows the use of other ILSMs not addressed in EPs 2–14.	Moved and Revised	PE.03.02.01, EP 15	The hospital's policy allows
	Note: The "other" ILSMs used are documented by selecting "other" and annotating			addressed in EPs 3–14.
	the associated text box in the hospital's Survey-Related Plan for Improvement (SPFI)			Note: The other ILSMs used
	within the Statement of Conditions <sup>™</sup> (SOC).			associated text box in the ho
	$C_{2}$ $C_{2$			within the Statement of Cor
	CoPs: \$482.41(b)(1)(i)	Deleted ED	N1/A	
LS.02.01.10, EP 1	Buildings meet requirements for construction type and height. In Types I and II	Deleted EP -	N/A	N/A
	construction, alternative protection measures are permitted to be substituted for	Replaced with more		
	sprinkler protection in specific areas where state or local regulations prohibit	direct EP(s) or		
	sprinklers. All new buildings contain approved automatic sprinkler systems. Existing	moved to guidance		
	buildings contain approved automatic sprinkler systems as required by the	within SPG		
	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)			

riteria in the hospital's interim life safety measures (ILSM)

es Life Safety Code deficiencies that cannot be during periods of construction, the hospital enforces nd debris-removal practices that reduce the building's ble fire load to the lowest feasible level. The need for these eria in the hospital's interim life safety measures (ILSM)

es Life Safety Code deficiencies that cannot be during periods of construction, the hospital provides e who work in the hospital on the use of firefighting additional training is based on criteria in the hospital's es (ILSM) policy.

es Life Safety Code deficiencies that cannot be during periods of construction, the hospital conducts one ft per quarter. The need for additional drills is based on terim life safety measures (ILSM) policy.

es Life Safety Code deficiencies that cannot be during periods of construction, the hospital inspects and monthly. The completion date of the tests is documented. tions and tests is based on criteria in the hospital's interim 1) policy.

ucation to promote awareness of building deficiencies, d temporary measures implemented to maintain fire safety. based on criteria in the hospital's interim life safety

who work in the hospital to compensate for impaired Ital fire safety features. The need for training is based on terim life safety measures (ILSM) policy.

ion is the concept of using various building components alls and doors, smoke barriers, fire-rated floor slabs) to and the products of combustion so as to provide a safe proved exit. The presence of these features varies, g occupancy classification.

vs the use of other interim life safety measures (ILSMs) not

ed are documented by selecting "other" and annotating the hospital's Survey-Related Plan for Improvement (SPFI) onditions™ (SOC).

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.41(b)(1)(i)	Deleted ED	N/A	
LS.02.01.10, EP 2	When building rehabilitation occurs, the hospital incorporates NFPA 101-2012: Chapters 18, 19, and 43. (For full text, refer to NFPA 101-2012: Chapter 43;	Deleted EP - Replaced with more	N/A	N/A
	18/19.1.1.4.3; 18.4.3.1–18.4.3.5; 19.4.3)	direct EP(s) or		
	10/19.1.1.4.3, 10.4.3.1–10.4.3.3, 19.4.3)	moved to guidance		
		within SPG		
LS.02.01.10, EP 3	Any building undergoing change of use or change of occupancy classification	Deleted EP -	N/A	N/A
	complies with NFPA 101-2012: 43.7, unless permitted by NFPA 101-2012:	Replaced with more		
	18/19.1.1.4.2.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.02.01.10, EP 4	When an addition is made to a building, the building is in compliance with NFPA 101-	Deleted EP -	N/A	N/A
	2012: 43.8 and Chapter 18.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
		within SPG	N1/A	
LS.02.01.10, EP 5	Buildings without protection from automatic sprinkler systems comply with NFPA	Deleted EP -	N/A	N/A
	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	Replaced with more direct EP(s) or		
	requirements of Chapter 18.3.5 will apply.	moved to guidance		
	Note: Major rehabilitation involves the modification of more than 50 percent, or 4500	within SPG		
	square feet, of the area of the smoke compartment. (For full text, refer to NFPA 101-			
	2012: 18/19.1.1.4.3.3)			
	, ,			
	CoPs: §482.41(b)(1)(i)			
LS.02.01.10, EP 6	Fire barriers are continuous from outside wall to outside wall or from one fire barrier	Deleted EP -	N/A	N/A
	to another, or a combination thereof, including continuity through all concealed	Replaced with more		
	spaces, such as those found above a ceiling, including interstitial spaces. For those	direct EP(s) or		
	fire barriers terminating at the bottom side of an interstitial space, the construction	moved to guidance		
	assembly forming the bottom of the interstitial space must have a fire resistance	within SPG		
	rating not less than that of the fire barrier. (For full text, refer to NFPA 101-2012: 8.3.1.2)			
LS.02.01.10, EP 7	Common walls are fire rated for two hours that are within buildings (occupancy	Deleted EP -	N/A	N/A
20.02.01.10, 21 7	separation), between buildings (two health care occupancy buildings), or the	Replaced with more		
	building has a common wall with a nonconforming building (for example, a health	direct EP(s) or		
	care occupancy and a business occupancy). (For full text, refer to NFPA 101-2012:	moved to guidance		
	43.8; 18/19.1.1.4; 18/19.1.3.3; 18/19.1.3.4; 8.2.2.2)	within SPG		
LS.02.01.10, EP 8	When multiple occupancies are identified, they are in accordance with NFPA 101-	Deleted EP -	N/A	N/A
	2012: 18/19.1.3.2 or 18/19.1.3.4, and the most stringent occupancy requirements	Replaced with more		
	are followed throughout the building.	direct EP(s) or		
	Note 1: If a two-hour separation is provided in accordance with NFPA 101-2012:	moved to guidance		
	8.2.1.3, the construction type is determined as follows:	within SPG		
	- 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			
	Note 2. Outpatient surgiout departments must be classified as ambutatory fieatti			

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	care occupancy regardless of the number of patients served. (For full text, refer to			
	NFPA 101-2012: 18/19.1.3.4.1)			
	CoPs: §482.41(b)(1)(i)			
LS.02.01.10, EP 9	The fire protection ratings for opening protectives in fire barriers and fire-rated smoke	Deleted EP -	N/A	N/A
	barriers are as follows:	Replaced with more		
	- Three hours in three-hour barriers	direct EP(s) or		
	- Ninety minutes in two-hour barriers	moved to guidance		
	- Forty-five minutes in one-hour barriers	within SPG		
	- 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.			
	CoPs: §482.41(b)(1)(i)		N1/A	N1/A
LS.02.01.10, EP 10	In existing buildings that are not a high rise and are protected with automatic	Deleted EP -	N/A	N/A
	sprinkler systems, exit stairs (or new exit stairs connecting three or fewer floors) are	Replaced with more		
	fire rated for one hour. In new construction, exit stairs connecting four or more floors	direct EP(s) or		
	are fire rated for two hours. (For full text, refer to NFPA 101-2012: 7.1.3.2.1)	moved to guidance within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.02.01.10, EP 11	Fire-rated doors within walls and floors have functioning hardware, including positive	Deleted EP -	N/A	N/A
	latching devices and self-closing or automatic-closing devices (either kept closed or	Replaced with more		
	activated by release device complying with NFPA 101-2012: 7.2.1.8.2). Gaps	direct EP(s) or		
	between meeting edges of door pairs are no more than 1/8 of an inch wide, and	moved to guidance		
	undercuts are no larger than 3/4 of an inch. Fire-rated doors within walls do not have	within SPG		
	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)			
	CoPs: §482.41(b)(1)(i)			
LS.02.01.10, EP 12	Doors requiring a fire rating of 3/4 of an hour or longer are free of coverings,	Deleted EP -	N/A	N/A
.,	decorations, or other objects applied to the door face, with the exception of	Replaced with more		
	informational signs, which are applied with adhesive only. (For full text, refer to NFPA	direct EP(s) or		
	80-2010: 4.1.4)	moved to guidance		
		within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.02.01.10, EP 13	Ducts penetrating the walls or floors with a fire resistance rating of less than 3 hours	Deleted EP -	N/A	N/A
	are protected by dampers that are fire rated for 1 1/2 hours; ducts penetrating the	Replaced with more		
	walls or floors with a fire resistance rating of 3 hours or greater are protected by	direct EP(s) or		
	dampers that are fire rated for 3 hours. (For full text, refer to NFPA 101-2012: 8.3.5.7;	moved to guidance		
	9.2.1; NFPA 90A-2012: 5.4.1; 5.4.2)	within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.02.01.10, EP 14	The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic	Deleted EP -	N/A	N/A
	tubes penetrating the walls or floors are protected with an approved fire-rated	Replaced with more		
	material.	direct EP(s) or	1	



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	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)	moved to guidance within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.02.01.10, EP 15	The hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 18/19.1. CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 1	<ul> <li>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)</li> <li>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.</li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 2	CoPs: \$482.41(b)(1)(i)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: 18/19.2.2.2.2; 18/19.2.2.2.5.1; 18/19.2.2.2.5.2)CoPs: \$482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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) CoPs: \$482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 4	<ul> <li>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:</li> <li>Area served by the door has no hazards.</li> <li>Door is operable from either side without special knowledge or effort.</li> <li>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.</li> <li>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.</li> <li>Where required to latch, the door has a latch or other mechanism to prevent the door from rebounding.</li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 5	CoPs: \$482.41(b)(1)(i)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	Deleted EP - Replaced with more	N/A	N/A



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	exterior wall to exterior wall. (For full text, refer to NFPA 101-2012: 7.2.4.3.1;	direct EP(s) or		
	18/19.2.2.5)	moved to guidance		
		within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.02.01.20, EP 6	Doors in new buildings that are a part of horizontal exits have approved vision panels,	Deleted EP -	N/A	N/A
	are installed without a center mullion, and swing in the opposite direction of one	Replaced with more		
	another. Doors in existing construction are not required to swing with egress travel.	direct EP(s) or		
	(For full text, refer to NFPA 101-2012: 18.2.2.5.6; 18.2.2.5.4; 19.2.2.5.3)	moved to guidance		
		within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.02.01.20, EP 7	When horizontal exit walls in new buildings terminate at outside walls at an angle of	Deleted EP -	N/A	N/A
	less than 180 degrees, the outside walls are fire rated for 1 hour for a distance of 10	Replaced with more		
	or more feet. Openings in the walls in the 10-foot span are fire rated for 3/4 of an	direct EP(s) or		
	hour. (For full text, refer to NFPA 101-2012: 7.2.4.3.4)	moved to guidance		
		within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.02.01.20, EP 8	Outside exit stairs are separated from the interior of the building by walls with the	Deleted EP -	N/A	N/A
	same fire rating required for enclosed stairs. The wall extends vertically from the	Replaced with more		
	ground to a point 10 feet or more above the top landing of the stairs or roofline	direct EP(s) or		
	(whichever is lower) and extends 10 feet or more horizontally. (For full text, refer to	moved to guidance		
	NFPA 101-2012: 18/19.2.2.3; 7.2.2.5.2; 7.2.2.6.3)	within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.02.01.20, EP 9	Stairs and ramps serving as a required means of egress have handrails and guards on	Deleted EP -	N/A	N/A
	both sides in new buildings and on at least one side in existing buildings. Ramps, exit	Replaced with more		
	passageways, fire and slide escapes, alternating tread devices, and areas of refuge	direct EP(s) or		
	are in accordance with NFPA 101-2012: 7.2.5–7.5.12. (For full text, refer to NFPA 101-	moved to guidance		
	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)	within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.02.01.20, EP 10	New stairs serving three or more stories and existing stairs serving five or more	Deleted EP -	N/A	N/A
·	stories have signs on each floor landing in the stairwell that identify the story, the	Replaced with more		
	stairwell, the top and bottom, and the direction to and story of exit discharge. Floor	direct EP(s) or		
	level information is also presented in tactile lettering. The signs are placed five feet	moved to guidance		
	above the floor landing in a position that is easily visible when the door is open or	within SPG		
	closed. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.2.2.5.4)			
	CoPs: §482.41(b)(1)(i)			
LS.02.01.20, EP 11	The capacity of the means of egress is in accordance with NFPA 101-2012: 7.3. (For	Deleted EP -	N/A	N/A
	full text, refer to NFPA 101-2012: 18/19.2.3.1)	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
		within SPG		
LS.02.01.20, EP 12	Exits discharge to the outside at grade level or through an approved exit passageway	Deleted EP -	N/A	N/A
	that is continuous and provides a level walking surface. The exit discharge is a hard-	Replaced with more		
	packed, all-weather travel surface that is free from obstructions and terminates at a	direct EP(s) or		
	public way or at an exterior exit discharge. (For full text, refer to NFPA 101-2012:	moved to guidance		
	18/19.2.7; 7.1.7; 7.1.10.1; 7.2.6; 7.7.2)	within SPG		



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.41(b)(1)(i)			
LS.02.01.20, EP 13	An exit enclosure is not used for any purpose that has the potential to interfere with its use as an exit and, if so designated, as an area of refuge. Open space within the exit enclosure is not used for any purpose that has the potential to interfere with egress. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.1.3.2.3; 7.2.2.5.3.1)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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))	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i)			
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)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 16	CoPs: §482.41(b)(1)(i)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)CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.02.01.20, EP 19	In existing buildings, exit corridors are at least 48 inches in clear width where serving	Deleted EP -	N/A	N/A
	as a means of egress from patient sleeping rooms. If modifying existing buildings	Replaced with more		
	with exit corridors that exceed eight feet, the exit corridors cannot be reduced to less	direct EP(s) or		
	than eight feet. (For full text, refer to NFPA 101-2012: 4.6.12.2; 19.2.3.4)	moved to guidance		
		within SPG		
LS.02.01.20, EP 20	Existing exit access doors and exit doors are of the swinging type and are at least 32	Deleted EP -	N/A	N/A
	inches in clear width. Exceptions are provided for existing 34-inch doors and for	Replaced with more		
	existing 28-inch doors where the fire plan does not require evacuation by bed,	direct EP(s) or		
	gurney, or wheelchair. (For full text, refer to NFPA 101-2012: 19.2.3.6, 19.2.3.7)	moved to guidance		
		within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.02.01.20, EP 21	New exit access doors and exit doors are of the swinging type and are at least 41 1/2	Deleted EP -	N/A	N/A
	inches in clear width. In psychiatric hospitals doors are at least 32 inches wide.	Replaced with more		
	Doors not subject to patient use, in exit stairway enclosures, or serving newborn	direct EP(s) or		
	nurseries are at least 32 inches in clear width. If using a pair of doors, the doors have	moved to guidance		
	a rabbet, bevel, or astragal at the meeting edge, and at least one of the doors	within SPG		
	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)			
	CoPs: §482.41(b)(1)(i)	DeletedED	N1/A	
LS.02.01.20, EP 22	Exit access doors and exit doors are free of mirrors, hangings, or draperies that might	Deleted EP -	N/A	N/A
	conceal, obscure, or confuse the direction of exit. (For full text, refer to NFPA 101-	Replaced with more		
	2012: 18/19.2.1; 18/19.2.5.1; 7.1.10.2; 7.5.2.2.1)	direct EP(s) or		
	$C_{0} P_{0} = 8482.41(h)(1)(i)$	moved to guidance within SPG		
LS.02.01.20, EP 23	CoPs: §482.41(b)(1)(i) Doors to new boiler rooms, new heater rooms, and new mechanical equipment	Deleted EP -	N/A	N/A
L3.02.01.20, EF 23	rooms located in a means of egress are not held open by an automatic release	Replaced with more	IN/A	NA
	device. (For full text, refer to NFPA 101-2012: 18.2.2.2.7)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.02.01.20, EP 24	The corridor width is not obstructed by wall projections.	Deleted EP -	N/A	N/A
20.02.01.20, 21 24	Note: When corridors are six feet wide or more, it is allowable for certain objects to	Replaced with more		
	project into the corridor, such as hand rub dispensers or computer desks that are	direct EP(s) or		
	retractable. The objects must be no more than 36 inches wide and cannot project	moved to guidance		
	more than 6 inches into the corridor. These items must be installed at least 48 inches	within SPG		
	apart and above the handrail height. (For full text, refer to NFPA 101-2012:			
	18/19.2.3.4)			
	CoPs: §482.41(b)(1)(i)			
LS.02.01.20, EP 25	In new buildings, no dead-end corridor is longer than 30 feet, and the common path	Deleted EP -	N/A	N/A
	of travel does not exceed 100 feet. (For full text, refer to NFPA 101-2012: 18.2.5.2)	Replaced with more		
	Note: Existing dead-end corridors longer than 30 feet are permitted to be used if it is	direct EP(s) or		
	impractical and unfeasible to alter them. (For full text, refer to NFPA 101-2012:	moved to guidance		
	19.2.5.2)	within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.02.01.20, EP 26	Patient sleeping rooms open directly onto an exit access corridor. Patient sleeping	Deleted EP -	N/A	N/A
	rooms with less than eight beds may have one intervening room to reach an exit	Replaced with more		
	access corridor provided the intervening room is equipped with an approved	direct EP(s) or		


Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	automatic smoke detection system. (For full text, refer to NFPA 101-2012: 18/19.2.5.6.1–18/19.2.5.6.4)	moved to guidance within SPG		
	CoPs: §482.41(b)(1)(i)			
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)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i)			
LS.02.01.20, EP 28	Suites are separated from the remainder of the building by corridor walls or existing barriers and doors that limit the transfer of smoke. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.1.2; 18/19.3.6)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 29	Suites are subdivided by means of noncombustible or limited-combustible partitions or partitions constructed with fire retardant–treated wood enclosed with noncombustible or limited-combustible materials. These partitions are not required to be fire rated. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.1.4)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 30	Suites of patient sleeping rooms larger than 1,000 square feet are provided with at least two exit access doors remotely located from each other, with one exiting directly to a corridor. The second exit may go into another suite (provided the two suites are separated with a corridor wall), an exit stair, exit passageway, or exit door to the exterior. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.2.1(B); 18/19.2.5.7.2.2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 31	Suites 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, with one directly exiting to a corridor. The second exit may go into another suite (provided the two suites are separated with a corridor wall), an exit stair, exit passageway, or exit door to the exterior. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.3.2; 18/19.2.5.7.3.1(B))	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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 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)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i)	Delete d ED		
LS.02.01.20, EP 33	For new buildings, patient sleeping suites are allowed to be 7,500 square feet. If the suite has total coverage smoke detection and direct visual supervision, the suite can be up to 10,000 square feet. (For full text, refer to NFPA 101-2012: 18.2.5.7.2.3; 18.2.5.7.2.1(D)(1)(a); 18.3.4)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.02.01.20, EP 34	Patient care suites not used for sleeping are limited to 10,000 square feet. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.3.3)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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) CoPs: \$482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 37	<ul> <li>Travel distances to exits are measured in accordance with NFPA 101-2012: 7.6.</li> <li>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)</li> <li>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)</li> <li>CoPs: \$482.41(b)(1)(i)</li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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 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) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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	Deleted EP - Replaced with more	N/A	N/A



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	NFPA 101-2012: 18/19.2.10.1; 7.10.8.3)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.02.01.20, EP 42	The hospital meets all other Life Safety Code means of egress requirements related	Deleted EP -	N/A	N/A
,	to NFPA 101-2012: 18/19.2.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
		within SPG		
LS.02.01.30, EP 1	In new construction, vertical openings, including exit stairs, are enclosed by one-	Deleted EP -	N/A	N/A
L0.02.01.00, L1 1	hour fire-rated walls when connecting three or fewer floors and two-hour fire-rated	Replaced with more		
	walls when connecting four or more floors. In existing construction, vertical	direct EP(s) or		
		· · ·		
	openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated	moved to guidance		
	construction.	within SPG		
	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)			
	CoPs: §482.41(b)(1)(i)			
LS.02.01.30, EP 2	All new hazardous areas have doors that are self-closing or automatic-closing,	Moved and Revised	PE.03.01.01, EP 6	For hospitals that use Joint
	except for laboratories using flammable or combustible materials deemed less than			Regardless of the provision
	a severe hazard and storage rooms greater than 50 square feet, but less than 100			rooms containing flammab
	square feet that are used for storage of combustible material. Hazardous areas have			hardware. Roller latches ar
	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			CoPs: §482.41(b)(1)(ii)
	square feet, paint shops, repair shops, soiled linen rooms, trash collection rooms			
	with containers 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.			
	CoPs: §482.41(b)(1)(ii)			
LS.02.01.30, EP 3	All existing hazardous areas have doors that are self-closing or automatic-closing.	Deleted EP -	N/A	N/A
20.02.01.00, 21 0	These areas are protected by either a fire barrier with one-hour fire-resistive rating or	Replaced with more		
	an approved electrically supervised automatic sprinkler system. Hazardous areas	direct EP(s) or		
		. ,		
	include, but are not limited to, boiler and fuel-fired heater rooms, central/bulk	moved to guidance		
	laundries larger than 100 square feet, paint shops, repair shops, soiled linen rooms,	within SPG		
	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		1	
	provided with positive tatering hardware. Notice tateries are prohibited on such			

int Commission accreditation for deemed status purposes: ons of the Life Safety Code, corridor doors and doors to able or combustible materials have positive latching are prohibited on these doors.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.41(b)(1)(ii)	Deleted FD	N1/A	
LS.02.01.30, EP 4	Laboratories using quantities of flammable, combustible, or hazardous materials	Deleted EP -	N/A	N/A
	that are considered a severe hazard are in accordance with NFPA 101-2012: 8.7 and	Replaced with more		
	NFPA 99 requirements applicable to administration, maintenance, and testing. (For	direct EP(s) or		
	full text refer to NFPA 101-2012: 18/19.3.2.2; NFPA 99-2012: 15.4)	moved to guidance within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.02.01.30, EP 5	Where residential or commercial cooking equipment is used to prepare meals for	Deleted EP -	N/A	N/A
	less than 31 people in a smoke compartment, one cooking facility is permitted to be	Replaced with more		
	open to the corridor provided all criteria in NFPA 101-2012: 18/19.3.2.5 are met.	direct EP(s) or		
	Note: For hospitals that use Joint Commission accreditation for deemed status	moved to guidance		
	purposes: The hospital meets the applicable provisions of the Life Safety Code	within SPG		
	Tentative Interim Amendment (TIA) 12-2.			
	CoPs: §482.41(b)(1)(i)			
LS.02.01.30, EP 6	Alcohol-based hand rubs (ABHR) are stored and handled in accordance with NFPA	Consolidation of	PE.03.01.01, EP 7	When the hospital installs a
20102101100, 21 0	101-2012: 8.7.3.1, unless all of the following conditions are met:	LS.02.01.30, EP 6;		dispensers in a manner tha
	- Corridor is at least six feet wide.	LS.03.01.30, EP 5;		
	- ABHR does not exceed 95% alcohol.	LS.05.01.30, EP 3		CoPs: §482.41(b)(7)
	- 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.			
	CoPs: §482.41(b)(7)			
LS.02.01.30, EP 7	Existing wall and ceiling interior finishes are rated Class A or B for limiting smoke	Deleted EP -	N/A	N/A
	development and the spread of flames. Newly installed wall and ceiling interior	Replaced with more		
	finishes are rated Class A. (For full text, refer to NFPA 101-2012: 18/19.3.3; 10.2)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.02.01.30, EP 8	Newly installed interior floor finishes in corridors of smoke compartments with an	Deleted EP -	N/A	N/A
	approved automatic sprinkler system is at least Class II. Existing floor finishes are	Replaced with more		
	not restricted. (For full text, refer to NFPA 101-2012: 18/19.3.3; 10.2.7)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.02.01.30, EP 9	Corridors must be separated from all other areas by approved partitions, unless the	Deleted EP -	N/A	N/A
	space is permitted to be open in accordance with NFPA 101-2012: 18/19.3.6.1.	Replaced with more		
		direct EP(s) or		
		moved to guidance		
		within SPG		

s alcohol-based hand rub dispensers, it installs the nat protects against inappropriate access.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.02.01.30, EP 10	In existing buildings, corridor wall partitions are fire resistance rated for 1/2 hour, continuous from the floor slab to the floor or roof slab above, extended through any concealed spaces (such as those above suspended ceilings and interstitial spaces), properly sealed, and constructed to limit the transfer of smoke. (For full text, refer to NFPA 101-2012: 19.3.6.2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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 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)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.30, EP 12	CoPs: §482.41(b)(1)(i) 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) CoPs: §482.41(b)(1)(ii)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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 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.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	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)	moved to guidance within SPG		
	CoPs: §482.41(b)(1)(i)			
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)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i)			
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)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i)			
LS.02.01.30, EP 17	In new buildings, at least two smoke compartments are provided for every story with patient sleeping or treatment rooms and for those stories that have an occupant capacity of 50 or more people, regardless of use. Smoke barriers have a minimum one-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 compartment to a smoke barrier door is no more than 200 feet. (For full text, refer to NFPA 101-2012: 18.3.7.1; 18.3.7.3; 18.3.7.5)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.30, EP 19	Smoke barriers extend from the floor slab to the floor or roof slab above, through any	Deleted EP -	N/A	N/A
	<ul> <li>concealed spaces (such as those above suspended ceilings and interstitial spaces), 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)</li> <li>Note: Polyurethane expanding foam is not an accepted fire-rated material for this</li> </ul>	Replaced with more direct EP(s) or moved to guidance within SPG		

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	purpose.			
	CoPs: §482.41(b)(1)(i)			
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)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i)			
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)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i)			
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 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)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i)			
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) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.30, EP 24	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. CoPs: §482.41(b)(9), §482.41(b)(9)(i), §482.41(b)(9)(ii)	Moved and Revised	PE.03.01.01, EP 9	Buildings have an outside v building constructed after , above the floor. Note 1: Windows in atrium this requirement. Note 2: The sill height requi intended for occupancy for Note 3: The sill height in sp exceed 60 inches.
				CoPs: §482.41(b)(9), §482.4
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	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A

le window or outside door in every sleeping room. For any er July 5, 2016, the sill height does not exceed 36 inches

Im walls are considered outside windows for the purposes of

quirement does not apply to newborn nurseries and rooms for less than 24 hours.

special nursing care areas of new occupancies does not

32.41(b)(9)(i), \$482.41(b)(9)(ii)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	60 inches above the floor.	moved to guidance		
		within SPG		
	CoPs: §482.41(b)(9), §482.41(b)(9)(i), §482.41(b)(9)(ii)			
LS.02.01.30, EP 26	The hospital meets all other Life Safety Code fire and smoke protection requirements	Deleted EP -	N/A	N/A
	related to NFPA 101-2012: 18/19.3.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
		within SPG		
LS.02.01.34, EP 1	A fire alarm system is installed with systems and components to provide effective	Deleted EP -	N/A	N/A
	warning of fire in any part of the building in accordance with NFPA 70-2011, National	Replaced with more		
	Electric Code and NFPA 72-2010, National Fire Alarm Code.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.02.01.34, EP 2	The master fire alarm control panel is located in an area with a smoke detector or in	Deleted EP -	N/A	N/A
	an area that is continuously occupied and protected, which is an area enclosed with	Replaced with more		
	one-hour fire-rated walls and 3/4-hour fire-rated doors. In areas not continuously	direct EP(s) or		
	occupied and protected, a smoke detector is installed at each fire alarm control unit.	moved to guidance		
	In a newly designated occupancy, detection is also installed at notification appliance	within SPG		
	circuit power extenders and supervising station transmitting equipment. Fire alarm			
	system wiring or other transmission paths are monitored for integrity. (For full text,			
	refer to NFPA 101-2012: 18/19.3.4.1; 9.6)			
	CoPs: §482.41(b)(1)(i)			
LS.02.01.34, EP 3	Initiation of the fire alarm system is by manual means and by any required sprinkler	Deleted EP -	N/A	N/A
<b>,</b> -	system alarm, detection device, or detection system. Manual alarm boxes are	Replaced with more		
	provided in the path of egress near each required exit. Manual alarm boxes in patient	direct EP(s) or		
	sleeping areas are not required at exits if manual alarm boxes are located at all	moved to guidance		
	nurse's stations or other continuously attended staff location, provided alarm boxes	within SPG		
	are visible, continuously accessible, and 200 feet of travel distance is not exceeded.			
	(For full text, refer to NFPA 101-2012: 18/19.3.4.2.1; 18/19.3.4.2.2; 9.6.2.5)			
	CoPs: §482.41(b)(1)(i)			
LS.02.01.34, EP 4	In new buildings, occupant notification is provided automatically in accordance with	Deleted EP -	N/A	N/A
	NFPA 101-2012: 9.6.3 by audible and visual signals. Positive alarm sequence in	Replaced with more		
	accordance with 9.6.3.4 is permitted in buildings protected throughout by a sprinkler	direct EP(s) or		
	system. In critical care areas, visual alarms are sufficient. The fire alarm system	moved to guidance		
	transmits the alarm automatically to notify emergency forces in the event of a fire.	within SPG		
	Annunciation zoning for the fire alarm and sprinklers is provided by audible and			
	visual indicators; zones are not larger than 22,500 square feet per zone. (For full text,			
	refer to NFPA 101-2012: 18.3.4.3–18.3.4.4.3; 9.6.4)			
	CoPs: §482.41(b)(1)(i)			
LS.02.01.34, EP 5	In existing buildings, occupant notification is provided automatically in accordance	Deleted EP -	N/A	N/A
,,,,,	with NFPA 101-2012: 9.6.3 by audible and visual signals. Positive alarm sequence in	Replaced with more		
	accordance with 9.6.3.4 is permitted in buildings protected throughout by a sprinkler	direct EP(s) or		
	system. In critical care areas, visual alarms are sufficient. The fire alarm system	moved to guidance		
	transmits the alarm automatically to notify emergency forces in the event of a fire.	within SPG		
	(For full text, refer to NFPA 101-2012: 19.3.4.3; 9.6.4; 9.7.1.1(1))			
			L	

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.41(b)(1)(i)			
LS.02.01.34, EP 6	Activation of the required fire alarm control functions occurs automatically and is	Deleted EP -	N/A	N/A
	provided with an alternative power supply in accordance with NFPA 72-2010. (For full	Replaced with more		
	text, refer to NFPA 101-2012: 18/19.3.4.4; 9.6.1; 9.6.5)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.02.01.34, EP 7	The fire alarm signal automatically transmits using one of the provisions of NFPA	Deleted EP -	N/A	N/A
	101-2012: 9.6.4. (For full text, refer to NFPA 101-2012: 18/19.3.4)	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
		within SPG		
LS.02.01.34, EP 8	Smoke detection systems are provided in spaces open to corridors as required by	Deleted EP -	N/A	N/A
	NFPA 101-2012: Chapter 18/19. (For full text, refer to NFPA 101-2012: 18/19.3.4.5.2;	Replaced with more		
	18/19.3.6.1)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.02.01.34, EP 9	The ceiling membrane is installed and maintained in a manner that permits	Deleted EP -	N/A	N/A
	activation of the smoke detection system. (For full text, refer to NFPA 101-2012:	Replaced with more		
	18/19.3.4.1)	direct EP(s) or		
		moved to guidance		
		within SPG		
LS.02.01.34, EP 10	The hospital meets all other Life Safety Code fire alarm requirements related to NFPA	Deleted EP -	N/A	N/A
	101-2012: 18/19.3.4.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
		within SPG		
LS.02.01.35, EP 1	The fire alarm system monitors approved automatic sprinkler system components.	Deleted EP -	N/A	N/A
	(For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.2.1)	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
		within SPG	N1/A	
LS.02.01.35, EP 2	The fire alarm system is connected to water flow alarms. (For full text, refer to NFPA	Deleted EP -	N/A	N/A
	101-2012: 18.3.5.1; 19.3.5.3; 9.7.2)	Replaced with more		
	$Q = D_{ab} = 8.400 - 41.(b)/(1)/(b)$	direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
	Diving our parts for an array of outs motio an vinklar systems are not domaged as losses	within SPG	N1/A	N/A
LS.02.01.35, EP 3	Piping supports for approved automatic sprinkler systems are not damaged or loose.	Deleted EP -	N/A	N/A
	(For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; NFPA 25-2011: 5.2.3.1;	Replaced with more		
	5.2.3.2)	direct EP(s) or		
	$C_{0}D_{0}$ : \$482.41(b)(1)(i)	moved to guidance within SPG		
	CoPs: \$482.41(b)(1)(i) Diping for approved automatic apprinklar evotome is not used to support any other	Deleted EP -	N/A	N/A
LS.02.01.35, EP 4	Piping for approved automatic sprinkler systems is not used to support any other		IN/A	IN/A
	item. (For full text, refer to NFPA 25-2011: 5.2.2.2)	Replaced with more		
	$C_{0}D_{0}$ : \$482.41(b)(1)(i)	direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance within SPG		
	Chrinklers are not domogod. They are also free from correction, foreign restarials, and		N/A	N/A
LS.02.01.35, EP 5	Sprinklers are not damaged. They are also free from corrosion, foreign materials, and	Deleted EP -	IN/A	N/A
	paint and have necessary escutcheon plates installed. (For full text, refer to NFPA	Replaced with more		

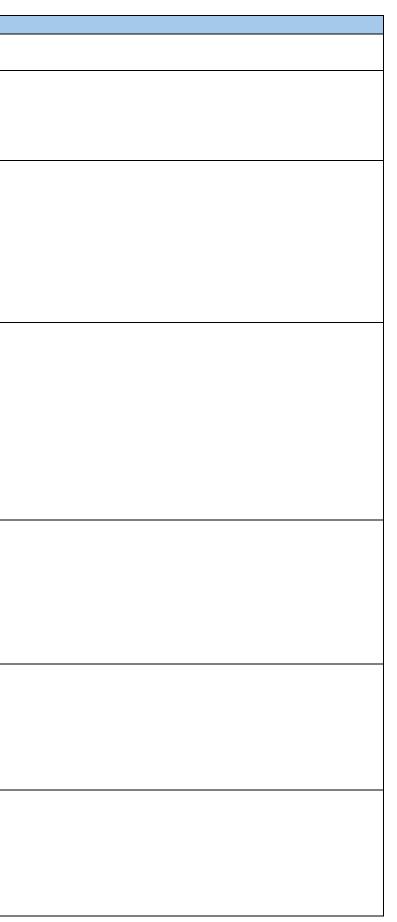
Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	101-2012: 18.3.5.1; 19.3.5.3; 9.7.5; NFPA 25-2011: 5.2.1.1.1; 5.2.1.1.2; NFPA 13- 2010: 6.2.6.2.2; 6.2.7.1)	direct EP(s) or moved to guidance		
		within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.02.01.35, EP 6	There are 18 inches or more of open space maintained below the sprinkler to the top	Deleted EP - Replaced with more	N/A	N/A
	of storage. Note: Perimeter wall and stack shelving may extend up to the ceiling when not	direct EP(s) or		
	located directly below a sprinkler. (For full text, refer to NFPA 101-2012: 18.3.5.1;	moved to guidance		
	19.3.5.3; 9.7.1.1; NFPA 13-2010: 8.5.6)	within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.02.01.35, EP 7	At least six spare sprinkler heads that correspond to the types and temperature	Deleted EP -	N/A	N/A
	rating of the hospital's sprinkler heads, with associated wrenches, are kept in a	Replaced with more		
	cabinet that will not exceed 100°F. (For full text, refer to NFPA 101-2012: 18.3.5.1;	direct EP(s) or		
	19.3.5.3; 9.7.1.1; NFPA 25-2011: 5.4.1.4; 5.4.1.6; NFPA 13-2010: 6.2.9; 6.2.9.1;	moved to guidance within SPG		
	6.2.9.3; 6.2.9.6) Note: If the hospital has more than 300 sprinklers, the minimum spare sprinkler head	within SPG		
	requirement incrementally increases. (For full text, refer to NFPA 13-2010: 6.2.9.5)			
LS.02.01.35, EP 8	In both new buildings and existing buildings, the clothing closets in patient sleeping	Deleted EP -	N/A	N/A
	rooms are not required to have sprinkler protection if the closet does not exceed six	Replaced with more		
	square feet. (For full text, refer to NFPA 101-2012: 18/19.3.5.10)	direct EP(s) or		
		moved to guidance within SPG		
LS.02.01.35, EP 9	In new buildings, quick response sprinklers are installed in smoke compartments	Deleted EP -	N/A	N/A
, ,	with patient sleeping rooms. (For full text, refer to NFPA 101-2012: 18.3.5.6)	Replaced with more		
		direct EP(s) or		
		moved to guidance		
		within SPG		
LS.02.01.35, EP 10	The travel distance from any point to the nearest portable fire extinguisher is 75 feet or less. Portable fire extinguishers have appropriate signage, are installed either in a	Deleted EP - Replaced with more	N/A	N/A
	cabinet or secured on a hanger made for the extinguisher, and are at least four	direct EP(s) or		
	inches off the floor. Those fire extinguishers that are 40 pounds or less are installed	moved to guidance		
	so the top is not more than 5 feet above the floor. (For full text, refer to NFPA 101-	within SPG		
	2012: 18/19.3.5.12; 9.7.4.1; NFPA 10-2010: 6.2.1.1; 6.1.3.3.1; 6.1.3.4; 6.1.3.8)			
	CoPs: §482.41(b)(1)(i)			
LS.02.01.35, EP 11	Class K-type portable fire extinguishers are located within 30 feet of grease-	Deleted EP -	N/A	N/A
	producing ranges, griddles, broilers, or cooking appliances that use vegetable or	Replaced with more		
	animal oils or fats, such as deep fat fryers. A placard is conspicuously placed near	direct EP(s) or		
	the extinguisher stating that the fire protection system should be activated prior to using the fire extinguisher. (For full text, refer to NFPA 101-2012: 18/19.3.2.5.1; NFPA	moved to guidance within SPG		
	96-2011: 10.10.2; NFPA 10-2010: 5.5.5; 6.6.2)	Within or o		
	CoPs: §482.41(b)(1)(i)			
LS.02.01.35, EP 12	Grease-producing cooking devices such as deep fat fryers, ranges, griddles, or	Deleted EP -	N/A	N/A
	broilers have an exhaust hood, an exhaust duct system, and grease removal devices	Replaced with more		
	without mesh filters. (For full text, refer to NFPA 101-2012: 18/19.3.2.5.1; NFPA 96-	direct EP(s) or		
	2011: 6.1)	moved to guidance		
		within SPG		



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	$C_{0}D_{0}$ , \$482, 41(b)(1)(i)			
LS.02.01.35, EP 13	CoPs: §482.41(b)(1)(i) The automatic fire extinguishing system for grease-producing cooking devices does the following: deactivates the fuel source, activates the building fire alarm system, and controls the exhaust fans as designed. (For full text, refer to NFPA 101-2012: 18/19.3.2.5.1; NFPA 96-2011: 10.4; 10.6.1; 10.6.2; 8.2.3)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i)			
LS.02.01.35, EP 14	The hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012: 18/19.3.5. CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance	N/A	N/A
LS.02.01.40, EP 1	High-rise buildings have an approved automatic sprinkler system that meets the requirements of NFPA 101-2012: 18/19.4.2. (For full text, refer to NFPA 101-2012: 11.8) Note: Organizations that do not have approved automatic sprinkler systems in high- rise buildings (over 75 feet tall) as of July 5, 2016, have 12 years to install them. CoPs: §482.41(b)(1)(i)	within SPG Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.50, EP 1	Equipment using gas or gas piping complies with NFPA 54-2012, National Fuel Gas Code; electrical wiring and equipment complies with NFPA 70-2012, National Electric Code. Existing installations can continue in service provided there are no life-threatening hazards. (For full text, refer to NFPA 101-2012: 18/19.5.1.1; 9.1.1; 9.1.2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.50, EP 2	CoPs: §482.41(b)(1)(i) Heating, ventilation, and air conditioning comply with NFPA 101-2012: 9.2 and are installed in accordance with manufacturers' specifications. (For full text, refer to NFPA 101-2012: 18/19.5.2.1) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.50, EP 3	<ul> <li>Any heating device (other than a central heating plant) is designed and installed so combustible materials cannot be ignited by the device and safety features stop fuel and shut down equipment if it experiences excessive temperature or ignition failure. (For full text, refer to NFPA 101-2012: 18/19.5.2.2)</li> <li>Note: If fuel fired, the heating device is designed as follows: <ul> <li>Chimney or vent connected</li> <li>Takes air for combustion from outside</li> <li>Combustion system is separate from occupied area atmosphere</li> </ul> </li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.50, EP 4	CoPs: §482.41(b)(1)(i)A suspended unit heater(s) is permitted provided the following conditions are met:- Not located in means of egress or in patient rooms- Located high enough to be out of reach of people in the area- Has a safety feature to stop fuel and shut down equipment if it experiencesexcessive temperature or ignition failure(For full text, refer to NFPA 101-2012: 18/19.5.2.3)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A



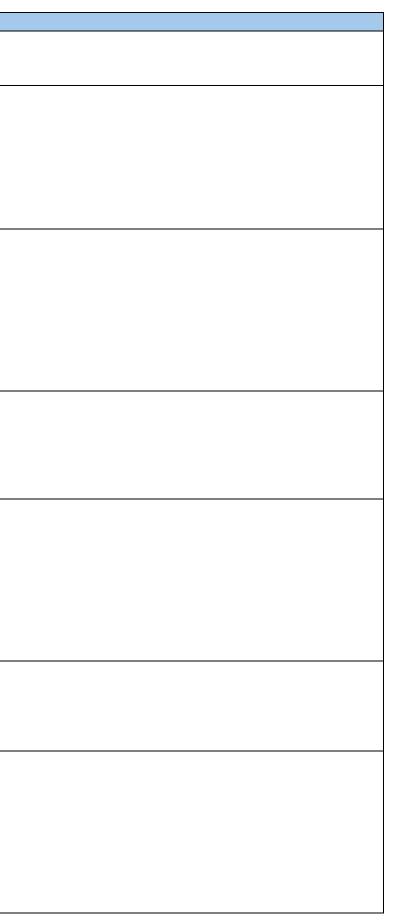
			New Standard/EP	New EP Text
	CoPs: §482.41(b)(1)(i)			
LS.02.01.50, EP 5	Direct-vent fireplaces in patient sleeping areas must meet the provisions of NFPA 101-2012: 18/19.5.2.2; 18/19.5.2.3.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.50, EP 6	<ul> <li>Solid fuel-burning fireplaces are permitted in areas other than patient sleeping rooms when the following occurs:</li> <li>Areas are separated by a one-hour fire-resistant wall</li> <li>Fireplace complies with NFPA 101-2012: 9.2.2</li> <li>Fireplace enclosure resists breakage up to 650°F and has heat-tempered glass</li> <li>Area has supervised carbon monoxide detection per NFPA 101-2012: 9.8 (For full text, refer to NFPA 101-2012: 18/19.5.2.3(3))</li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.50, EP 7	CoPs: §482.41(b)(1)(i)Elevators are equipped with the following:- Firefighters' service key recall- Smoke detector automatic recall- Firefighters' service emergency in-car key operation- Machine room smoke detectors- Elevator lobby smoke detectorsExisting elevators that have a travel distance of 25 feet or more above or below thelevel that best serves the needs of firefighters also meet these requirements. (For fulltext, refer to NFPA 101-2012: 18/19.5.3; 9.4.2; 9.4.3)CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.50, EP 8	Escalators, dumbwaiters, and moving walks comply with NFPA 101-2012: 9.4. In addition, existing escalators, dumbwaiters, and moving walks (including escalator emergency stop buttons and automatic skirt obstruction stop) conform with the requirements of ASME/ANSI A17.1, Safety Code for Elevators and Escalators and ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. (For full text, refer to NFPA 101-2012: 18/19.5.3; 9.4.2; 9.4.6 ) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.50, EP 9	In new buildings, the inlet door assemblies for linen- and waste-chute services are fire rated for one hour (or for 1 1/2 hours in chutes of four stories or more). In existing buildings, the inlet door assemblies for linen- and waste-chute services are fire rated for 3/4 of an hour (or for one hour if it opens into a corridor). (For full text, refer to NFPA 101-2012: 18/19.5.4; 8.3.3.1; 9.5; NFPA 82-2009: 5.2.3.1.3) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.50, EP 10	All linen and waste chute inlet service doors have both self-closing and positive- latching devices. All linen and waste discharge service doors are self-closing. Note: Discharge doors may be held open with fusible links or electrical hold-open devices. (For full text, refer to NFPA 101-2012: 18/19.5.4; 8.3.3.1; 9.5; NFPA 82-2009: 5.2.3.2.3; Tentative Interim Amendment [TIA] 09-1)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.02.01.50, EP 11	Linen- and waste-chute discharge door assemblies are fire rated the same as the chute. (For full text, refer to NFPA 101-2012: 18/19.5.4; 9.5; NFPA 82-2009: 5.2.4; 5.2.3.2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance	N/A	N/A
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.02.01.50, EP 12	In buildings more than two stories high, an approved automatic sprinkler system is located above the top of the linen and waste chute service openings on the lowest service levels and above the service door opening on alternate floor levels. (For full text, refer to NFPA 101-2012: 18/19.5.4.3; 9.7; NFPA 82-2009: 5.2.6) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.50, EP 13	Trash chutes discharge into collection rooms that are not used for any other purpose and are separated from the corridor and have a minimum fire resistance rating not less than that specified for the chute. In existing buildings, if the trash collection room is protected with an approved automatic sprinkler system, linen collection may also occur. (For full text, refer to NFPA 101-2012: 18/19.5.4.4; 19.5.4.5; NFPA 82- 2009: 5.2.4.1) CoPs: \$482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.50, EP 14	The hospital meets all other Life Safety Code building service requirements related	Deleted EP -	N/A	N/A
L0.02.01.00, L1 14	to NFPA 101-2012: 18/19.5. CoPs: §482.41(b)(1)(i)	Replaced with more direct EP(s) or moved to guidance		
		within SPG		
LS.02.01.70, EP 1	Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored; these areas have signs that read "NO SMOKING" or display the international symbol for no smoking. In facilities where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs that prohibit smoking in hazardous areas are not required. (For full text, refer to NFPA 101-2012: 18/19.7.4) Note: The secondary sign exception is not applicable to medical gas storage areas.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.70, EP 2	In areas where smoking is permitted, ashtrays are safely designed and made of noncombustible material. Metal containers with self-closing cover devices in which ashtrays can be emptied are readily available to all areas where smoking is permitted. (For full text, refer to NFPA 101-2012: 18/19.7.4)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.70, EP 3	Draperies, curtains (including cubicle and shower curtains), and loosely hanging fabric comply with NFPA 101-2012: 10.3.1. (For full text, refer to NFPA 101-2012: 18/19.7.5.1; 18/19.3.5.11; 10.3.1) Note: Exceptions include shower/bath curtains in addition to window coverings in patient sleeping rooms and non-patient sleeping rooms located in sprinklered compartments where individual drapery or curtain panels do not exceed 48 square feet or total area does not exceed 20% of the wall. CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.70, EP 4	In buildings without sprinkler protection, upholstered furniture purchased on or after July 5, 2016, meets Class I or char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.1 and 10.3.3. Mattresses purchased on or after July 5, 2016, meet char length and heat release criteria in accordance with NFPA 101-2012:	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A



10.3.2.2 and 10.3.4. (For full text, refer to NFPA 101-2012: 18/19.7.5.2; 18/19.7.5.4)	مميدة أنابه مقام ويرممو		
	moved to guidance		
	within SPG		
CoPs: §482.41(b)(1)(i)	DeletedED	N1/A	
		N/A	N/A
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text, refer to NFPA 101-2012: 18/19.7.5.6)			
CoPs: §482.41(b)(1)(i)			
		N/A	N/A
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	U U		
CoPs: §482.41(b)(1)(i)			
When installed, new engineered smoke control systems are tested in accordance	Deleted EP -	N/A	N/A
principles. (For full text, refer to NFPA 101-2012: 18/19.7.7)			
$C_0 P_{S'} = 8/182 / 11(h)(1)(i)$	within SPG		
	Deleted EP -	N/A	N/A
and separated from the corridor are permitted to have portable space heaters, but	direct EP(s) or		
must contain heating elements not exceeding 212°F. (For full text, refer to NFPA 101-	moved to guidance		
2012: 18/19.7.8)	within SPG		
Note: For this element of performance, nurses stations are considered patient			
treatment areas.			
$C_0 P_{S'} = 8/182 / 11 (h)(1)(i)$			
	Deleted EP -	N/A	N/A
to NFPA 101-2012: 18.7/19.7.			
	direct EP(s) or		
CoPs: §482.41(b)(1)(i)	moved to guidance		
	within SPG		
Buildings meet requirements for construction type and height. In Types I and II		N/A	N/A
	( )		
	-		
	within SPG		
20/21.0.0)			
CoPs: §482.41(b)(1)(i)			
	Decorations (for example, photos, paintings, other art) directly attached to the walls, ceiling, and non-fire-rated doors are permitted provided they do not exceed 20% of the wall, ceiling, or door areas in spaces in nonsprinklered smoke compartments; 30% in spaces in sprinklered smoke compartments; 50% inside patient sleeping rooms that do not exceed four people in sprinklered smoke compartments. (For full text, refer to NFPA 101-2012: 18/19.7.5.6) CoPs: \$482.41(b)(1)(i) Soiled linen and trash receptacles larger than 32 gallons are stored in a room protected as a hazardous area. (For full text, refer to NFPA 101-2012: 18/19.7.5.7) Note: Containers that are 96 gallons or less and are labeled and listed as meeting the requirements of FM Approval Standard 6921 (or equivalent) and are used solely for recycling clean waste (including patient records awaiting destruction) are permitted in an unprotected area. Those containers that are greater than 96 gallons are stored in a hazardous storage area. CoPs: \$482.41(b)(1)(i) When installed, new engineered smoke control systems. Existing engineered smoke control systems are tested in accordance with stablished engineering principles. (For full text, refer to NFPA 101-2012: 18/19.7.7) CoPs: \$482.41(b)(1)(i) Portable space heaters are prohibited in smoke compartments containing sleeping rooms and patient treatment areas. Non-sleeping rooms that are occupied by staff and separated from the corridor are permitted to have portable space heaters, but must contain heating elements not exceeding 212°F. (For full text, refer to NFPA 101- 2012: 18/19.7.8) Note: For this element of performance, nurses stations are considered patient treatment areas. CoPs: \$482.41(b)(1)(i) The hospital meets all other Life Safety Code operating feature requirements related to NFPA 101-2012: 18.7/19.7. CoPs: \$482.41(b)(1)(i)	Decorations (for example, photos, paintings, other art) directly attached to the walls, ceiling, and non-fire-rated doors are permitted provided they do not exceed 20% of the wall, ceiling, or door areas in spaces in sonpartments; 50% inside patient sleeping rooms that do not exceed four people in sprinklered smoke compartments; 30% in spaces in sprinklered smoke compartments; 50% inside patient sleeping rooms that do not exceed four people in sprinklered smoke compartments. (For full ext, refer to NFPA 101-2012: 18/19.7.5.7)         Deleted EP- moved to guidance within SPG           CoPs: 5482.41(b)(1)(f)         Deleted EP- mortected as a hazardous area. (For full text, refer to NFPA 101-2012: 18/19.7.5.7)         Deleted EP- Replaced with more direct EP(s) or moved to guidance within SPG           Note: Containers that are 96 gallons or less and are labeled and listed as meeting the recycling clean waste (including patient records awaing destruction) are permited in an unprotected area. Those containers that are greater than 96 gallons are stored in a hazardous storage area.         Deleted EP- Replaced with more direct EP(s) or moved to guidance with NFPA 82-2012, Standard for Smoke Control Systems. Existing engineered smoke control systems are tested in accordance with NFPA 82-2012, Standard for Smoke Control Systems. Existing engineered smoke control systems are tested in accordance with established engineering principles. (For full text, refer to NFPA 101-2012: 18/19.7.7)         Deleted EP- Replaced with more direct EP(s) or moved to guidance within SPG           CoPs: 5482.41(b)(1)(i)         Deleted EP- Replaced with more direct EP(s) or moved to guidance within SPG           CoPs: 5482.41(b)(1)(i)         Deleted EP- Replaced with more direct EP(s) or moved to guidance within SPG <t< td=""><td>Decorations (for example, photos, paintings, other art) directly attached to the walls, celling, and non-fire-rated doors are permitted provided they do not exceed 20% of the wall, celling, or door areas in spaces in nonsprinklered smoke compartments; 30% in spaces in sprinklered smoke compartments; 50% inside patient sleeping rooms that do not exceed four people in sprinklered smoke compartments. (For full text, refer to NFPA 101-2012: 18/19.7.5.6)         N/A           CoPs: 8482.41(b)(1)(i)         Deleted EP - moved to guidance within SPG         N/A           Solied linen and trash receptacles larger than 32 gallons are stored in a room protected as a nazardous area. (For full text, refer to NFPA 101-2012: 18/19.7.5.7) Note: Containers that are 80 galtons or less and are labeled and listed as meeting the requirements of FM Approval Standard 6921 (or equivalent) and are used solely for recycling clean waste (including patient records awaiting destruction) are permitted in an unprotected area. Those containers that are greater than 96 gallons are stored in an hazardous storege area.         Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG         N/A           CoPs: \$482.41(b)(1)(i)         When installed, new engineered smoke control systems. Existing engineered grinciples. (For full text, refer to NFPA 101-2012: 18/19.7.7)         Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG         N/A           CoPs: \$482.41(b)(1)(i)         Deleted from the coridor are permitted to have portable space heaters, but must contain heating elements not exceeding 212%. (For full text, refer to NFPA 101- 2012: 18/19.7.8)         Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG         N/A</td></t<>	Decorations (for example, photos, paintings, other art) directly attached to the walls, celling, and non-fire-rated doors are permitted provided they do not exceed 20% of the wall, celling, or door areas in spaces in nonsprinklered smoke compartments; 30% in spaces in sprinklered smoke compartments; 50% inside patient sleeping rooms that do not exceed four people in sprinklered smoke compartments. (For full text, refer to NFPA 101-2012: 18/19.7.5.6)         N/A           CoPs: 8482.41(b)(1)(i)         Deleted EP - moved to guidance within SPG         N/A           Solied linen and trash receptacles larger than 32 gallons are stored in a room protected as a nazardous area. (For full text, refer to NFPA 101-2012: 18/19.7.5.7) Note: Containers that are 80 galtons or less and are labeled and listed as meeting the requirements of FM Approval Standard 6921 (or equivalent) and are used solely for recycling clean waste (including patient records awaiting destruction) are permitted in an unprotected area. Those containers that are greater than 96 gallons are stored in an hazardous storege area.         Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG         N/A           CoPs: \$482.41(b)(1)(i)         When installed, new engineered smoke control systems. Existing engineered grinciples. (For full text, refer to NFPA 101-2012: 18/19.7.7)         Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG         N/A           CoPs: \$482.41(b)(1)(i)         Deleted from the coridor are permitted to have portable space heaters, but must contain heating elements not exceeding 212%. (For full text, refer to NFPA 101- 2012: 18/19.7.8)         Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG         N/A



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.03.01.10, EP 2	Interior nonbearing walls in Types I or II construction are constructed of noncombustible or limited-combustible materials. Interior nonbearing walls that are required to have a minimum of two-hour fire resistance rating are made with fire retardant–treated wood and enclosed within noncombustible or limited- combustible materials, provided they are not used as shaft enclosures. (For full text, refer to NFPA 101-2012: 20.1.6.3; 20.1.6.4; 21.1.6.3; 21.1.6.4)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i)			
LS.03.01.10, EP 3	When building rehabilitation occurs, the hospital incorporates NFPA 101-2012: Chapters 20, 21, and 43. (For full text, refer to NFPA 101-2012: Chapter 43; 20/21.1.1.4; 4.6.7) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.10, EP 4	Ambulatory occupancies located in multioccupancy buildings are separated from health care occupancies by two-hour fire-rated walls and from business occupancies by one-hour fire-rated walls. (For full text, refer to NFPA 101-2012: 20/21.1.3; 20/21.1.4; 20/21.3.7.1) Note: Per Centers for Medicare & Medicaid Services' regulation, outpatient surgical departments are classified as ambulatory health care occupancies, regardless of the number of patients served. (For full text, refer to NFPA 101-2012: 20/21.1.3.2; 20/21.3.7.1)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.10, EP 5	CoPs: §482.41(b)(1)(i) Fire barriers are continuous from outside wall to outside wall or from one fire barrier to another, or a combination thereof, including continuity through all concealed spaces, such as those found above a ceiling, including interstitial spaces. For those fire barriers terminating at the bottom side of an interstitial space, the construction assembly forming the bottom of the interstitial space must have a fire resistance rating not less than that of the fire barrier. (For full text, refer to NFPA 101-2012: 8.3.1.2) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.10, EP 6	<ul> <li>Cors. 3482.41(0)(1)(1)</li> <li>The fire protection ratings for opening protectives in fire barriers and fire-rated smoke barriers are as follows: <ul> <li>Three hours in three-hour barriers</li> <li>Ninety minutes in two-hour barriers</li> <li>Forty-five minutes in one-hour barriers</li> <li>Note: Doors that separate the ambulatory health care occupancy from other tenants or other occupancies (except health care occupancies) do not need to meet the 45-minute rating as long as they are constructed of not less than 1¾-inch thick, solid bonded wood-core or equivalent and must be equipped with positive latches.</li> <li>Twenty minutes in thirty-minute barriers</li> <li>(For full text, refer to NFPA 101-2012: 8.3.3.2; 8.3.4.2; Table 8.3.4.2; 20/21.3.7.1; NFPA 80-2010: 5.2.13.3)</li> <li>Note 1: Labels on fire door assemblies must be maintained in legible condition.</li> <li>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.</li> </ul> </li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

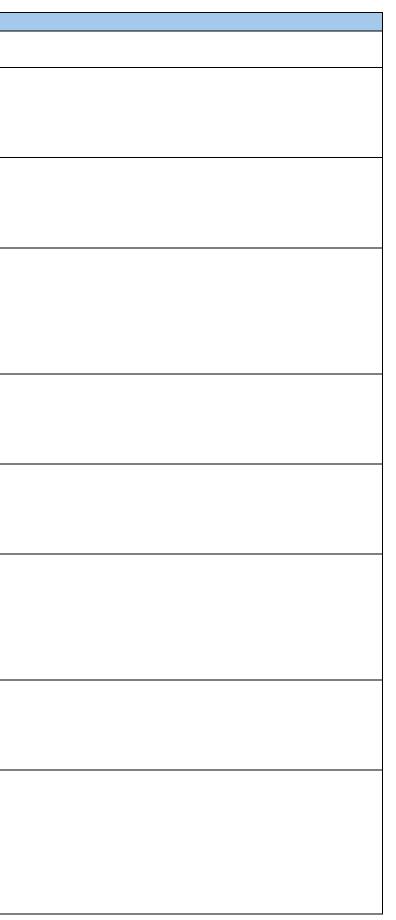
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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.41(b)(1)(i)			
LS.03.01.10, EP 7	Doors within walls and floors that are required to be fire rated have functioning hardware, including positive latching devices and self-closing or automatic-closing devices. Gaps between meeting edges of door pairs are no more than 1/8-inch wide, and undercuts are no larger than 3/4 of an inch. Blocking or wedging open fire-rated doors is prohibited. Doors required to be fire rated in the walls do not have unapproved protective plates greater than 16 inches from the bottom of the door. (For full text, refer to NFPA 101-2012: 8.3.3.1; NFPA 80-2010: 4.8.4.1; 5.2.13.3; 6.3.1.7; 6.4.5)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i)			
LS.03.01.10, EP 8	Doors requiring a minimum fire rating of 3/4 of an hour are free of coverings, decorations, or other objects applied to the door face. Informational signs, which are applied with adhesive only, are allowed provided that the informational signage does not exceed 5% of the door face area. (For full text, refer to NFPA 80-2010: 4.1.4) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.10, EP 9	Ducts penetrating the walls and floors with a fire-resistance rating of less than three hours are protected by dampers that are fire rated for 1 1/2 hours; penetrations of three hours or greater are protected by fire dampers that are fire rated for three hours. (For full text, refer to NFPA 101-2012: 8.3.5.7; 9.2.1; NFPA 90A-2012: 5.4) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.10, EP 10	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: Non-approved polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i)			
LS.03.01.10, EP 11	The hospital meets all other Life Safety Code requirements related to NFPA 101- 2012: 20/21.1. CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.20, 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: 20/21.2.2) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.20, EP 2	Any door required to be self-closing, including those in an exit stair enclosure, may be held open provided there is an automatic release device that closes the door in response to the manual fire alarm system, loss of power, and smoke detectors. (For full text, refer to NFPA 101-2012: 20/21.2.2.4; 20/21.2.2.5; 7.2.1.8.2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	$C = D_{c1} = S_{c1} (c_{1} (c_{1}) (c_{1}) (c_{1})$			
LS.03.01.20, EP 3	CoPs: §482.41(b)(1)(i) 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: 20/21.2.1; 20/21.2.7; 38/39.2.7; 7.1.7; 7.1.10.1; 7.2.6; 7.7)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i)			
LS.03.01.20, EP 4	The capacity of the means of egress complies with NFPA 101-2012: 7.3. (For full text, refer to NFPA 101-2012: 20/21.2.3.1)	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A
	CoPs: §482.41(b)(1)(i)	moved to guidance within SPG		
LS.03.01.20, EP 5	Exit corridors or passageways serving as a means of egress are 44 (or more) inches wide. Doors opening in the means of egress from diagnostic or treatment areas are 32 (or more) inches wide (unless the existing door opening is 34 inches). (For full text, refer to NFPA 101-2012: 20/21.2.3.2; 2.3.4) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.20, EP 6	Exits, exit accesses, and exit discharges 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: 7.1.10.1) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.20, EP 7	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: 20/21.2.1; 7.5.2.2.1) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.20, EP 8	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. Patient care suites larger than 2,500 square feet have two exits remotely located from each other. (For full text, refer to NFPA 101-2012: 20/21.2.4.1; 2.4.2; 7.4; 38/39.2.4)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.20, EP 9	CoPs: §482.41(b)(1)(i) In new buildings protected throughout by an approved automatic sprinkler system, dead-end corridors are no longer than 50 feet. In new buildings not provided with automatic sprinklers throughout, dead-end corridors are no longer than 20 feet. In existing buildings, dead-end corridors are no longer than 50 feet. (For full text, refer to NFPA 101-2012: 20/21.2.5; 38/39.2.5.2) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.20, EP 10	The travel distance from any point in a room to an exit is 150 feet or less; the travel distance is 200 feet or less in buildings protected throughout by an approved automatic sprinkler system. (For full text, refer to NFPA 101-2012: 20/21.2.6)	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A

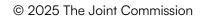
Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.03.01.20, EP 11	Nothing is stored in any exit enclosure. (For full text, refer to NFPA 101-2012:	Deleted EP -	N/A	N/A
	20/21.2.1; 7.2.2.5)	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
		within SPG		
LS.03.01.20, EP 12	Means of egress are automatically and adequately illuminated at all points, including	Deleted EP -	N/A	N/A
	angles and intersections of corridors and passageways, stairways, stairway landings,	Replaced with more		
	exit doors, and exit discharges. (For full text, refer to NFPA 101-2012: 20/21.2.8; 7.8)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.03.01.20, EP 13	Illumination in the means of egress, including exit discharge, is arranged so that	Deleted EP -	N/A	N/A
	failure of any single lighting unit will not result in darkness (less than 0.2 foot-candles	Replaced with more		
	of illumination). Emergency lighting of at least 1½-hours duration is provided	direct EP(s) or		
	automatically in accordance with NFPA 101-2012: 7.9. (For full text, refer to NFPA	moved to guidance		
	101-2012: 20/21.2.8; 7.8.1.4)	within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.03.01.20, EP 14	Signs reading "NO EXIT" are posted on doors to stairs in areas that are not	Deleted EP -	N/A	N/A
	conforming exits and that may be mistaken for exits. (For full text, refer to NFPA 101-	Replaced with more		
	2012: 20/21.2.10; 7.10.8.3)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.03.01.20, EP 15	Exit signs are visible when the path to the exit is not readily apparent. Signs are	Deleted EP -	N/A	N/A
	adequately lit and have letters that are 4 or more inches high or 6 inches high if	Replaced with more		
	externally lit. (See NFPA 101-2012: 20/21.2.10; 7.10.5)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.03.01.20, EP 16	New buildings equipped with or requiring the use of life support systems (electro-	Deleted EP -	N/A	N/A
	mechanical or inhalation anesthetics) have illumination for the following: means of	Replaced with more		
	egress, emergency lighting equipment, exit, and directional signs supplied by the life	direct EP(s) or		
	safety branch of the electrical system described in NFPA 99-2012. (For full text, refer	moved to guidance		
	to NFPA 101-2012: 20.2.9.2; NFPA 99-2012: 6.4.2.2.3)	within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.03.01.20, EP 17	The hospital meets all other Life Safety Code means of egress requirements related	Deleted EP -	N/A	N/A
	to NFPA 101-2012: 20/21.2.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
		within SPG		
LS.03.01.30, EP 1	In new construction, vertical openings, including exit stairs, are enclosed by one-	Deleted EP -	N/A	N/A
	hour fire-rated walls when connecting three or fewer floors and two-hour fire-rated	Replaced with more		
	walls when connecting four or more floors. Existing vertical openings, including exit	direct EP(s) or		
	stairs, are enclosed with a minimum of one-hour fire-rated construction. (For full	moved to guidance		
	text, refer to NFPA 101-2012: 20/21.3.1; 8.6; 8.6.5; 38/39.3.1)	within SPG		
	Note: These vertical openings include, but are not limited to, shafts (including			
	elevator, light, and ventilation), communicating stairs, ramps, trash chutes, linen			



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	$C_{0}D_{0}$ ; 8482, 41(b)(1)(i)			
LS.03.01.30, EP 2	CoPs: §482.41(b)(1)(i)In buildings, exit stairs connecting three or fewer floors are fire rated for one hour; exit stairs connecting four or more floors are fire rated for two hours. (For full text, refer to NFPA 101-2012: 20/21.3.1; 38/39.3.1; 8.6.5)CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.30, EP 3	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: 20/21.3.2; 38/39.3.2; 8.7; NFPA 80- 2010: 4.8.4.1; 6.3.1.7; 6.5) CoPs: §482.41(b)(1)(i)	Deleted EP -	N/A	N/A
LS.03.01.30, EP 4	Laboratories using quantities of flammable, combustible, or hazardous materials that are considered as a severe hazard are protected in accordance with NFPA 101- 2012: 8.7 and NFPA 99-2012 requirements. (For full text, refer to NFPA 101-2012: 20/21.3.2.2) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.30, EP 5	<ul> <li>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:</li> <li>Corridor is at least six feet wide.</li> <li>ABHR does not exceed 95% alcohol.</li> <li>Maximum individual dispenser capacity is 0.32 gallons of fluid (0.53 gallons in suites) or 18 ounces of NFPA Level 1–classified aerosols.</li> <li>Dispensers have a minimum of four feet of horizontal spacing between them.</li> <li>Dispensers are not installed within one inch of an ignition source.</li> <li>If floor is carpeted, the building is fully sprinkler protected.</li> <li>Operation of the dispenser complies with NFPA 101-2012: 20/21.3.2.6(11).</li> <li>ABHR is protected against inappropriate access.</li> <li>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.</li> <li>Storing more than five gallons of fluid in a single smoke compartment complies with NFPA 30.</li> </ul>	Consolidation of LS.02.01.30, EP 6; LS.03.01.30, EP 5; LS.05.01.30, EP 3	PE.03.01.01, EP 7	When the hospital installs a dispensers in a manner that CoPs: §482.41(b)(7)
LS.03.01.30, EP 6	Commercial cooking equipment is installed per NFPA 96-2011, unless only used for food warming or limited cooking. (For full text, refer to NFPA 101-2012: 20/21.3.2.4; 20/21.3.2.5; 9.2.3) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.30, EP 7	Wall and ceiling interior finishes of exits and enclosed corridors are rated Class A or B for limiting smoke development and the spread of flames. (For full text, refer to NFPA 101-2012: 20/21.3.3; 38/39.3.3.2; 10.2.3) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.30, EP 8	Newly installed interior floor finishes in exits and enclosed corridors have a Class I or II radiant flux rating. (For full text, refer to NFPA 101-2012: 20/21.3.3; 10.2.7)	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A

s alcohol-based hand rub dispensers, it installs the	
nat protects against inappropriate access.	

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		moved to guidance		
	CoPs: \$482.41(b)(1)(i)	within SPG		
LS.03.01.30, EP 9	In new construction, openings in vision panels or doors are permitted without	Deleted EP -	N/A	N/A
	protection provided the openings are installed at or below one half the distance from	Replaced with more		
	the floor to the room ceiling and do not exceed 20 square inches. In rooms protected	direct EP(s) or		
	throughout by an approved automatic sprinkler system, the aggregate area of	moved to guidance		
	openings is limited to 80 square inches. In existing construction, openings are not	within SPG		
	limited. (For full text, refer to NFPA 101-2012: 20.3.6.2)			
	Note: Openings may include, but are not limited to, mail slots and pass-through			
	windows in areas such as laboratory, pharmacy, and cashier stations.			
	CoPs: §482.41(b)(1)(i)			
LS.03.01.30, EP 10	In new construction, corridors that provide access to exits are separated from other	Deleted EP -	N/A	N/A
20.00.01.00, 21 10	areas by one-hour fire-rated barriers unless otherwise permitted by NFPA 101-2012:	Replaced with more		
	38.3.6.1.	direct EP(s) or		
	Note: For existing construction, there are no requirements. (For full text, refer to	moved to guidance		
	NFPA 101-2012: 20.3.6.2; 38.3.6.1)	within SPG		
	CoPs: \$482.41(b)(1)(i)			
LS.03.01.30, EP 11	Ambulatory health care space must be separated from other tenants with a one-hour	Deleted EP -	N/A	N/A
	fire resistance-rated barrier, constructed from the floor slab below to the floor or roof	Replaced with more		
	above. Doors in the barrier are 1¾ inch thick, solid bonded (or equivalent), self-	direct EP(s) or		
	closing, and have positive latching. Doors are kept in the closed position except	moved to guidance		
	when in use. Windows in the barrier comply with NFPA 101-2012: 8.3. (For full text,	within SPG		
	refer to NFPA 101-2012: 20/21.3.7.1; 8.3)			
LS.03.01.30, EP 12	At least two smoke compartments are provided for every story unless one of the	Deleted EP -	N/A	N/A
	following conditions are met:	Replaced with more		
	- Facility is less than 5,000 square feet and protected by an approved smoke	direct EP(s) or		
	detection system	moved to guidance		
	- Facility is less than 10,000 square feet and protected by an approved, supervised	within SPG		
	sprinkler system per NFPA 101-2012: 9.7			
	- Adjoining occupancy is used as a smoke compartment if all of the following conditions are met:			
	- Separating wall has a fire-resistive rating of one hour			
	- Doors in the one-hour fire-rated wall are 1 3/4-inch thick			
	- Doors in the one-hour fire-rated wall are self-closing			
	- Windows in the one-hour fire-rated wall are fixed fire window assemblies per			
	NFPA 101-2012: 8.3			
	- The ambulatory health care facility is less than 22,500 square feet			
	- Access from the ambulatory health care facility is unrestricted to another			
	occupancy			
	(For full text, refer to NFPA 101-2012: 20/21.3.7.2)			
	CoPs: §482.41(b)(1)(i)			
LS.03.01.30, EP 13	Smoke barriers extend from the floor slab to the upper floor or roof slab above,	Deleted EP -	N/A	N/A
	through any concealed spaces (such as those above suspended ceilings and	Replaced with more		
	interstitial spaces), continuously from exterior wall to exterior wall. All penetrations	direct EP(s) or		
	are sealed. New smoke barriers are constructed of one-hour fire-rated materials.	moved to guidance		
	(For full text, refer to NFPA 101-2012: 20/21.3.7.5; 20/21.3.7.6)	within SPG		



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	$C_{0}$ $D_{0}$ : \$492,41(b)(1)(i)			
LS.03.01.30, EP 14	CoPs: §482.41(b)(1)(i)Ducts that penetrate smoke barriers, are protected by approved smoke dampers that close when a local smoke detector is activated. The detector is located either within the duct system or in the corridor. Note: In buildings with a fully ducted HVAC system and protected throughout by an approved automatic sprinkler system, dampers are not required. (For full text, refer to NFPA 101-2012: 20/21.3.7.6; 8.5.5)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i)			
LS.03.01.30, EP 15	Fixed fire window assemblies in smoke barrier walls or doors are fire rated for 20 minutes and are 25% or less of the size of the fire barrier in which they are installed. Note: Existing window installations that have wired glass or fire-rated glazing, are 1,296 square inches in size or smaller, and are set in approved metal frames are acceptable. (For full text, refer to NFPA 101-2012: 20/21.3.7.7, 8.3.3)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.30, EP 16	CoPs: §482.41(b)(1)(i) Doors in smoke barriers are constructed of 1 3/4 inch or thicker solid-bonded wood	Deleted EP -	N/A	N/A
L3.03.01.30, EF 10	core (or equivalent) and are self-closing or automatic-closing. For new buildings, doors are required to swing in the direction of egress travel; rabbets, bevels, or astragals are at meeting edges; and stops are at the head and sides of door frames. Center mullions are prohibited in smoke barrier door openings. (For full text, refer to NFPA 101-2012: 20/21.3.7.9; 20/21.2.2.4; 20.3.7.9; 20.3.7.10; 3.7.13; 3.7.14)	Replaced with more direct EP(s) or moved to guidance within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.03.01.30, EP 17	The hospital meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2012: 20/21.3. CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.34, EP 1	A fire alarm system is installed with systems and components to provide effective warning of fire in any part of the building in accordance with NFPA 70-2012, National Electric Code, and NFPA 72-2010, National Fire Alarm Code.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.34, EP 2	The master fire alarm control panel is located in an area with a smoke detector or in an area that is continuously occupied and protected, which is an area enclosed with one-hour fire-rated walls and 3/4-hour fire-rated doors. In areas not continuously occupied and protected, a smoke detector is installed at each fire alarm control unit. In a new building, detection is also installed at notification appliance circuit power extenders and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. (For full text, refer to NFPA 101-2012: 20/21.3.4.1; 9.6) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.34, EP 3	Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit and 200 feet of travel distance is not exceeded. (For full text, refer to NFPA 101-2012: 20/21.3.4.2.1; 20/21.3.4.2.2;	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	9.6.2.5)	moved to guidance		
		within SPG		
	CoPs: \$482.41(b)(1)(i)			
LS.03.01.34, EP 4	For new buildings, occupant notification is provided automatically in accordance	Deleted EP -	N/A	N/A
	with NFPA 101-2012: 9.6.3 by audible and visual signals. Positive alarm sequence in	Replaced with more		
	accordance with 9.6.3.4 is permitted in buildings protected throughout by a sprinkler	direct EP(s) or		
	system. In critical care areas, visual alarms are sufficient. The fire alarm system	moved to guidance		
	transmits the alarm automatically to notify emergency forces in the event of a fire.	within SPG		
	Annunciation zoning for the fire alarm and sprinklers is provided by audible and			
	visual indicators; zones are not larger than 22,500 square feet per zone. (For full text,			
	refer to NFPA 101-2012: 20.3.4.3–20.3.4.4; 9.6.4)			
	CoPs: §482.41(b)(1)(i)			
LS.03.01.34, EP 5	For existing buildings, occupant notification is provided automatically in accordance	Deleted EP -	N/A	N/A
·	with NFPA 101-2012: 9.6.3 by audible and visual signals. Positive alarm sequence in	Replaced with more		
	accordance with 9.6.3.4 is permitted in buildings protected throughout by a sprinkler	direct EP(s) or		
	system. In critical care areas, visual alarms are sufficient. The fire alarm system	moved to guidance		
	transmits the alarm automatically to notify emergency forces in the event of a fire.	within SPG		
	(For full text, refer to NFPA 101-2012: 21.3.4.3; 9.6.4; 9.7.1.1(1))			
	CoPs: §482.41(b)(1)(i)			
LS.03.01.34, EP 6	Activation of the required fire alarm control functions occurs automatically and is	Deleted EP -	N/A	N/A
	provided with an alternative power supply in accordance with NFPA 72-2010. (For full	Replaced with more		
	text, refer to NFPA 101-2012: 20/21.3.4.4; 9.6.1; 9.6.5)	direct EP(s) or		
		moved to guidance		
	CoPs: \$482.41(b)(1)(i)	within SPG		
LS.03.01.34, EP 7	The fire alarm signal automatically transmits to one of the following:	Deleted EP -	N/A	N/A
	- An auxiliary fire alarm system	Replaced with more		
	- Central station fire alarm system	direct EP(s) or		
	- A proprietary supervising station fire alarm system	moved to guidance		
	- A remote supervising station fire alarm system	within SPG		
	(For full text, refer to NFPA 101-2012: 20/21.3.4.3.2; NFPA 101-2012: 9.6.4)			
	CoPs: §482.41(b)(1)(i)			
LS.03.01.34, EP 8	The remote ancillary annunciator panel is in a location approved by the local fire	Deleted EP -	N/A	N/A
	department or its equivalent. (For full text, refer to NFPA 101-2012: 20/21.3.4.3,	Replaced with more		
	9.6.3)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.03.01.34, EP 9	The fire alarm system contains an audible and visual evacuation signal throughout	Deleted EP -	N/A	N/A
	the building and provides occupant notification without delay. (For full text, refer to	Replaced with more		
	NFPA 101-2012: 20/21.3.4.3, 9.6.3)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.03.01.34, EP 10	The hospital meets all other Life Safety Code fire alarm requirements related to NFPA	Deleted EP -	N/A	N/A
	101-2012: 20.3.4/21.3.4.	Replaced with more		
	$C_{0}$ Det \$400.41/b)(1)(i)	direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
		within SPG		



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.03.01.35, EP 1	For new construction, the fire alarm system monitors the components of any	Deleted EP -	N/A	N/A
	required approved automatic sprinkler system. (For full text, refer to NFPA 101-2012:	Replaced with more		
	20/21.3.5.2; 9.7.1.1)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.03.01.35, EP 2	The fire alarm system is connected to water flow alarms of any required automatic	Deleted EP -	N/A	N/A
	sprinkler system. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; 20/21.3.5;	Replaced with more		
	9.7.1.1)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.03.01.35, EP 3	Piping supports for approved automatic sprinkler systems are not damaged or loose.	Deleted EP -	N/A	N/A
	(For full text, refer to NFPA 101-2012: 20/21.3.4.4; NFPA 25-2011: 5.2.1; 5.2.2; 5.2.3)	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
		within SPG		
LS.03.01.35, EP 4	Approved automatic sprinkler systems piping is not used to support any other item.	Deleted EP -	N/A	N/A
	(For full text, refer to NFPA 101-2012: 20/21.3.4.4; NFPA 25-2011: 5.2.2; NFPA 13-	Replaced with more		
	2010: 8.5.5.2; 8.5.5.3)	direct EP(s) or		
	2010.0.0.2, 0.0.0.0	moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.03.01.35, EP 5	Sprinkler heads are not damaged and are free from corrosion, foreign materials, and	Deleted EP -	N/A	N/A
L3.03.01.35, EP 5	paint. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; NFPA 25-2011: 5.2.1; 5.2.2;	Replaced with more	IN/A	N/A
	NFPA 13-2010: 6.2.6.2; 6.2.7.1)	direct EP(s) or		
	NFFA 13-2010. 0.2.0.2, 0.2.7.1)	moved to guidance		
	$C_{0}D_{0} = 8482 \cdot 41(b)(1)(b)$	within SPG		
LS.03.01.35, EP 6	CoPs: §482.41(b)(1)(i) There is 18 inches or more of open space maintained below a sprinkler deflector to	Deleted EP -	N/A	N/A
L3.03.01.35, EP 6			IN/A	IN/A
	the top of storage.	Replaced with more		
	Note: Perimeter wall shelving may extend up to the ceiling when not located directly	direct EP(s) or		
	below a sprinkler head. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; NFPA 25-	moved to guidance		
	2011: 5.2.1; 5.2.2; NFPA 13-2010: 8.5.5; 8.5.6)	within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.03.01.35, EP 7	At least six spare sprinkler heads that correspond to the types and temperature	Deleted EP -	N/A	N/A
	rating of the hospital's sprinkler heads, with associated wrenches, are kept in a	Replaced with more		
	cabinet that will not exceed 100°F. (For full text, refer to NFPA 101-2012: 9.7.1.1;	direct EP(s) or		
	NFPA 13-2010: 6.2.9; 6.2.9.1; 6.2.9.3; 6.2.9.6)	moved to guidance		
	Note: If the hospital has more than 300 sprinklers, the minimum spare sprinkler head	within SPG		
	requirement incrementally increases. (For full text, refer to NFPA 13-2010: 6.2.9.5)			
LS.03.01.35, EP 10	The travel distance from any point to the nearest portable fire extinguisher is 75 feet	Deleted EP -	N/A	N/A
20.00.01.00, 21 10	or less. Portable fire extinguishers have appropriate signage, are installed in a	Replaced with more		
	cabinet or secured on a hanger made for the extinguisher, and are at least four	direct EP(s) or		
	inches off the floor. Those fire extinguishers that are 40 pounds or less are installed	moved to guidance		
	so the top is not more than 5 feet above the floor. (For full text, refer to NFPA 101-	within SPG		
	2012: 20/21.3.5.3; 9.7.4.1; NFPA 10-2010: 6.1.3; 6.2.1)	WITHIN OF G		
	2012.20121.0.0.0, 0.7.4.1, INI (A 10-2010.0.1.0, 0.2.1)			
	CoPs: §482.41(b)(1)(i)			
LS.03.01.35, EP 11	The hospital meets all other Life Safety Code extinguishing requirements related to	Deleted EP -	N/A	N/A
,	NFPA 101-2012: 20/21.3.5.	Replaced with more		
		direct EP(s) or		



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.03.01.40, EP 1	Windowless buildings or portions of windowless buildings meet the requirements of	Deleted EP -	N/A	N/A
	NFPA 101-2012: 20/21.4; 11.7.	Replaced with more		
		direct EP(s) or		
	CoPs: \$482.41(b)(1)(i)	moved to guidance		
		within SPG		
LS.03.01.40, EP 2	Existing high-rise buildings have approved automatic sprinkler systems that meet the	Deleted EP -	N/A	N/A
	requirements of NFPA 101-2012: 20/21.4; 11.8; 9.7.1.1(1), or they have an	Replaced with more		
	engineered life safety system complying with NFPA 101-2012: 39.4.2.1(2). New high-	direct EP(s) or		
	rise buildings comply with NFPA 101-2012: 11.8. (For full text, refer to NFPA 101-	moved to guidance		
	2012: 20/21.4; 11.8; 39.4.2.1)	within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.03.01.40, EP 3	The hospital meets all other Life Safety Code extinguishing requirements related to	Deleted EP -	N/A	N/A
	NFPA 101-2012: 20/21.3.5.	Replaced with more		
		direct EP(s) or		
	CoPs: \$482.41(b)(1)(i)	moved to guidance		
		within SPG		
LS.03.01.50, EP 1	Equipment using gas or related gas piping complies with NFPA 54-2012, National	Deleted EP -	N/A	N/A
	Fuel Gas Code; electrical wiring and equipment complies with NFPA 70-2012,	Replaced with more		
	National Electric Code. Existing installations can continue in service provided there	direct EP(s) or		
	are no life-threatening hazards. (For full text, refer to NFPA 101-2012: 20/21.5.1;	moved to guidance		
	9.1.1)	within SPG		
	CoPs: \$482.41(b)(1)(i)			
LS.03.01.50, EP 2	Heating, ventilation, and air conditioning comply with NFPA 101-2012: 9.2 and are	Deleted EP -	N/A	N/A
	installed in accordance with the manufacturers' specifications. (For full text, refer to	Replaced with more		
	NFPA 101-2012: 20/21.5.2.1; 9.2)	direct EP(s) or		
		moved to guidance		
	CoPs: \$482.41(b)(1)(i)	within SPG		
LS.03.01.50, EP 3	Any heating device (other than a central heating plant) is designed and installed so	Deleted EP -	N/A	N/A
	combustible materials cannot be ignited by the device, and safety features stop fuel	Replaced with more		
	and shut down equipment if it experiences excessive temperature or ignition failure.	direct EP(s) or		
	(For full text, refer to NFPA 101-2012: 20/21.5.2.2)	moved to guidance		
	Note: If fuel fired, the heating device is designed as follows:	within SPG		
	- Chimney or vent connected			
	- Takes air for combustion from outside			
	- Combustion system that is separate from occupied area atmosphere			
	CoPs: §482.41(b)(1)(i)			
LS.03.01.50, EP 4	A suspended unit heater(s) is permitted provided the following conditions are met:	Deleted EP -	N/A	N/A
	- Not located in means of egress or in patient rooms	Replaced with more		
	- Located high enough to be out of reach of people in the area	direct EP(s) or		
	- Has a safety feature to stop fuel and shut down equipment if it experiences	moved to guidance		
	excessive temperature or ignition failure	within SPG		
	(For full text, refer to NFPA 101-2012: 20/21.5.2.2)			



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.03.01.50, EP 5	New elevators are equipped with all of the following:	Deleted EP -	N/A	N/A
	- Firefighters service key recall and smoke detector automatic recall	Replaced with more		
	- Firefighters service emergency in-car key operation	direct EP(s) or		
	- Machine room smoke detectors	moved to guidance		
	- Elevator lobby smoke detectors	within SPG		
	Existing elevators meet these requirements when they have a travel distance of 25			
	feet or more above or below the level that best serves the needs of firefighters. (For			
	full text, refer to NFPA 101-2012: 20/21.5.3; 9.4)			
	CoPs: §482.41(b)(1)(i)			
LS.03.01.50, EP 6	Escalators, dumbwaiters, and moving walks comply with the provisions of 9.4. All	Deleted EP -	N/A	N/A
	existing escalators, dumbwaiters, and moving walks (including escalator emergency	Replaced with more		
	stop buttons and automatic skirt obstruction stop) conform to the requirements of	direct EP(s) or		
	ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. (For full text,	moved to guidance		
	refer to NFPA 101-2012: 20/21.5.3; 9.4.2)	within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.03.01.50, EP 7	The hospital does not allow unvented fuel-fired heaters. (For full text, refer to NFPA	Deleted EP -	N/A	N/A
	101-2012: 20/21.5.2.2)	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
		within SPG		
LS.03.01.50, EP 8	All heating appliances are provided with safety features to stop the flow of fuel and	Deleted EP -	N/A	N/A
	turn off the appliance during times of excessive temperatures or ignition failure. (For	Replaced with more		
	full text, refer to NFPA 101-2012: 20/21.5.2.2)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.03.01.50, EP 9	Waste chutes are installed per NFPA 101-2012: 9.5 and meet the following	Deleted EP -	N/A	N/A
	requirements:	Replaced with more		
	- Walls, partitions, and inlet openings meet the requirements of NFPA 101-2012: 8.3.	direct EP(s) or		
	- Doors of chutes open to a room designed exclusively for accessing the chute	moved to guidance		
	opening.	within SPG		
	- Rooms used for accessing the chute opening(s) are separated from other spaces			
	per NFPA 101-2012: 8.7.			
	- Chutes are permitted to open into rooms not exceeding 400 cubic feet in size if the			
	room is sprinkler protected and not used for storage.			
	(For full text, refer to NFPA 101-2012: 20/21.5.4; 9.5; NFPA 82-2009)			
	Note: Existing installations having properly enclosed and maintained chute openings			
	are permitted to have inlets open to a corridor or normally occupied space.			
	CoPs: §482.41(b)(1)(i)			
LS.03.01.50, EP 10	The hospital meets all other Life Safety Code building service requirements related	Deleted EP -	N/A	N/A
23.00.01.00, 21.10	to NFPA 101-2012: 20/21.5.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
		within SPG		
LS.03.01.70, EP 1	In areas where smoking is permitted, ashtrays are safely designed and made of	Deleted EP -	N/A	N/A
,	noncombustible material. Metal containers with self-closing cover devices in which	Replaced with more		
		direct EP(s) or		
	<u> </u>		1	



LS.03.01.70, EP 2 LS.03.01.70, EP 3 LS.03.01.70, EP 4	ashtrays can be emptied are readily available to all areas where smoking is permitted. (For full text, refer to NFPA 101-2012: 20/21.7.4) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored; these areas have signs that read "NO SMOKING" or display the international symbol for no smoking. In facilities where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs that prohibit smoking in hazardous areas are not required. (For full text, refer to NFPA 101-2012: 18/19.7.4) Note: The secondary sign exception is not applicable to medical gas storage areas. Draperies, curtains (including cubicle curtains) and loosely hanging fabric comply with NFPA 101-2012: 10.3.1. (For full text, refer to NFPA 101-2012: 18/19.7.5.1; 18/19.3.5.11; 10.3.1) Note: Exceptions include shower/bath curtains in addition to window coverings in patient sleeping rooms and in non-patient sleeping rooms located in sprinklered compartments where individual drapery or curtain panels do not exceed 48 square feet or total area does not exceed 20% of the wall. <b>CoPs:</b> \$482.41(b)(1)(i) In buildings without sprinkler protection, upholstered furniture purchased on or after July 5, 2016, meets Class I or char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.1 and 10.3.3. Mattresses purchased on or after July 5,	moved to guidance within SPG Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A N/A N/A	N/A
LS.03.01.70, EP 3	Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored; these areas have signs that read "NO SMOKING" or display the international symbol for no smoking. In facilities where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs that prohibit smoking in hazardous areas are not required. (For full text, refer to NFPA 101-2012: 18/19.7.4) Note: The secondary sign exception is not applicable to medical gas storage areas. Draperies, curtains (including cubicle curtains) and loosely hanging fabric comply with NFPA 101-2012: 10.3.1. (For full text, refer to NFPA 101-2012: 18/19.7.5.1; 18/19.3.5.11; 10.3.1) Note: Exceptions include shower/bath curtains in addition to window coverings in patient sleeping rooms and in non-patient sleeping rooms located in sprinklered compartments where individual drapery or curtain panels do not exceed 48 square feet or total area does not exceed 20% of the wall. CoPs: §482.41(b)(1)(i) In buildings without sprinkler protection, upholstered furniture purchased on or after July 5, 2016, meets Class I or char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.1 and 10.3.3. Mattresses purchased on or after July 5,	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG Deleted EP - Replaced with more	N/A	N/A
LS.03.01.70, EP 3	combustible gases, or oxygen is used or stored; these areas have signs that read "NO SMOKING" or display the international symbol for no smoking. In facilities where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs that prohibit smoking in hazardous areas are not required. (For full text, refer to NFPA 101-2012: 18/19.7.4) Note: The secondary sign exception is not applicable to medical gas storage areas. Draperies, curtains (including cubicle curtains) and loosely hanging fabric comply with NFPA 101-2012: 10.3.1. (For full text, refer to NFPA 101-2012: 18/19.7.5.1; 18/19.3.5.11; 10.3.1) Note: Exceptions include shower/bath curtains in addition to window coverings in patient sleeping rooms and in non-patient sleeping rooms located in sprinklered compartments where individual drapery or curtain panels do not exceed 48 square feet or total area does not exceed 20% of the wall. CoPs: §482.41(b)(1)(i) In buildings without sprinkler protection, upholstered furniture purchased on or after July 5, 2016, meets Class I or char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.1 and 10.3.3. Mattresses purchased on or after July 5,	Replaced with more direct EP(s) or moved to guidance within SPG Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG Deleted EP - Replaced with more	N/A	N/A
	SMOKING" or display the international symbol for no smoking. In facilities where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs that prohibit smoking in hazardous areas are not required. (For full text, refer to NFPA 101-2012: 18/19.7.4) Note: The secondary sign exception is not applicable to medical gas storage areas. Draperies, curtains (including cubicle curtains) and loosely hanging fabric comply with NFPA 101-2012: 10.3.1. (For full text, refer to NFPA 101-2012: 18/19.7.5.1; 18/19.3.5.11; 10.3.1) Note: Exceptions include shower/bath curtains in addition to window coverings in patient sleeping rooms and in non-patient sleeping rooms located in sprinklered compartments where individual drapery or curtain panels do not exceed 48 square feet or total area does not exceed 20% of the wall. CoPs: \$482.41(b)(1)(i) In buildings without sprinkler protection, upholstered furniture purchased on or after July 5, 2016, meets Class I or char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.1 and 10.3.3. Mattresses purchased on or after July 5,	direct EP(s) or moved to guidance within SPG Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG Deleted EP - Replaced with more		
	smoking is prohibited and signs are prominently placed at all major entrances, secondary signs that prohibit smoking in hazardous areas are not required. (For full text, refer to NFPA 101-2012: 18/19.7.4) Note: The secondary sign exception is not applicable to medical gas storage areas. Draperies, curtains (including cubicle curtains) and loosely hanging fabric comply with NFPA 101-2012: 10.3.1. (For full text, refer to NFPA 101-2012: 18/19.7.5.1; 18/19.3.5.11; 10.3.1) Note: Exceptions include shower/bath curtains in addition to window coverings in patient sleeping rooms and in non-patient sleeping rooms located in sprinklered compartments where individual drapery or curtain panels do not exceed 48 square feet or total area does not exceed 20% of the wall. CoPs: \$482.41(b)(1)(i) In buildings without sprinkler protection, upholstered furniture purchased on or after July 5, 2016, meets Class I or char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.1 and 10.3.3. Mattresses purchased on or after July 5,	moved to guidance within SPG Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG Deleted EP - Replaced with more		
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LS.03.01.70, EP 4	<ul> <li>18/19.3.5.11; 10.3.1)</li> <li>Note: Exceptions include shower/bath curtains in addition to window coverings in patient sleeping rooms and in non-patient sleeping rooms located in sprinklered compartments where individual drapery or curtain panels do not exceed 48 square feet or total area does not exceed 20% of the wall.</li> <li>CoPs: \$482.41(b)(1)(i)</li> <li>In buildings without sprinkler protection, upholstered furniture purchased on or after July 5, 2016, meets Class I or char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.1 and 10.3.3. Mattresses purchased on or after July 5,</li> </ul>	direct EP(s) or moved to guidance within SPG Deleted EP - Replaced with more	N/A	N/A
LS.03.01.70, EP 4	Note: Exceptions include shower/bath curtains in addition to window coverings in patient sleeping rooms and in non-patient sleeping rooms located in sprinklered compartments where individual drapery or curtain panels do not exceed 48 square feet or total area does not exceed 20% of the wall. CoPs: \$482.41(b)(1)(i) In buildings without sprinkler protection, upholstered furniture purchased on or after July 5, 2016, meets Class I or char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.1 and 10.3.3. Mattresses purchased on or after July 5,	moved to guidance within SPG Deleted EP - Replaced with more	N/A	N/A
LS.03.01.70, EP 4	patient sleeping rooms and in non-patient sleeping rooms located in sprinklered compartments where individual drapery or curtain panels do not exceed 48 square feet or total area does not exceed 20% of the wall. CoPs: §482.41(b)(1)(i) In buildings without sprinkler protection, upholstered furniture purchased on or after July 5, 2016, meets Class I or char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.1 and 10.3.3. Mattresses purchased on or after July 5,	within SPG Deleted EP - Replaced with more	N/A	N/A
LS.03.01.70, EP 4	compartments where individual drapery or curtain panels do not exceed 48 square feet or total area does not exceed 20% of the wall. CoPs: §482.41(b)(1)(i) In buildings without sprinkler protection, upholstered furniture purchased on or after July 5, 2016, meets Class I or char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.1 and 10.3.3. Mattresses purchased on or after July 5,	Deleted EP - Replaced with more	N/A	N/A
LS.03.01.70, EP 4	feet or total area does not exceed 20% of the wall. CoPs: §482.41(b)(1)(i) In buildings without sprinkler protection, upholstered furniture purchased on or after July 5, 2016, meets Class I or char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.1 and 10.3.3. Mattresses purchased on or after July 5,	Replaced with more	N/A	
LS.03.01.70, EP 4	CoPs: §482.41(b)(1)(i) In buildings without sprinkler protection, upholstered furniture purchased on or after July 5, 2016, meets Class I or char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.1 and 10.3.3. Mattresses purchased on or after July 5,	Replaced with more	N/A	N/A
LS.03.01.70, EP 4	In buildings without sprinkler protection, upholstered furniture purchased on or after July 5, 2016, meets Class I or char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.1 and 10.3.3. Mattresses purchased on or after July 5,	Replaced with more	N/A	 N/A
LS.03.01.70, EP 4	In buildings without sprinkler protection, upholstered furniture purchased on or after July 5, 2016, meets Class I or char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.1 and 10.3.3. Mattresses purchased on or after July 5,	Replaced with more	N/A	N/A
L0.00.01.70, L1 4	July 5, 2016, meets Class I or char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.1 and 10.3.3. Mattresses purchased on or after July 5,	Replaced with more		
	with NFPA 101-2012: 10.3.2.1 and 10.3.3. Mattresses purchased on or after July 5,			
		direct EP(s) or		
	2016, meet char length and heat release criteria in accordance with NFPA 101-2012:	moved to guidance		
	10.3.2.2 and 10.3.4. (For full text, refer to NFPA 101-2012: 20/21.7.5.2; 20/21.7.5.4)	within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.03.01.70, EP 5	The hospital prohibits all combustible decorations unless they meet the criteria of	Deleted EP -	N/A	N/A
	NFPA 101-2012: 20/21.7.5.4.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
		within SPG		
LS.03.01.70, EP 6	Soiled linen and trash receptacles larger than 32 gallons (including recycling	Deleted EP -	N/A	N/A
	containers) are located in a room protected as a hazardous area. (For full text, refer	Replaced with more		
	to NFPA 101-2012: 20/21.7.5.5)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.03.01.70, EP 7	When installed, new engineered smoke control systems are tested in accordance	Deleted EP -	N/A	N/A
	with NFPA 92-2012, Standard for Smoke Control Systems. Existing engineered	Replaced with more		
	smoke control systems are tested in accordance with established engineering	direct EP(s) or		
	principles. (For full text, refer to NFPA 101-2012: 20/21.7.7)	moved to guidance within SPG		
	CoPs: §482.41(b)(1)(i)	within 3FG		
LS.03.01.70, EP 8	Portable space heaters are prohibited in smoke compartments containing staff	Deleted EP -	N/A	N/A
20.00.01.70, 21 0	sleeping rooms and patient treatment areas. Non-sleeping rooms occupied by staff	Replaced with more		
	and employee areas separated from the corridor are permitted to have portable	direct EP(s) or		
	space heaters that contain heating elements not exceeding 212°F. (For full text, refer	moved to guidance		
	to NFPA 101-2012: 20/21.7.8)	within SPG		
	CoPs: §482.41(b)(1)(i)			



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.03.01.70, EP 9	The hospital meets all other Life Safety Code operating feature requirements related	Deleted EP -	N/A	N/A
	to NFPA 101-2012: 20/21.7.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
		within SPG		
LS.05.01.10, EP 1	When building rehabilitation occurs, the hospital incorporates NFPA 101-2012:	Deleted EP -	N/A	N/A
	Chapters 38, 39, and 43. (For full text, refer to NFPA 101-2012: 38/39.1.1.3; 4.6.7)	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
		within SPG		
LS.05.01.10, EP 2	Business occupancies are separated from parking structures by a 2-hour or greater	Deleted EP -	N/A	N/A
	fire barrier. (For full text, refer to NFPA 101-2012: 38/39.1.3.2.1)	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
		within SPG		
LS.05.01.10, EP 3	The fire protection ratings for opening protectives in fire barriers are as follows:	Deleted EP -	N/A	N/A
	- Three hours in three-hour barriers	Replaced with more		
	- Ninety minutes in two-hour barriers	direct EP(s) or		
	- Forty-five minutes in one-hour barriers	moved to guidance		
	- Twenty minutes in thirty-minute barriers	within SPG		
	Labels on fire door assemblies must be maintained in legible condition. (For full text,			
	refer to NFPA 101-2012: 8.3.4.2; Table 8.3.4.2; 8.3.3.2.3; NFPA 80-2010: 5.2.13.3)			
	CoPs: §482.41(b)(1)(i)			
LS.05.01.10, EP 5	The space around pipes, conduits, bus ducts, cables, wire, air ducts, or pneumatic	Deleted EP -	N/A	N/A
	tubes penetrating fire-rated walls or floors are protected with an approved fire-rated	Replaced with more		
	material. (For full text, refer to NFPA 101-2012: 8.3.5)	direct EP(s) or		
	Note: Non-approved polyurethane expanding foam is not an accepted fire-rated	moved to guidance		
	material for this purpose.	within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.05.01.10, EP 6	Doors requiring a fire rating of 3/4 of an hour or longer are free of coverings,	Deleted EP -	N/A	N/A
	decorations, or other objects applied to the door face, with the exception of	Replaced with more		
	informational signs, which are applied with adhesive only. (For full text, refer to NFPA	direct EP(s) or		
	80-2010: 4.1.4)	moved to guidance		
		within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.05.01.10, EP 7	CoPs: §482.41(b)(1)(i) The hospital meets all other Life Safety Code requirements, including vertical	Deleted EP -	N/A	N/A
LS.05.01.10, EP 7			N/A	N/A
LS.05.01.10, EP 7	The hospital meets all other Life Safety Code requirements, including vertical	Deleted EP -	N/A	N/A
LS.05.01.10, EP 7	The hospital meets all other Life Safety Code requirements, including vertical	Deleted EP - Replaced with more	N/A	N/A
LS.05.01.10, EP 7	The hospital meets all other Life Safety Code requirements, including vertical openings, related to NFPA 101-2012: 38/39.1.	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A
LS.05.01.10, EP 7	The hospital meets all other Life Safety Code requirements, including vertical openings, related to NFPA 101-2012: 38/39.1.	Deleted EP - Replaced with more direct EP(s) or moved to guidance	N/A	N/A
	The hospital meets all other Life Safety Code requirements, including vertical openings, related to NFPA 101-2012: 38/39.1. CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG		
	The hospital meets all other Life Safety Code requirements, including vertical openings, related to NFPA 101-2012: 38/39.1.         CoPs: §482.41(b)(1)(i)         Interior open stairways and ramps are permitted to serve as part of the egress system if not more than one level below the street floor. (For full text, refer to NFPA	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG Deleted EP -		
	The hospital meets all other Life Safety Code requirements, including vertical openings, related to NFPA 101-2012: 38/39.1.         CoPs: §482.41(b)(1)(i)         Interior open stairways and ramps are permitted to serve as part of the egress	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG Deleted EP - Replaced with more direct EP(s) or		
	The hospital meets all other Life Safety Code requirements, including vertical openings, related to NFPA 101-2012: 38/39.1.         CoPs: §482.41(b)(1)(i)         Interior open stairways and ramps are permitted to serve as part of the egress system if not more than one level below the street floor. (For full text, refer to NFPA 101-2012 38/39.2.1.3.2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG Deleted EP - Replaced with more		
	The hospital meets all other Life Safety Code requirements, including vertical openings, related to NFPA 101-2012: 38/39.1.         CoPs: §482.41(b)(1)(i)         Interior open stairways and ramps are permitted to serve as part of the egress system if not more than one level below the street floor. (For full text, refer to NFPA	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG Deleted EP - Replaced with more direct EP(s) or moved to guidance		



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	38/39.2.3.2)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.05.01.20, EP 3	Dead-end corridors cannot exceed 50 feet in existing facilities. In new facilities,	Deleted EP -	N/A	N/A
	dead-end corridors cannot exceed 50 feet if fully sprinklered or cannot exceed 20	Replaced with more		
	feet if they are not fully sprinklered. (For full text, refer to NFPA 101-2012: 38/39.2.5)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.05.01.20, EP 4	Travel distance to an exit must not exceed 200 feet unless the facility is fully	Deleted EP -	N/A	N/A
	sprinklered, in which case the distance may be increased to 300 feet. (For full text,	Replaced with more		
	refer to NFPA 101-2012: 38/39.2.6)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.05.01.20, EP 5	Means of egress must be continuously illuminated while occupied. (For full text, refer	Deleted EP -	N/A	N/A
	to NFPA 101-2012: 38/39.2.8)	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
		within SPG		
LS.05.01.20, EP 6	Emergency lighting for existing construction must be provided if the building is three	Deleted EP -	N/A	N/A
	or more stories in height, if the building has 100 occupants or more in the stories	Replaced with more		
	above or below the level of exit discharge, or the building has 1000 or more total	direct EP(s) or		
	occupants. (For full text, refer to NFPA 101-2012: 39.2.9)	moved to guidance		
		within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.05.01.20, EP 7	Emergency lighting for new construction must be provided if the building is three or	Deleted EP -	N/A	N/A
	more stories in height, if the occupancy has 50 occupants or more in the stories	Replaced with more		
	above or below the level of exit discharge, or the building has 300 or more total	direct EP(s) or		
	occupants. (For full text, refer to NFPA 101-2012: 38.2.9)	moved to guidance		
		within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.05.01.20, EP 8	Doors in a means of egress are not equipped with a latch or lock that requires the	Deleted EP -	N/A	N/A
	use of a tool or key from the egress side unless a compliant locking configuration is	Replaced with more		
	used, such as a delayed-egress locking system or an access-controlled egress door	direct EP(s) or		
	assembly. (For full text, refer to NFPA 101-2012: 38/39.2.2.2; 7.2.1.5.3; 7.2.1.6.1;	moved to guidance		
	7.2.1.6.2)	within SPG		
	Note: An exception to this requirement would be the principal entrance/exit doors			
	with key-operated locks that meet the criteria of NFPA 101-2012 7.2.1.5.5.			
	CoPs: §482.41(b)(1)(i)			
LS.05.01.20, EP 9	The hospital meets all other Life Safety Code means of egress requirements related	Deleted EP -	N/A	N/A
LU.UU.UT.ZU, LF J	to NFPA 101-2012: 38/39.2.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
		within SPG		
LS.05.01.30, EP 1	All hazardous areas are enclosed with one-hour fire-rated walls with ¾-hour fire-	Deleted EP -	N/A	N/A
LO.00.01.00, EF 1	rated doors; or hazardous areas have sprinkler systems and are constructed to resist	Replaced with more		
	the passage of smoke with doors equipped with self-closing or automatic-closing	direct EP(s) or		
	devices. (For full text, refer to NFPA 101-2012: 38/39.3.2; 8.7; NFPA 80-2010: 4.8.4.1;	moved to guidance		
	6.3.1.7; 6.5)	within SPG		
	0.0.1.7, 0.0/	within 3FG		



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.41(b)(1)(ii)			
LS.05.01.30, EP 2	Interior wall and ceiling finishes must be Class A or B for exits and exit access corridors. All other areas should be Class A, B, or C. (For full text, refer to NFPA 101- 2012: 38/39.3.3) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.05.01.30, EP 3	<ul> <li>Alcohol-based hand rubs (ABHR) are stored and handled in accordance with NFPA 101-2012: 8.7.3.1 and as follows:</li> <li>Corridor clear width of 44 inches is not compromised by dispenser.</li> <li>ABHR does not exceed 95% alcohol.</li> <li>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.</li> <li>Dispensers have a minimum of 4 feet of horizontal spacing between them.</li> <li>Dispensers are not installed within 1 inch of an ignition source.</li> <li>Operation of the dispensers must comply with the manufacturers' instructions for use.</li> <li>ABHR is protected against inappropriate access.</li> <li>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.</li> <li>Storing more than 5 gallons of fluid on a single story or in a single fire compartment complies with NFPA 30.</li> </ul>	Consolidation of LS.02.01.30, EP 6; LS.03.01.30, EP 5; LS.05.01.30, EP 3	PE.03.01.01, EP 7	When the hospital installs a dispensers in a manner that CoPs: §482.41(b)(7)
LS.05.01.30, EP 4	COPS: 9402.41(b)(7)         The hospital meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2012: 38/39.3.         CoPs: §482.41(b)(1)(i), §482.41(b)(1)(ii), §482.41(b)(7)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.05.01.34, EP 1	Fire alarm systems for existing construction are required if the building is three or more stories in height, there are 100 occupants or more below or above the level of exit discharge, or the building has 1000 or more occupants. The fire alarm system is initiated by manual means, a fire/smoke detection system, or a fire suppression system. The occupant notification system must activate a general alarm; notification can be made using voice communication or a public address system. (For full text, refer to NFPA 101-2012: 39.3.4) CoPs: \$482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.05.01.34, EP 2	<ul> <li>Fire alarm systems for new construction are required if the building is three or more stories in height, there are 50 occupants or more below or above the level of exit discharge, or the building has 300 or more occupants. The fire alarm system is initiated by manual means, a fire/smoke detection system, or a fire suppression system. The occupant notification system must activate a general alarm. (For full text, refer to 2012 NFPA 101-2012: 38.3.4)</li> <li>CoPs: \$482.41(b)(1)(i)</li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

s alcohol-based hand rub dispensers, it installs the nat protects against inappropriate access.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.05.01.34, EP 3	The hospital meets all other Life Safety Code fire alarm requirements related to NFPA	Deleted EP -	N/A	N/A
	101-2012: 38/39.4.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
		within SPG		
LS.05.01.34, EP 4	For new construction, a process for emergency response notification is provided and	Deleted EP -	N/A	N/A
	includes notifying both of the following:	Replaced with more		
	- Fire department in accordance with NFPA 101-2012: 9.6.4	direct EP(s) or		
	- Local emergency organization, if provided	moved to guidance		
	(For full text, refer to NFPA 101-2012: 38.3.4.4)	within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.05.01.34, EP 5	For existing construction, notification of emergency forces is accomplished in	Deleted EP -	N/A	N/A
·	accordance with NFPA 101-2012: 9.6.4 when the existing fire alarm system is	Replaced with more		
	replaced. (For full text, refer to NFPA 101-2012: 39.3.4.4)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i)	within SPG		
LS.05.01.35, EP 3	The travel distance from any point to the nearest portable fire extinguisher is 75 feet	Deleted EP -	N/A	N/A
	or less. Portable fire extinguishers have appropriate signage, are installed in a	Replaced with more		
	cabinet or secured on a hanger made for the extinguisher, and are at least 4 inches	direct EP(s) or		
	off the floor. Those fire extinguishers that are 40 pounds or less are installed so the	moved to guidance		
	top is not more than 5 feet above the floor. (For full text, refer to NFPA 101-2012:	within SPG		
	38/39.3.5; 9.7.4.1)			
	CoPs: §482.41(b)(1)(i)			
LS.05.01.35, EP 4	Sprinklers are not damaged. They are also free from corrosion, foreign materials, and	Deleted EP -	N/A	N/A
20.00.01.00, 21 4	paint and have necessary escutcheon plates installed.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
		within SPG		
LS.05.01.35, EP 5	There are 18 inches or more of open space maintained below the sprinkler to the top	Deleted EP -	N/A	N/A
	of storage.	Replaced with more		
	Note: Perimeter wall and stack shelving may extend up to the ceiling when not	direct EP(s) or		
	located directly below a sprinkler head.	moved to guidance		
		within SPG		
	CoPs: §482.41(b)(1)(i)			
LS.05.01.35, EP 6	The hospital meets all other Life Safety Code extinguishing requirements related to	Deleted EP -	N/A	N/A
	NFPA 101-2012: 38/39.3.5.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i)	moved to guidance		
		within SPG		
MM.01.01.01, EP 1	The hospital follows a written policy that describes that the following information	Deleted EP -	N/A	N/A
	about the patient is accessible to staff who participate in the management of the	Replaced with more		
	patient's medications:	direct EP(s) or		
	- Age	moved to guidance		
	- Sex	within SPG		
	- Diagnoses			
	- Allergies			
	- Sensitivities			



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Current medications			
	- Height and weight (when necessary)			
	- Pregnancy and lactation information (when necessary)			
	- Laboratory results (when necessary)			
	- Any additional information required by the organization			
	Note 1: This element of performance does not apply in emergency situations.			
	Note 2: This element of performance is also applicable to sample medications.			
MM.01.01.03, EP 1	The hospital identifies, in writing, its high-alert and hazardous medications. *	Deleted EP -	N/A	N/A
	Note: This element of performance is also applicable to sample medications.	Replaced with more		
	Footnote *: For a list of high-alert medications, see	direct EP(s) or		
	https://www.ismp.org/recommendations. For a list of hazardous drugs, see	moved to guidance		
	https://www.cdc.gov/niosh/docs/2016-161/pdfs/2016-161.pdf.	within SPG		
	CoPs: §482.26(b)(1), §482.53(b)			
MM.01.01.03, EP 2	The hospital follows a process for managing high-alert and hazardous medications.	Deleted EP -	N/A	N/A
	Note: This element of performance is also applicable to sample medications.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.26(b)(1), §482.53(b)	moved to guidance		
		within SPG		
MM.01.01.03, EP 5	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	MM.13.01.01, EP 3	The hospital reports abuses
	The hospital reports abuses and losses of controlled substances, in accordance with			federal and state law and re
	law and regulation, to the individual responsible for the pharmacy department or			department or service and,
	service and, as appropriate, to the chief executive.			Note: This element of perfo
	Note: This element of performance is also applicable to sample medications.			
				CoPs: §482.25(b)(7)
	CoPs: §482.25(b)(7)			
MM.01.02.01, EP 1	The hospital develops a list of look-alike/sound-alike medications it stores,	Consolidation of	MM.14.01.01, EP 3	The hospital develops and i
	dispenses, or administers.	MM.01.02.01, EP 1;		- Specific types of medicati
	Note 1: One source of look-alike/sound-alike medication name pairs is the Institute	MM.01.02.01, EP 2;		- Minimum required elemer
	for Safe Medication Practices (https://www.ismp.org/recommendations/confused-	MM.01.02.01, EP 3;		medication name, medicat
	drug-names-list).	MM.04.01.01, EP 1;		- When indication for use is
	Note 2: This element of performance is also applicable to sample medications.			- Precautions for ordering n
				- Actions to take when med
				- Required elements for me
				medication route, initial rat
				which the rate or dose can
				can be changed, the maxim
				<b>C</b>
				measure to be used to guid
				Note 1: Examples of object
				include blood pressure, Ric
				Confusion Assessment Met
				Note 2: Drugs and biologica
				doses are automatically sto
				the medical staff.
				CoPs: §482.25(a), §482.25(b)

es and losses of controlled substances, in accordance with regulation, to the individual responsible for the pharmacy d, as appropriate, to the chief executive officer. formance is also applicable to sample medications.

d implements a written policy that defines the following: ation orders that it deems acceptable for use

ents of a complete medication order, which must include ation dose, medication route, and medication frequency is required on a medication order

medications with look-alike or sound-alike names edication orders are incomplete, illegible, or unclear nedication titration orders, including the medication name, ate of infusion (dose/unit of time), incremental units to n be increased or decreased, how often the rate or dose imum rate or dose of infusion, and the objective clinical ide changes

ctive clinical measures to be used to guide titration changes ichmond Agitation–Sedation Scale (RASS), and the ethod (CAM).

cals not specifically prescribed as to time or number of topped after a reasonable time that is predetermined by

5(b)(5)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MM.01.02.01, EP 2	The hospital takes action to prevent errors involving the interchange of the medications on its list of look-alike/sound-alike medications. Note: This element of performance is also applicable to sample medications.	Consolidation of MM.01.02.01, EP 1; MM.01.02.01, EP 2; MM.01.02.01, EP 3; MM.04.01.01, EP 1;	MM.14.01.01, EP 3	The hospital develops and - Specific types of medicat - Minimum required element medication name, medicat - When indication for use is - Precautions for ordering r - Actions to take when medication route, initial rate which the rate or dose can can be changed, the maxin measure to be used to guid Note 1: Examples of object include blood pressure, Rid Confusion Assessment Me Note 2: Drugs and biologication doses are automatically stat the medical staff. CoPs: §482.25(a), §482.25(a)
MM.01.02.01, EP 3	The hospital annually reviews and, as necessary, revises its list of look-alike/sound- alike medications. Note: This element of performance is also applicable to sample medications.	Consolidation of MM.01.02.01, EP 1; MM.01.02.01, EP 2; MM.01.02.01, EP 3; MM.04.01.01, EP 1;	MM.14.01.01, EP 3	The hospital develops and - Specific types of medicati - Minimum required element medication name, medicati - When indication for use is - Precautions for ordering models - Actions to take when medication route, initial rate which the rate or dose can can be changed, the maximum measure to be used to guide Note 1: Examples of object include blood pressure, Rice Confusion Assessment Me Note 2: Drugs and biologications doses are automatically stores the medical staff. CoPs: §482.25(a), §482.25(a)
MM.02.01.01, EP 1	Members of the medical staff, licensed practitioners, pharmacists, and other staff involved in ordering, dispensing, administering, and/or monitoring the effects of medications develop written criteria for determining which medications are available for dispensing or administering to patients. Note: This element of performance is also applicable to sample medications. CoPs: §482.25(b)(9)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
MM.02.01.01, EP 2	The hospital develops and approves criteria for selecting medications, which, at a minimum, include the following:	Deleted EP - Replaced with more	N/A	N/A

d implements a written policy that defines the following: ation orders that it deems acceptable for use

nents of a complete medication order, which must include ation dose, medication route, and medication frequency is required on a medication order

g medications with look-alike or sound-alike names edication orders are incomplete, illegible, or unclear nedication titration orders, including the medication name,

rate of infusion (dose/unit of time), incremental units to in be increased or decreased, how often the rate or dose timum rate or dose of infusion, and the objective clinical uide changes

ctive clinical measures to be used to guide titration changes Richmond Agitation–Sedation Scale (RASS), and the 1ethod (CAM).

icals not specifically prescribed as to time or number of stopped after a reasonable time that is predetermined by

## 5(b)(5)

d implements a written policy that defines the following: ation orders that it deems acceptable for use nents of a complete medication order, which must include

ation dose, medication route, and medication frequency is required on a medication order

medications with look-alike or sound-alike names

edication orders are incomplete, illegible, or unclear

nedication titration orders, including the medication name, rate of infusion (dose/unit of time), incremental units to in be increased or decreased, how often the rate or dose

timum rate or dose of infusion, and the objective clinical lide changes

ctive clinical measures to be used to guide titration changes Richmond Agitation–Sedation Scale (RASS), and the 1ethod (CAM).

icals not specifically prescribed as to time or number of stopped after a reasonable time that is predetermined by

5(b)(5)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Indications for use	direct EP(s) or		
	- Effectiveness	moved to guidance		
	- Drug interactions	within SPG		
	- 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.			
	CoPs: §482.25(b)(9)			
MM.02.01.01, EP 3	Before using a medication new to the hospital, the hospital determines a method to	Deleted EP -	N/A	N/A
	monitor the response of the patient.	Replaced with more		
	Note: This element of performance is also applicable to sample medications.	direct EP(s) or		
		moved to guidance		
		within SPG		
MM.02.01.01, EP 4	The hospital maintains a formulary, including medication strength and dosage. The	Moved and Revised	MM.12.01.01, EP 1	The hospital maintains a for
	formulary is readily available to those involved in medication management.			The formulary is readily ava
	Note 1: Sample medications are not required to be on the formulary.			Note 1: Sample medication
	Note 2: In some settings, the term "list of medications available for use" is used			Note 2: In some settings, th
	instead of "formulary." The terms are synonymous.			instead of "formulary." The
	CoPs: §482.25(b)(8), §482.25(b)(9)			CoPs: §482.25(b)(9)
MM.02.01.01, EP 6	The hospital standardizes and limits the number of drug concentrations available to	Moved	NPG.14.02.01, EP 1	The hospital standardizes a
	meet patient care needs.			meet patient care needs.
MM.02.01.01, EP 7	The hospital follows a process to select, approve, and procure medications that are	Deleted EP -	N/A	N/A
	not on its formulary.	Replaced with more		
	Note: This element of performance is also applicable to sample medications.	direct EP(s) or		
		moved to guidance		
		within SPG		
MM.02.01.01, EP 9	Medications designated as available for dispensing or administration are reviewed at	Deleted EP -	N/A	N/A
	least annually based on emerging safety and efficacy information.	Replaced with more		
		direct EP(s) or		
		moved to guidance		
		within SPG		
MM.02.01.01, EP 10	The hospital follows a process to communicate medication shortages and outages	Moved	NPG.14.02.01, EP 2	The hospital follows a proce
	to staff who participate in medication management.			to staff who participate in m
MM.02.01.01, EP 12	The hospital follows written medication substitution protocols to be used in the	Consolidation of	NPG.14.02.01, EP 3	The hospital follows written
	event of a medication shortage or outage.	MM.02.01.01, EP 12;		event of a medication short
		MM.02.01.01, EP 14		substitution protocols for sl
MM.02.01.01, EP 14	The hospital follows a process to communicate the medication substitution	Consolidation of	NPG.14.02.01, EP 3	The hospital follows written
	protocols for shortages or outages to staff who participate in medication	MM.02.01.01, EP 12;	, -	event of a medication short
	management.	MM.02.01.01, EP 14		substitution protocols for s
MM.03.01.01, EP 2	The hospital stores medications according to the manufacturers' recommendations	Consolidation of	MM.11.01.01, EP 1	Drugs and biologicals are p
	or, in the absence of such recommendations, according to a pharmacist's	MM.03.01.01, EP 2;		accordance with federal an
	instructions.	MM.03.01.01, EP 2; MM.03.01.01, EP 4;		Note: The hospital stores m
	Note: This element of performance is also applicable to sample medications.	MM.03.01.01, EP 4, MM.03.01.01, EP 7;		the manufacturers' recomm
		MM.05.01.11, EP 2		according to a pharmacist's

formulary that includes medication strength and dosage. vailable to those involved in medication management. ons are not required to be on the formulary. the term "list of medications available for use" is used be terms are synonymous.

and limits the number of drug concentrations available to

cess to communicate medication shortages and outages medication management.

en medication substitution protocols to be used in the ortage or outage and communicates the medication shortages or outages to all affected staff.

en medication substitution protocols to be used in the ortage or outage and communicates the medication shortages or outages to all affected staff.

procured, stored, controlled, and distributed in

and state laws and accepted standards of practice.

medications, including sample medications, according to imendations or, in the absence of such recommendations, t's instructions.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.23(c)(6)(i)(D), §482.23(c)(6)(ii)(D), §482.25(a)			CoPs: §482.25(a), §482.25(b
MM.03.01.01, EP 3	<ul> <li>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.</li> <li>Note 1: Scheduled medications include those listed in Schedules II–V of the Comprehensive Drug Abuse Prevention and Control Act of 1970.</li> <li>Note 2: This element of performance is also applicable to sample medications.</li> <li>CoPs: §482.23(c)(6)(i)(D), §482.23(c)(6)(ii)(D), §482.25(a), §482.25(a)(3), §482.25(b),</li> </ul>	Moved and Revised	MM.13.01.01, EP 2	The hospital stores all media medications, in a secured a accordance with law and re Note 1: Scheduled medicati Comprehensive Drug Abuse Note 2: This element of perf Note 3: Only authorized staf
	\$482.25(b)(2)(i), \$482.25(b)(2)(ii)	<b>•</b>		CoPs: §482.25(b)(2)(i), §482
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. CoPs: §482.25(a), §482.25(a)(3), §482.25(b), §482.25(b)(2)(i), §482.53(d)(3)	Split to MM.11.01.01, EP 1; MM.13.01.01, EP 1	MM.11.01.01, EP 1	Drugs and biologicals are pr accordance with federal and Note: The hospital stores mo the manufacturers' recomm according to a pharmacist's CoPs: §482.25(a), §482.25(b)
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.	Split to MM.11.01.01, EP 1; MM.13.01.01, EP 1	MM.13.01.01, EP 1	The hospital maintains curre all scheduled drugs. CoPs: §482.25(a)(3)
MM.03.01.01, EP 6	CoPs: §482.25(a), §482.25(a)(3), §482.25(b), §482.25(b)(2)(i), §482.53(d)(3)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.CoPs: §482.25(b)(2)(i), §482.25(b)(2)(iii)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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. CoPs: §482.25(a)	Consolidation of MM.03.01.01, EP 2; MM.03.01.01, EP 4; MM.03.01.01, EP 7; MM.05.01.11, EP 2	MM.11.01.01, EP 1	Drugs and biologicals are pr accordance with federal and Note: The hospital stores me the manufacturers' recomm according to a pharmacist's CoPs: §482.25(a), §482.25(b)
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. CoPs: §482.25(b)(3), §482.53(d)(3)	Moved and Revised	MM.13.01.01, EP 4	The hospital removes all exp unusable medications and s patient use. Note: This element of perfor
MM.03.01.01, EP 18	The hospital periodically inspects all medication storage areas.	Deleted	N/A	CoPs: §482.25(b)(3)
	Note: This element of performance is also applicable to sample medications.			
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.	Moved and Revised	NPG.12.01.01, EP 10	The hospital has a pharmac hospital does not have a pha supervision, as defined by th Note: The pharmacy or drug accepted professional princ

#### 5(b)

dications and biologicals, including controlled (scheduled) area and locked when necessary to prevent diversion in regulation.

ations include those listed in Schedules II–V of the use Prevention and Control Act of 1970.

erformance is also applicable to sample medications. taff have access to locked areas.

## 82.25(b)(2)(ii), §482.25(b)(2)(iii)

procured, stored, controlled, and distributed in and state laws and accepted standards of practice. medications, including sample medications, according to mendations or, in the absence of such recommendations, t's instructions.

#### 5(b)

rrent and accurate records of the receipt and disposition of

procured, stored, controlled, and distributed in and state laws and accepted standards of practice. medications, including sample medications, according to mendations or, in the absence of such recommendations, t's instructions.

#### 5(b)

expired, damaged, mislabeled, contaminated, or otherwise d stores them separately from medications available for

formance is also applicable to sample medications.

acy that is directed by a registered pharmacist. If the bharmacy, it has a drug storage area under competent / the hospital.

rug storage area is administered in accordance with inciples.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.25, §482.25			CoPs: §482.25
MM.03.01.01, EP 24	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains records of the receipt and disposition of radiopharmaceuticals.	Moved and Revised	MM.13.01.01, EP 6	For hospitals that use Joint ( The hospital maintains reco radiopharmaceuticals.
	CoPs: §482.53(d)(3)			CoPs: §482.53(d)(3)
MM.03.01.03, EP 1	Hospital leaders, in conjunction with members of the medical staff and licensed practitioners, decide which emergency medications and their associated supplies will be readily accessible in patient care areas based on the population served. Whenever possible, emergency medications are available in unit-dose, age-specific, and ready-to-administer forms.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
MM.03.01.05, EP 2	Before use or administration of a medication brought into the hospital by a patient, their family, or a licensed practitioner, the hospital identifies the medication and visually evaluates the medication's integrity. Note: This element of performance is also applicable to sample medications.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
MM.04.01.01, EP 1	CoPs: §482.23(c)(6)(ii)(C)         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 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         - Orders for herbal products	Consolidation of MM.01.02.01, EP 1; MM.01.02.01, EP 2; MM.01.02.01, EP 3; MM.04.01.01, EP 1;	MM.14.01.01, EP 3	The hospital develops and in - Specific types of medicatio - Minimum required elemen medication name, medicati - When indication for use is - Precautions for ordering m - Actions to take when medi - Required elements for meding medication route, initial rate which the rate or dose can be can be changed, the maximis measure to be used to guide Note 1: Examples of objective include blood pressure, Rich Confusion Assessment Mett Note 2: Drugs and biological doses are automatically stor the medical staff. CoPs: §482.25(a), §482.25(b)

#### nt Commission accreditation for deemed status purposes: cords of the receipt and distribution of

d implements a written policy that defines the following: ation orders that it deems acceptable for use

ents of a complete medication order, which must include ation dose, medication route, and medication frequency is required on a medication order

medications with look-alike or sound-alike names edication orders are incomplete, illegible, or unclear nedication titration orders, including the medication name, ate of infusion (dose/unit of time), incremental units to n be increased or decreased, how often the rate or dose imum rate or dose of infusion, and the objective clinical

ide changes

ctive clinical measures to be used to guide titration changes ichmond Agitation–Sedation Scale (RASS), and the ethod (CAM).

cals not specifically prescribed as to time or number of topped after a reasonable time that is predetermined by

5(b)(5)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.23(c)(1), §482.25(b)(5)			
MM.04.01.01, EP 2	<ul> <li>The hospital follows a written policy that defines the following:</li> <li>The minimum required elements of a complete medication order, which must include medication name, medication dose, medication route, and medication frequency</li> <li>When indication for use is required on a medication order</li> <li>The precautions for ordering medications with look-alike or sound-alike names</li> <li>Actions to take when medication orders are incomplete, illegible, or unclear</li> <li>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</li> <li>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).</li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.23(c)(1), §482.23(c)(3)			
MM.04.01.01, EP 6	The hospital minimizes the use of verbal and telephone medication orders.	Moved and Revised	MM.14.01.01, EP 2	The hospital minimizes the
	CoPs: §482.23(c)(3)(i)			CoPs: §482.23(c)(3)(i)
MM.04.01.01, EP 7	The hospital reviews and updates preprinted order sheets, within time frames it identifies or sooner if necessary, based on current evidence and practice.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
MM.04.01.01, EP 8	The hospital prohibits summary (blanket) orders to resume previous medications.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
MM.04.01.01, EP 10	The hospital defines, in writing, the circumstances for which weight-based dosing is required for pediatric populations. Note: This element of performance is also applicable to sample medications.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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. CoPs: §482.23(c)(3)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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	Moved and Revised	RC.12.01.01, EP 5	The hospital uses preprinte protocols for patient orders - Orders and protocols are r hospital's nursing and phar - Orders and protocols are o based guidelines. - Orders and protocols are p

he use of verbal medication orders.

nted and electronic standing orders, order sets, and ers only if the following occurs:

re reviewed and approved by the medical staff and the narmacy leadership.

re consistent with nationally recognized and evidence-

re periodically and regularly reviewed by the medical staff

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Regular review of such standing orders and protocols by the medical staff and the			and the hospital's nursing a
	hospital's nursing and pharmacy leadership to determine the continuing usefulness			usefulness and safety of the
	and safety of the standing orders and protocols			- Orders and protocols are o
	- Dating, timing, and authenticating of standing orders and protocols by the ordering			medical record by the order
	physician or other licensed practitioner or another licensed practitioner responsible			the care of the patient only
	for the patient's care in accordance with professional standards of practice; law and			law, including scope-of-pra
	regulation; hospital policies; and medical staff bylaws, rules, and regulations.			rules, and regulations.
	CoPs: §482.23(c)(1)(ii), §482.24(c)(3)(i), §482.24(c)(3)(ii), §482.24(c)(3)(iii),			CoPs: §482.24(c)(3)(i), §482
	§482.24(c)(3)(iv)			
MM.04.01.01, EP 21	For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home has an electronic prescribing process.	Moved	MM.14.01.01, EP 4	For hospitals that elect The The primary care medical h
MM.05.01.01, EP 1	Before dispensing or removing medications from floor stock or from an automated	Deleted EP -	N/A	N/A
	storage and distribution device, a pharmacist reviews all medication orders or	Replaced with more		
	prescriptions unless a physician or other licensed practitioner controls the ordering,	direct EP(s) or		
	preparation, and administration of the medication or when a delay would harm the	moved to guidance		
	patient in an urgent situation (including sudden changes in a patient's clinical	within SPG		
	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 event of a patient emergency.			
	CoPs: §482.23(c)(1), §482.25(b)			
MM.05.01.01, EP 2	When an on-site pharmacy is not open 24 hours a day, 7 days a week, the following	Moved and Revised	NPG.14.01.01, EP 1	When an on-site pharmacy
-	occurs:		,	occurs:
	-A health care professional determined to be qualified by the hospital reviews the			- A health care professiona
	medication order in the pharmacist's absence			medication order in the pha
	-A pharmacist conducts a retrospective review of all medication orders during this			- A pharmacist conducts a
	period as soon as a pharmacist is available or the pharmacy opens			period as soon as a pharma
MM.05.01.01, EP 4	All medication orders are reviewed for the following:	Deleted EP -	N/A	N/A
	- Patient allergies or potential sensitivities	Replaced with more		
	- Existing or potential interactions between the medication ordered and food and	direct EP(s) or		
	medications the patient is currently taking	moved to guidance		
	- The appropriateness of the medication, dose, frequency, and route of	within SPG		
	administration			

and pharmacy leadership to determine the continuing he orders and protocols.

e dated, timed, and authenticated promptly in the patient's lering practitioner or by another practitioner responsible for ly if such a practitioner is acting in accordance with state practice laws, hospital policies, and medical staff bylaws,

82.24(c)(3)(ii), §482.24(c)(3)(iii), §482.24(c)(3)(iv)

ne Joint Commission Primary Care Medical Home option: home has an electronic prescribing process.

cy is not open 24 hours a day, 7 days a week, the following

nal, who the hospital determines is qualified, reviews the harmacist's absence

a retrospective review of all medication orders during this nacist is available or the pharmacy opens

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Therapeutic duplication			
	- Other contraindications			
	CoPs: §482.23(c)(1), §482.25(b)(1), §482.25(b)(5)			
MM.05.01.01, EP 11	After the medication order has been reviewed, all concerns, issues, or questions are	Deleted EP -	N/A	N/A
	clarified with the individual prescriber before dispensing.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.23(c)(1), §482.25(b)(1)	moved to guidance within SPG		
MM.05.01.07, EP 1	A pharmacist supervises all compounding, packaging, and dispensing of drugs and	Moved	MM.15.01.01, EP 1	A pharmacist supervises all
	biologicals except in urgent situations in which a delay could harm the patient or			biologicals except in urgent
	when the product's stability is short. All compounding, packaging, and dispensing of			when the product's stability
	drugs and biologicals are performed in accordance with state and federal law and regulation.			drugs and biologicals are per regulation.
	CoPs: §482.25(b)(1)			CoPs: §482.25(b)(1)
MM.05.01.07, EP 2	The hospital develops and implements policies and procedures for sterile	Moved	MM.15.01.01, EP 2	The hospital develops and ir
	medication compounding of nonhazardous and hazardous medications in			medication compounding or
	accordance with state and federal law and regulation.			accordance with state and f
	Note: All compounded medications are prepared in accordance with the orders of a			Note: All compounded med
	physician or other licensed practitioner.			physician or other licensed
	CoPs: §482.25(b)(1)			CoPs: §482.25(b)(1)
MM.05.01.07, EP 3	The hospital assesses competency of staff who conduct sterile medication	Moved	MM.15.01.01, EP 3	The hospital assesses comp
	compounding of nonhazardous and hazardous medications in accordance with state			compounding of nonhazard
	and federal law and regulation and hospital policies.			and federal law and regulati
	CoPs: §482.25(b)(1)			CoPs: §482.25(b)(1)
MM.05.01.07, EP 4	The hospital conducts sterile medication compounding of nonhazardous and	Moved	MM.15.01.01, EP 4	The hospital conducts steril
	hazardous medications within a proper environment in accordance with federal law			hazardous medications with
	and regulation and hospital policies.			and regulation and hospital
	Note: Aspects of a proper environment include but are not limited to air exchanges and pressures, ISO designations, viable testing, and cleaning/disinfecting.			Note: Aspects of a proper er and pressures, ISO designat
	and pressures, iso designations, viable testing, and cleaning/disinfecting.			and pressures, 150 designat
	CoPs: §482.25(b)(1)			CoPs: §482.25(b)(1)
MM.05.01.07, EP 5	The hospital properly stores compounded sterile preparations of nonhazardous and	Moved	MM.15.01.01, EP 5	The hospital properly stores
	hazardous medications and labels them with beyond-use dates in accordance with			hazardous medications and
	state and federal law and regulation and hospital policies.			state and federal law and re
	CoPs: §482.25(b)(1)			CoPs: §482.25(b)(1)
MM.05.01.07, EP 6	The hospital conducts quality assurance of compounded sterile preparations of	Moved	MM.15.01.01, EP 6	The hospital conducts quali
	nonhazardous and hazardous medications in accordance with state and federal law			nonhazardous and hazardou
	and regulation and organization policy.			and regulation and organiza
	CoPs: §482.25(b)(1)			CoPs: §482.25(b)(1)
MM.05.01.07, EP 7	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved	MM.15.01.01, EP 7	For hospitals that use Joint (
	An appropriately trained registered pharmacist or doctor of medicine or osteopathy			An appropriately trained reg
	performs or supervises in-house preparation of radiopharmaceuticals.			performs or supervises in-he

all compounding, packaging, and dispensing of drugs and nt situations in which a delay could harm the patient or ity is short. All compounding, packaging, and dispensing of performed in accordance with state and federal law and

d implements policies and procedures for sterile of nonhazardous and hazardous medications in d federal law and regulation.

edications are prepared in accordance with the orders of a d practitioner.

npetency of staff who conduct sterile medication rdous and hazardous medications in accordance with state ation and hospital policies.

rile medication compounding of nonhazardous and ithin a proper environment in accordance with federal law al policies.

environment include but are not limited to air exchanges nations, viable testing, and cleaning/disinfecting.

es compounded sterile preparations of nonhazardous and nd labels them with beyond-use dates in accordance with regulation and hospital policies.

ality assurance of compounded sterile preparations of lous medications in accordance with state and federal law zation policy.

nt Commission accreditation for deemed status purposes: egistered pharmacist or doctor of medicine or osteopathy -house preparation of radiopharmaceuticals.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.25(b)(1)			CoPs: §482.25(b)(1), §482.5
MM.05.01.09, EP 1	Medication containers are labeled whenever medications are prepared but not	Deleted EP -	N/A	N/A
1111.00.01.00, EF 1	immediately administered.	Replaced with more		
	Note 1: An immediately administered medication is one that an authorized staff	direct EP(s) or		
	member prepares or obtains, takes directly to a patient, and administers to that	moved to guidance		
	patient without any break in the process.	within SPG		
	Note 2: This element of performance is also applicable to sample medications.	Within Si O		
MM.05.01.09, EP 2	Information on medication labels is displayed in a standardized format, in	Deleted EP -	N/A	N/A
MM.05.01.09, EF 2	accordance with law and regulation and standards of practice.	Replaced with more	IN/A	IN/A
	Note: This element of performance is also applicable to sample medications.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.23(c), §482.25(b)(1)	within SPG		
MM.05.01.09, EP 3	All medications prepared in the hospital are correctly labeled with the following:	Deleted EP -	N/A	N/A
MM.05.01.09, EP 5	- Medication name, strength, and amount (if not apparent from the container)	Replaced with more	IN/A	IN/A
	Note: This is also applicable to sample medications.	direct EP(s) or		
	- Expiration date when not used within 24 hours	moved to guidance		
	- Expiration date when how the expiration occurs in less than 24 hours	within SPG		
	- The date prepared and the diluent for all compounded intravenous admixtures and	within SFG		
	parenteral nutrition formulas			
	CoPs: §482.23(c), §482.25(b)(1)			
MM.05.01.09, EP 7	When preparing individualized medications for multiple patients, the label also	Deleted EP -	N/A	N/A
	includes the following:	Replaced with more		
	- The patient's name	direct EP(s) or		
	- The location where the medication is to be delivered	moved to guidance		
	- Directions for use and applicable accessory and cautionary instructions	within SPG		
MM.05.01.09, EP 10	When an individualized medication(s) is prepared by someone other than the person	Deleted EP -	N/A	N/A
,	administering the medication, the label includes the following:	Replaced with more		
	- The patient's name	direct EP(s) or		
	- The location where the medication is to be delivered	moved to guidance		
	- Directions for use and applicable accessory and cautionary instructions	within SPG		
	CoPs: §482.23(c), §482.25(b)(1)			
MM.05.01.11, EP 2	The hospital dispenses medications and maintains records in accordance with law	Split to	MM.11.01.01, EP 1	Drugs and biologicals are p
	and regulation, licensure, and professional standards of practice.	MM.11.01.01, EP 1;		accordance with federal an
	Note 1: Dispensing practices and recordkeeping include antidiversion strategies.	MM.13.01.01, EP 1		Note: The hospital stores m
	Note 2: This element of performance is also applicable to sample medications.			the manufacturers' recomm
				according to a pharmacist's
	CoPs: §482.23(c), §482.25(a), §482.25(a)(3), §482.25(b)			
				CoPs: §482.25(a), §482.25(l
MM.05.01.11, EP 2	The hospital dispenses medications and maintains records in accordance with law	Split to	MM.13.01.01, EP 1	The hospital maintains curr
	and regulation, licensure, and professional standards of practice.	MM.11.01.01, EP 1;		all scheduled drugs.
	Note 1: Dispensing practices and recordkeeping include antidiversion strategies.	MM.13.01.01, EP 1		
	Note 2: This element of performance is also applicable to sample medications.			CoPs: §482.25(a)(3)
	CoPs: §482.23(c), §482.25(a), §482.25(a)(3), §482.25(b)			
MM.05.01.11, EP 3	The hospital dispenses medications within time frames it defines to meet patient	Deleted EP -	N/A	N/A
	needs.	Replaced with more	1	

# 2.53(b)(1)

e procured, stored, controlled, and distributed in and state laws and accepted standards of practice. medications, including sample medications, according to nmendations or, in the absence of such recommendations, st's instructions.

## 5(b)

urrent and accurate records of the receipt and disposition of

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		direct EP(s) or		
	CoPs: §482.23(c)	moved to guidance		
		within SPG		
MM.05.01.11, EP 4	Medications are dispensed in the most ready-to-administer forms commercially	Deleted	N/A	N/A
	available and, if feasible, in unit doses that have been repackaged by the pharmacy			
	or licensed repackager.			
MM.05.01.13, EP 1	The hospital follows a process for providing medications to meet patient needs when	Consolidation of	MM.13.01.01, EP 5	When a pharmacist is not a
	the pharmacy is closed.	MM.05.01.13, EP 1;		biologicals from the pharm
		MM.05.01.13, EP 2		procedures of medical staf
	CoPs: §482.25(b)(4)			state law and regulation.
				CoPs: §482.25(b)(4)
MM.05.01.13, EP 2	When non-pharmacist health care professionals are allowed by law or regulation to	Consolidation of	MM.13.01.01, EP 5	When a pharmacist is not a
	obtain medications after the pharmacy is closed, the following occurs:	MM.05.01.13, EP 1;		biologicals from the pharm
	- Medications available are limited to those approved by the hospital.	MM.05.01.13, EP 2		procedures of medical staf
	- The hospital stores and secures the medications approved for use outside of the			state law and regulation.
	pharmacy.			
	- Only trained, designated prescribers and nurses are permitted access to approved			CoPs: §482.25(b)(4)
	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.			
	CoPs: §482.25(b)(4)			
MM.05.01.17, EP 1	The hospital follows a written policy describing how it will retrieve and handle	Deleted EP -	N/A	N/A
	medications within the hospital that are recalled or discontinued for safety reasons	Replaced with more		
	by the manufacturer or the US Food and Drug Administration (FDA).	direct EP(s) or		
	Note: This element of performance is also applicable to sample medications.	moved to guidance		
		within SPG		
	CoPs: §482.25(b)			
MM.05.01.17, EP 3	When a medication is recalled or discontinued for safety reasons by the	Deleted EP -	N/A	N/A
	manufacturer or the US Food and Drug Administration (FDA), the hospital notifies the	Replaced with more		
	prescribers and those who dispense or administer the medication.	direct EP(s) or		
	Note: This element of performance is also applicable to sample medications.	moved to guidance		
		within SPG		
	CoPs: §482.25(b)			
MM.05.01.17, EP 4	When required by law and regulation or hospital policy, the hospital informs patients	Deleted EP -	N/A	N/A
	that their medication has been recalled or discontinued for safety reasons by the	Replaced with more		
	manufacturer or the US Food and Drug Administration (FDA).	direct EP(s) or		
	Note: This element of performance is also applicable to sample medications.	moved to guidance		
		within SPG		
	CoPs: §482.25(b)			
MM.05.01.19, EP 2	When the hospital accepts unused, expired, or returned medications, it follows a	Deleted EP -	N/A	N/A
	process for returning medications to the pharmacy's control which includes	Replaced with more		
	procedures for preventing diversion.	direct EP(s) or		

t available, only designated staff obtain drugs and macy or storage area in accordance with policies and aff and pharmaceutical service, and applicable federal and

t available, only designated staff obtain drugs and macy or storage area in accordance with policies and aff and pharmaceutical service, and applicable federal and

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	Note: This element of performance is also applicable to sample medications.	moved to guidance within SPG		
	CoPs: §482.25(b)			
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. CoPs: §482.23(c), §482.23(c)(2), §482.23(c)(4)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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 - Discusses any unresolved concerns about the 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	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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. CoPs: §482.23(c)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
MM.06.01.01, EP 13	Before administering a radioactive pharmaceutical for diagnostic purposes, staff verify that the dose to be administered is within 20% of the prescribed dose, or, if the dose is prescribed as a range, staff verify that the dose to be administered is within the prescribed range.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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. CoPs: §482.23(c)(6), §482.23(c)(6)(i)(A), §482.23(c)(6)(i)(D), §482.23(c)(6)(i)(E), §482.23(c)(6)(ii)(B), §482.23(c)(6)(ii)(D), §482.23(c)(6)(ii)(E)	Moved and Revised	MM.16.01.01, EP 3	The hospital develops and and accurate self-administ support person, where app Note 1: This applies to hos medications brought into t Note 2: The term "self-adm administered by a family m CoPs: §482.23(c)(6)
MM.06.01.03, EP 3	The hospital educates patients and families involved in self-administration about the following: - Medication name, type, and reason for use - How to administer medication, including process, time, frequency, route, and dose	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A

nd implements policies and procedures that guide the safe histration of medications by the patient or their caregiver or appropriate.

ospital-issued medications and the patient's own o the hospital.

dministered medication(s)" may refer to medications / member.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Anticipated actions and potential side effects of the medication administered - Monitoring the effects of the medication	moved to guidance within SPG		
	CoPs: §482.23(c)(6)(i)(C)			
MM.06.01.03, EP 7	The hospital determines that the patient or the family member who administers the medication is competent at medication administration before allowing them to administer medications. CoPs: §482.23(c)(6)(i)(B), §482.23(c)(6)(ii)(B)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
MM.06.01.05, EP 2	The hospital's written process for the use of investigational medications specifies that the pharmacy controls the storage, dispensing, labeling, and distribution of investigational medications.	Deleted	N/A	N/A
MM.07.01.03, EP 1	The hospital follows a written process to respond to actual or potential adverse drug events, significant adverse drug reactions, and medication errors. Note: This element of performance is also applicable to sample medications. CoPs: §482.23(c)(5), §482.25(b)(6)	Moved and Revised	LD.13.01.09, EP 5	The hospital develops and in errors. The medical staff de the pharmaceutical service CoPs: §482.25
MM.07.01.03, EP 2	Cors. 3402.23(0)(3), 3402.23(0)(0)         The hospital follows a written process addressing prescriber notification in the event of an adverse drug event, significant adverse drug reaction, or medication error.         Note: This element of performance is also applicable to sample medications.         CoPs: \$482.25(b)(6)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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.         Note: This element of performance is also applicable to sample medications.         CoPs: §482.23(c)(5), §482.25(b)(6)	Moved and Revised	MM.17.01.01, EP 1	The hospital develops and i transfusion reactions, adve Note: This element of perfo CoPs: §482.23(c)(5)
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 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 & Medicaid Services (CMS) (refer to the Glossary). CoPs: §482.25(b)(6)	Moved and Revised	MM.17.01.01, EP 2	Medication administration e incompatibilities, as defined attending physician or other hospitalwide quality assess CoPs: §482.25(b)(6)
MM.08.01.01, EP 1	<ul> <li>As part of its evaluation of the effectiveness of medication management, the hospital does the following: <ul> <li>Collects data on the performance of its medication management system</li> <li>Analyzes data on its medication management system</li> <li>Compares data over time to identify risk points, levels of performance, patterns, trends, and variations of its medication management system</li> <li>Note: This element of performance is also applicable to sample medications.</li> </ul> </li> <li>CoPs: \$482.21(e)(1)</li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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	Deleted EP - Replaced with more	N/A	N/A

d implements policies and procedures that minimizes drug develops these policies and procedures unless delegated to ce.

d implements policies and procedures for reporting verse drug reactions, and errors in administration of drugs. formance is also applicable to sample medications.

on errors, adverse drug reactions, and medication ned by the hospital, are immediately reported to the her licensed practitioner and, as appropriate, to the essment and performance improvement program.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	medication management system.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.21(e)(1)	within SPG		
MM.08.01.01, EP 6	When opportunities are identified for improvement of the medication management	Deleted EP -	N/A	N/A
	system, the hospital does the following:	Replaced with more		
	- Takes action on improvement opportunities identified as priorities for its	direct EP(s) or		
	medication management system	moved to guidance		
	- Evaluates its actions to confirm that they resulted in improvements	within SPG		
	Note: This element of performance is also applicable to sample medications.			
	CoPs: §482.21(e)(1)			
MM.08.01.01, EP 8	The hospital takes additional action when planned improvements for its medication	Deleted EP -	N/A	N/A
	management processes are either not achieved or not sustained.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.21(e)(1)	moved to guidance		
		within SPG		
MM.08.01.01, EP 16	When automatic dispensing cabinets (ADCs) are used, the hospital has a policy that	Moved and Revised	NPG.14.01.01, EP 2	When automatic dispensing
	describes the types of medication overrides that will be reviewed for appropriateness			implements a policy that de
	and the frequency of the reviews. A 100% review of overrides is not required.			reviewed for appropriatenes
				overrides is not required.
MM.09.01.01, EP 10	The hospital allocates financial resources for staffing and information technology to	Moved and Revised	MM.18.01.01, EP 1	The antibiotic stewardship p
	support the antibiotic stewardship program.			services provided.
	CoPs: §482.42			CoPs: §482.42, §482.42(b)(4
MM.09.01.01, EP 11	The governing body appoints a physician and/or pharmacist who is qualified through	Moved and Revised	MM.18.01.01, EP 2	The hospital demonstrates t
	education, training, or experience in infectious diseases and/or antibiotic			through education, training,
	stewardship as the leader(s) of the antibiotic stewardship program.			stewardship, is appointed by
	Note: The appointment(s) is based on recommendations of medical staff leaders			stewardship program and th
	and pharmacy leaders.			medical staff leadership and
	CoPs: §482.42(b)(1)			CoPs: §482.42(b)(1)
MM.09.01.01, EP 12	The leader(s) of the antibiotic stewardship program is responsible for the following:	Moved and Revised	MM.18.01.01, EP 3	The leader(s) of the antibioti
	- Developing and implementing a hospitalwide antibiotic stewardship program that is			- Development and impleme
	based on nationally recognized guidelines to monitor and improve the use of			based on nationally recogniz
	antibiotics			antibiotics.
	- Documenting antibiotic stewardship activities, including any new or sustained			- All documentation, written
	improvements			activities.
	- Communicating and collaborating with the medical staff, nursing leaders, and			- Communication and colla
	pharmacy leaders, as well as with the hospital's infection prevention and control and			leadership, as well as with t
	quality assessment and performance improvement programs on antibiotic use			programs, on antibiotic use
	issues			- Competency-based trainin
	- Providing competency-based training and education for staff on the practical			including medical staff, and
	applications of antibiotic stewardship guidelines, policies, and procedures			in the hospital, on the practi
				policies, and procedures.
	CoPs: §482.42, §482.42(b)(2)(iii), §482.42(b)(4), §482.42(c)(1)(i), §482.42(c)(1)(ii),			
	§482.42(c)(3)(i), §482.42(c)(3)(ii), §482.42(c)(3)(iii), §482.42(c)(3)(iv)			CoPs: §482.42, §482.42(c)(3
MM.09.01.01, EP 13	The hospital has a multidisciplinary committee that oversees the antibiotic	Moved and Revised	NPG.14.06.01, EP 1	The hospital has a multidisc
	stewardship program.			stewardship program.
	Note 1: The committee may be composed of representatives from the medical staff,			Note 1: The committee may

ng cabinets (ADCs) are used, the hospital develops and describes the types of medication overrides that will be ess and the frequency of the reviews. A 100% review of

program reflects the scope and complexity of the hospital

)(4)

s that an individual (or individuals), who is qualified ag, or experience in infectious diseases and/or antibiotic I by the governing body as the leader(s) of the antibiotic that the appointment is based on the recommendations of and pharmacy leadership.

otic stewardship program is responsible for the following: mentation a hospitalwide antibiotic stewardship program, nized guidelines, to monitor and improve the use of

en or electronic, of antibiotic stewardship program

laboration with medical staff, nursing, and pharmacy n the hospital's infection prevention and control and QAPI se issues.

ning and education of hospital personnel and staff, nd, as applicable, personnel providing contracted services

ctical applications of antibiotic stewardship guidelines,

)(3)(i), §482.42(c)(3)(ii), §482.42(c)(3)(iii), §482.42(c)(3)(iv) sciplinary committee that oversees the antibiotic

ay be composed of representatives from the medical staff,

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	<ul> <li>pharmacy services, the infection prevention and control program, nursing services,</li> <li>microbiology, information technology, and the quality assessment and performance</li> <li>improvement program.</li> <li>Note 2: The committee may include part-time or consultant staff. Participation may</li> </ul>			pharmaceutical services, th services, microbiology, info performance improvement Note 2: The committee may
MM.09.01.01, EP 14	occur on site or remotely. 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.	Moved and Revised	MM.18.01.01, EP 4	occur on site or remotely. The governing body ensures stewardship program are ac leadership. CoPs: §482.42(c)(1)(ii)
MM.09.01.01, EP 15	CoPs: §482.42(b)(2)(i), §482.42(c)(1)(ii) The antibiotic stewardship program documents the evidence-based use of antibiotics in all departments and services of the hospital. CoPs: §482.42(b)(2)(ii), §482.42(b)(4)	Moved and Revised	MM.18.01.01, EP 5	The hospitalwide antibiotic - Demonstrates coordinatio antibiotic use and resistance and control program, the QA pharmacy services. - Documents the evidence- of the hospital. - Documents any improvem antibiotic use. CoPs: §482.42(b)(2)(i), §482
MM.09.01.01, EP 16	The antibiotic stewardship program monitors the hospital's antibiotic use by analyzing data on days of therapy per 1,000 days present or 1,000 patient days or by reporting antibiotic use data to the National Healthcare Safety Network's Antimicrobial Use Option of the Antimicrobial Use and Resistance Module.	Moved	NPG.14.06.01, EP 2	The antibiotic stewardship p analyzing data on days of th reporting antibiotic use data Antimicrobial Use Option of
MM.09.01.01, EP 17	The antibiotic stewardship program implements one or both of the following strategies to optimize antibiotic prescribing: - Preauthorization for specific antibiotics that includes an internal review and approval process prior to use - Prospective review and feedback regarding antibiotic prescribing practices, including the treatment of positive blood cultures, by a member of the antibiotic stewardship program CoPs: §482.42(b)(3)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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.	Moved and Revised	MM.18.01.01, EP 6	The antibiotic stewardship p well as best practices, for in CoPs: §482.42(b)(3)

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the infection prevention and control program, nursing formation technology, and the quality assessment and nt program.

ay include part-time or consultant staff. Participation may

es all antibiotic use issues identified by the antibiotic addressed in collaboration with the hospital's QAPI

ic stewardship program:

tion among all components of the hospital responsible for nce, including, but not limited to, the infection prevention QAPI program, the medical staff, nursing services, and

e-based use of antibiotics in all departments and services

ements, including sustained improvements, in proper

82.42(b)(2)(ii), §482.42(b)(2)(iii)

p program monitors the hospital's antibiotic use by therapy per 1,000 days present or 1,000 patient days or by ata to the National Healthcare Safety Network's of the Antimicrobial Use and Resistance Module.

p program adheres to nationally recognized guidelines, as improving antibiotic use.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.42(b)(3)			
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 analyzing electronic health records or by conducting chart reviews.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.42(b)(3)	Maria		The second second second
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	Moved and Revised	MM.18.01.01, EP 7	The governing body ensures tracking of all antibiotic use success, and sustainability
	activities.			CoPs: §482.42(c)(1)(i)
	CoPs: §482.42(b)(2)(iii), §482.42(c)(1)(i)			
MM.09.01.01, EP 21	The hospital takes action on improvement opportunities identified by the antibiotic stewardship program.	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A
	CoPs: \$482.42(b)(2)(iii), \$482.42(c)(1)(i)	moved to guidance within SPG		
N/A	N/A	New, more-direct EP for CoP requirement	MM.11.01.03, EP 1	Information relating to drug dosage, indications for use, professional staff.
				CoPs: §482.25(b)(8)
N/A	N/A	New, more-direct EP for CoP requirement	MM.14.01.01, EP 1	Orders for drugs and biologi is authorized to write orders medical staff bylaws, rules, Note: Influenza and pneumo approved hospital policy aft
N1/A		Now more direct CD	MM 10 01 01 ED 1	CoPs: §482.23(c)(3), §482.23
N/A	N/A	New, more-direct EP for CoP requirement	MM.16.01.01, EP 1	Drugs and biologicals are pr state laws, the orders of the patient's care, and accepted For hospitals that use Joint ( Drugs and biologicals may b - On the orders of other prac- such practitioners are acting practice laws, hospital polic - On the orders contained w sets, and protocols for patie CFR 482.24(c)(3).
				CoPs: §482.23(c)(1), §482.23

es that systems are in place and operational for the se activities in order to demonstrate the implementation, ty of such activities.

ug interactions, drug therapy, side effects, toxicology, se, and routes of administration is available to the

ogicals are documented and signed by any practitioner who ers in accordance with state law, hospital policy, and us, and regulations.

mococcal vaccines may be administered per physicianafter an assessment of contraindications.

..23(c)(3)(iii)

prepared and administered in accordance with federal and he licensed practitioner or practitioners responsible for the ted standards of practice.

nt Commission Accreditation for deemed status purposes: y be prepared and administered as follows:

ractitioners not specified under 42 CFR 482.12(c) only if ing in accordance with state law, including scope-oflicies, and medical staff bylaws, rules, and regulations. within preprinted and electronic standing orders, order tient orders only if such orders meet the requirements of 42

.23(c)(1)(i), §482.23(c)(1)(ii)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
N/A	N/A	New, more-direct EP	MM.16.01.01, EP 2	Drugs and biologicals are a
		for CoP requirement		staff in accordance with fee
				licensing requirements, and
				and procedures.
				CoPs: §482.23(c)(2)
N/A	N/A	New, more-direct EP	MM.16.01.01, EP 4	If the hospital allows a patie
		for CoP requirement		medications, the hospital h
				following:
				- Making certain that an ord
				patient's care and that it is o
				- Determining that the patie
				of administering the specific
				- Instructing the patient or the
				appropriate, in the safe and
				- Addressing the security of Note: The term "self-admini
				administered by a family me
				CoPs: §482.23(c)(6)(i)(A), §4
N/A	N/A	New, more-direct EP	MM.16.01.01, EP 5	If the hospital allows a patie
		for CoP requirement		hospital, the hospital has po
				following: - Making certain that an ord
				care and that it is consisten
				- Determining that the patie
				of administering the specific
				- Instructing the patient or the
				appropriate, in the safe and
				- Addressing the security of
				- Identifying the specified m
				integrity
				Note: The term "self-admini
				administered by a family me
				CoPs: §482.23(c)(6)(ii)(A), §4
N/A	N/A	New, more-direct EP	MM.17.01.01, EP 3	The hospital has a method (
		for CoP requirement		scope of services provided
				peer-reviewed journals) by v
				identifying and reporting me
				assessment and performan
				CoPs: §482.25(b)(6)
MS.01.01.01, EP 1	The organized medical staff develops medical staff bylaws, rules and regulations,	Consolidation of	MS.14.01.01, EP 1	The organized medical staff
	and policies.	MS.01.01.01, EP 1;		responsibilities. The bylaws
		MS.01.01.01, EP 2;		following:
	CoPs: §482.12(a)(3), §482.22, §482.22(c)	MS.01.01.01, EP 6;		- Statement of the duties an
		MS.01.01.01, EP 12;		example, active, courtesy)
		MS.01.01.01, EP 14;		- Description of the organiza

administered by, or under supervision of, nursing or other ederal and state laws and regulations, including applicable nd in accordance with the approved medical staff policies

tient to self-administer specific hospital-issued has policies and procedures in place that address the

rder is issued by a licensed practitioner responsible for the s consistent with the hospital's self-administration policy ient or the patient's caregiver or support person is capable ified medication(s)

r the patient's caregiver or support person, where nd accurate administration of the specified medication(s) of the medications for each patient

inistered medication(s)" may refer to medications nember.

\$482.23(c)(6)(i)(B), \$482.23(c)(6)(i)(C), \$482.23(c)(6)(i)(D)

tient to self-administer medications not issued by the policies and procedures in place that address the

rder is issued by a practitioner responsible for the patient's ent with the hospital's self-administration policy

- ient or the patient's caregiver or support person is capable ified medication(s)
- r the patient's caregiver or support person, where
- nd accurate administration of the specified medication(s) of the medications for each patient
- medication(s) and visually evaluating the medication(s) for

nistered medication(s)" may refer to medications nember.

\$482.23(c)(6)(ii)(B), \$482.23(c)(6)(ii)(C), \$482.23(c)(6)(ii)(D)

d (such as using established benchmarks for the size and d by the hospital or studies on reporting rates published in y which to measure the effectiveness of its process for medication errors and adverse drug reactions to the quality ance improvement program.

aff adopts and enforces bylaws to carry out its vs are approved by the governing body and include the

and privileges of each category of medical staff (for

ization of the medical staff, including those members who

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		MS.01.01.01, EP 15;		are eligible to vote
		MS.01.01.01, EP 17;		- Description of the qualific
		MS.01.01.01, EP 18;		staff to recommend that the
		MS.01.01.01, EP 19;		- Criteria for determining th
		MS.01.01.01, EP 21;		procedure for applying the
		MS.01.01.01, EP 24;		process for reprivileging ph
		MS.01.01.01, EP 25;		- Process for credentialing
		MS.01.01.01, EP 26;		practitioners
		MS.01.01.01, EP 27;		- List of all the officer positi
		MS.01.01.01, EP 36		- Process by which the orga
				the medical staff officers
				- Process for adopting and
				and regulations, and policio
				- The qualifications and role
				applicable
				Note: For hospitals that use
				purposes: Distant-site phys
				telemedicine services unde
				requirements in 42 CFR 48
				CoPs: §482.22(c)(1), §482.2
MS.01.01.01, EP 2	The organized medical staff adopts and amends medical staff bylaws. Adoption or	Consolidation of	MS.14.01.01, EP 1	The organized medical staf
·	amendment of medical staff bylaws cannot be delegated. After adoption or	MS.01.01.01, EP 1;		responsibilities. The bylaws
	amendment by the organized medical staff, the proposed bylaws are submitted to	MS.01.01.01, EP 2;		following:
	the governing body for action. Bylaws become effective only upon governing body	MS.01.01.01, EP 6;		- Statement of the duties ar
	approval. (See the "Leadership" [LD] chapter for requirements regarding the	MS.01.01.01, EP 12;		example, active, courtesy)
	governing body's authority and conflict management processes. See Element of	MS.01.01.01, EP 14;		- Description of the organiz
	Performance 17 for information on which medical staff members are eligible to vote.)	MS.01.01.01, EP 15;		are eligible to vote
		MS.01.01.01, EP 17;		- Description of the qualific
	CoPs: §482.12(a)(1), §482.12(a)(3), §482.12(a)(4), §482.22, §482.22(c), §482.22(c)(1)	MS.01.01.01, EP 18;		staff to recommend that th
	0010.0402.12(0)(1), 0402.12(0)(0), 0402.12(0)(4), 0402.22, 0402.22(0), 0402.22(0)(1)	MS.01.01.01, EP 19;		- Criteria for determining th
		MS.01.01.01, EP 21;		procedure for applying the
		MS.01.01.01, EP 24;		process for reprivileging ph
		MS.01.01.01, EP 25;		- Process for credentialing
		MS.01.01.01, EP 26;		practitioners
		MS.01.01.01, EP 20;		- List of all the officer positi
		MS.01.01.01, EP 36		- Process by which the orga
		M3.01.01.01, EF 30		
				the medical staff officers
				- Process for adopting and
				and regulations, and policie
				- The qualifications and role
				applicable
				Note: For hospitals that use
				purposes: Distant-site phys
				telemedicine services unde
				requirements in 42 CFR 482
				CoPs: §482.22(c)(1), §482.2

ications to be met by a candidate in order for the medical the candidate be appointed by the governing body the privileges to be granted to individual practitioners and a e criteria to individuals requesting privileges, including the physicians and other licensed practitioners g and recredentialing physicians and other licensed

itions for the medical staff ganized medical staff selects and/or elects and removes

d amending the medical staff bylaws, medical staff rules ies

les and responsibilities of the department chair, when

se Joint Commission accreditation for deemed status ysicians and practitioners requesting privileges to provide der an agreement with the hospital are also subject to the 82.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and (a)(4).

.22(c)(2), §482.22(c)(3), §482.22(c)(4), §482.22(c)(6) aff adopts and enforces bylaws to carry out its vs are approved by the governing body and include the

and privileges of each category of medical staff (for

ization of the medical staff, including those members who

ications to be met by a candidate in order for the medical he candidate be appointed by the governing body the privileges to be granted to individual practitioners and a e criteria to individuals requesting privileges, including the hysicians and other licensed practitioners g and recredentialing physicians and other licensed

itions for the medical staff ganized medical staff selects and/or elects and removes

d amending the medical staff bylaws, medical staff rules ties

les and responsibilities of the department chair, when

se Joint Commission accreditation for deemed status ysicians and practitioners requesting privileges to provide der an agreement with the hospital are also subject to the 82.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and (a)(4).

.22(c)(2), §482.22(c)(3), §482.22(c)(4), §482.22(c)(6)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MS.01.01.01, EP 4	The medical staff bylaws, rules and regulations, and policies, the governing body bylaws, and the hospital policies are compatible with each other and are compliant with law and regulation.	Moved and Revised	MS.14.01.01, EP 4	The medical staff bylaws, ru bylaws; and the hospital pol with law and regulation.
MS.01.01.01, EP 5	The medical staff complies with the medical staff bylaws, rules and regulations, and policies.	Split to MS.16.01.01, EP 1; MS.17.01.03, EP 4	MS.16.01.01, EP 1	The hospital has an organize the governing body and that the hospital.
	CoPs: §482.22, §482.22(a)(1), §482.22(b)(4)(ii), §482.22(c)			CoPs: §482.22
MS.01.01.01, EP 5	The medical staff complies with the medical staff bylaws, rules and regulations, and policies.	Split to MS.16.01.01, EP 1; MS.17.01.03, EP 4	MS.17.01.03, EP 4	The medical staff examines membership and makes rec appointment of these candi
	CoPs: §482.22, §482.22(a)(1), §482.22(b)(4)(ii), §482.22(c)			practice laws, and the medi has been recommended by governing body is subject to Note: For hospitals that use purposes: A candidate who has been appointed by the g
		DeletedED		CoPs: §482.22(a)(2)
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. CoPs: §482.22, §482.22(a)(1), §482.22(b)(4)(ii), §482.22(c)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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. CoPs: §482.12(a)(1), §482.12(a)(3), §482.12(a)(4), §482.22, §482.22(b)(4)(ii),	Consolidation of MS.01.01.01, EP 5; MS.01.01.01, EP 7; MS.07.01.01, EP 2	MS.16.01.01, EP 1	The hospital has an organize the governing body and that the hospital.
MS.01.01.01, EP 8	\$482.22(c)(1) The organized medical staff has the ability to adopt medical staff bylaws, rules and	Moved	MS.14.01.01, EP 5	CoPs: §482.22 The organized medical staff
M3.01.01.01, LF 8	regulations, and policies, and amendments thereto, and to propose them directly to the governing body.	noveu	M3.14.01.01, EF 3	regulations, and policies, ar the governing body.
MS.01.01.01, EP 9	If the voting members of the organized medical staff propose to adopt a rule, regulation, or policy, or an amendment thereto, they first communicate the proposal to the medical executive committee. If the medical executive committee proposes to adopt a rule or regulation, or an amendment thereto, it first communicates the proposal to the medical staff; when it adopts a policy or an amendment thereto, it communicates this to the medical staff. This element of performance applies only when the organized medical staff, with the approval of the governing body, has delegated authority over such rules, regulations, or policies to the medical executive committee.	Moved	MS.14.02.01, EP 2	If the voting members of the regulation, or policy, or an a to the medical executive con adopt a rule or regulation, o proposal to the medical stat communicates this to the m when the organized medical delegated authority over suc committee.
MS.01.01.01, EP 10	The organized medical staff has a process which is implemented to manage conflict between the medical staff and the medical executive committee on issues including, but not limited to, proposals to adopt a rule, regulation, or policy or an amendment thereto. Nothing in the foregoing is intended to prevent medical staff members from communicating with the governing body on a rule, regulation, or policy adopted by the organized medical staff or the medical executive committee. The governing body determines the method of communication.	Moved and Revised	MS.14.02.01, EP 3	The organized medical staff between the medical staff a but not limited to proposals thereto. This is not intended with the governing body on a medical staff or the medical the method of communicati

rules and regulations, and policies; the governing body policies are compatible with each other and are compliant

ized medical staff that operates under bylaws approved by at is responsible for the quality of medical care provided by

es the credentials of all candidates eligible for medical staff ecommendations to the governing body on the didates, in accordance with state law, including scope-ofedical staff bylaws, rules, and regulations. A candidate who by the medical staff and who has been appointed by the to all medical staff bylaws, rules, and regulations. se Joint Commission accreditation for deemed status to has been recommended by the medical staff and who e governing body is also subject to 42 CFR 482.22(a).

ized medical staff that operates under bylaws approved by at is responsible for the quality of medical care provided by

aff has the ability to adopt medical staff bylaws, rules and amendments thereto, and to propose them directly to

he organized medical staff propose to adopt a rule, a amendment thereto, they first communicate the proposal committee. If the medical executive committee proposes to or an amendment thereto, it first communicates the taff; when it adopts a policy or an amendment thereto, it medical staff. This element of performance applies only cal staff, with the approval of the governing body, has such rules, regulations, or policies to the medical executive

aff has a process that is implemented to manage conflict f and the medical executive committee on issues including alls to adopt a rule, regulation, or policy or an amendment ed to prevent medical staff members from communicating n a rule, regulation, or policy adopted by the organized cal executive committee. The governing body determines ation.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MS.01.01.01, EP 11	In cases of a documented need for an urgent amendment to rules and regulations necessary to comply with law or regulation, there is a process by which the medical executive committee, if delegated to do so by the voting members of the organized medical staff, may provisionally adopt and the governing body may provisionally approve an urgent amendment without prior notification of the medical staff. In such cases, the medical staff will be immediately notified by the medical executive committee. The medical staff has the opportunity for retrospective review of and comment on the provisional amendment. If there is no conflict between the organized medical staff and the medical executive committee, the provisional amendment stands. If there is conflict over the provisional amendment, the process for resolving conflict between the organized medical staff and the medical executive committee is implemented. If necessary, a revised amendment is then submitted to the governing body for action. Note: Please see the Introduction to this standard for further discussion of the relationship of the voting members of the organized medical staff to the medical executive committee.	Moved and Revised	MS.14.02.01, EP 4	In cases of a documented r necessary to comply with la executive committee, if dela medical staff, may provision approve an urgent amendm cases, the medical staff wil committee. The medical staff organized medical staff and amendment stands. If there for resolving conflict betwee committee is implemented the governing body for action
MS.01.01.01, EP 12	The medical staff bylaws include the following requirements: The structure of the medical staff. CoPs: \$482.12(a)(1), \$482.22(a), \$482.22(b)(1), \$482.22(b)(4)(i), \$482.22(b)(4)(ii), \$482.22(c)(3)	Consolidation of MS.01.01.01, EP 1; MS.01.01.01, EP 2; MS.01.01.01, EP 2; MS.01.01.01, EP 6; MS.01.01.01, EP 12; MS.01.01.01, EP 14; MS.01.01.01, EP 15; MS.01.01.01, EP 17; MS.01.01.01, EP 18; MS.01.01.01, EP 19; MS.01.01.01, EP 21; MS.01.01.01, EP 24; MS.01.01.01, EP 25; MS.01.01.01, EP 26; MS.01.01.01, EP 26; MS.01.01.01, EP 36	MS.14.01.01, EP 1	The organized medical staff responsibilities. The bylaws following: - Statement of the duties are example, active, courtesy) - Description of the organization are eligible to vote - Description of the qualific staff to recommend that the - Criteria for determining the procedure for applying the organizationers - List of all the officer positioners - List of all the officers - Process for adopting and a and regulations, and policide - The qualifications and role applicable Note: For hospitals that use purposes: Distant-site physical telemedicine services under requirements in 42 CFR 482 CoPs: \$482.22(c)(1), \$482.22
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	Consolidation of MS.01.01.01, EP 13; MS.06.01.05, EP 3; MS.07.01.01, EP 4	MS.14.01.01, EP 2	The medical staff bylaws in reappointment to the medic Note 1: For hospitals that u purposes: The medical staf accordance with state law, also include other categorie

d need for an urgent amendment to rules and regulations in law or regulation, there is a process by which the medical elegated to do so by the voting members of the organized ionally adopt and the governing body may provisionally dment without prior notification of the medical staff. In such will be immediately notified by the medical executive staff has the opportunity for retrospective review of and nal amendment. If there is no conflict between the nd the medical executive committee, the provisional ere is conflict over the provisional amendment, the process veen the organized medical staff and the medical executive ed. If necessary, a revised amendment is then submitted to tion.

aff adopts and enforces bylaws to carry out its ws are approved by the governing body and include the

and privileges of each category of medical staff (for

ization of the medical staff, including those members who

fications to be met by a candidate in order for the medical the candidate be appointed by the governing body the privileges to be granted to individual practitioners and a se criteria to individuals requesting privileges, including the physicians and other licensed practitioners of and recredentialing physicians and other licensed

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oles and responsibilities of the department chair, when

use Joint Commission accreditation for deemed status hysicians and practitioners requesting privileges to provide oder an agreement with the hospital are also subject to the 482.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and (a)(4).

2.22(c)(2), §482.22(c)(3), §482.22(c)(4), §482.22(c)(6) include the qualifications for appointment and dical staff.

t use Joint Commission accreditation for deemed status taff is composed of doctors of medicine or osteopathy. In w, including scope of practice laws, the medical staff may pries of physicians, as listed at 42 CFR 482.12(c)(1), and

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	482.12(c)(1) and other licensed practitioners who are determined to be eligible for			other licensed practitioners
	appointment by the governing body.			appointment.
				Note 2: Gender, race, creed
	CoPs: §482.12(a)(1), §482.22(a), §482.22(a)(2), §482.22(b)(4)(ii), §482.22(c)(4)			regarding the granting or de
				CoPs: §482.22(a)
MS.01.01.01, EP 14	The medical staff bylaws include the following requirements: The process for	Consolidation of	MS.14.01.01, EP 1	The organized medical staff
	privileging and re-privileging physicians and other licensed practitioners.	MS.01.01.01, EP 1;		responsibilities. The bylaws
		MS.01.01.01, EP 2;		following:
	CoPs: §482.22(a)(1), §482.22(b)(4)(ii), §482.22(c)(6)	MS.01.01.01, EP 6;		- Statement of the duties a
	0010.0402.22(0)(1),0402.22(0)(4)(0),0402.22(0)(0)	MS.01.01.01, EP 12;		example, active, courtesy)
		MS.01.01.01, EP 14;		- Description of the organiz
		MS.01.01.01, EP 15;		are eligible to vote
		MS.01.01.01, EP 17;		- Description of the qualific
		MS.01.01.01, EP 18;		staff to recommend that the
		MS.01.01.01, EP 19;		- Criteria for determining th
				_
		MS.01.01.01, EP 21;		procedure for applying the
		MS.01.01.01, EP 24;		process for reprivileging ph
		MS.01.01.01, EP 25;		- Process for credentialing
		MS.01.01.01, EP 26;		practitioners
		MS.01.01.01, EP 27;		- List of all the officer positi
		MS.01.01.01, EP 36		- Process by which the orga
				the medical staff officers
				- Process for adopting and
				and regulations, and polici
				- The qualifications and role
				applicable
				Note: For hospitals that use
				purposes: Distant-site phys
				telemedicine services unde
				requirements in 42 CFR 482
				CoPs: §482.22(c)(1), §482.2
MS.01.01.01, EP 15	For hospitals that use Joint Commission accreditation for deemed status purposes:	Consolidation of	MS.14.01.01, EP 1	The organized medical staff
	The medical staff bylaws include the following requirements: A statement of the	MS.01.01.01, EP 1;		responsibilities. The bylaws
	duties and privileges related to each category of the medical staff (for example,	MS.01.01.01, EP 2;		following:
	active, courtesy).	MS.01.01.01, EP 6;		- Statement of the duties a
	Note: Solely for the purposes of this element of performance, The Joint Commission	MS.01.01.01, EP 12;		example, active, courtesy)
	interprets the word "privileges" to mean the duties and prerogatives of each	MS.01.01.01, EP 14;		- Description of the organiz
	category, and not the clinical privileges to provide patient care, treatment, and	MS.01.01.01, EP 15;		are eligible to vote
	services related to each category. Each member of the medical staff is to have	MS.01.01.01, EP 17;		- Description of the qualific
	specific clinical privileges to provide care, treatment, and services authorized	MS.01.01.01, EP 18;		staff to recommend that the
	through the processes specified in Standards MS.06.01.03, MS.06.01.05, and	MS.01.01.01, EP 19;		- Criteria for determining th
	MS.06.01.07.	MS.01.01.01, EP 21;		procedure for applying the
		MS.01.01.01, EP 24;		process for reprivileging ph
	CoPs: §482.22(b)(4)(ii), §482.22(c)(2)	MS.01.01.01, EP 25;		- Process for credentialing
		MS.01.01.01, EP 26;		practitioners
			1	•
		MS.01.01.01, EP 27;		- List of all the officer positi

ers who the governing body determines are eligible for

ed, and national origin are not used in making decisions lenying of medical staff membership.

aff adopts and enforces bylaws to carry out its ws are approved by the governing body and include the

and privileges of each category of medical staff (for

ization of the medical staff, including those members who

fications to be met by a candidate in order for the medical the candidate be appointed by the governing body the privileges to be granted to individual practitioners and a e criteria to individuals requesting privileges, including the physicians and other licensed practitioners g and recredentialing physicians and other licensed

itions for the medical staff ganized medical staff selects and/or elects and removes

d amending the medical staff bylaws, medical staff rules cies

les and responsibilities of the department chair, when

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				the medical staff officers
				- Process for adopting and a
				and regulations, and policie
				- The qualifications and role
				applicable
				Note: For hospitals that use
				purposes: Distant-site phys
				telemedicine services unde
				requirements in 42 CFR 482
				CoPs: §482.22(c)(1), §482.2
MS.01.01.01, EP 16	For hospitals that use Joint Commission accreditation for deemed status purposes:	Consolidation of	MS.14.01.01, EP 3	The medical staff bylaws in
	The medical staff bylaws include the following requirements: The requirements for	MS.01.01.01, EP 16;		- Medical history and physic
	completing and documenting medical histories and physical examinations. The	MS.01.01.01, EP 38		PC.11.02.01, EP 2
	medical history and physical examination are completed and documented by a			- Updated patient examinat
	physician (as defined in section 1861(r) of the Social Security Act), an oral and			- Assessments in lieu of me
	maxillofacial surgeon, or other qualified licensed practitioner in accordance with			described in PC.11.02.01, I
	state law and hospital policy.			Note: The medical history a
	Note: For more information on performing the medical history and physical			by a physician (as defined i
	examination, refer to MS.03.01.01, EPs 6–11. For more information on completion			maxillofacial surgeon, or ot
	time of the history and physical examination, refer to Standard PC.01.02.03, EPs 4			state law and hospital polic
	and 5.			
				CoPs: §482.22(c)(5)(i), §482
	CoPs: §482.22(c)(5)(i), §482.22(c)(5)(ii)			
MS.01.01.01, EP 17	The medical staff bylaws include the following requirements: A description of those	Consolidation of	MS.14.01.01, EP 1	The organized medical staf
	members of the medical staff who are eligible to vote.	MS.01.01.01, EP 1;		responsibilities. The bylaws
		MS.01.01.01, EP 2;		following:
	CoPs: §482.22(b)(4)(i), §482.22(b)(4)(ii)	MS.01.01.01, EP 6;		- Statement of the duties ar
		MS.01.01.01, EP 12;		example, active, courtesy)
		MS.01.01.01, EP 14;		- Description of the organiz
		MS.01.01.01, EP 15;		are eligible to vote
		MS.01.01.01, EP 17;		- Description of the qualific
		MS.01.01.01, EP 18;		staff to recommend that the
		MS.01.01.01, EP 19;		- Criteria for determining th
		MS.01.01.01, EP 21;		procedure for applying the
		MS.01.01.01, EP 24;		process for reprivileging ph
		MS.01.01.01, EP 25;		- Process for credentialing
		MS.01.01.01, EP 26;		practitioners
		MS.01.01.01, EP 27;		- List of all the officer positi
		MS.01.01.01, EP 36		- Process by which the orga
				the medical staff officers
				- Process for adopting and a
				and regulations, and policie
				- The qualifications and role
				applicable
				Note: For hospitals that use
				purposes: Distant-site phys
				telemedicine services unde
				requirements in 42 CFR 482

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les and responsibilities of the department chair, when

se Joint Commission accreditation for deemed status ysicians and practitioners requesting privileges to provide der an agreement with the hospital are also subject to the 82.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and (a)(4).

.22(c)(2), §482.22(c)(3), §482.22(c)(4), §482.22(c)(6) include requirements for the following: sical examination for each patient as described in

ations as described in PC.11.02.01, EP 3 nedical history and physical examinations for patients as , EP 4

and physical examination are completed and documented in section 1861(r) of the Social Security Act), an oral and other qualified licensed practitioner in accordance with icy.

32.22(c)(5)(ii), §482.22(c)(5)(iii)

aff adopts and enforces bylaws to carry out its vs are approved by the governing body and include the

and privileges of each category of medical staff (for

ization of the medical staff, including those members who

ications to be met by a candidate in order for the medical he candidate be appointed by the governing body the privileges to be granted to individual practitioners and a e criteria to individuals requesting privileges, including the hysicians and other licensed practitioners

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les and responsibilities of the department chair, when

se Joint Commission accreditation for deemed status ysicians and practitioners requesting privileges to provide der an agreement with the hospital are also subject to the 82.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and (a)(4).

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				CoPs: §482.22(c)(1), §482.2
MS.01.01.01, EP 18	The medical staff bylaws include the following requirements: The process, as determined by the organized medical staff and approved by the governing body, by which the organized medical staff selects and/or elects and removes the medical staff officers.	Consolidation of MS.01.01.01, EP 1; MS.01.01.01, EP 2; MS.01.01.01, EP 2; MS.01.01.01, EP 12; MS.01.01.01, EP 14; MS.01.01.01, EP 15; MS.01.01.01, EP 17; MS.01.01.01, EP 18; MS.01.01.01, EP 19; MS.01.01.01, EP 21; MS.01.01.01, EP 24; MS.01.01.01, EP 25; MS.01.01.01, EP 26; MS.01.01.01, EP 27; MS.01.01.01, EP 36	MS.14.01.01, EP 1	The organized medical staff responsibilities. The bylaws following: - Statement of the duties ar example, active, courtesy) - Description of the organiza are eligible to vote - Description of the qualific staff to recommend that the - Criteria for determining the procedure for applying the of process for reprivileging phy - Process for credentialing a practitioners - List of all the officer positioners - Process for adopting and a and regulations, and policioners - The qualifications and role applicable Note: For hospitals that use purposes: Distant-site physic telemedicine services under requirements in 42 CFR 482
MS.01.01.01, EP 19	The medical staff bylaws include the following requirements: A list of all the officer positions for the medical staff.	Consolidation of MS.01.01.01, EP 1; MS.01.01.01, EP 2; MS.01.01.01, EP 2; MS.01.01.01, EP 6; MS.01.01.01, EP 12; MS.01.01.01, EP 14; MS.01.01.01, EP 15; MS.01.01.01, EP 17; MS.01.01.01, EP 18; MS.01.01.01, EP 19; MS.01.01.01, EP 21; MS.01.01.01, EP 24; MS.01.01.01, EP 25; MS.01.01.01, EP 26; MS.01.01.01, EP 27; MS.01.01.01, EP 36	MS.14.01.01, EP 1	The organized medical staff responsibilities. The bylaws following: - Statement of the duties an example, active, courtesy) - Description of the organiza are eligible to vote - Description of the qualifica staff to recommend that the - Criteria for determining the procedure for applying the of process for reprivileging phy - Process for credentialing a practitioners - List of all the officer positio - Process for adopting and a and regulations, and policie - The qualifications and role

.22(c)(2), §482.22(c)(3), §482.22(c)(4), §482.22(c)(6) aff adopts and enforces bylaws to carry out its vs are approved by the governing body and include the

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.22(c)(2), §482.22(c)(3), §482.22(c)(4), §482.22(c)(6)

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ganized medical staff selects and/or elects and removes

d amending the medical staff bylaws, medical staff rules sies

les and responsibilities of the department chair, when

	EP Text	Disposition	New Standard/EP	New EP Text
				applicable Note: For hospitals that use purposes: Distant-site physi telemedicine services unde requirements in 42 CFR 482 CoPs: §482.22(c)(1), §482.22
MS.01.01.01, EP 20	The medical staff bylaws include the following requirements: The medical executive committee's function, size, and composition, as determined by the organized medical staff and approved by the governing body; the authority delegated to the medical executive committee by the organized medical staff to act on the medical staff's behalf; and how such authority is delegated or removed. (For more information on the role of the medical executive committee, refer to Standard MS.02.01.01.)	Split to MS.15.01.01, EP 1; MS.15.01.01, EP 4	MS.15.01.01, EP 1	The structure and function of medical staff bylaws.
MS.01.01.01, EP 20	The medical staff bylaws include the following requirements: The medical executive committee's function, size, and composition, as determined by the organized medical staff and approved by the governing body; the authority delegated to the medical executive committee by the organized medical staff to act on the medical staff's behalf; and how such authority is delegated or removed. (For more information on the role of the medical executive committee, refer to Standard MS.02.01.01.)	Split to MS.15.01.01, EP 1; MS.15.01.01, EP 4	MS.15.01.01, EP 4	The medical staff executive medical staff bylaws, direct minimum: - Organized medical staff's s - Process used to review cre - Executive committee's revi committees, departments, a
MS.01.01.01, EP 21	The medical staff bylaws include the following requirements: The process, as determined by the organized medical staff and approved by the governing body, for selecting and/or electing and removing the medical executive committee members.	Consolidation of MS.01.01.01, EP 1; MS.01.01.01, EP 2; MS.01.01.01, EP 2; MS.01.01.01, EP 6; MS.01.01.01, EP 12; MS.01.01.01, EP 14; MS.01.01.01, EP 15; MS.01.01.01, EP 17; MS.01.01.01, EP 18; MS.01.01.01, EP 19; MS.01.01.01, EP 21; MS.01.01.01, EP 24; MS.01.01.01, EP 25; MS.01.01.01, EP 26; MS.01.01.01, EP 27; MS.01.01.01, EP 36	MS.14.01.01, EP 1	<ul> <li>The organized medical staff</li> <li>responsibilities. The bylaws</li> <li>following: <ul> <li>Statement of the duties an</li> <li>example, active, courtesy)</li> <li>Description of the organization are eligible to vote</li> <li>Description of the qualification staff to recommend that the</li> <li>Criteria for determining the comprocedure for applying the comprocedure for applying the comprocess for reprivileging phy</li> <li>Process for credentialing an practitioners</li> <li>List of all the officer position</li> <li>Process for adopting and an and regulations, and policie</li> <li>The qualifications and role applicable</li> </ul> </li> </ul>

se Joint Commission accreditation for deemed status ysicians and practitioners requesting privileges to provide der an agreement with the hospital are also subject to the 82.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and (a)(4).

.22(c)(2), \$482.22(c)(3), \$482.22(c)(4), \$482.22(c)(6) n of the medical staff executive committee conforms to the

ve committee makes recommendations, as defined in the octly to the governing body on all of the following, at a

- s structure credentials and delineate privileges
- eview of and actions on reports of medical staff
- s, and other assigned activity groups
- aff adopts and enforces bylaws to carry out its vs are approved by the governing body and include the
- and privileges of each category of medical staff (for
- ization of the medical staff, including those members who
- ications to be met by a candidate in order for the medical he candidate be appointed by the governing body the privileges to be granted to individual practitioners and a e criteria to individuals requesting privileges, including the hysicians and other licensed practitioners
- and recredentialing physicians and other licensed
- tions for the medical staff
- anized medical staff selects and/or elects and removes
- d amending the medical staff bylaws, medical staff rules sies
- les and responsibilities of the department chair, when

se Joint Commission accreditation for deemed status ysicians and practitioners requesting privileges to provide der an agreement with the hospital are also subject to the 82.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and (a)(4).

.22(c)(2), §482.22(c)(3), §482.22(c)(4), §482.22(c)(6)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
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.	Consolidation of MS.01.01.01, EP 22; MS.02.01.01, EP 3; MS.02.01.01, EP 4	MS.15.01.01, EP 3	The majority of voting medic doctors of medicine or oster Note: All members of the org eligible for membership on t
	CoPs: §482.22(b)(4)(ii)			CoPs: §482.22(b)(2)
MS.01.01.01, EP 23	The medical staff bylaws include the following requirements: That the medical executive committee acts on the behalf of the medical staff between meetings of the organized medical staff, within the scope of its responsibilities as defined by the organized medical staff.	Moved and Revised	MS.14.01.01, EP 6	The medical staff bylaws inc executive committee: - The function, size, and con and approved by the governi - The authority delegated to medical staff to act on the m or removed. (For more inforr refer to Standard MS.14.02.0 - The process, as determine governing body, for selecting committee members. Note: The medical executive licensed practitioners.
MS.01.01.01, EP 24	The medical staff bylaws include the following requirements: The process for adopting and amending the medical staff bylaws.	Consolidation of MS.01.01.01, EP 1; MS.01.01.01, EP 2; MS.01.01.01, EP 2; MS.01.01.01, EP 6; MS.01.01.01, EP 12; MS.01.01.01, EP 14; MS.01.01.01, EP 15; MS.01.01.01, EP 17; MS.01.01.01, EP 18; MS.01.01.01, EP 19; MS.01.01.01, EP 21; MS.01.01.01, EP 24; MS.01.01.01, EP 25; MS.01.01.01, EP 26; MS.01.01.01, EP 27; MS.01.01.01, EP 36	MS.14.01.01, EP 1	The organized medical staff responsibilities. The bylaws following: - Statement of the duties an example, active, courtesy) - Description of the organiza are eligible to vote - Description of the qualifica staff to recommend that the - Criteria for determining the procedure for applying the of process for reprivileging phy - Process for credentialing a practitioners - List of all the officer positio - Process by which the organ the medical staff officers - Process for adopting and a and regulations, and policie - The qualifications and role applicable Note: For hospitals that use purposes: Distant-site physi telemedicine services unde requirements in 42 CFR 482
MS.01.01.01, EP 25	The medical staff bylaws include the following requirements: The process for adopting and amending the medical staff rules and regulations, and policies.	Consolidation of MS.01.01.01, EP 1;	MS.14.01.01, EP 1	CoPs: §482.22(c)(1), §482.2 The organized medical staff responsibilities. The bylaws

- dical staff executive committee members are fully licensed teopathy actively practicing in the hospital.
- organized medical staff, of any discipline or specialty, are n the medical staff executive committee.

nclude the following requirements regarding the medical

- omposition, as determined by the organized medical staff rning body;
- to the medical executive committee by the organized
- e medical staff's behalf and how such authority is delegated ormation on the role of the medical executive committee, 2.01.)
- ned by the organized medical staff and approved by the ing and/or electing and removing the medical executive

ive committee includes physicians and may include other

aff adopts and enforces bylaws to carry out its vs are approved by the governing body and include the

- and privileges of each category of medical staff (for
- ization of the medical staff, including those members who
- ications to be met by a candidate in order for the medical he candidate be appointed by the governing body the privileges to be granted to individual practitioners and a e criteria to individuals requesting privileges, including the hysicians and other licensed practitioners
- and recredentialing physicians and other licensed
- tions for the medical staff
- anized medical staff selects and/or elects and removes
- amending the medical staff bylaws, medical staff rules ies
- les and responsibilities of the department chair, when

se Joint Commission accreditation for deemed status ysicians and practitioners requesting privileges to provide der an agreement with the hospital are also subject to the 82.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and (a)(4).

.22(c)(2), §482.22(c)(3), §482.22(c)(4), §482.22(c)(6) aff adopts and enforces bylaws to carry out its vs are approved by the governing body and include the

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		MS.01.01.01, EP 6;		- Statement of the duties ar
		MS.01.01.01, EP 12;		example, active, courtesy)
		MS.01.01.01, EP 14;		- Description of the organiz
		MS.01.01.01, EP 15;		are eligible to vote
		MS.01.01.01, EP 17;		- Description of the qualific
		MS.01.01.01, EP 18;		staff to recommend that th
		MS.01.01.01, EP 19;		- Criteria for determining th
		MS.01.01.01, EP 21;		procedure for applying the
		MS.01.01.01, EP 24;		process for reprivileging ph
		MS.01.01.01, EP 25;		- Process for credentialing
		MS.01.01.01, EP 26;		practitioners
		MS.01.01.01, EP 27;		- List of all the officer posit
		MS.01.01.01, EP 36		- Process by which the orga
				the medical staff officers
				- Process for adopting and
				and regulations, and polici
				- The qualifications and rol
				applicable
				Note: For hospitals that us
				purposes: Distant-site phys
				telemedicine services und
				requirements in 42 CFR 48
				CoPs: §482.22(c)(1), §482.2
MS.01.01.01, EP 26	The medical staff bylaws include the following requirements: The process for	Consolidation of	MS.14.01.01, EP 1	The organized medical staf
	credentialing and re-credentialing physicians and other licensed practitioners.	MS.01.01.01, EP 1;		responsibilities. The bylaws
		MS.01.01.01, EP 2;		following:
	CoPs: §482.22(b)(4)(ii)	MS.01.01.01, EP 6;		- Statement of the duties a
		MS.01.01.01, EP 12;		example, active, courtesy)
		MS.01.01.01, EP 14;		- Description of the organiz
		MS.01.01.01, EP 15;		are eligible to vote
		MS.01.01.01, EP 17;		- Description of the qualific
		MS.01.01.01, EP 18;		staff to recommend that th
		MS.01.01.01, EP 19;		- Criteria for determining th
		MS.01.01.01, EP 21;		procedure for applying the
		MS.01.01.01, EP 24;		process for reprivileging ph
		MS.01.01.01, EP 25;		- Process for credentialing
		MS.01.01.01, EP 26;		practitioners
		MS.01.01.01, EP 27;		- List of all the officer posit
		MS.01.01.01, EP 36		- Process by which the orga
		110.01.01, El 30		the medical staff officers
				- Process for adopting and
				and regulations, and policie
				- The qualifications and rol
				applicable
				Note: For hospitals that use
				purposes: Distant-site phys
				telemedicine services unde
				requirements in 42 CFR 48

and privileges of each category of medical staff (for

ization of the medical staff, including those members who

ications to be met by a candidate in order for the medical he candidate be appointed by the governing body the privileges to be granted to individual practitioners and a e criteria to individuals requesting privileges, including the hysicians and other licensed practitioners g and recredentialing physicians and other licensed

itions for the medical staff

anized medical staff selects and/or elects and removes

d amending the medical staff bylaws, medical staff rules sies

les and responsibilities of the department chair, when

se Joint Commission accreditation for deemed status ysicians and practitioners requesting privileges to provide der an agreement with the hospital are also subject to the 82.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and (a)(4).

.22(c)(2), \$482.22(c)(3), \$482.22(c)(4), \$482.22(c)(6)

aff adopts and enforces bylaws to carry out its vs are approved by the governing body and include the

and privileges of each category of medical staff (for

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g and recredentialing physicians and other licensed

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anized medical staff selects and/or elects and removes

amending the medical staff bylaws, medical staff rules ies

les and responsibilities of the department chair, when

se Joint Commission accreditation for deemed status ysicians and practitioners requesting privileges to provide der an agreement with the hospital are also subject to the 82.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and (a)(4).

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				CoPe: 8/82 22(c)(1) 8/82 2
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. CoPs: \$482.12(a)(1), \$482.22(b)(4)(ii)	Consolidation of MS.01.01.01, EP 1; MS.01.01.01, EP 2; MS.01.01.01, EP 2; MS.01.01.01, EP 12; MS.01.01.01, EP 14; MS.01.01.01, EP 15; MS.01.01.01, EP 17; MS.01.01.01, EP 18; MS.01.01.01, EP 19; MS.01.01.01, EP 21; MS.01.01.01, EP 24; MS.01.01.01, EP 25; MS.01.01.01, EP 26; MS.01.01.01, EP 27; MS.01.01.01, EP 36	MS.14.01.01, EP 1	CoPs: §482.22(c)(1), §482.2 The organized medical staff responsibilities. The bylaws following: - Statement of the duties and example, active, courtesy) - Description of the organization are eligible to vote - Description of the qualification staff to recommend that the - Criteria for determining the procedure for applying the of process for reprivileging phy - Process for credentialing at practitioners - List of all the officer position - Process for adopting and at and regulations, and policies - The qualifications and roles applicable Note: For hospitals that use purposes: Distant-site physitelemedicine services under requirements in 42 CFR 482
MS.01.01.01, EP 28	The medical staff bylaws include the following requirements: Indications for automatic suspension of a physician's or other licensed practitioner's medical staff membership or clinical privileges.	Consolidation of MS.01.01.01, EP 28; MS.01.01.01, EP 29; MS.01.01.01, EP 30; MS.01.01.01, EP 31; MS.01.01.01, EP 32; MS.01.01.01, EP 33	MS.14.01.01, EP 7	CoPs: §482.22(c)(1), §482.2 The medical staff bylaws ind suspension or termination of staff membership or privileg - Indications and process for practitioner's medical staff - Indications and process for practitioner's medical staff - Indications and process for staff membership, and/or termination
MS.01.01.01, EP 29	The medical staff bylaws include the following requirements: Indications for summary suspension of a physician's or other licensed practitioner's medical staff membership or clinical privileges.	Consolidation of MS.01.01.01, EP 28; MS.01.01.01, EP 29; MS.01.01.01, EP 30; MS.01.01.01, EP 31; MS.01.01.01, EP 32; MS.01.01.01, EP 33	MS.14.01.01, EP 7	The medical staff bylaws ind suspension or termination of staff membership or privileg - Indications and process fo practitioner's medical staff - Indications and process fo practitioner's medical staff - Indications and process fo staff membership, and/or te

- .22(c)(2), §482.22(c)(3), §482.22(c)(4), §482.22(c)(6) aff adopts and enforces bylaws to carry out its vs are approved by the governing body and include the
- and privileges of each category of medical staff (for
- ization of the medical staff, including those members who
- ications to be met by a candidate in order for the medical he candidate be appointed by the governing body the privileges to be granted to individual practitioners and a e criteria to individuals requesting privileges, including the hysicians and other licensed practitioners
- and recredentialing physicians and other licensed
- tions for the medical staff
- ganized medical staff selects and/or elects and removes
- amending the medical staff bylaws, medical staff rules ies
- les and responsibilities of the department chair, when
- se Joint Commission accreditation for deemed status ysicians and practitioners requesting privileges to provide der an agreement with the hospital are also subject to the 82.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and (a)(4).
- .22(c)(2), §482.22(c)(3), §482.22(c)(4), §482.22(c)(6)
- nclude the following requirements regarding the n of a physician's or other licensed practitioner's medical eges:
- for automatic suspension of a physician's or other licensed ff membership or clinical privileges
- for summary suspension of a physician's or other licensed ff membership or clinical privileges
- for recommending termination or suspension of medical termination, suspension, or reduction of clinical privileges
- nclude the following requirements regarding the n of a physician's or other licensed practitioner's medical
- n of a physician's or other licensed practitioner's medica eges: for such metic communication of a shusiciants on other license
- for automatic suspension of a physician's or other licensed ff membership or clinical privileges
- for summary suspension of a physician's or other licensed ff membership or clinical privileges
- for recommending termination or suspension of medical termination, suspension, or reduction of clinical privileges

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MS.01.01.01, EP 30	The medical staff bylaws include the following requirements: Indications for	Consolidation of	MS.14.01.01, EP 7	The medical staff bylaws inc
	recommending termination or suspension of medical staff membership, and/or	MS.01.01.01, EP 28;		suspension or termination of
	termination, suspension, or reduction of clinical privileges.	MS.01.01.01, EP 29;		staff membership or privileg
		MS.01.01.01, EP 30;		- Indications and process fo
		MS.01.01.01, EP 31;		practitioner's medical staff
		MS.01.01.01, EP 32;		- Indications and process for
		MS.01.01.01, EP 33		practitioner's medical staff
				- Indications and process fo
				staff membership, and/or te
MS.01.01.01, EP 31	The medical staff bylaws include the following requirements: The process for	Consolidation of	MS.14.01.01, EP 7	The medical staff bylaws inc
	automatic suspension of a physician's or other licensed practitioner's medical staff	MS.01.01.01, EP 28;		suspension or termination of
	membership or clinical privileges.	MS.01.01.01, EP 29;		staff membership or privile
		MS.01.01.01, EP 30;		- Indications and process for
		MS.01.01.01, EP 31;		practitioner's medical staff
		MS.01.01.01, EP 32;		- Indications and process fo
		MS.01.01.01, EP 33		practitioner's medical staff
		,		- Indications and process fo
				staff membership, and/or te
MS.01.01.01, EP 32	The medical staff bylaws include the following requirements: The process for	Consolidation of	MS.14.01.01, EP 7	The medical staff bylaws inc
	summary suspension of a physician's or other licensed practitioner's medical staff	MS.01.01.01, EP 28;		suspension or termination of
	membership or clinical privileges.	MS.01.01.01, EP 29;		staff membership or privileg
		MS.01.01.01, EP 30;		- Indications and process for
		MS.01.01.01, EP 31;		practitioner's medical staff
		MS.01.01.01, EP 32;		- Indications and process for
		MS.01.01.01, EP 33		practitioner's medical staff
				- Indications and process for
				staff membership, and/or te
MS.01.01.01, EP 33	The medical staff bylaws include the following requirements: The process for	Consolidation of	MS.14.01.01, EP 7	The medical staff bylaws inc
110.01.01.01, El 00	recommending termination or suspension of medical staff membership and/or	MS.01.01.01, EP 28;	110.14.01.01, El 7	suspension or termination of
	termination, suspension, or reduction of clinical privileges.	MS.01.01.01, EP 29;		staff membership or privileg
		MS.01.01.01, EP 30;		- Indications and process for
		MS.01.01.01, EP 31;		practitioner's medical staff
		MS.01.01.01, EP 32;		- Indications and process for
		MS.01.01.01, EP 32, MS.01.01.01, EP 33		practitioner's medical staff
		M3.01.01.01, EP 33		- Indications and process for
				-
MS.01.01.01, EP 34	The medical staff bylaws include the following requirements: The fair hearing and	Split to	MS.18.04.01, EP 2	staff membership, and/or te The organized medical staff
M3.01.01.01, EP 34			M3.10.04.01, EF 2	addressing quality of care is
	appeal process (refer to Standard MS.10.01.01), which at a minimum shall include:	MS.18.04.01, EP 2;		such requests.
	- The process for scheduling hearings and appeals	MS.18.04.01, EP 3		such requests.
	- The process for conducting hearings and appeals			
	CoPs: §482.22(b)(4)(ii)			
MS.01.01.01, EP 34	The medical staff bylaws include the following requirements: The fair hearing and	Split to	MS.18.04.01, EP 3	The organized medical staff
10.01.01.01, EI 34	appeal process (refer to Standard MS.10.01.01), which at a minimum shall include:	MS.18.04.01, EP 2;		addressing quality of care is
	- The process for scheduling hearings and appeals	MS.18.04.01, EP 3		follow.
	- The process for conducting hearings and appeals	110.10.04.01, EF 3		
	- The process for conducting rearings and appears			
	CoPs: §482.22(b)(4)(ii)			
		1		

- include the following requirements regarding the n of a physician's or other licensed practitioner's medical leges:
- for automatic suspension of a physician's or other licensed ff membership or clinical privileges
- for summary suspension of a physician's or other licensed ff membership or clinical privileges
- for recommending termination or suspension of medical termination, suspension, or reduction of clinical privileges
- include the following requirements regarding the n of a physician's or other licensed practitioner's medical leges:
- for automatic suspension of a physician's or other licensed ff membership or clinical privileges
- for summary suspension of a physician's or other licensed ff membership or clinical privileges
- for recommending termination or suspension of medical termination, suspension, or reduction of clinical privileges
- include the following requirements regarding the n of a physician's or other licensed practitioner's medical leges:
- for automatic suspension of a physician's or other licensed ff membership or clinical privileges
- for summary suspension of a physician's or other licensed ff membership or clinical privileges
- for recommending termination or suspension of medical termination, suspension, or reduction of clinical privileges
- include the following requirements regarding the n of a physician's or other licensed practitioner's medical leges:
- for automatic suspension of a physician's or other licensed ff membership or clinical privileges
- for summary suspension of a physician's or other licensed ff membership or clinical privileges
- for recommending termination or suspension of medical termination, suspension, or reduction of clinical privileges
- aff has developed a fair hearing and appeal process
- issues that has a mechanism to schedule a hearing of

aff has developed a fair hearing and appeal process issues that has identified the procedures for the hearing to

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MS.01.01.01, EP 35	The medical staff bylaws include the following requirements: The composition of the	Moved and Revised	MS.14.01.01, EP 8	The medical staff bylaws inc
	fair hearing committee.			committee.
MS.01.01.01, EP 36	The medical staff bylaws include the following requirements: If departments of the	Consolidation of	MS.14.01.01, EP 1	The organized medical staff
	medical staff exist, the qualifications and roles and responsibilities of the	MS.01.01.01, EP 1;		responsibilities. The bylaws
	department chair, which are defined by the organized medical staff, include the	MS.01.01.01, EP 2;		following:
	following:	MS.01.01.01, EP 6;		- Statement of the duties an
		MS.01.01.01, EP 12;		example, active, courtesy)
	Qualifications:	MS.01.01.01, EP 14;		- Description of the organiza
	- Certification by an appropriate specialty board or comparable competence	MS.01.01.01, EP 15;		are eligible to vote
	affirmatively established through the credentialing process	MS.01.01.01, EP 17;		- Description of the qualifica
		MS.01.01.01, EP 18;		staff to recommend that the
	Roles and responsibilities:	MS.01.01.01, EP 19;		- Criteria for determining the
	- Clinically related activities of the department	MS.01.01.01, EP 21;		procedure for applying the c
	- Administratively related activities of the department, unless otherwise provided by	MS.01.01.01, EP 24;		process for reprivileging phy
	the hospital	MS.01.01.01, EP 25;		- Process for credentialing a
	- Continuing surveillance of the professional performance of all individuals in the	MS.01.01.01, EP 26;		practitioners
	department who have delineated clinical privileges	MS.01.01.01, EP 27;		- List of all the officer position
	- Recommending to the medical staff the criteria for clinical privileges that are	MS.01.01.01, EP 36		- Process by which the organ
	relevant to the care provided in the department			the medical staff officers
	- Recommending clinical privileges for each member of the department			- Process for adopting and a
	- Assessing and recommending to the relevant hospital authority off-site sources for			and regulations, and policie
	needed patient care, treatment, and services not provided by the department or the			- The qualifications and role
	organization			applicable
	- Integration of the department or service into the primary functions of the			Note: For hospitals that use
	organization			purposes: Distant-site phys
	- Coordination and integration of interdepartmental and intradepartmental services			telemedicine services unde
	- Development and implementation of policies and procedures that guide and			requirements in 42 CFR 482
	support the provision of care, treatment, and services			
	- Recommendations for a sufficient number of qualified and competent persons to			CoPs: §482.22(c)(1), §482.2
	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.			
	CoPs: §482.26(c)(1), §482.55(a)(3), §482.57(b), §482.62(b)(2)			
MS.01.01.01, EP 37	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved	MS.14.03.01, EP 4	For hospitals that use Joint (
	When a multihospital system has a unified and integrated medical staff, the medical			When a multihospital syster
	staff bylaws include the following requirements: A description of the process by			staff bylaws include the follo
		1	1	

nclude requirements for the composition of the fair hearing

- aff adopts and enforces bylaws to carry out its vs are approved by the governing body and include the
- and privileges of each category of medical staff (for
- ization of the medical staff, including those members who
- ications to be met by a candidate in order for the medical he candidate be appointed by the governing body the privileges to be granted to individual practitioners and a e criteria to individuals requesting privileges, including the hysicians and other licensed practitioners g and recredentialing physicians and other licensed
- itions for the medical staff ganized medical staff selects and/or elects and removes
- d amending the medical staff bylaws, medical staff rules cies
- bles and responsibilities of the department chair, when
- se Joint Commission accreditation for deemed status ysicians and practitioners requesting privileges to provide der an agreement with the hospital are also subject to the 82.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and (a)(4).
- .22(c)(2), §482.22(c)(3), §482.22(c)(4), §482.22(c)(6)

nt Commission accreditation for deemed status purposes: tem has a unified and integrated medical staff, the medical ollowing requirements: A description of the process by bers at each separately accredited hospital (that is, all

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	medical staff members who hold privileges to practice at that specific hospital) are			medical staff members who
	advised of their right to opt out of the unified and integrated medical staff structure			advised of their right to opt
	after a majority vote by the members to maintain a separate and distinct medical			after a majority vote by the
	staff for their respective hospital.			staff for their respective ho
	CoPs: §482.22(b)(4)(ii)			CoPs: §482.22(b)(4)(ii)
MS.01.01.01, EP 38	For hospitals that use Joint Commission accreditation for deemed status purposes:	Consolidation of	MS.14.01.01, EP 3	The medical staff bylaws in
	When the medical staff has chosen to allow an assessment, in lieu of a	MS.01.01.01, EP 16;		- Medical history and physic
	comprehensive medical history and physical examination, for patients receiving	MS.01.01.01, EP 38		PC.11.02.01, EP 2
	specific outpatient surgical or procedural services, the medical staff bylaws specify			- Updated patient examinat
	that an assessment of the patient is completed and documented after registration,			- Assessments in lieu of me
	but prior to surgery or a procedure requiring anesthesia services, when the patient is			described in PC.11.02.01, E
	receiving specific outpatient surgical or procedural services.			Note: The medical history a
	Note: For law and regulation guidance pertaining to the medical history and physical			by a physician (as defined i
	examination, refer to 42 CFR 482.22(c)(5)(i), (ii), (iii), and (v). Refer to "Appendix A:			maxillofacial surgeon, or ot
	Medicare Requirements for Hospitals" (AXA) for full text.			state law and hospital polic
	CoPs: \$482.22(c)(5)(iii)			CoPs: §482.22(c)(5)(i), §482
MS.01.01.03, EP 1	The medical staff bylaws, rules, and regulations are not unilaterally amended.	Moved and Revised	MS.14.02.01, EP 1	The medical staff bylaws, ru
MS.01.01.05, EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	MS.14.03.01, EP 1	For hospitals that use Joint
	If a multihospital system with separately accredited hospitals chooses to establish a			If a multihospital system w
	unified and integrated medical staff, the following occurs: Each separately			unified and integrated med
	accredited hospital within a multihospital system that elects to have a unified and			following occurs: Each sep
	integrated medical staff demonstrates that the medical staff members of each			that elects to have a unified
	hospital (that is, all medical staff members who hold privileges to practice at that			medical staff members of e
	specific hospital) have voted by majority either to accept the unified and integrated			privileges to practice at that
	medical staff structure or to opt out of such a structure and maintain a separate and			with medical staff bylaws, e
	distinct medical staff for their hospital.			structure or to opt out of su medical staff for their hosp
	CoPs: §482.22(b)(4)(i)			
				CoPs: §482.22(b)(4)(i)
MS.01.01.05, EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved	MS.14.03.01, EP 2	For hospitals that use Joint
	If a multihospital system with separately accredited hospitals chooses to establish a			If a multihospital system wi
	unified and integrated medical staff, the following occurs: The unified and integrated			unified and integrated med
	medical staff takes into account each member hospital's unique circumstances and			medical staff takes into acc
	any significant differences in patient populations and services offered in each			any significant differences i
	hospital.			hospital.
	CoPs: §482.22(b)(4)(iii)			CoPs: §482.22(b)(4)(iii)
MS.01.01.05, EP 3	For hospitals that use Joint Commission accreditation for deemed status purposes:	Consolidation of	MS.14.03.01, EP 3	For hospitals that use Joint
	If a multihospital system with separately accredited hospitals chooses to establish a	MS.01.01.05, EP 3;		If a multihospital system wi
	unified and integrated medical staff, the following occurs: The unified and integrated	MS.01.01.05, EP 4		unified and integrated med
	medical staff establishes and implements policies and procedures to make certain			medical staff develops and
	that the needs and concerns expressed by members of the medical staff at each of			make certain that the need
	its separately accredited hospitals, regardless of practice or location, are given due			staff at each of its separate
	consideration.			are duly considered and ad

ho hold privileges to practice at that specific hospital) are ot out of the unified and integrated medical staff structure e members to maintain a separate and distinct medical ospital.

include requirements for the following: sical examination for each patient as described in

ations as described in PC.11.02.01, EP 3 nedical history and physical examinations for patients as , EP 4

and physical examination are completed and documented I in section 1861(r) of the Social Security Act), an oral and other qualified licensed practitioner in accordance with licy.

# 82.22(c)(5)(ii), §482.22(c)(5)(iii)

rules, and regulations are not unilaterally amended. In Commission accreditation for deemed status purposes: with separately accredited hospitals chooses to establish a adical staff, in accordance with state and local laws, the parately accredited hospital within a multihospital system ed and integrated medical staff demonstrates that the f each hospital (that is, all medical staff members who hold hat specific hospital) have voted by majority, in accordance , either to accept the unified and integrated medical staff such a structure and maintain a separate and distinct opital.

nt Commission accreditation for deemed status purposes: with separately accredited hospitals chooses to establish a edical staff, the following occurs: The unified and integrated ccount each member hospital's unique circumstances and s in patient populations and services offered in each

At Commission accreditation for deemed status purposes: with separately accredited hospitals chooses to establish a edical staff, the following occurs: The unified and integrated and implements policies and procedures and mechanisms to ds and concerns expressed by members of the medical tely accredited hospitals, regardless of practice or location, addressed.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MS.01.01.05, EP 4	For hospitals that use Joint Commission accreditation for deemed status purposes:	Consolidation of	MS.14.03.01, EP 3	For hospitals that use Joint (
	If a multihospital system with separately accredited hospitals chooses to establish a	MS.01.01.05, EP 3;		If a multihospital system wit
	unified and integrated medical staff, the following occurs: The unified and integrated	MS.01.01.05, EP 4		unified and integrated medi
	medical staff has mechanisms in place to make certain that issues localized to			medical staff develops and
	particular hospitals within the system are duly considered and addressed.			make certain that the needs
				staff at each of its separatel
	CoPs: §482.22(b)(4)(iv)			are duly considered and add
				CoPs: §482.22(b)(4)(iv)
MS.02.01.01, EP 1	The structure and function of the medical staff executive committee conforms to the	Moved	MS.15.01.01, EP 1	The structure and function of
	medical staff bylaws.			medical staff bylaws.
MS.02.01.01, EP 2	The chief executive officer (CEO) of the hospital or their designee attends each	Moved	MS.15.01.01, EP 2	The chief executive officer (
	medical staff executive committee meeting on an ex-officio basis, with or without a			medical staff executive com
	vote.			vote.
MS.02.01.01, EP 3	All members of the organized medical staff, of any discipline or specialty, are eligible	Consolidation of	MS.15.01.01, EP 3	The majority of voting medic
	for membership on the medical staff executive committee.	MS.01.01.01, EP 22;		doctors of medicine or oste
		MS.02.01.01, EP 3;		Note: All members of the or
		MS.02.01.01, EP 4		eligible for membership on t
				CoPs: §482.22(b)(2)
MS.02.01.01, EP 4	The majority of voting medical staff executive committee members are fully licensed	Consolidation of	MS.15.01.01, EP 3	The majority of voting medic
	doctors of medicine or osteopathy actively practicing in the hospital.	MS.01.01.01, EP 22;		doctors of medicine or oste
		MS.02.01.01, EP 3;		Note: All members of the or
	CoPs: §482.22(b)(2)	MS.02.01.01, EP 4		eligible for membership on t
				CoPs: §482.22(b)(2)
MS.02.01.01, EP 5	The medical staff executive committee acts on behalf of the organized medical staff	Consolidation of	MS.15.01.01, EP 4	The medical staff executive
	between medical staff meetings.	MS.02.01.01, EP 5;		medical staff bylaws, direct
		MS.02.01.01, EP 6;		minimum:
		MS.02.01.01, EP 7;		- Organized medical staff's s
		MS.02.01.01, EP 8;		- Process used to review cre
		MS.02.01.01, EP 9;		- Executive committee's revi
		MS.02.01.01, EP 10;		committees, departments,
		MS.02.01.01, EP 12		
MS.02.01.01, EP 6	The medical staff executive committee has a mechanism to recommend medical	Consolidation of	MS.15.01.01, EP 4	The medical staff executive
	staff membership termination.	MS.02.01.01, EP 5;		medical staff bylaws, direct
		MS.02.01.01, EP 6;		minimum:
		MS.02.01.01, EP 7;		- Organized medical staff's s
		MS.02.01.01, EP 8;		- Process used to review cre
		MS.02.01.01, EP 9;		- Executive committee's rev
		MS.02.01.01, EP 10;		committees, departments, a
		MS.02.01.01, EP 12		
MS.02.01.01, EP 7	The medical staff executive committee requests evaluations of physicians and other	Consolidation of	MS.15.01.01, EP 4	The medical staff executive
	licensed practitioners privileged through the medical staff process in instances	MS.02.01.01, EP 5;		medical staff bylaws, direct
	where there is doubt about an applicant's ability to perform the privileges requested.	MS.02.01.01, EP 6;		minimum:
		MS.02.01.01, EP 7;		- Organized medical staff's s
		MS.02.01.01, EP 8;		- Process used to review cre
		MS.02.01.01, EP 9;		- Executive committee's revi
				committees, departments,

At Commission accreditation for deemed status purposes: with separately accredited hospitals chooses to establish a dical staff, the following occurs: The unified and integrated d implements policies and procedures and mechanisms to ds and concerns expressed by members of the medical cely accredited hospitals, regardless of practice or location, addressed.

n of the medical staff executive committee conforms to the

r (CEO) of the hospital or their designee attends each ommittee meeting on an ex-officio basis, with or without a

dical staff executive committee members are fully licensed teopathy actively practicing in the hospital. organized medical staff, of any discipline or specialty, are n the medical staff executive committee.

dical staff executive committee members are fully licensed teopathy actively practicing in the hospital. organized medical staff, of any discipline or specialty, are n the medical staff executive committee.

*re* committee makes recommendations, as defined in the ctly to the governing body on all of the following, at a

s structure

credentials and delineate privileges

eview of and actions on reports of medical staff

s, and other assigned activity groups

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		MS.02.01.01, EP 10;		
		MS.02.01.01, EP 12		
MS.02.01.01, EP 8	The medical staff executive committee makes recommendations, as defined in the	Consolidation of	MS.15.01.01, EP 4	The medical staff executive
	medical staff bylaws, directly to the governing body on, at least, all of the following:	MS.02.01.01, EP 5;		medical staff bylaws, direct
	Medical staff membership.	MS.02.01.01, EP 6;		minimum:
		MS.02.01.01, EP 7;		- Organized medical staff's s
	CoPs: §482.12(a)(2)	MS.02.01.01, EP 8;		- Process used to review cre
		MS.02.01.01, EP 9;		- Executive committee's revi
		MS.02.01.01, EP 10;		committees, departments, a
		MS.02.01.01, EP 12		
MS.02.01.01, EP 9	The medical staff executive committee makes recommendations, as defined in the	Consolidation of	MS.15.01.01, EP 4	The medical staff executive
	medical staff bylaws, directly to the governing body on, at least, all of the following:	MS.02.01.01, EP 5;		medical staff bylaws, direct
	The organized medical staff's structure.	MS.02.01.01, EP 6;		minimum:
		MS.02.01.01, EP 7;		- Organized medical staff's s
		MS.02.01.01, EP 8;		- Process used to review cre
		MS.02.01.01, EP 9;		- Executive committee's rev
		MS.02.01.01, EP 10;		committees, departments, a
		MS.02.01.01, EP 12		
MS.02.01.01, EP 10	The medical staff executive committee makes recommendations, as defined in the	Consolidation of	MS.15.01.01, EP 4	The medical staff executive
, -	medical staff bylaws, directly to the governing body on, at least, all of the following:	MS.02.01.01, EP 5;	,	medical staff bylaws, direct
	The process used to review credentials and delineate privileges.	MS.02.01.01, EP 6;		minimum:
	····· b·······························	MS.02.01.01, EP 7;		- Organized medical staff's s
		MS.02.01.01, EP 8;		- Process used to review cre
		MS.02.01.01, EP 9;		- Executive committee's revi
		MS.02.01.01, EP 10;		committees, departments, a
		MS.02.01.01, EP 12		
MS.02.01.01, EP 11	The medical staff executive committee makes recommendations, as defined in the	Consolidation of	MS.17.01.03, EP 4	The medical staff examines
,	medical staff bylaws, directly to the governing body on, at least, all of the following:	MS.01.01.01, EP 5;		membership and makes rec
	The delineation of privileges for each physician and other licensed practitioner	MS.02.01.01, EP 11;		appointment of these candi
	privileged through the medical staff process.	MS.06.01.03, EP 1;		practice laws, and the medi
		MS.06.01.03, EP 2;		has been recommended by
	CoPs: §482.12(a)(8), §482.12(a)(9), §482.22(a)(2)	MS.06.01.03, EP 4;		governing body is subject to
	0010.0402.12(u)(0), 0402.12(u)(0), 0402.22(u)(2)	MS.06.01.07, EP 8;		Note: For hospitals that use
		MS.06.01.09, EP 1;		purposes: A candidate who
		MS.06.01.09, EP 2;		has been appointed by the g
		MS.06.01.09, EP 3;		
		MS.06.01.09, EP 4		CoPs: §482.22(a)(2)
MS.02.01.01, EP 12	The medical staff executive committee makes recommendations, as defined in the	Consolidation of	MS.15.01.01, EP 4	The medical staff executive
M3.02.01.01, EF 12	· · ·		M3.15.01.01, EF 4	
	medical staff bylaws, directly to the governing body on, at least, all of the following: The executive committee's review of and actions on reports of medical staff	MS.02.01.01, EP 5;		medical staff bylaws, direct
	committees, departments, and other assigned activity groups.	MS.02.01.01, EP 6; MS.02.01.01, EP 7;		- Organized medical staff's s
	committees, departments, and other assigned activity groups.			-
		MS.02.01.01, EP 8;		- Process used to review cre
		MS.02.01.01, EP 9;		- Executive committee's revi
		MS.02.01.01, EP 10;		committees, departments, a
		MS.02.01.01, EP 12		
MS.03.01.01, EP 1	Physician members of the organized medical staff are designated to perform the	Consolidation of	MS.16.01.01, EP 2	Physician members of the o
	oversight activities of the organized medical staff.	MS.03.01.01, EP 1;		oversight activities of the or
		MS.03.01.01, EP 3		

*r*e committee makes recommendations, as defined in the ctly to the governing body on all of the following, at a

- s structure
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es the credentials of all candidates eligible for medical staff ecommendations to the governing body on the didates, in accordance with state law, including scope-ofedical staff bylaws, rules, and regulations. A candidate who by the medical staff and who has been appointed by the to all medical staff bylaws, rules, and regulations. se Joint Commission accreditation for deemed status to has been recommended by the medical staff and who e governing body is also subject to 42 CFR 482.22(a).

*re* committee makes recommendations, as defined in the ctly to the governing body on all of the following, at a

- s structure
- credentials and delineate privileges
- eview of and actions on reports of medical staff
- s, and other assigned activity groups

e organized medical staff are designated to perform the organized medical staff.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
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.	Moved	MS.16.01.01, EP 3	Physicians and other license privileges as determined thr staff.
	CoPs: \$482.12(c)(2), \$482.12(c)(4)(ii)(A), \$482.22(a)(1), \$482.23(c)(1)(i), \$482.23(c)(1)(ii), \$482.23(c)(2), \$482.51(a)(4), \$482.52(a)(1), \$482.52(a)(2), \$482.52(a)(3), \$482.52(a)(4), \$482.52(a)(5), \$482.52(c)(1), \$482.53(d)(2), \$482.53(d)(4)			
MS.03.01.01, EP 3	Physicians are responsible for the oversight activities of the organized medical staff.	Consolidation of MS.03.01.01, EP 1; MS.03.01.01, EP 3	MS.16.01.01, EP 2	Physician members of the o oversight activities of the or
MS.03.01.01, EP 4	The organized medical staff through its designated mechanisms provides leadership in activities related to patient safety.	Moved and Revised	MS.16.01.01, EP 4	The organized medical staff leadership in activities relat
MS.03.01.01, EP 5	The organized medical staff provides oversight in the process of analyzing and improving patient satisfaction.	Moved	MS.16.01.01, EP 5	The organized medical staff improving patient satisfaction
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. CoPs: §482.24(b)	Consolidation of MS.03.01.01, EP 6; MS.03.01.01, EP 7; MS.03.01.01, EP 8; MS.03.01.01, EP 9; MS.03.01.01, EP 10; MS.03.01.01. EP 11	MS.16.01.01, EP 7	The organized medical staff - Defines when a medical hi countersigned by a physicia - Specifies the minimal cont examinations, which may va including non-inpatient serv - Monitors the quality of med
MS.03.01.01, EP 7	The organized medical staff monitors the quality of medical histories and physical examinations. CoPs: §482.24(b)	Consolidation of MS.03.01.01, EP 6; MS.03.01.01, EP 7; MS.03.01.01, EP 8; MS.03.01.01, EP 9; MS.03.01.01, EP 10; MS.03.01.01, EP 11	MS.16.01.01, EP 7	The organized medical staff - Defines when a medical hi countersigned by a physicia - Specifies the minimal cont examinations, which may va including non-inpatient serv - Monitors the quality of med
MS.03.01.01, EP 8	The medical staff requires that a physician or other licensed practitioner who has been granted privileges by the hospital to do so performs a patient's medical history and physical examination and required updates.	Consolidation of MS.03.01.01, EP 6; MS.03.01.01, EP 7; MS.03.01.01, EP 8; MS.03.01.01, EP 9; MS.03.01.01, EP 10; MS.03.01.01. EP 11	MS.16.01.01, EP 7	The organized medical staff - Defines when a medical hi countersigned by a physicia - Specifies the minimal cont examinations, which may va including non-inpatient serv - Monitors the quality of medical
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. CoPs: §482.22(c)(5)(i)	Consolidation of MS.03.01.01, EP 6; MS.03.01.01, EP 7; MS.03.01.01, EP 8; MS.03.01.01, EP 9; MS.03.01.01, EP 10; MS.03.01.01. EP 11	MS.16.01.01, EP 7	The organized medical staff - Defines when a medical hi countersigned by a physicia - Specifies the minimal cont examinations, which may va including non-inpatient serv - Monitors the quality of med
MS.03.01.01, EP 10	The organized medical staff defines when a medical history and physical examination must be validated and countersigned by a physician with appropriate privileges.	Consolidation of MS.03.01.01, EP 6; MS.03.01.01, EP 7; MS.03.01.01, EP 8; MS.03.01.01, EP 9;	MS.16.01.01, EP 7	The organized medical staff - Defines when a medical hi countersigned by a physicia - Specifies the minimal cont examinations, which may va

nsed practitioners practice only within the scope of their hrough mechanisms defined by the organized medical

organized medical staff are designated to perform the organized medical staff.

aff, through its designated mechanisms, provides ated to patient safety.

aff provides oversight in the process of analyzing and stion.

aff does the following:

history and physical examination must be validated and sian with appropriate privileges

ontent and scope of medical histories and physical

vary by setting or level of care, treatment, and services, ervices

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		MS.03.01.01, EP 10;		including non-inpatient serv
		MS.03.01.01. EP 11		- Monitors the quality of me
MS.03.01.01, EP 11	The organized medical staff defines the scope of the medical history and physical	Consolidation of	MS.16.01.01, EP 7	The organized medical staff
	examination when required for non-inpatient services.	MS.03.01.01, EP 6;		- Defines when a medical h
		MS.03.01.01, EP 7;		countersigned by a physicia
		MS.03.01.01, EP 8;		- Specifies the minimal con
		MS.03.01.01, EP 9;		examinations, which may va
		MS.03.01.01, EP 10;		including non-inpatient serv
		MS.03.01.01. EP 11		- Monitors the quality of me
MS.03.01.01, EP 13	For hospitals that use Joint Commission accreditation for deemed status purposes:	Consolidation of	LD.11.01.01, EP 2	The governing body does th
	When emergency services are provided at the hospital but not at one or more off-	MS.03.01.01, EP 13;		- Approves and is responsib
	campus locations, the medical staff has written policies and procedures for	MS.03.01.01, EP 14;		- Reviews and resolves grie
	appraisal of emergencies, initial treatment, and referral of patients at the off-campus	MS.07.01.01, EP 1;		grievance committee
	locations.	MS.07.01.01, EP 5		- Determines, in accordanc
				eligible candidates for appo
	CoPs: §482.12(f)(3)			- Appoints members of the
				the existing members of the
				- Makes certain that the me
				- Approves medical staff by
				- Makes certain that the me
				quality of care provided to p
				- Makes certain that the crit
				individual character, comp
				- Makes certain that under
				or professional privileges in
				fellowship, or membership
				- Makes certain that the me
				procedures for appraisal of
				the locations without emer
				at the hospital, or are provi
				locations
				CoPs: §482.12(a)(1), §482.1
				\$482.12(a)(6), \$482.12(a)(7)
MS.03.01.01, EP 14	For hospitals that use Joint Commission accreditation for deemed status purposes:	Consolidation of	LD.11.01.01, EP 2	The governing body does th
10.00.01.01, El 14	When emergency services are not provided at the hospital, the medical staff has	MS.03.01.01, EP 13;		- Approves and is responsib
	written policies and procedures for appraisal of emergencies, initial treatment of	MS.03.01.01, EP 14;		- Reviews and resolves grie
	patients, and referral of patients when needed.	MS.07.01.01, EP 1;		grievance committee
	patients, and relefiat of patients when heeded.	MS.07.01.01, EP 5		- Determines, in accordance
	CoPs: §482.12(f)(2)	M3.07.01.01, EP 5		eligible candidates for appo
	GUP 3. 3402. 12(1)(2)			- Appoints members of the
				the existing members of the - Makes certain that the me
				- Approves medical staff by
				- Makes certain that the me
				quality of care provided to p
				- Makes certain that the crit
				individual character, compe
				- Makes certain that under r

#### ervices

nedical histories and physical examinations

- aff does the following:
- history and physical examination must be validated and cian with appropriate privileges
- ontent and scope of medical histories and physical
- vary by setting or level of care, treatment, and services, ervices
- nedical histories and physical examinations
- the following:
- sible for the effective operation of the grievance process ievances, unless it delegates responsibility in writing to a
- nce with state law, which categories of practitioners are pointment to the medical staff
- e medical staff after considering the recommendations of he medical staff
- nedical staff has bylaws
- bylaws and other medical staff rules and regulations
- nedical staff is accountable to the governing body for the patients
- riteria for selection to the medical staff are based on petence, training, experience, and judgment
- r no circumstances is the accordance of staff membership in the hospital dependent solely upon certification,
- p in a specialty body or society
- nedical staff develops and implements written policies and of emergencies, initial treatment, and referral of patients at ergency services when emergency services are not provided *v*ided at the hospital but not at one or more off-campus
- .12(a)(2), \$482.12(a)(3), \$482.12(a)(4), \$482.12(a)(5), 7), \$482.12(f)(2), \$482.12(f)(3), \$482.13(a)(2)
- the following:
- ible for the effective operation of the grievance process evances, unless it delegates responsibility in writing to a
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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				or professional privileges in
				fellowship, or membership i
				- Makes certain that the me
				procedures for appraisal of
				the locations without emerg
				at the hospital, or are provid
				locations
				CoPs: §482.12(a)(1), §482.1
				§482.12(a)(6), §482.12(a)(7)
MS.03.01.01, EP 16	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	MS.16.01.01, EP 11	For hospitals that use Joint
	The medical staff determines the qualifications of the radiology staff who use			The medical staff determine
	equipment and administer procedures.			equipment and administer
	Note: Technologists who perform diagnostic computed tomography exams will, at a			Note: Technologists who pe
	minimum, meet the requirements specified at HR.01.01.01, EP 32.			minimum, meet the require
	CoPs: §482.26(c)(2)			CoPs: §482.26(c)(2)
MS.03.01.01, EP 17	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved	MS.16.01.01, EP 12	For hospitals that use Joint
	The medical staff approves the nuclear services director's specifications for the			The medical staff approves
	qualifications, training, functions, and responsibilities of the nuclear medicine staff.			qualifications, training, fund
	CoPs: §482.53(a)(2)			CoPs: §482.53(a)(2)
MS.03.01.01, EP 18	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved	MS.16.01.01, EP 13	For hospitals that elect The
	Through the privileging process, the organized medical staff determines which			Through the privileging proc
	licensed practitioners are qualified to serve in the role of primary care clinician.			licensed practitioners are q
MS.03.01.01, EP 19	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	MS.16.01.01, EP 10	If the medical staff chooses
	If the medical staff chooses to develop and maintain a policy for the identification of			specific patients to whom the
	specific patients to whom the assessment requirements would apply, in lieu of a			comprehensive medical his
	comprehensive medical history and physical examination, the policy is based on the			following:
	following:			- Patient age, diagnoses, the
	- Patient age, diagnoses, the type and number of surgeries and procedures			scheduled to be performed
	scheduled to be performed, comorbidities, and the level of anesthesia required for			the surgery or procedure
	the surgery or procedure			- Nationally recognized guid
	- Nationally recognized guidelines and standards of practice for assessment of			particular types of patients
	particular types of patients prior to specific outpatient surgeries and procedures			- Applicable state and local
	- Applicable state and local health and safety laws			The hospital demonstrates
	Note: For law and regulation guidance pertaining to the medical history and physical			receiving specific outpatien
	examination, refer to 42 CFR 482.22(c)(5)(iii). Refer to "Appendix A: Medicare			Note: For hospitals that use
	Requirements for Hospitals" (AXA) for full text.			purposes: For law and regul
	CoPs: §482.22(c)(5)(iv), §482.22(c)(5)(v), §482.22(c)(5)(v)(A), §482.22(c)(5)(v)(B),			physical examination at 42 (
	\$482.22(c)(5)(v)(C)			CoPs: §482.22(c)(5)(iv), §48
				§482.22(c)(5)(v)(C)
MS.03.01.03, EP 1	Physicians and clinical psychologists with appropriate privileges manage and	Split to LD.11.01.01,	LD.11.01.01, EP 7	The governing body makes o
	coordinate the patient's care, treatment, and services.	EP 7		licensed practitioners.
	Note: The definition of "physician" is the same as that used by the Centers for			
	Medicare & Medicaid Services (CMS) (refer to the Glossary).			CoPs: §482.12(c)(1)(i), §482
	CoPs: §482.12(c)(1)(i), §482.12(c)(1)(ii), §482.12(c)(1)(iii), §482.12(c)(1)(iv),			§482.12(c)(1)(v), §482.12(c)

in the hospital dependent solely upon certification, p in a specialty body or society

nedical staff develops and implements written policies and of emergencies, initial treatment, and referral of patients at ergency services when emergency services are not provided *v*ided at the hospital but not at one or more off-campus

### 2.12(a)(2), §482.12(a)(3), §482.12(a)(4), §482.12(a)(5), (7), §482.12(f)(2), §482.12(f)(3), §482.13(a)(2)

nt Commission accreditation for deemed status purposes: nes the qualifications of the radiology staff who use er procedures.

perform diagnostic computed tomography exams will, at a rements specified at NPG.13.01.01, EP 1.

at Commission accreditation for deemed status purposes: as the nuclear services director's specifications for the nctions, and responsibilities of the nuclear medicine staff.

The Joint Commission Primary Care Medical Home option: bocess, the organized medical staff determines which qualified to serve in the role of primary care clinician. The sto develop and maintain a policy for the identification of the assessment requirements would apply in lieu of a history and physical examination, the policy is based on the

he type and number of surgeries and procedures ed, comorbidities, and the level of anesthesia required for

uidelines and standards of practice for assessment of ts prior to specific outpatient surgeries and procedures al health and safety laws

es evidence that the policy applies only to those patients ent surgical or procedural services.

se Joint Commission accreditation for deemed status gulation guidance pertaining to the medical history and 2 CFR 482.22(c)(5)(iii), refer to https://www.ecfr.gov/.

482.22(c)(5)(v), §482.22(c)(5)(v)(A), §482.22(c)(5)(v)(B),

s certain that patients are under the care of the appropriate

82.12(c)(1)(ii), \$482.12(c)(1)(iii), \$482.12(c)(1)(iv), c)(1)(vi), \$482.12(c)(2), \$482.12(c)(3), \$482.12(c)(4),

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	§482.12(c)(1)(v), §482.12(c)(1)(vi), §482.12(c)(2), §482.12(c)(2) continued,			§482.12(c)(4)(i), §482.12(c)(
	§482.12(c)(4), §482.12(c)(4)(i), §482.12(c)(4)(ii), §482.12(c)(4)(ii)(A),			§482.12(c)(4)(ii)(C)
	§482.12(c)(4)(ii)(B), §482.12(c)(4)(ii)(C), §482.62(b)			
MS.03.01.03, EP 3	A patient's general medical condition is managed and coordinated by a doctor of	Moved and Revised	MS.16.01.03, EP 3	A doctor of medicine or oste
	medicine or osteopathy. For hospitals that use Joint Commission accreditation for			patient with respect to any
	deemed status purposes: A doctor of medicine or osteopathy manages and			admission or develops duri
	coordinates the care of any Medicare or Medicaid patient's psychiatric problem that			of practice, as defined by th
	is not specifically within the scope of practice of a doctor of dental surgery, dental			doctor of dental surgery, de
	medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR			chiropractor, as limited und
	482.12(c)(1)(v); or a clinical psychologist.			
				CoPs: §482.12(c)(4), §482.1
	CoPs: §482.12(c)(1)(i), §482.12(c)(1)(ii), §482.12(c)(1)(iii), §482.12(c)(1)(iv),			§482.12(c)(4)(ii)(B), §482.12
	\$482.12(c)(1)(v), \$482.12(c)(1)(vi), \$482.12(c)(2), \$482.12(c)(2) continued,			
	\$482.12(c)(4), \$482.12(c)(4)(i), \$482.12(c)(4)(ii), \$482.12(c)(4)(ii)(A),			
	\$482.12(c)(4)(ii)(B), \$482.12(c)(4)(ii)(C), \$482.62(b), \$482.62(c)			
MS.03.01.03, EP 4	The organized medical staff, through its designated mechanism, determines the	Moved and Revised	NPG.12.03.01, EP 5	For psychiatric hospitals the
· · · · · · · · · · · · · · · · · · ·	circumstances under which consultation or management by a doctor of medicine or			purposes: Doctors of medic
	osteopathy, or other licensed practitioner, is required.			staff are available to provide
	······································			treatment services. If medie
	CoPs: §482.62(c)			available within the hospita
				for these services to ensure
				establishes an agreement f
				participates in the Medicare
				CoPs: §482.62(c)
MS.03.01.03, EP 5	Consultation is obtained for the circumstances defined by the organized medical	Consolidation of	LD.13.03.01, EP 1	The hospital provides service
	staff.	LD.04.03.01, EP 2;		arrangements, or other agre
		MS.03.01.03, EP 5;		are organized appropriate to
		MS.03.01.03, EP 6		accordance with accepted
				limited to the following:
				- Outpatient
				- Emergency
				- Medical records
				- Diagnostic and therapeuti
				- Nuclear medicine
				- Surgical
				- Anesthesia
				- Laboratory
				- Respiratory
				- Dietetic
				CoPs: §482.24, §482.24(a),
				\$482.51, \$482.51(a), \$482.5
				§482.53(a), §482.54, §482.5
MS.03.01.03, EP 6	There is coordination of the care, treatment, and services among the staff involved in	Consolidation of	LD.13.03.01, EP 1	The hospital provides servio
	a patient's care, treatment, and services.	LD.04.03.01, EP 2;		arrangements, or other agre
		MS.03.01.03, EP 5;		are organized appropriate to
	CoPs: §482.55(a)(2)	MS.03.01.03, EP 6		accordance with accepted
				limited to the following:

c)(4)(ii), \$482.12(c)(4)(ii)(A), \$482.12(c)(4)(ii)(B),

steopathy is responsible for the care of each Medicare y medical or psychiatric problem that is present on ring hospitalization and is not specifically within the scope the medical staff and in accordance with state law, of a dental medicine, podiatric medicine, or optometry; a nder 42 CFR 12(c)(1)(v); or clinical psychologist.

.12(c)(4)(i), §482.12(c)(4)(ii), §482.12(c)(4)(ii)(A), 12(c)(4)(ii)(C)

that use Joint Commission accreditation for deemed status dicine or osteopathy and other appropriate professional de necessary medical and surgical diagnostic and dical and surgical diagnostic and treatment services are not tal, the hospital has an agreement with an outside source re that they are immediately available, or the hospital t for transferring patients to a general hospital that are program.

vices directly or through referral, consultation, contractual greements that meet the needs of the population(s) served, to the scope and complexity of services offered, and are in d standards of practice. Services may include but are not

itic radiology

), §482.26, §482.26(a), §482.27, §482.27(a), §482.28, .51(b), §482.52, §482.52(a), §482.52(b), §482.53, .55, §482.55(a)(1), §482.55(a)(2), §482.57, §482.57(a) vices directly or through referral, consultation, contractual greements that meet the needs of the population(s) served, to the scope and complexity of services offered, and are in d standards of practice. Services may include but are not

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				- Outpatient
				- Emergency
				- Medical records
				- Diagnostic and therapeuti
				- Nuclear medicine
				- Surgical
				- Anesthesia
				- Laboratory
				- Respiratory
				- Dietetic
				CoPs: §482.24, §482.24(a),
				§482.51, §482.51(a), §482.5
				§482.53(a), §482.54, §482.5
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.	Moved and Revised	MS.16.01.03, EP 2	A doctor of medicine or oste
				CoPs: §482.12(c)(3)
	CoPs: §482.12(c)(3), §482.62(c)			0053.3402.12(0)(3)
MS.03.01.03, EP 13	For hospitals that use Joint Commission accreditation for deemed status purposes:	Split to LD.11.01.01,	LD.11.01.01, EP 7	The governing body makes of
	Patients are admitted to the hospital only on the decision of a licensed practitioner	EP 7; MS.16.01.03,		licensed practitioners.
	permitted by the state to admit patients to a hospital.	EP 1		
				CoPs: §482.12(c)(1)(i), §482
	CoPs: §482.12(c)(2)			§482.12(c)(1)(v), §482.12(c)
				§482.12(c)(4)(i), §482.12(c)(
				§482.12(c)(4)(ii)(C)
MS.03.01.03, EP 13	For hospitals that use Joint Commission accreditation for deemed status purposes:	Split to LD.11.01.01,	MS.16.01.03, EP 1	Patients are admitted to the
	Patients are admitted to the hospital only on the decision of a licensed practitioner	EP 7; MS.16.01.03,		practitioner permitted by th
	permitted by the state to admit patients to a hospital.	EP 1		For hospitals that use Joint
				If a Medicare patient is adm
	CoPs: §482.12(c)(2)			that patient is under the car
		Marcal and David and		CoPs: §482.12(c)(2)
MS.04.01.01, EP 1	The organized medical staff has a defined process for supervision by a physician with	Moved and Revised	MS.16.02.01, EP 1	The organized medical staff
	appropriate clinical privileges of each participant in the program in carrying out			in the program in carrying or
	patient care responsibilities.	Moved and David	MC 10 00 01 FD 0	appropriate clinical privilege
MS.04.01.01, EP 2	Written descriptions of the roles, responsibilities, and patient care activities of the	Moved and Revised	MS.16.02.01, EP 2	The organized medical staff
	participants of graduate education programs are provided to the organized medical			roles, responsibilities, and p
MS.04.01.01, EP 3	staff and hospital staff. The descriptions include identification of mechanisms by which the supervisor(s)	Moved and Revised	MS.16.02.01, EP 3	participants. The written descriptions of t
113.04.01.01, EP 3	and graduate education program director make decisions about each participant's	Moveu and Revised	113.10.02.01, EP 3	graduate education program
	progressive involvement and independence in specific patient care activities.			which the supervisor(s) and
				about each participant's pro
				patient care activities.
MS.04.01.01, EP 4	Organized medical staff rules and regulations and policies delineate participants in	Moved and Revised	MS.16.02.01, EP 4	Organized medical staff rule
1 10.04.01.01, EF 4	professional education programs who may write patient care orders, the		110.10.02.01, EF 4	in professional education p
	circumstances under which they may do so, and what entries, if any, must be countersigned by a supervising physician.			circumstances under wh countersigned by a super

itic radiology

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a), §482.26, §482.26(a), §482.27, §482.27(a), §482.28,
2.51(b), §482.52, §482.52(a), §482.52(b), §482.53,
2.55, §482.55(a)(1), §482.55(a)(2), §482.57, §482.57(a)
steopathy is on duty or on call at all times.
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es certain that patients are under the care of the appropriate

82.12(c)(1)(ii), §482.12(c)(1)(iii), §482.12(c)(1)(iv), (c)(1)(vi), §482.12(c)(2), §482.12(c)(3), §482.12(c)(4), c)(4)(ii), §482.12(c)(4)(ii)(A), §482.12(c)(4)(ii)(B),

the hospital only on the recommendation of a licensed the state to admit patients to a hospital. Int Commission accreditation for deemed status purposes: Imitted by a practitioner not specified in MS.16.01.03, EP 4, care of a doctor of medicine or osteopathy.

aff has a defined process for supervision of each participant out patient care responsibilities by a physician with eges.

aff and hospital staff receive written descriptions of the d patient care activities of graduate education program

of the roles, responsibilities, and patient care activities of am participants include identification of mechanisms by nd graduate education program director make decisions progressive involvement and independence in specific

ules and regulations and policies delineate the participants programs who may write patient care orders, the ch they may do so, and what entries, if any, must be vising physician.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MS.04.01.01, EP 5	There is a mechanism for effective communication between the committee(s)	Moved	MS.16.02.01, EP 5	There is a mechanism for ef
	responsible for professional graduate education and the organized medical staff and			responsible for professiona
	the governing body.			the governing body.
MS.04.01.01, EP 6	There is responsibility for effective communication (whether training occurs at the	Moved and Revised	MS.16.02.01, EP 6	There is responsibility for ef
	organization that is responsible for the professional graduate education program or			governing body, whether tra
	in a participating local or community organization or hospital).			professional graduate educ
	- The professional graduate medical education committee(s) (GMEC) must			organization or hospital, as
	communicate with the medical staff and governing body about the safety and quality			- The professional graduate
	of patient care, treatment, and services provided by, and the related educational and			with the medical staff and g
	supervisory needs of, the participants in professional graduate education programs.			care, treatment, and service
	- If the graduate medical education program uses a community or local participating			supervisory needs of, the pa
	hospital or organization, the person(s) responsible for overseeing the participants			- If the graduate medical ed
	from the program communicates to the organized medical staff and its governing			hospital or organization, the
	body about the patient care, treatment, and services provided by, and the related			from the program communi
	educational and supervisory needs of, its participants in the professional graduate			body about the patient care
	education programs.			educational and supervisor
	Note: The GMEC can represent one or multiple graduate education programs			education programs.
	depending on the number of specialty graduate programs within the organization.			Note: The GMEC can repres
				depending on the number o
MS.04.01.01, EP 7	There is a mechanism for an appropriate person from the community or local	Moved and Revised	MS.16.02.01, EP 7	There is a mechanism for ar
,	hospital or organization to communicate information to the GMEC about the quality		,	hospital or organization to c
	of care, treatment, and services and educational needs of the participants.			education committee about
				educational needs of the pa
MS.04.01.01, EP 8	Information about the quality of care, treatment, and services and educational needs	Moved and Revised	MS.16.02.01, EP 8	Information about the quali
, -	is included in the communication that the GMEC has with the governing board of the		, -	is included in the communi
	sponsoring hospital.			has with the governing boar
MS.04.01.01, EP 9	The medical staff demonstrates compliance with residency review committee	Moved and Revised	MS.16.02.01, EP 9	The medical staff demonstr
	citations.			citations.
	Note: Graduate medical education programs accredited by the Accreditation			Note: Graduate medical edu
	Council on Graduate Medical Education (ACGME), the American Osteopathic			Council on Graduate Medic
	Association (AOA), or the American Dental Association's Commission on Dental			Association (AOA), or the Ar
	Accreditation are expected to be in compliance with the above requirements; the			Accreditation are expected
	hospital should be able to demonstrate compliance with any postgraduate			standard; the hospital shou
	education review committee citations related to this standard.			postgraduate education rev
MS.05.01.01, EP 1	The organized medical staff provides leadership for measuring, assessing, and	Consolidation of	MS.16.03.01, EP 1	The organized medical staff
	improving processes that primarily depend on the activities of one or more	MS.05.01.01, EP 1;		improving processes that pr
	physicians or other licensed practitioners credentialed and privileged through the	MS.05.01.01, EP 2		physicians or other licensed
	medical staff process.			medical staff process.
MS.05.01.01, EP 2	The medical staff is actively involved in the measurement, assessment, and	Consolidation of	MS.16.03.01, EP 1	The organized medical staff
,	improvement of the following: Medical assessment and treatment of patients.	MS.05.01.01, EP 1;	,	improving processes that pr
		MS.05.01.01, EP 2		physicians or other licensed
	CoPs: §482.62(b)(2)			medical staff process.
MS.05.01.01, EP 3	The medical staff is actively involved in the measurement, assessment, and	Consolidation of	MS.16.03.01, EP 5	The organized medical staff
,	improvement of the following: Use of information about adverse privileging decisions	MS.05.01.01, EP 3;		activities:
	for any physician or other licensed practitioner privileged through the medical staff	MS.05.01.01, EP 4;		- Review of findings of the as
	process.	MS.05.01.01, EP 5;		performance. The organized
		MS.05.01.01, EP 6;		this information in the ongo
		MS.05.01.01, EP 7;		practitioner's competence.
		MS.05.01.01, EP 8;		
		· 10.00.01.01, EF 0,		

effective communication between the committee(s) nal graduate education and the organized medical staff and

effective communication with the medical staff and raining occurs at the organization that is responsible for the ucation program or in a participating local or community as follows:

te medical education committee(s) (GMEC) communicates I governing body about the safety and quality of patient ces provided by, and the related educational and participants in professional graduate education programs. education program uses a community or local participating he person(s) responsible for overseeing the participants nicates to the organized medical staff and its governing re, treatment, and services provided by, and the related ory needs of, its participants in the professional graduate

esent one or multiple graduate education programs of specialty graduate programs within the organization. an appropriate person from the community or local communicate information to the graduate medical out the quality of care, treatment, and services and participants.

ality of care, treatment, and services and educational needs nication that the graduate medical education committee ard of the sponsoring hospital.

strates compliance with residency review committee

ducation programs accredited by the Accreditation ical Education (ACGME), the American Osteopathic American Dental Association's Commission on Dental d to be in compliance with the requirements in this ould be able to demonstrate compliance with any eview committee citations related to this standard. aff provides leadership for measuring, assessing, and primarily depend on the activities of one or more ed practitioners credentialed and privileged through the

aff provides leadership for measuring, assessing, and primarily depend on the activities of one or more ed practitioners credentialed and privileged through the

aff participates in the following performance improvement

assessment process that are relevant to an individual's ed medical staff is responsible for determining the use of going evaluation of a physician's or other licensed e.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		MS.05.01.01, EP 9;		- Communication of finding
		MS.05.01.03, EP 1;		improve performance to ap
		MS.05.01.03, EP 4;		
		MS.05.01.01, EP 5;		
MS.05.01.01, EP 4	The medical staff is actively involved in the measurement, assessment, and	Consolidation of	MS.16.03.01, EP 5	The organized medical staf
	improvement of the following: Use of medications.	MS.05.01.01, EP 3;		activities:
		MS.05.01.01, EP 4;		- Review of findings of the a
		MS.05.01.01, EP 5;		performance. The organized
		MS.05.01.01, EP 6;		this information in the ongo
		MS.05.01.01, EP 7;		practitioner's competence.
		MS.05.01.01, EP 8;		- Communication of finding
		MS.05.01.01, EP 9;		improve performance to ap
		MS.05.01.03, EP 1;		
		MS.05.01.03, EP 4;		
		MS.05.01.01, EP 5;		
MS.05.01.01, EP 5	The medical staff is actively involved in the measurement, assessment, and	Consolidation of	MS.16.03.01, EP 5	The organized medical staf
	improvement of the following: Use of blood and blood components.	MS.05.01.01, EP 3;		activities:
		MS.05.01.01, EP 4;		- Review of findings of the a
		MS.05.01.01, EP 5;		performance. The organized
		MS.05.01.01, EP 6;		this information in the ongo
		MS.05.01.01, EP 7;		practitioner's competence.
		MS.05.01.01, EP 7; MS.05.01.01, EP 8;		- Communication of finding
		MS.05.01.01, EP 8, MS.05.01.01, EP 9;		improve performance to ap
		MS.05.01.03, EP 1;		
		MS.05.01.03, EP 4;		
		MS.05.01.01, EP 5;		
MS.05.01.01, EP 6	The medical staff is actively involved in the measurement, assessment, and	Consolidation of	MS.16.03.01, EP 5	The organized medical staf
	improvement of the following: Operative and other procedures.	MS.05.01.01, EP 3;		activities:
		MS.05.01.01, EP 4;		- Review of findings of the a
		MS.05.01.01, EP 5;		performance. The organized
		MS.05.01.01, EP 6;		this information in the ongo
		MS.05.01.01, EP 7;		practitioner's competence.
		MS.05.01.01, EP 8;		- Communication of finding
		MS.05.01.01, EP 9;		improve performance to ap
		MS.05.01.03, EP 1;		
		MS.05.01.03, EP 4;		
		MS.05.01.01, EP 5;		
MS.05.01.01, EP 7	The medical staff is actively involved in the measurement, assessment, and	Split to	MS.16.03.01, EP 5	The organized medical staf
10100101101, 21 /	improvement of the following: Appropriateness of clinical practice patterns.	MS.16.03.01, EP 5;		activities:
		MS.16.01.01, EP 8		- Review of findings of the a
		110.10.01.01, EI 0		
	CoPs: §482.62(b)(2)	110.10.01.01, EF 0		performance. The organized
	CoPs: §482.62(b)(2)			
	CoPs: §482.62(b)(2)			this information in the ongo
	CoPs: §482.62(b)(2)			this information in the ongo practitioner's competence.
	CoPs: §482.62(b)(2)			this information in the ongo practitioner's competence. - Communication of finding
MS.05.01.01. EP 7			MS.16.01.01. EP 8	performance. The organized this information in the ongo practitioner's competence. - Communication of finding improve performance to ap For psychiatric hospitals the
MS.05.01.01, EP 7	The medical staff is actively involved in the measurement, assessment, and	Split to	MS.16.01.01, EP 8	this information in the ongo practitioner's competence. - Communication of finding improve performance to ap For psychiatric hospitals th
MS.05.01.01, EP 7			MS.16.01.01, EP 8	this information in the ongo practitioner's competence. - Communication of finding

ngs, conclusions, recommendations, and actions to ppropriate staff members and the governing body.

aff participates in the following performance improvement

assessment process that are relevant to an individual's ed medical staff is responsible for determining the use of going evaluation of a physician's or other licensed e.

ngs, conclusions, recommendations, and actions to ppropriate staff members and the governing body.

aff participates in the following performance improvement

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that use Joint Commission accreditation for deemed status rector, service chief, or equivalent for inpatient psychiatric aluates the medical staff's treatment and services for ess.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				CoPs: §482.62(b)(2)
MS.05.01.01, EP 8	The medical staff is actively involved in the measurement, assessment, and improvement of the following: Significant departures from established patterns of clinical practice. CoPs: §482.62(b)(2)	Split to MS.16.03.01, EP 5; MS.16.01.01, EP 8	MS.16.03.01, EP 5	The organized medical staff activities: - Review of findings of the as performance. The organized this information in the ongo practitioner's competence. - Communication of finding improve performance to app
MS.05.01.01, EP 8	The medical staff is actively involved in the measurement, assessment, and improvement of the following: Significant departures from established patterns of clinical practice. CoPs: §482.62(b)(2)	Split to MS.16.03.01, EP 5; MS.16.01.01, EP 8	MS.16.01.01, EP 8	For psychiatric hospitals that purposes: The clinical direct services monitors and evalu quality and appropriateness CoPs: §482.62(b)(2)
MS.05.01.01, EP 9	The medical staff is actively involved in the measurement, assessment, and improvement of the following: The use of developed criteria for autopsies.	Consolidation of MS.05.01.01, EP 3; MS.05.01.01, EP 4; MS.05.01.01, EP 5; MS.05.01.01, EP 6; MS.05.01.01, EP 7; MS.05.01.01, EP 8; MS.05.01.01, EP 9; MS.05.01.03, EP 1; MS.05.01.03, EP 4; MS.05.01.01, EP 5;	MS.16.03.01, EP 5	The organized medical staff activities: - Review of findings of the as performance. The organized this information in the ongo practitioner's competence. - Communication of finding improve performance to app
MS.05.01.01, EP 10	Information used as part of the performance improvement mechanisms, measurement, or assessment includes the following: Sentinel event data.	Consolidation of MS.05.01.01, EP 10; MS.05.01.01, EP 11	MS.16.03.01, EP 2	Information used as part of measurement, or assessme
MS.05.01.01, EP 11	Information used as part of the performance improvement mechanisms, measurement, or assessment includes the following: Patient safety data.	Consolidation of MS.05.01.01, EP 10; MS.05.01.01, EP 11	MS.16.03.01, EP 2	Information used as part of measurement, or assessme
MS.05.01.01, EP 18	The medical staff is actively involved in pain assessment, pain management, and safe opioid prescribing through the following: - Participating in the establishment of protocols and quality metrics - Reviewing performance improvement data	Moved	MS.16.03.01, EP 3	The medical staff is actively safe opioid prescribing throu - Participating in the establis - Reviewing performance im
MS.05.01.03, EP 1	The organized medical staff participates in the following activities: Education of patients and families.	Consolidation of MS.05.01.01, EP 3; MS.05.01.01, EP 4; MS.05.01.01, EP 5; MS.05.01.01, EP 6; MS.05.01.01, EP 7; MS.05.01.01, EP 8; MS.05.01.01, EP 9; MS.05.01.03, EP 1; MS.05.01.03, EP 4; MS.05.01.01, EP 5;	MS.16.03.01, EP 5	The organized medical staff activities: - Review of findings of the as performance. The organized this information in the ongo practitioner's competence. - Communication of finding improve performance to app

aff participates in the following performance improvement

assessment process that are relevant to an individual's ed medical staff is responsible for determining the use of going evaluation of a physician's or other licensed e.

ngs, conclusions, recommendations, and actions to ppropriate staff members and the governing body.

that use Joint Commission accreditation for deemed status rector, service chief, or equivalent for inpatient psychiatric aluates the medical staff's treatment and services for ress.

aff participates in the following performance improvement

assessment process that are relevant to an individual's ed medical staff is responsible for determining the use of going evaluation of a physician's or other licensed e.

ngs, conclusions, recommendations, and actions to ppropriate staff members and the governing body.

of the performance improvement mechanisms, nent includes sentinel event data and patient safety data.

of the performance improvement mechanisms, nent includes sentinel event data and patient safety data.

ely involved in pain assessment, pain management, and rough the following:

olishment of protocols and quality metrics improvement data

aff participates in the following performance improvement

assessment process that are relevant to an individual's ed medical staff is responsible for determining the use of going evaluation of a physician's or other licensed e.

ngs, conclusions, recommendations, and actions to ppropriate staff members and the governing body.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MS.05.01.03, EP 2	The organized medical staff participates in the following activities: Coordination of	Deleted EP –	Standard	The management and coord
	care, treatment, and services with other hospital staff, as relevant to the care,	Covered at the	MS.16.03.01	the responsibility of a physic
	treatment, and services of an individual patient.	standard level and		privileges.
		moved to guidance		
		within SPG		
MS.05.01.03, EP 3	The organized medical staff participates in the following activities: Accurate, timely,	Moved and Revised	MS.16.03.01, EP 4	The organized medical staff
	and legible completion of patient's medical records.			and legibly.
	CoPs: §482.24(b)			
MS.05.01.03, EP 4	The organized medical staff participates in the following activities: Review of findings	Consolidation of	MS.16.03.01, EP 5	The organized medical staff
	of the assessment process that are relevant to an individual's performance. The	MS.05.01.01, EP 3;		activities:
	organized medical staff is responsible for determining the use of this information in	MS.05.01.01, EP 4;		- Review of findings of the as
	the ongoing evaluations of a physician's or other licensed practitioner's competence.	MS.05.01.01, EP 5;		performance. The organized
		MS.05.01.01, EP 6;		this information in the ongoin
		MS.05.01.01, EP 7;		practitioner's competence.
		MS.05.01.01, EP 8;		- Communication of finding
		MS.05.01.01, EP 9;		improve performance to ap
		MS.05.01.03, EP 1;		
		MS.05.01.03, EP 4;		
		MS.05.01.01, EP 5;		
MS.05.01.03, EP 5	The organized medical staff participates in the following activities: Communication	Consolidation of	MS.16.03.01, EP 5	The organized medical staff
	of findings, conclusions, recommendations, and actions to improve performance to	MS.05.01.01, EP 3;		activities:
	appropriate staff members and the governing body.	MS.05.01.01, EP 4;		- Review of findings of the as
		MS.05.01.01, EP 5;		performance. The organized
		MS.05.01.01, EP 6;		this information in the ongo
		MS.05.01.01, EP 7;		practitioner's competence.
		MS.05.01.01, EP 8;		- Communication of finding
		MS.05.01.01, EP 9;		improve performance to app
		MS.05.01.03, EP 1;		
		MS.05.01.03, EP 4;		
		MS.05.01.01, EP 5;		
MS.06.01.01, EP 1	There is a process to determine whether sufficient space, equipment, staffing, and	Moved and Revised	MS.17.01.01, EP 1	The hospital has a process t
	financial resources are in place or available within a specified time frame to support			staffing, and financial resou
	each requested privilege.			frame to support each reque
MS.06.01.01, EP 2	The hospital consistently determines the resources needed for each requested	Moved	MS.17.01.01, EP 2	The hospital consistently de
	privilege.	Osussiidatisu of		privilege.
MS.06.01.03, EP 1	The hospital credentials applicants using a clearly defined process.	Consolidation of	MS.17.01.03, EP 4	The medical staff examines
		MS.01.01.01, EP 5;		membership and makes rec
	CoPs: §482.22(a)(2)	MS.02.01.01, EP 11;		appointment of these candi
		MS.06.01.03, EP 1;		practice laws, and the medi
		MS.06.01.03, EP 2;		has been recommended by
		MS.06.01.03, EP 4;		governing body is subject to
		MS.06.01.07, EP 8;		Note: For hospitals that use
		MS.06.01.09, EP 1;		purposes: A candidate who
		MS.06.01.09, EP 2;		has been appointed by the g
		MS.06.01.09, EP 3;		
		MS.06.01.09, EP 4		CoPs: §482.22(a)(2)
MS.06.01.03, EP 2	The credentialing process is based on recommendations by the organized medical	Consolidation of	MS.17.01.03, EP 4	The medical staff examines
	staff.	MS.01.01.01, EP 5;		membership and makes rec

ordination of each patient's care, treatment, and services is sician or other licensed practitioner with appropriate

ff completes patient medical records accurately, timely,

If participates in the following performance improvement

assessment process that are relevant to an individual's ed medical staff is responsible for determining the use of going evaluation of a physician's or other licensed e

ngs, conclusions, recommendations, and actions to ppropriate staff members and the governing body.

If participates in the following performance improvement

assessment process that are relevant to an individual's ed medical staff is responsible for determining the use of going evaluation of a physician's or other licensed e.

ngs, conclusions, recommendations, and actions to ppropriate staff members and the governing body.

s to determine whether sufficient space, equipment, ources are in place or available within a specified time uested privilege.

determines the resources needed for each requested

es the credentials of all candidates eligible for medical staff ecommendations to the governing body on the didates, in accordance with state law, including scope-ofedical staff bylaws, rules, and regulations. A candidate who by the medical staff and who has been appointed by the to all medical staff bylaws, rules, and regulations. se Joint Commission accreditation for deemed status to has been recommended by the medical staff and who e governing body is also subject to 42 CFR 482.22(a).

es the credentials of all candidates eligible for medical staff ecommendations to the governing body on the

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		MS.02.01.01, EP 11;		appointment of these candi
	CoPs: §482.22(a)(2)	MS.06.01.03, EP 1;		practice laws, and the medi
		MS.06.01.03, EP 2;		has been recommended by
		MS.06.01.03, EP 4;		governing body is subject to
		MS.06.01.07, EP 8;		Note: For hospitals that use
		MS.06.01.09, EP 1;		purposes: A candidate who
		MS.06.01.09, EP 2;		has been appointed by the g
		MS.06.01.09, EP 3;		
		MS.06.01.09, EP 4		CoPs: §482.22(a)(2)
MS.06.01.03, EP 3	The credentialing process is approved by the governing body.	Moved and Revised	MS.17.01.03, EP 1	The governing body approve
MS.06.01.03, EP 4	The credentialing process is outlined in the medical staff bylaws.	Consolidation of	MS.17.01.03, EP 4	The medical staff examines
		MS.01.01.01, EP 5;		membership and makes rec
	CoPs: §482.22(a)(2), §482.51(a)(4)	MS.02.01.01, EP 11;		appointment of these candi
		MS.06.01.03, EP 1;		practice laws, and the medi
		MS.06.01.03, EP 2;		has been recommended by
		MS.06.01.03, EP 4;		governing body is subject to
		MS.06.01.07, EP 8;		Note: For hospitals that use
		MS.06.01.09, EP 1;		purposes: A candidate who
		MS.06.01.09, EP 2;		has been appointed by the g
		MS.06.01.09, EP 3;		
		MS.06.01.09, EP 4		CoPs: §482.22(a)(2)
MS.06.01.03, EP 5	The hospital verifies that the physician or other licensed practitioner requesting	Moved and Revised	MS.17.01.03, EP 2	The hospital verifies that the
	approval is the same person identified in the credentialing documents by viewing			approval is the same persor
	one of the following:			one of the following:
	- A current picture hospital ID card			- Current picture hospital ID
	- A valid picture ID issued by a state or federal agency (for example, a driver's license			- Valid picture ID issued by a
	or passport)			passport)
MS.06.01.03, EP 6	The credentialing process requires that the hospital verifies in writing and from the	Moved and Revised	MS.17.01.03, EP 3	The credentialing process re
	primary source whenever feasible, or from a credentials verification organization			primary source whenever fe
	(CVO), the following information:			(CVO), the following information
	- The applicant's current licensure at the time of initial granting, renewal, and			- Current licensure at the tir
	revision of privileges, and at the time of license expiration			and at the time of license ex
	- The applicant's relevant training			- Relevant training
	- The applicant's current competence			- Current competence
	CoPs: §482.11(c), §482.12(a)(6), §482.22(a)(2), §482.58(b)(1), §483.10(d)(1)			CoPs: §482.11(c)
MS.06.01.03, EP 7	For psychiatric hospitals that use Joint Commission accreditation for deemed status	Moved and Revised	MS.17.01.03, EP 6	For psychiatric hospitals that
	purposes: Inpatient psychiatric services are under the direction of a clinical director,			purposes: Inpatient psychia
	service chief, or equivalent who meets the training and experience requirements for			clinical director, service chi
	examination by the American Board of Psychiatry and Neurology or the American			leadership required for an ir
	Osteopathic Board of Neurology and Psychiatry.			and experience requiremen
				and Neurology or the Ameri
	CoPs: §482.62(b), §482.62(b)(1)			number and qualifications of
				provide essential psychiatri
				CoPs: §482.62(b), §482.62(b
				001 3. 3402.02(0), 3402.02(1
MS.06.01.03. EP 9	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	MS.17.01.03. EP 5	
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	Moved and Revised	MS.17.01.03, EP 5	For hospitals that use Joint A full-time, part-time, or cor

didates, in accordance with state law, including scope-ofdical staff bylaws, rules, and regulations. A candidate who by the medical staff and who has been appointed by the to all medical staff bylaws, rules, and regulations. se Joint Commission accreditation for deemed status to has been recommended by the medical staff and who e governing body is also subject to 42 CFR 482.22(a).

ves the credentialing process.

es the credentials of all candidates eligible for medical staff ecommendations to the governing body on the didates, in accordance with state law, including scope-ofedical staff bylaws, rules, and regulations. A candidate who by the medical staff and who has been appointed by the to all medical staff bylaws, rules, and regulations. se Joint Commission accreditation for deemed status to has been recommended by the medical staff and who e governing body is also subject to 42 CFR 482.22(a).

he physician or other licensed practitioner requesting on identified in the credentialing documents by viewing

ID card

a state or federal agency (for example, a driver's license or

requires that the hospital verifies in writing and from the feasible, or from a credentials verification organization mation for the applicant:

time of initial granting, renewal, and revision of privileges expiration

that use Joint Commission accreditation for deemed status niatric services are under the direction and supervision of a hief, or equivalent who is qualified to provide the intensive treatment program and who meets the training ents for examination by the American Board of Psychiatry erican Osteopathic Board of Neurology and Psychiatry. The s of doctors of medicine and osteopathy are adequate to tric services.

## 2(b)(1)

nt Commission accreditation for deemed status purposes: onsulting radiologist, who is a doctor of medicine or ducation and experience in radiology, supervises ionizing

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	radiology services.			radiology services and inter
				require a radiologist's speci
	CoPs: §482.26(c)(1)			0 - D - 6400 00(-)(4)
	All physicians and other licensed practitioners that provide care treatment, and	Moved	MC 17 02 01 FD 0	CoPs: §482.26(c)(1)
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	Moved	MS.17.02.01, EP 9	All physicians and other lice services possess a current
	and regulation.			and regulation.
	CoPs: §482.11(c), §482.22(a)(2)			CoPs: §482.11(c)
MS.06.01.05, EP 2	The hospital, based on recommendations by the organized medical staff and	Moved and Revised	MS.17.02.01, EP 1	The hospital, based on reco
	approval by the governing body, establishes criteria that determine a physician's or			approval by the governing b
	other licensed practitioner's ability to provide patient care, treatment, and services			physician or other licensed
	within the scope of the privilege(s) requested. Evaluation of all of the following are			and services within the sco
	included in the criteria:			following are included in the
	- Current licensure and/or certification, as appropriate, verified with the primary			- Current licensure and/or c
	source			source
	- The applicant's specific relevant training, verified with the primary source			- Specific relevant training,
	- Evidence of physical ability to perform the requested privilege			- Evidence of physical abilit
	- Data from professional practice review by an organization(s) that currently privileges the applicant (if available)			- Data from professional pra
	- Peer and/or faculty recommendation			- Peer and/or faculty recom
	- When renewing privileges, review of the physician's or other licensed practitioner's			- When renewing privileges,
	performance within the hospital			performance within the hos
	CoPs: §482.11(c), §482.12(a)(6), §482.22(a)(2), §482.26(c)(1), §482.54(c)(4)(i)			
MS.06.01.05, EP 3	All of the criteria used are consistently evaluated for all physicians and other	Consolidation of	MS.14.01.01, EP 2	The medical staff bylaws in
	licensed practitioners holding that privilege.	MS.01.01.01, EP 13;		reappointment to the medic
		MS.06.01.05, EP 3;		Note 1: For hospitals that us
	CoPs: §482.22(a)(1), §482.54(c)(4)(i)	MS.07.01.01, EP 4		purposes: The medical staf
				accordance with state law,
				also include other categorie
				other licensed practitioners
				appointment. Note 2: Gender, race, creed
				regarding the granting or de
				CoPs: §482.22(a)
MS.06.01.05, EP 4	The hospital has a clearly defined procedure for processing applications for the	Consolidation of	MS.17.02.01, EP 2	The hospital has a clearly de
	granting, renewal, or revision of clinical privileges.	MS.06.01.05, EP 4;		for processing applications
		MS.06.01.05, EP 5;		
		MS.06.01.05, EP 10;		
		MS.06.01.05, EP 12;		
<u> </u>		MS.06.01.07, EP 2		
MS.06.01.05, EP 5	The procedure for processing applications for the granting, renewal, or revision of	Consolidation of	MS.17.02.01, EP 2	The hospital has a clearly d
	clinical privileges is approved by the organized medical staff.	MS.06.01.05, EP 4;		for processing applications
		MS.06.01.05, EP 5;		
		MS.06.01.05, EP 10;		
		MS.06.01.05, EP 12; MS.06.01.07, EP 2		
		1º15.06.01.07, EP 2		

erprets radiologic tests that the medical staff determine to ecialized knowledge.

censed practitioners that provide care, treatment, and at license, certification, or registration, as required by law

commendations by the organized medical staff and body, develops and implements criteria that determine if a ed practitioner is allowed to provide patient care, treatment, cope of the privilege(s) requested. Evaluation of all of the the criteria:

r certification, as appropriate, verified with the primary

- g, verified with the primary source
- lity to perform the requested privilege
- practice review by an organization(s) that currently
- <sup>:</sup> available)
- mmendation
- es, review of the physician's or other licensed practitioner's ospital

include the qualifications for appointment and discal staff.

use Joint Commission accreditation for deemed status aff is composed of doctors of medicine or osteopathy. In w, including scope of practice laws, the medical staff may ries of physicians, as listed at 42 CFR 482.12(c)(1), and ers who the governing body determines are eligible for

ed, and national origin are not used in making decisions denying of medical staff membership.

defined procedure approved by the organized medical staff ns for the granting, renewal, or revision of clinical privileges.

defined procedure approved by the organized medical staff ns for the granting, renewal, or revision of clinical privileges.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MS.06.01.05, EP 6	An applicant submits a statement that no health problems exist that could affect their ability to perform the privileges requested.	Moved and Revised	MS.17.02.01, EP 3	An applicant submits a state their ability to perform the p
MS.06.01.05, EP 7	The hospital queries the National Practitioner Data Bank (NPDB) in accordance with applicable law and regulation.	Moved	MS.17.02.01, EP 4	The hospital queries the Nat applicable law and regulation
	CoPs: §482.12(a)(6), §482.22(a)(1)			
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.	Consolidation of MS.06.01.05, EP 8; MS.07.01.03, EP 3	MS.18.01.01, EP 3	Peer recommendations incl - Medical/clinical knowledge - Technical and clinical skills - Clinical judgment - Interpersonal skills - Communication skills - Professionalism
MS.06.01.05, EP 9	CoPs: §482.11(c), §482.12(a)(6), §482.22(a)(1), §482.22(a)(2)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 availableCoPs: §482.12(a)(6), §482.22(a)(1), §482.22(a)(2)	Consolidation of MS.06.01.05, EP 9; MS.06.01.11, EP 3; MS.06.01.11, EP 4; MS.06.01.11, EP 5; MS.06.01.11, EP 6; MS.06.01.11, EP 7	MS.17.03.01, EP 3	The following situations are ineligibility for the expedited - There is a current challeng registration. - The applicant has received at another hospital. - The applicant has received clinical privileges. - The hospital determines th excessive number of, profes against the applicant.
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. CoPs: §482.22(a)(1)	Consolidation of MS.06.01.05, EP 4; MS.06.01.05, EP 5; MS.06.01.05, EP 10; MS.06.01.05, EP 12; MS.06.01.07, EP 2	MS.17.02.01, EP 2	The hospital has a clearly de for processing applications
MS.06.01.05, EP 11	Completed applications for privileges are acted on within the time period specified in the medical staff bylaws, rules and regulations, or policies and procedures.	Moved and Revised	MS.17.02.01, EP 5	Completed applications for in the medical staff bylaws,
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.	Consolidation of MS.06.01.05, EP 4; MS.06.01.05, EP 5;	MS.17.02.01, EP 2	The hospital has a clearly de for processing applications
	CoPs: §482.22(a)(1), §482.22(a)(2)	MS.06.01.05, EP 10; MS.06.01.05, EP 12; MS.06.01.07, EP 2		

atement that no health problems exist that could affect privileges requested.

National Practitioner Data Bank (NPDB) in accordance with tion.

nclude the following information: dge vills

re evaluated on a case-by-case basis and usually result in ed process:

nge or a previously successful challenge to licensure or

ed an involuntary termination of medical staff membership

red involuntary limitation, reduction, denial, or loss of

that there has been either an unusual pattern of, or an ressional liability actions resulting in a final judgment

defined procedure approved by the organized medical staff ns for the granting, renewal, or revision of clinical privileges.

or privileges are acted on within the time period specified s, rules, and regulations, or in policies and procedures. defined procedure approved by the organized medical staff ns for the granting, renewal, or revision of clinical privileges.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MS.06.01.05, EP 15	For hospitals that use Joint Commission accreditation for deemed status purposes:	Split to	MS.17.02.01, EP 6	The hospital designates the
	The surgical service maintains a current roster listing each practitioner's surgical	MS.17.02.01, EP 6;		accordance with appropriat
	privileges.	MS.17.02.01, EP 7		laws and regulations. Surge
	Note: The roster may be in paper or electronic format.			- A doctor of medicine or os
				recognized under section 1
	CoPs: §482.51(a)(4)			- A doctor of dental surgery
				- A doctor of podiatric medi
				CoPs: §482.51(a)(4)
MS.06.01.05, EP 15	For hospitals that use Joint Commission accreditation for deemed status purposes:	Split to	MS.17.02.01, EP 7	The surgical service maintai
	The surgical service maintains a current roster listing each practitioner's surgical	MS.17.02.01, EP 6;		privileges.
	privileges.	MS.17.02.01, EP 7		Note: The roster may be in p
	Note: The roster may be in paper or electronic format.			
	$C_{2}D_{2}$ , \$492, 51(a)(4)			CoPs: §482.51(a)(4)
MS.06.01.07, EP 1	CoPs: §482.51(a)(4) The information review and analysis process is clearly defined.	Consolidation of	MS.17.02.03, EP 1	Decisions on membership a
10100101107,21		MS.06.01.07, EP 1;		related to the quality of heal
	CoPs: §482.51(a)(4)	MS.06.01.07, EP 6;		
		MS.06.01.07, EP 7		CoPs: §482.51(a)(4)
MS.06.01.07, EP 2	The hospital, based on recommendations by the organized medical staff and	Consolidation of	MS.17.02.01, EP 2	The hospital has a clearly de
,	approval by the governing body, develops criteria that will be considered in the	MS.06.01.05, EP 4;	,	for processing applications
	decision to grant, limit, or deny a requested privilege.	MS.06.01.05, EP 5;		
	Note: Medical staff membership and professional privileges are not dependent	MS.06.01.05, EP 10;		
	solely upon certification, fellowship, or membership in a specialty body or society.	MS.06.01.05, EP 12;		
		MS.06.01.07, EP 2		
	CoPs: §482.12(a)(7), §482.51(a)(4)			
MS.06.01.07, EP 3	Gender, race, creed, and national origin are not used in making decisions regarding	Moved	MS.17.02.03, EP 2	Gender, race, creed, and na
	the granting or denying of clinical privileges.			the granting or denying of cl
MS.06.01.07, EP 4	The hospital completes the credentialing and privileging decision process in a timely	Moved	MS.17.02.03, EP 3	The hospital completes the
	manner.			manner.
MS.06.01.07, EP 5	The hospital's privilege granting/denial criteria are consistently applied for each	Consolidation of	MS.18.02.01, EP 1	The organized medical staff
	requesting physician or other licensed practitioner.	MS.06.01.07, EP 5;		used for evaluating the perfe
		MS.08.01.01, EP 2		when issues affecting the p
	CoPs: §482.51(a)(4)			
MS.06.01.07, EP 6	Decisions on membership and granting of privileges include criteria that are directly	Consolidation of	MS.17.02.03, EP 1	Decisions on membership a
	related to the quality of health care, treatment, and services.	MS.06.01.07, EP 1;		related to the quality of hea
		MS.06.01.07, EP 6;		
		MS.06.01.07, EP 7		CoPs: §482.51(a)(4)
MS.06.01.07, EP 7	If privileging criteria are used that are unrelated to quality of care, treatment, and	Consolidation of	MS.17.02.03, EP 1	Decisions on membership a
	services or professional competence, evidence exists that the impact of resulting	MS.06.01.07, EP 1;		related to the quality of hea
	decisions on the quality of care, treatment, and services is evaluated.	MS.06.01.07, EP 6;		$O_{2} D_{2} \in S_{4} \otimes O_{2} \subseteq I_{2} \setminus (A)$
	The governing hedwardelegated governing hedwarmittee hee final outherity for	MS.06.01.07, EP 7		CoPs: §482.51(a)(4)
MS.06.01.07, EP 8	The governing body or delegated governing body committee has final authority for	Consolidation of	MS.17.01.03, EP 4	The medical staff examines
	granting, renewing, or denying privileges.	MS.01.01.01, EP 5; MS.02.01.01, EP 11;		membership and makes rec appointment of these candi
	CoPs: §482.12(a)(2), §482.12(a)(8), §482.12(a)(9), §482.22(a)(1), §482.22(a)(2)	MS.02.01.01, EP 11, MS.06.01.03, EP 1;		practice laws, and the medi
	001 3. 3402. 12(a)(2), 3402. 12(a)(0), 3402. 12(a)(3), 3402.22(a)(1), 3402.22(a)(2)	MS.06.01.03, EP 1; MS.06.01.03, EP 2;		has been recommended by
		MS.06.01.03, EP 2; MS.06.01.03, EP 4;		governing body is subject to
		MS.06.01.03, EP 4, MS.06.01.07, EP 8;		Note: For hospitals that use
		113.00.01.07, EP 8;		indle. For nospitals that use

ne practitioners who are allowed to perform surgery, in iate policies and procedures and with scope of practice gery is performed only by the following: osteopathy, including an osteopathic practitioner 1101(a)(7) of the Social Security Act ry or dental medicine dicine

tains a current roster listing each practitioner's surgical

paper or electronic format.

o and granting of privileges include criteria that are directly ealth care, treatment, and services.

defined procedure approved by the organized medical staff is for the granting, renewal, or revision of clinical privileges.

national origin are not used in making decisions regarding clinical privileges.

ne credentialing and privileging decision process in a timely

aff develops and consistently implements criteria to be rformance of physicians or other licensed practitioners provision of safe, high quality patient care are identified.

o and granting of privileges include criteria that are directly ealth care, treatment, and services.

o and granting of privileges include criteria that are directly ealth care, treatment, and services.

es the credentials of all candidates eligible for medical staff ecommendations to the governing body on the didates, in accordance with state law, including scope-ofdical staff bylaws, rules, and regulations. A candidate who by the medical staff and who has been appointed by the to all medical staff bylaws, rules, and regulations. se Joint Commission accreditation for deemed status

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		MS.06.01.09, EP 1;		purposes: A candidate who
		MS.06.01.09, EP 2;		has been appointed by the g
		MS.06.01.09, EP 3;		
		MS.06.01.09, EP 4		CoPs: §482.22(a)(2)
MS.06.01.07, EP 9	Privileges are granted for a period not to exceed three years or for the period required	Consolidation of	MS.18.02.03, EP 1	The medical staff's ongoing
	by law and regulation if shorter.	MS.06.01.07, EP 9;		defined process that facilita
		MS.06.01.09, EP 1;		licensed practitioner's profe
	CoPs: §482.22(a)(1)	MS.06.01.09, EP 2;		Note: Privileges are granted
		MS.06.01.09, EP 3;		required by law and regulati
		MS.06.01.09, EP 4;		
		MS.07.01.01, EP 3;		CoPs: §482.22(a)(1)
		MS.08.01.03, EP 1		
MS.06.01.09, EP 1	Requesting physicians and other licensed practitioners are notified regarding the	Split to	MS.17.01.03, EP 4	The medical staff examines
	granting decision.	MS.17.01.03, EP 4;		membership and makes rec
		MS.18.02.03, EP 1		appointment of these candi
	CoPs: §482.22(a)(1), §482.22(a)(2)			practice laws, and the medi
				has been recommended by
				governing body is subject to
				Note: For hospitals that use
				purposes: A candidate who
				has been appointed by the g
				CoPs: §482.22(a)(2)
MS.06.01.09, EP 1	Requesting physicians and other licensed practitioners are notified regarding the	Split to	MS.18.02.03, EP 1	The medical staff's ongoing
	granting decision.	MS.17.01.03, EP 4;		defined process that facilita
		MS.18.02.03, EP 1		licensed practitioner's profe
	CoPs: §482.22(a)(1), §482.22(a)(2)			Note: Privileges are granted
				required by law and regulati
				CoPs: §482.22(a)(1)
MS.06.01.09, EP 2	In the case of privilege denial, the applicant is informed of the reason for denial.	Split to	MS.17.01.03, EP 4	The medical staff examines
		MS.17.01.03, EP 4;		membership and makes rec
	CoPs: §482.22(a)(1), §482.22(a)(2)	MS.18.02.03, EP 1		appointment of these candi
				practice laws, and the medi
				has been recommended by
				governing body is subject to
				Note: For hospitals that use
				purposes: A candidate who
				has been appointed by the g
				CoPs: §482.22(a)(2)
MS.06.01.09, EP 2	In the case of privilege denial, the applicant is informed of the reason for denial.	Split to	MS.18.02.03, EP 1	The medical staff's ongoing
		MS.17.01.03, EP 4;		defined process that facilita
	CoPs: §482.22(a)(1), §482.22(a)(2)	MS.18.02.03, EP 1		licensed practitioner's profe
				Note: Privileges are granted
				required by law and regulati
				required by law and regulati

no has been recommended by the medical staff and who e governing body is also subject to 42 CFR 482.22(a).

ng professional practice evaluation includes a clearly itates the periodic evaluation of each physician's or other ofessional practice.

ed for a period not to exceed three years or for the period ation if shorter.

es the credentials of all candidates eligible for medical staff ecommendations to the governing body on the didates, in accordance with state law, including scope-ofedical staff bylaws, rules, and regulations. A candidate who by the medical staff and who has been appointed by the to all medical staff bylaws, rules, and regulations. se Joint Commission accreditation for deemed status to has been recommended by the medical staff and who e governing body is also subject to 42 CFR 482.22(a).

ng professional practice evaluation includes a clearly itates the periodic evaluation of each physician's or other ofessional practice.

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ed for a period not to exceed three years or for the period ation if shorter.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
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. CoPs: §482.22(a)(1), §482.22(a)(2), §482.51(a)(4)	Split to MS.17.01.03, EP 4; MS.18.02.03, EP 1	MS.17.01.03, EP 4	The medical staff examines membership and makes rec appointment of these candi practice laws, and the medi has been recommended by governing body is subject to Note: For hospitals that use purposes: A candidate who has been appointed by the g
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. CoPs: §482.22(a)(1), §482.22(a)(2), §482.51(a)(4)	Split to MS.17.01.03, EP 4; MS.18.02.03, EP 1	MS.18.02.03, EP 1	The medical staff's ongoing defined process that facilita licensed practitioner's profe Note: Privileges are granted required by law and regulati
MS.06.01.09, EP 4	The process to disseminate all granting, modification, or restriction decisions is approved by the organized medical staff. CoPs: §482.22(a)(1), §482.22(a)(2)	Split to MS.17.01.03, EP 4; MS.18.02.03, EP 1	MS.17.01.03, EP 4	The medical staff examines membership and makes rec appointment of these candi practice laws, and the medi has been recommended by governing body is subject to Note: For hospitals that use purposes: A candidate who has been appointed by the g
MS.06.01.09, EP 4	The process to disseminate all granting, modification, or restriction decisions is approved by the organized medical staff. CoPs: §482.22(a)(1), §482.22(a)(2)	Split to MS.17.01.03, EP 4; MS.18.02.03, EP 1	MS.18.02.03, EP 1	The medical staff's ongoing defined process that facilita licensed practitioner's profe Note: Privileges are granted required by law and regulati
MS.06.01.09, EP 5	The hospital makes the physician or other licensed practitioner aware of available due process or, when applicable, the option to implement the Fair Hearing and Appeal Process for Adverse Privileging Decisions.	Deleted EP - Covered at the standard level and moved to guidance within SPG	Standard MS.18.04.01	There are mechanisms for a decisions regarding reappoi privileges that may relate to
MS.06.01.11, EP 1	The organized medical staff develops criteria for an expedited process for granting privileges. Note: To expedite initial appointments to membership and granting of privileges, reappointment to membership, or renewal or modification of privileges, the governing body may delegate the authority to render those decisions to a committee of at least two voting members of the governing body.	Moved and Revised	MS.17.03.01, EP 1	The organized medical staff process for granting privileg Note: To expedite initial app reappointment to members governing body may delegat of at least two voting memb
MS.06.01.11, EP 2	The criteria provide that an applicant for privileges is ineligible for the expedited process if any of the following has occurred:	Moved and Revised	MS.17.03.01, EP 2	The criteria provide that an a process if any of the followir

es the credentials of all candidates eligible for medical staff ecommendations to the governing body on the ididates, in accordance with state law, including scope-ofedical staff bylaws, rules, and regulations. A candidate who by the medical staff and who has been appointed by the to all medical staff bylaws, rules, and regulations. se Joint Commission accreditation for deemed status to has been recommended by the medical staff and who e governing body is also subject to 42 CFR 482.22(a).

ng professional practice evaluation includes a clearly itates the periodic evaluation of each physician's or other ofessional practice.

ed for a period not to exceed three years or for the period ation if shorter.

es the credentials of all candidates eligible for medical staff ecommendations to the governing body on the didates, in accordance with state law, including scope-ofedical staff bylaws, rules, and regulations. A candidate who by the medical staff and who has been appointed by the to all medical staff bylaws, rules, and regulations. se Joint Commission accreditation for deemed status to has been recommended by the medical staff and who e governing body is also subject to 42 CFR 482.22(a).

ng professional practice evaluation includes a clearly itates the periodic evaluation of each physician's or other ofessional practice.

ed for a period not to exceed three years or for the period ation if shorter.

r a fair hearing and appeal process to address adverse pointment, denial, reduction, suspension, or revocation of to quality of care, treatment, and services issues.

aff develops and implements criteria for an expedited eges.

opointments to membership and granting of privileges, rship, or renewal or modification of privileges, the

gate the authority to render those decisions to a committee obers of the governing body.

n applicant for privileges is ineligible for the expedited ving has occurred:

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- The applicant submits an incomplete application. - The medical staff executive committee makes a final recommendation that is			- The applicant submits an - The medical staff executiv
	adverse or has limitations			adverse or has limitations.
MS.06.01.11, EP 3	The following situations are evaluated on a case-by-case basis and usually result in	Consolidation of	MS.17.03.01, EP 3	The following situations are
	ineligibility for the expedited process: There is a current challenge or a previously	MS.06.01.05, EP 9;		ineligibility for the expedite
	successful challenge to licensure or registration.	MS.06.01.11, EP 3;		- There is a current challen
		MS.06.01.11, EP 4;		registration.
		MS.06.01.11, EP 5;		- The applicant has receive
		MS.06.01.11, EP 6;		at another hospital.
		MS.06.01.11, EP 7		- The applicant has receive
				clinical privileges.
				- The hospital determines t
				excessive number of, profe
				against the applicant.
MS.06.01.11, EP 4	The following situations are evaluated on a case-by-case basis and usually result in	Consolidation of	MS.17.03.01, EP 3	The following situations are
	ineligibility for the expedited process: The applicant has received an involuntary	MS.06.01.05, EP 9;		ineligibility for the expedite
	termination of medical staff membership at another hospital.	MS.06.01.11, EP 3;		- There is a current challeng
		MS.06.01.11, EP 4; MS.06.01.11, EP 5;		registration. - The applicant has receive
		MS.06.01.11, EP 6;		at another hospital.
		MS.06.01.11, EP 7		- The applicant has received
				clinical privileges.
				- The hospital determines t
				excessive number of, profe
				against the applicant.
MS.06.01.11, EP 5	The following situations are evaluated on a case-by-case basis and usually result in	Consolidation of	MS.17.03.01, EP 3	The following situations are
	ineligibility for the expedited process: The applicant has received involuntary	MS.06.01.05, EP 9;		ineligibility for the expedite
	limitation, reduction, denial, or loss of clinical privileges.	MS.06.01.11, EP 3;		- There is a current challen
		MS.06.01.11, EP 4;		registration.
		MS.06.01.11, EP 5;		- The applicant has receive
		MS.06.01.11, EP 6;		at another hospital.
		MS.06.01.11, EP 7		- The applicant has received
				clinical privileges. - The hospital determines t
				excessive number of, profe
				against the applicant.
MS.06.01.11, EP 6	The following situations are evaluated on a case-by-case basis and usually result in	Consolidation of	MS.17.03.01, EP 3	The following situations are
,	ineligibility for the expedited process: The hospital determines that there has been	MS.06.01.05, EP 9;		ineligibility for the expedite
	either an unusual pattern of, or an excessive number of, professional liability actions	MS.06.01.11, EP 3;		- There is a current challeng
	resulting in a final judgment against the applicant.	MS.06.01.11, EP 4;		registration.
		MS.06.01.11, EP 5;		- The applicant has receive
		MS.06.01.11, EP 6;		at another hospital.
		MS.06.01.11, EP 7		- The applicant has receive
				clinical privileges.
				- The hospital determines the
				excessive number of, profe
		Concelidation of		against the applicant.
MS.06.01.11, EP 7	The organized medical staff uses the criteria developed for the expedited process	Consolidation of	MS.17.03.01, EP 3	The following situations are
	when recommending privileges.	MS.06.01.05, EP 9;		ineligibility for the expedite

n incomplete application.

ive committee makes a final recommendation that is

re evaluated on a case-by-case basis and usually result in red process:

nge or a previously successful challenge to licensure or

ed an involuntary termination of medical staff membership

ed involuntary limitation, reduction, denial, or loss of

that there has been either an unusual pattern of, or an essional liability actions resulting in a final judgment

re evaluated on a case-by-case basis and usually result in red process:

nge or a previously successful challenge to licensure or

ed an involuntary termination of medical staff membership

ed involuntary limitation, reduction, denial, or loss of

that there has been either an unusual pattern of, or an essional liability actions resulting in a final judgment

re evaluated on a case-by-case basis and usually result in ed process:

nge or a previously successful challenge to licensure or

ed an involuntary termination of medical staff membership

ed involuntary limitation, reduction, denial, or loss of

that there has been either an unusual pattern of, or an essional liability actions resulting in a final judgment

re evaluated on a case-by-case basis and usually result in ed process:

nge or a previously successful challenge to licensure or

ed an involuntary termination of medical staff membership

ed involuntary limitation, reduction, denial, or loss of

that there has been either an unusual pattern of, or an essional liability actions resulting in a final judgment

re evaluated on a case-by-case basis and usually result in ed process:

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		MS.06.01.11, EP 3;		- There is a current challeng
		MS.06.01.11, EP 4;		registration.
		MS.06.01.11, EP 5;		- The applicant has received
		MS.06.01.11, EP 6;		at another hospital.
		MS.06.01.11, EP 7		- The applicant has received
				clinical privileges.
				- The hospital determines th
				excessive number of, profes
				against the applicant.
MS.06.01.13, EP 1	Temporary privileges are granted to meet an important patient care need for the time	Moved and Revised	MS.17.04.01, EP 1	Temporary privileges are gra
	period defined in the medical staff bylaws.			period defined in the medic
MS.06.01.13, EP 2	When temporary privileges are granted to meet an important care need, the	Moved	MS.17.04.01, EP 2	When temporary privileges
	organized medical staff verifies current licensure and current competence.			organized medical staff veri
MS.06.01.13, EP 3	Temporary privileges for applicants for new privileges may be granted while awaiting	Moved and Revised	MS.17.04.01, EP 3	Temporary privileges may be
	review and approval by the organized medical staff upon verification of the following:			review and approval by the o
	- Current licensure			- Current licensure
	- Relevant training or experience			- Relevant training or experie
	- Current competence			- Current competence
	- Ability to perform the privileges requested			- Ability to perform the privil
	- Other criteria required by the medical staff bylaws			- Other criteria required by t
	- A query and evaluation of the National Practitioner Data Bank (NPDB) information			- A query and evaluation of t
	- A complete application			- A complete application
	- No current or previously successful challenge to licensure or registration			- No current or previously su
	- No subjection to involuntary termination of medical staff membership at another			- No subjection to involunta
	organization			organization
	- No subjection to involuntary limitation, reduction, denial, or loss of clinical			- No subjection to involunta
	privileges			privileges
MS.06.01.13, EP 4	All temporary privileges are granted by the chief executive officer or authorized	Moved	MS.17.04.01, EP 4	All temporary privileges are
·	designee.			designee.
MS.06.01.13, EP 5	All temporary privileges are granted on the recommendation of the medical staff	Moved	MS.17.04.01, EP 5	All temporary privileges are
· · · · · · · · · · · · · · · · · · ·	president or authorized designee.		, -	president or authorized des
MS.06.01.13, EP 6	Temporary privileges for applicants for new privileges are granted for no more than	Moved	MS.17.04.01, EP 6	Temporary privileges for app
	120 days.			120 days.
MS.07.01.01, EP 1	The organized medical staff develops criteria for medical staff membership.	Consolidation of	LD.11.01.01, EP 2	The governing body does th
<b>,</b>	Note: Medical staff membership and professional privileges are not dependent	MS.03.01.01, EP 13;		- Approves and is responsib
	solely upon certification, fellowship, or membership in a specialty body or society.	MS.03.01.01, EP 14;		- Reviews and resolves griev
	n galan a an	MS.07.01.01, EP 1;		grievance committee
	CoPs: §482.12(a)(7), §482.22(a), §482.22(a)(2), §482.22(c)(4)	MS.07.01.01, EP 5		- Determines, in accordanc
				eligible candidates for appo
				- Appoints members of the
				the existing members of the
				- Makes certain that the me
				- Approves medical staff by
				- Makes certain that the me
				quality of care provided to p
				- Makes certain that the crit
				individual character, compe
				- Makes certain that under r
				or professional privileges in

nge or a previously successful challenge to licensure or

ed an involuntary termination of medical staff membership

ed involuntary limitation, reduction, denial, or loss of

that there has been either an unusual pattern of, or an essional liability actions resulting in a final judgment

ranted to meet an important patient care need for a time ical staff bylaws.

s are granted to meet an important care need, the erifies current licensure and current competence.

be granted to applicants for new privileges while awaiting e organized medical staff upon verification of the following:

rience

vileges requested

y the medical staff bylaws

of the National Practitioner Data Bank (NPDB) information

successful challenge to licensure or registration tary termination of medical staff membership at another

tary limitation, reduction, denial, or loss of clinical

re granted by the chief executive officer or authorized

re granted on the recommendation of the medical staff esignee.

pplicants for new privileges are granted for no more than

the following:

ible for the effective operation of the grievance process evances, unless it delegates responsibility in writing to a

nce with state law, which categories of practitioners are pointment to the medical staff

e medical staff after considering the recommendations of he medical staff

nedical staff has bylaws

ylaws and other medical staff rules and regulations

nedical staff is accountable to the governing body for the patients

riteria for selection to the medical staff are based on petence, training, experience, and judgment

r no circumstances is the accordance of staff membership in the hospital dependent solely upon certification,

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				fellowship, or membership - Makes certain that the me procedures for appraisal of the locations without emerg at the hospital, or are provid locations
				CoPs: §482.12(a)(1), §482.1 §482.12(a)(6), §482.12(a)(7)
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.	Consolidation of MS.01.01.01, EP 5; MS.01.01.01, EP 7;	MS.16.01.01, EP 1	The hospital has an organize the governing body and that the hospital.
	CoPs: §482.22(a)(2)	MS.07.01.01, EP 2		CoPs: §482.22
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.CoPs: §482.22(a)(2)	Consolidation of MS.06.01.07, EP 9; MS.06.01.09, EP 1; MS.06.01.09, EP 2; MS.06.01.09, EP 3;	MS.18.02.03, EP 1	The medical staff's ongoing defined process that facilita licensed practitioner's profe Note: Privileges are granted required by law and regulati
		MS.06.01.09, EP 4; MS.07.01.01, EP 3; MS.08.01.03, EP 1		CoPs: §482.22(a)(1)
MS.07.01.01, EP 4	Gender, race, creed, and national origin are not used in making decisions regarding the granting or denying of medical staff membership.	Consolidation of MS.01.01.01, EP 13; MS.06.01.05, EP 3; MS.07.01.01, EP 4	MS.14.01.01, EP 2	The medical staff bylaws ind reappointment to the medic Note 1: For hospitals that us purposes: The medical staff accordance with state law, also include other categorie other licensed practitioners appointment. Note 2: Gender, race, creed regarding the granting or de
MS.07.01.01, EP 5	Membership is recommended by the medical staff and granted by the governing body.	Consolidation of MS.03.01.01, EP 13;	LD.11.01.01, EP 2	CoPs: §482.22(a) The governing body does the - Approves and is responsib
	CoPs: §482.12(a)(2), §482.22(a), §482.22(a)(2)	MS.03.01.01, EP 14; MS.07.01.01, EP 1; MS.07.01.01, EP 5		<ul> <li>Reviews and resolves grieved grievance committee</li> <li>Determines, in accordance eligible candidates for appoints members of the resisting members of the resisting members of the existing members of the existin</li></ul>

## p in a specialty body or society

nedical staff develops and implements written policies and of emergencies, initial treatment, and referral of patients at ergency services when emergency services are not provided *v*ided at the hospital but not at one or more off-campus

2.12(a)(2), §482.12(a)(3), §482.12(a)(4), §482.12(a)(5), (7), §482.12(f)(2), §482.12(f)(3), §482.13(a)(2)

ized medical staff that operates under bylaws approved by at is responsible for the quality of medical care provided by

ng professional practice evaluation includes a clearly itates the periodic evaluation of each physician's or other ofessional practice.

ed for a period not to exceed three years or for the period ation if shorter.

include the qualifications for appointment and dical staff.

use Joint Commission accreditation for deemed status aff is composed of doctors of medicine or osteopathy. In v, including scope of practice laws, the medical staff may ries of physicians, as listed at 42 CFR 482.12(c)(1), and ers who the governing body determines are eligible for

ed, and national origin are not used in making decisions lenying of medical staff membership.

the following:

sible for the effective operation of the grievance process ievances, unless it delegates responsibility in writing to a

nce with state law, which categories of practitioners are pointment to the medical staff

e medical staff after considering the recommendations of he medical staff

nedical staff has bylaws

ylaws and other medical staff rules and regulations

nedical staff is accountable to the governing body for the patients

riteria for selection to the medical staff are based on petence, training, experience, and judgment

r no circumstances is the accordance of staff membership

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				or professional privileges in
				fellowship, or membership i
				- Makes certain that the me
				procedures for appraisal of
				the locations without emerged
				at the hospital, or are provid
				locations
				CoPs: §482.12(a)(1), §482.1
				\$482.12(a)(6), \$482.12(a)(7)
MS.07.01.03, EP 1	Recommendations from peers are obtained and evaluated for all new applicants for privileges.	Moved	MS.18.01.01, EP 1	Recommendations from pe privileges.
MS.07.01.03, EP 2	Upon renewal of privileges, when insufficient physician- or other licensed	Moved	MS.18.01.01, EP 2	Upon renewal of privileges,
	practitioner-specific data are available, the medical staff obtains and evaluates peer			practitioner-specific data ar
	recommendations.			recommendations.
MS.07.01.03, EP 3	Peer recommendations include the following information:	Consolidation of	MS.18.01.01, EP 3	Peer recommendations incl
	- Medical/clinical knowledge	MS.06.01.05, EP 8;		- Medical/clinical knowledg
	- Technical and clinical skills	MS.07.01.03, EP 3		- Technical and clinical skill
	- Clinical judgment			- Clinical judgment
	- Interpersonal skills			- Interpersonal skills
	- Communication skills			- Communication skills
	- Professionalism			- Professionalism
MS.07.01.03, EP 4	Peer recommendations are obtained from a physician or other licensed practitioner	Moved	MS.18.01.01, EP 4	Peer recommendations are
	in the same professional discipline as the applicant with personal knowledge of the			in the same professional dis
	applicant's ability to practice.			applicant's ability to practic
MS.08.01.01, EP 1	A period of focused professional practice evaluation is implemented for all initially	Moved and Revised	MS.18.02.01, EP 2	A period of focused profess
	requested privileges.			requested privileges.
	CoPs: §482.22(a)(1)			
MS.08.01.01, EP 2	The organized medical staff develops criteria to be used for evaluating the	Consolidation of	MS.18.02.01, EP 1	The organized medical staff
	performance of physicians or other licensed practitioners when issues affecting the	MS.06.01.07, EP 5;		used for evaluating the perfe
	provision of safe, high quality patient care are identified.	MS.08.01.01, EP 2		when issues affecting the p
MS.08.01.01, EP 3	The performance monitoring process is clearly defined and includes each of the	Consolidation of	MS.18.02.01, EP 3	The performance monitorin
	following elements:	MS.08.01.01, EP 3;		following elements:
	- Criteria for conducting performance monitoring	MS.08.01.01, EP 6;		- Criteria for conducting per
	- Method for establishing a monitoring plan specific to the requested privilege	MS.09.01.01, EP 2		_
	<ul> <li>Method for establishing a monitoring plan specific to the requested privilege</li> <li>Method for determining the duration of performance monitoring</li> </ul>			- Method for establishing a r - Method for determining the
	<ul> <li>Method for establishing a monitoring plan specific to the requested privilege</li> <li>Method for determining the duration of performance monitoring</li> <li>Circumstances under which monitoring by an external source is required</li> </ul>	MS.09.01.01, EP 2		- Method for determining the - Circumstances under which
MS.08.01.01, EP 4	<ul> <li>Method for establishing a monitoring plan specific to the requested privilege</li> <li>Method for determining the duration of performance monitoring</li> <li>Circumstances under which monitoring by an external source is required</li> <li>Focused professional practice evaluation is consistently implemented in</li> </ul>	MS.09.01.01, EP 2 Deleted EP -	Standard	<ul> <li>Method for determining the</li> <li>Circumstances under which</li> <li>The organized medical staff</li> </ul>
MS.08.01.01, EP 4	<ul> <li>Method for establishing a monitoring plan specific to the requested privilege</li> <li>Method for determining the duration of performance monitoring</li> <li>Circumstances under which monitoring by an external source is required</li> <li>Focused professional practice evaluation is consistently implemented in accordance with the criteria and requirements defined by the organized medical</li> </ul>	MS.09.01.01, EP 2 Deleted EP - Covered under the	Standard MS.18.02.01	<ul> <li>Method for determining th</li> <li>Circumstances under white</li> <li>The organized medical staff</li> </ul>
MS.08.01.01, EP 4	<ul> <li>Method for establishing a monitoring plan specific to the requested privilege</li> <li>Method for determining the duration of performance monitoring</li> <li>Circumstances under which monitoring by an external source is required</li> <li>Focused professional practice evaluation is consistently implemented in</li> </ul>	MS.09.01.01, EP 2 Deleted EP - Covered under the standard and moved		<ul> <li>Method for determining the</li> <li>Circumstances under which</li> <li>The organized medical staff</li> </ul>
MS.08.01.01, EP 4	<ul> <li>Method for establishing a monitoring plan specific to the requested privilege</li> <li>Method for determining the duration of performance monitoring</li> <li>Circumstances under which monitoring by an external source is required</li> <li>Focused professional practice evaluation is consistently implemented in accordance with the criteria and requirements defined by the organized medical staff.</li> </ul>	MS.09.01.01, EP 2 Deleted EP - Covered under the standard and moved to guidance within		- Method for determining the - Circumstances under which
	<ul> <li>Method for establishing a monitoring plan specific to the requested privilege</li> <li>Method for determining the duration of performance monitoring</li> <li>Circumstances under which monitoring by an external source is required</li> <li>Focused professional practice evaluation is consistently implemented in accordance with the criteria and requirements defined by the organized medical staff.</li> <li>CoPs: §482.22(a)(1)</li> </ul>	MS.09.01.01, EP 2 Deleted EP - Covered under the standard and moved to guidance within SPG	MS.18.02.01	- Method for determining th - Circumstances under white The organized medical staff evaluation of a physician's o
	<ul> <li>Method for establishing a monitoring plan specific to the requested privilege</li> <li>Method for determining the duration of performance monitoring</li> <li>Circumstances under which monitoring by an external source is required</li> <li>Focused professional practice evaluation is consistently implemented in accordance with the criteria and requirements defined by the organized medical staff.</li> <li>CoPs: §482.22(a)(1)</li> <li>The triggers that indicate the need for performance monitoring are clearly defined.</li> </ul>	MS.09.01.01, EP 2 Deleted EP - Covered under the standard and moved to guidance within		<ul> <li>Method for determining the</li> <li>Circumstances under which</li> <li>The organized medical staff</li> <li>evaluation of a physician's of</li> <li>The triggers that indicate the</li> </ul>
MS.08.01.01, EP 5	<ul> <li>Method for establishing a monitoring plan specific to the requested privilege</li> <li>Method for determining the duration of performance monitoring</li> <li>Circumstances under which monitoring by an external source is required</li> <li>Focused professional practice evaluation is consistently implemented in accordance with the criteria and requirements defined by the organized medical staff.</li> <li>CoPs: §482.22(a)(1)</li> <li>The triggers that indicate the need for performance monitoring are clearly defined. Note: Triggers can be single incidents or evidence of a clinical practice trend.</li> </ul>	MS.09.01.01, EP 2 Deleted EP - Covered under the standard and moved to guidance within SPG Moved	MS.18.02.01 MS.18.02.01, EP 4	<ul> <li>Method for determining the</li> <li>Circumstances under which</li> <li>The organized medical staff</li> <li>evaluation of a physician's of</li> <li>The triggers that indicate the</li> <li>Note: Triggers can be single</li> </ul>
	<ul> <li>Method for establishing a monitoring plan specific to the requested privilege</li> <li>Method for determining the duration of performance monitoring</li> <li>Circumstances under which monitoring by an external source is required</li> <li>Focused professional practice evaluation is consistently implemented in accordance with the criteria and requirements defined by the organized medical staff.</li> <li>CoPs: \$482.22(a)(1)</li> <li>The triggers that indicate the need for performance monitoring are clearly defined. Note: Triggers can be single incidents or evidence of a clinical practice trend.</li> <li>The decision to assign a period of performance monitoring to further assess current</li> </ul>	MS.09.01.01, EP 2 Deleted EP - Covered under the standard and moved to guidance within SPG Moved Consolidation of	MS.18.02.01	<ul> <li>Method for determining the</li> <li>Circumstances under which</li> <li>The organized medical staff</li> <li>evaluation of a physician's of</li> <li>The triggers that indicate the</li> <li>Note: Triggers can be single</li> <li>The performance monitoring</li> </ul>
MS.08.01.01, EP 5	<ul> <li>Method for establishing a monitoring plan specific to the requested privilege</li> <li>Method for determining the duration of performance monitoring</li> <li>Circumstances under which monitoring by an external source is required</li> <li>Focused professional practice evaluation is consistently implemented in accordance with the criteria and requirements defined by the organized medical staff.</li> <li>CoPs: §482.22(a)(1)</li> <li>The triggers that indicate the need for performance monitoring are clearly defined. Note: Triggers can be single incidents or evidence of a clinical practice trend.</li> </ul>	MS.09.01.01, EP 2 Deleted EP - Covered under the standard and moved to guidance within SPG Moved	MS.18.02.01 MS.18.02.01, EP 4	<ul> <li>Method for determining the</li> <li>Circumstances under which</li> <li>The organized medical staff</li> <li>evaluation of a physician's of</li> <li>The triggers that indicate the</li> <li>Note: Triggers can be single</li> </ul>

in the hospital dependent solely upon certification, p in a specialty body or society

nedical staff develops and implements written policies and of emergencies, initial treatment, and referral of patients at ergency services when emergency services are not provided *v*ided at the hospital but not at one or more off-campus

2.12(a)(2), §482.12(a)(3), §482.12(a)(4), §482.12(a)(5), (7), §482.12(f)(2), §482.12(f)(3), §482.13(a)(2) peers are obtained and evaluated for all new applicants for

s, when insufficient physician- or other licensed are available, the medical staff obtains and evaluates peer

nclude the following information: dge ills

re obtained from a physician or other licensed practitioner discipline as the applicant with personal knowledge of the tice.

ssional practice evaluation is implemented for all initially

aff develops and consistently implements criteria to be erformance of physicians or other licensed practitioners provision of safe, high quality patient care are identified. ing process is clearly defined and includes each of the

erformance monitoring

a monitoring plan specific to the requested privilege the duration of performance monitoring

hich monitoring by an external source is required

aff defines the circumstances requiring monitoring and so rother licensed practitioner's professional performance.

the need for performance monitoring are clearly defined. le incidents or evidence of a clinical practice trend. ing process is clearly defined and includes each of the

erformance monitoring a monitoring plan specific to the requested privilege

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	Note: Other existing privileges in good standing should not be affected by this decision.			- Method for determining the - Circumstances under whic
	CoPs: §482.22(a)(1)			
MS.08.01.01, EP 7	Criteria are developed that determine the type of monitoring to be conducted.	Moved	MS.18.02.01, EP 5	Criteria are developed that c
MS.08.01.01, EP 8	The measures employed to resolve performance issues are clearly defined.	Moved	MS.18.02.01, EP 6	The measures employed to I
MS.08.01.01, EP 9	The measures employed to resolve performance issues are consistently implemented.	Moved	MS.18.02.01, EP 7	The measures employed to i implemented.
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. CoPs: §482.22(a)(1)	Consolidation of MS.06.01.07, EP 9; MS.06.01.09, EP 1; MS.06.01.09, EP 2; MS.06.01.09, EP 3; MS.06.01.09, EP 4; MS.07.01.01, EP 3; MS.08.01.03, EP 1	MS.18.02.03, EP 1	The medical staff's ongoing defined process that facilita licensed practitioner's profe Note: Privileges are granted required by law and regulation CoPs: §482.22(a)(1)
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.	Moved and Revised	MS.18.02.03, EP 2	The process for the ongoing data to be collected, which i by the organized medical sta
MS.08.01.03, EP 3	CoPs: \$482.22(a)(1)The process for the ongoing professional practice evaluation includes the following:Information resulting from the ongoing professional practice evaluation is used todetermine whether to continue, limit, or revoke any existing privilege(s).CoPs: \$482.22(a)(1)	Moved and Revised	MS.18.02.03, EP 3	The process for the ongoing information resulting from the whether to continue, limit, o
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. CoPs: §482.22(a)(1)	Moved and Revised	MS.18.03.01, EP 1	The hospital, based on record approval by the governing bo investigating, and addressin Note: Reported concerns re- practitioner's professional p defined by the hospital and a
MS.09.01.01, EP 2	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.CoPs: \$482.22(a)(1)	Consolidation of MS.08.01.01, EP 3; MS.08.01.01, EP 6; MS.09.01.01, EP 2	MS.18.02.01, EP 3	The performance monitoring following elements: - Criteria for conducting perf - Method for establishing a r - Method for determining the - Circumstances under whic
MS.10.01.01, EP 1	The organized medical staff has developed a fair hearing and appeal process addressing quality of care issues that has the following characteristics: Is designed to provide a fair process that may differ for members and nonmembers of the medical staff.	Moved and Revised	MS.18.04.01, EP 1	The organized medical staff addressing quality of care is the medical staff.
MS.10.01.01, EP 2	The organized medical staff has developed a fair hearing and appeal process addressing quality of care issues that has the following characteristics: Has a mechanism to schedule a hearing of such requests.	Consolidation of MS.01.01.01, EP 34; MS.10.01.01, EP 2	MS.18.04.01, EP 2	The organized medical staff addressing quality of care is such requests.
MS.10.01.01, EP 3	The organized medical staff has developed a fair hearing and appeal process addressing quality of care issues that has the following characteristics: Has identified the procedures for the hearing to follow.	Consolidation of MS.01.01.01, EP 34; MS.10.01.01, EP 3	MS.18.04.01, EP 3	The organized medical staff addressing quality of care is follow.

the duration of performance monitoring hich monitoring by an external source is required

at determine the type of monitoring to be conducted. To resolve performance issues are clearly defined. To resolve performance issues are consistently

ng professional practice evaluation includes a clearly itates the periodic evaluation of each physician's or other ofessional practice.

ed for a period not to exceed three years or for the period ation if shorter.

ng professional practice evaluation includes the type of h is determined by individual departments and approved staff.

ng professional practice evaluation includes the use of the ongoing professional practice evaluation to determine , or revoke any existing privilege(s).

commendations by the organized medical staff and body, has a clearly defined process for collecting, sing clinical practice concerns.

regarding a privileged physician's or other licensed l practice are uniformly investigated and addressed, as d applicable law.

ing process is clearly defined and includes each of the

erformance monitoring

a monitoring plan specific to the requested privilege the duration of performance monitoring

nich monitoring by an external source is required

aff has developed a fair hearing and appeal process issues that may differ for members and nonmembers of

Iff has developed a fair hearing and appeal process issues that has a mechanism to schedule a hearing of

aff has developed a fair hearing and appeal process issues that has identified the procedures for the hearing to

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MS.10.01.01, EP 4	The organized medical staff has developed a fair hearing and appeal process	Moved and Revised	MS.18.04.01, EP 4	The organized medical staff
	addressing quality of care issues that has the following characteristics: Identifies the			addressing quality of care is
	composition of the hearing committee as a committee that includes impartial peers.			committee as a committee
MS.10.01.01, EP 5	The organized medical staff has developed a fair hearing and appeal process	Moved and Revised	MS.18.04.01, EP 5	The organized medical staff
	addressing quality of care issues that has the following characteristics: With the			addressing quality of care is
	governing body, provides a mechanism to appeal adverse decisions as provided in			mechanism to appeal adver
	the medical staff bylaws.			
MS.11.01.01, EP 1	Process design addresses the following issues: Education of physicians or other	Moved and Revised	MS.18.05.01, EP 1	The process to identify and
	licensed practitioners and other organization staff about illness and impairment			other licensed practitioners
	recognition issues specific to practitioners (at-risk criteria).			practitioners and other orga
				issues specific to practition
MS.11.01.01, EP 2	Process design addresses the following issues: Self referral by a physician or other	Moved and Revised	MS.18.05.01, EP 2	The process to identify and
	licensed practitioner.			other licensed practitioners
				practitioner.
MS.11.01.01, EP 3	Process design addresses the following issues: Referral by others and maintaining	Moved and Revised	MS.18.05.01, EP 3	The process to identify and
	informant confidentiality.			other licensed practitioners
				confidentiality.
MS.11.01.01, EP 4	Process design addresses the following issues: Referral of the physician or other	Moved and Revised	MS.18.05.01, EP 4	The process to identify and
	licensed practitioner to appropriate professional internal or external resources for			other licensed practitioners
	evaluation, diagnosis, and treatment of the condition or concern.			practitioner to appropriate p
				diagnosis, and treatment of
MS.11.01.01, EP 5	Process design addresses the following issues: Maintenance of confidentiality of the	Moved and Revised	MS.18.05.01, EP 5	The process to identify and
	physician or other licensed practitioner seeking referral or referred for assistance,			other licensed practitioners
	except as limited by applicable law, ethical obligation, or when the health and safety			physician or other licensed
	of a patient is threatened.			except as limited by applica
				of a patient is threatened.
MS.11.01.01, EP 6	Process design addresses the following issues: Evaluation of the credibility of a	Moved and Revised	MS.18.05.01, EP 6	The process to identify and
	complaint, allegation, or concern.			other licensed practitioners
				allegation, or concern.
MS.11.01.01, EP 7	Process design addresses the following issues: Monitoring the physician or other	Moved and Revised	MS.18.05.01, EP 7	The process to identify and
	licensed practitioner and the safety of patients until the rehabilitation is complete			other licensed practitioners
	and periodically thereafter, if required.			practitioner and the safety of
				periodically thereafter, if rec
MS.11.01.01, EP 8	Process design addresses the following issues: Reporting to the organized medical	Moved and Revised	MS.18.05.01, EP 8	The process to identify and
	staff leadership instances in which a physician or other licensed practitioner is			other licensed practitioners
	providing unsafe treatment.			leadership instances in whi
				unsafe treatment.
MS.11.01.01, EP 9	Process design addresses the following issues: Initiating appropriate actions when a	Moved and Revised	MS.18.05.01, EP 9	The process to identify and
	physician or other licensed practitioner fails to complete the required rehabilitation			other licensed practitioners
	program.			physician or other licensed
				program.
MS.11.01.01, EP 10	The medical staff implements its process to identify and manage matters of	Moved	MS.18.05.01, EP 10	The medical staff implemen
	individual health for physicians and other licensed practitioners.			individual health for physici
MS.12.01.01, EP 1	Hospital-sponsored educational activities are prioritized by the organized medical	Consolidation of	MS.19.01.01, EP 1	The organized medical staff
	staff.	MS.12.01.01, EP 1;		relate, at least in part, to the
		MS.12.01.01, EP 2		by the hospital.
MS.12.01.01, EP 2	These activities relate, at least in part, to the type and nature of care, treatment, and	Consolidation of	MS.19.01.01, EP 1	The organized medical staff
	services offered by the hospital.	MS.12.01.01, EP 1;		relate, at least in part, to the
		MS.12.01.01, EP 2		by the hospital.

aff has developed a fair hearing and appeal process issues that identifies the composition of the hearing the that includes impartial peers.

aff has developed a fair hearing and appeal process issues that, with the governing body, provides a rerse decisions as provided in the medical staff bylaws.

d manage matters of individual health for physicians and ers addresses the education of physicians or other licensed ganization staff about illness and impairment recognition oners (at-risk criteria).

d manage matters of individual health for physicians and rs addresses self-referral by a physician or other licensed

d manage matters of individual health for physicians and rs addresses referral by others and maintaining informant

d manage matters of individual health for physicians and irs addresses referral of the physician or other licensed e professional internal or external resources for evaluation, of the condition or concern.

d manage matters of individual health for physicians and rs addresses maintenance of confidentiality of the d practitioner seeking referral or referred for assistance, cable law, ethical obligation, or when the health and safety

d manage matters of individual health for physicians and rs addresses evaluation of the credibility of a complaint,

d manage matters of individual health for physicians and ers addresses monitoring the physician or other licensed y of patients until the rehabilitation is complete and equired.

d manage matters of individual health for physicians and irs addresses reporting to the organized medical staff hich a physician or other licensed practitioner is providing

d manage matters of individual health for physicians and rs addresses initiating appropriate actions when a d practitioner fails to complete the required rehabilitation

ents its process to identify and manage matters of cians and other licensed practitioners.

aff prioritizes hospital-sponsored educational activities that he type and nature of care, treatment, and services offered

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MS.12.01.01, EP 3	Education is based on the findings of performance improvement activities.	Moved	MS.19.01.01, EP 2	Education is based on the f
MS.12.01.01, EP 4	Each individual's participation in continuing education is documented.	Moved	MS.19.01.01, EP 3	Each individual's participati
MS.12.01.01, EP 5	Participation in continuing education is considered in decisions about	Moved	MS.19.01.01, EP 4	Participation in continuing e
	reappointment to membership on the medical staff or renewal or revision of			reappointment to members
	individual clinical privileges.			individual clinical privileges
MS.13.01.01, EP 1	All physicians or other licensed practitioners who are responsible for the patient's	Moved and Revised	MS.20.01.01, EP 1	When telemedicine service
	care, treatment, and services via telemedicine link are credentialed and privileged to			agreement with a distant-si
	do so at the originating site through one of the following mechanisms:			the originating hospital may
	- The originating site fully credentials and privileges the physician or other licensed			decisions made by the dista
	practitioner according to Standards MS.06.01.03 through MS.06.01.13.			distant-site physicians and
	Or			hospital's governing body in
	- The originating site privileges physicians or other licensed practitioners using			agreement with the distant-
	credentialing information from the distant site if the distant site is a Joint			- The distant site telemedic
	Commission–accredited or a Medicare-participating organization. The distant-site			service requirements
	physician or other licensed practitioner has a license that is issued or recognized by			- The distant-site telemedic
	the state in which the patient is receiving telemedicine services.			process and standards is co
	Or			minimum.
	- The originating site may choose to use the credentialing and privileging decision			- The distant-site hospital p
	from the distant site to make a final privileging decision if all the following			participating hospital.
	requirements are met:			- The individual distant-site
	- The distant site is a Joint Commission–accredited or a Medicare-participating			the distant-site hospital or t
	organization.			and the distant-site hospita
	- The physician or other licensed practitioner is privileged at the distant site for			distant-site physician's or p
	those services to be provided at the originating site.			telemedicine entity.
	- For hospitals that use Joint Commission accreditation for deemed status			- The individual distant-site
	purposes: The distant site provides the originating site with a current list of the			issued or recognized by the
	physician's or other licensed practitioner's privileges.			the telemedicine services is
	- The originating site has evidence of an internal review of the physician's or other			- For distant-site physicians
	licensed practitioner's performance of these privileges and sends to the distant site			originating hospital, the orig
	information that is useful to assess the physician's or other licensed practitioner's			the distant-site physician of
	quality of care, treatment, and services for use in privileging and performance			hospital or telemedicine en
	improvement. At a minimum, this information includes all adverse outcomes related			practitioner. At a minimum,
	to sentinel events considered reviewable by The Joint Commission that result from			the telemedicine services p
	the telemedicine services provided and complaints about the distant site physician			practitioner to the hospital's
	or other licensed practitioner from patients, physicians or other licensed			about the distant-site physi
	practitioners, or staff at the originating site. This occurs in a way consistent with any			Note: For hospitals that use
	hospital policies or procedures intended to preserve any confidentiality or privilege			purposes: The distant-site t
	of information established by applicable law.			privileging process and star
	- The distant-site physician or other licensed practitioner has a license that is			through (a)(7) and 482.22(a)
	issued or recognized by the state in which the patient is receiving telemedicine services.			CoPs: §482.12(a)(8), §482.2
	Note 1: In the case of an accredited ambulatory care organization, the hospital must			\$482.22(a)(3)(iii), \$482.22(a)
	verify that the distant site made its decision using the process described in			\$482.22(a)(3)(iii), \$482.22(a) \$482.22(a)(4)(iii), \$482.22(a)
	Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This			9462.22(a)(4)(11), 9462.22(a
	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,			
	au distant-site telemedicine providers credentialing and privileging processes meet,			

findings of performance improvement activities. ation in continuing education is documented.

g education is considered in decisions about rship on the medical staff or renewal or revision of es.

ces are furnished to the hospital's patients through an site hospital or telemedicine entity, the governing body of ay choose to rely upon the credentialing and privileging stant-site hospital or telemedicine entity for the individual d other licensed practitioners providing such services if the includes all of the following provisions in its written ht-site hospital or telemedicine entity:

icine entity provides services in accordance with contract

icine entity's medical staff credentialing and privileging consistent with the hospital's process and standards, at a

providing the telemedicine services is a Medicare-

e physician or other licensed practitioner is privileged at r telemedicine entity providing the telemedicine services, tal or telemedicine entity provides a current list of the practitioner's privileges at the distant-site hospital or

te physician or other licensed practitioner holds a license ne state in which the hospital whose patients are receiving is located.

ns or other licensed practitioners privileged by the riginating hospital internally reviews services provided by or other licensed practitioner and sends the distant-site entity information for use in the periodic evaluation of the n, this information includes adverse events that result from a provided by the distant-site physician or other licensed al's patients and complaints the hospital has received sician or other licensed practitioner.

se Joint Commission accreditation for deemed status e telemedicine entity's medical staff credentialing and andards at least meet the standards at 42 CFR 482.12(a)(1) (a)(1) through (a)(2).

.22(a)(3), §482.22(a)(3)(i), §482.22(a)(3)(ii), (a)(3)(iv), §482.22(a)(4), §482.22(a)(4)(i), §482.22(a)(4)(ii), (a)(4)(iv)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	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.			
	CoPs: §482.22(a)(3), §482.22(a)(3)(i), §482.22(a)(3)(ii), §482.22(a)(3)(iii),			
	§482.22(a)(3)(iv), §482.22(a)(4), §482.22(a)(4)(i), §482.22(a)(4)(ii), §482.22(a)(4)(iii),			
	\$482.22(a)(4)(iv), \$482.22(c)(6)			
MS.13.01.03, EP 1	The medical staff recommends which clinical services are appropriately delivered by	Moved	MS.20.01.03, EP 1	The medical staff recomme
,	physicians or other licensed practitioners through this medium.			physicians or other licensed
MS.13.01.03, EP 2	The clinical services offered are consistent with commonly accepted quality	Moved	MS.20.01.03, EP 2	The clinical services offered
110.10.01.00, El 2	standards.	TIOVCU	110.20.01.00, El 2	standards.
N/A	N/A	New, more-direct EP	MS.16.01.01, EP 9	If the hospital provides eme
N/A	IN/A		M3.10.01.01, EP 9	
		for CoP requirement		continually responsible for t
				medical care.
				0 - D
<u></u>				CoPs: §482.55(a)(3)
N/A	N/A	New, more-direct EP	MS.16.01.03, EP 4	For hospitals that use Joint (
		for CoP requirement		Every Medicare patient is ur
				- A doctor of medicine or os
				a doctor of medicine or oste
				staff to the extent recognize
				- A doctor of dental surgery
				dentistry by the state and w
				- A doctor of podiatric medi
				legally authorized by the sta
				- A doctor of optometry who
				which they practice
				- A chiropractor who is licen
				services of a chiropractor, b
				manipulation of the spine to
				- A clinical psychologist as o
				psychologist services as det
				by state
				by state
				CoPs: §482.12(c)(1)(i), §482
N1/A		Neve mente		§482.12(c)(1)(v), §482.12(c)
N/A	N/A	New, more-direct EP	NPG.12.03.01, EP 2	For psychiatric hospitals the
		for CoP requirement		purposes: The hospital mak
				hours a day.
		· · · · · · · · · · · · · · · · · · ·		CoPs: §482.62(d)(2)
N/A	N/A	New, more-direct EP	NPG.12.03.01, EP 3	For psychiatric hospitals that
		for CoP requirement		purposes: The number of qu
				adequate to provide therape
				treatment program.
		N		CoPs: §482.62(g)(2)
N/A	N/A	New, more-direct EP	NPG.12.03.01, EP 4	For psychiatric hospitals that
		for CoP requirement		purposes: There is an adequ

nends which clinical services are appropriately delivered by ed practitioners through this medium.

ed are consistent with commonly accepted quality

nergency services, the medical staff establishes and is In the policies and procedures governing emergency

nt Commission accreditation for deemed status purposes: under the care of at least one of the following:

osteopathy (This requirement does not limit the authority of steopathy to delegate tasks to other qualified health care zed under state law or a state's regulatory mechanism.) ry or dental medicine who is legally authorized to practice who is acting within the scope of their license

dicine, but only with respect to functions which they are tate to perform

o is legally authorized to practice optometry by the state in

ensed by the state or legally authorized to perform the , but only with respect to treatment by means of manual to correct a subluxation demonstrated by x-ray to exist s defined in 42 CFR 410.71, but only with respect to clinical defined in 42 CFR 410.71 and only to the extent permitted

32.12(c)(1)(ii), §482.12(c)(1)(iii), §482.12(c)(1)(iv), c)(1)(vi)

hat use Joint Commission accreditation for deemed status akes certain a registered professional nurse is available 24

hat use Joint Commission accreditation for deemed status qualified therapists, support personnel, and consultants is peutic activities consistent with each patient's active

hat use Joint Commission accreditation for deemed status quate number of qualified professional, technical, and

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				consultative staff (including
				osteopathy, registered nurs
				to do the following:
				- Evaluate patients
				- Formulate written individu
				- Provide active treatment m
				- Engage in discharge plann
				- Provide the nursing care no
				- Maintain progress notes o
				- Provide essential psychiat
				CoPs: §482.62, §482.62(a)(*
				§482.62(d)(2)
NPSG.01.01.01, EP	Use at least two patient identifiers when administering medications, blood, or blood	Consolidation of	NPG.01.01.01, EP 1	The hospital has a process i
1	components; when collecting blood samples and other specimens for clinical	NPSG.01.01.01, EP		treatment, and services. Th
	testing; and when providing treatments or procedures. The patient's room number or	1; PC.02.01.01, EP		hospital does not use the pa
	physical location is not used as an identifier.	10		Note: Examples of patient id
				- Assigned identification nu
				- Telephone number or anot
				- Electronic identification te
				includes two or more perso
NPSG.01.01.01, EP	Label containers used for blood and other specimens in the presence of the patient.	Moved and Revised	NPG.01.01.01, EP 2	The hospital labels containe
2				of the patient.
NPSG.01.01.01, EP	Use distinct methods of identification for newborn patients.	Moved and Revised	NPG.01.01.01, EP 3	The hospital uses distinct m
3	Note: Examples of methods to prevent misidentification may include the following:			Note: Examples of methods
	- Distinct naming systems could include using the mother's first and last names and			- Distinct naming systems c
	the newborn's gender (for example, "Smith, Judy Girl" or "Smith, Judy Girl A" and			the newborn's gender (for e
	"Smith, Judy Girl B" for multiples).			"Smith, Judy Girl B" for mult
	- Standardized practices for identification banding (for example, using two body sites			- Standardized practices for
	and/or bar coding for identification).			and/or bar coding for identif
	- Establish communication tools among staff (for example, visually alerting staff with			- Establish communication
	signage noting newborns with similar names).			signage noting newborns wi
NPSG.02.03.01, EP	Develop and implement written procedures for managing the critical results of tests	Moved and Revised	NPG.01.02.01, EP 1	The hospital develops and in
1	and diagnostic procedures that address the following:			results of tests and diagnos
	- The definition of critical results of tests and diagnostic procedures			- The definition of critical re
	- By whom and to whom critical results of tests and diagnostic procedures are			- By whom and to whom crit
	reported			reported
	- The acceptable length of time between the availability and reporting of critical			- The acceptable length of t
	results of tests and diagnostic procedures			results of tests and diagnos
NPSG.02.03.01, EP	Evaluate the timeliness of reporting the critical results of tests and diagnostic	Moved and Revised	NPG.01.02.01, EP 2	The hospital evaluates the t
3	procedures.			diagnostic procedures.
NPSG.03.04.01, EP	In perioperative and other procedural settings both on and off the sterile field, label	Moved and Revised	NPG.14.03.01, EP 1	In perioperative and other p
1	medications and solutions that are not immediately administered. This applies even			hospital labels medications
	if there is only one medication being used.			This applies even if there is
	Note: An immediately administered medication is one that an authorized staff			Note: An immediately admi
	member prepares or obtains, takes directly to a patient, and administers to that			member prepares or obtain
	patient without any break in the process.			patient without any break in

ng but not limited to doctors of medicine and/or rses, licensed practical nurses, and mental health workers)

dualized, comprehensive treatment plans measures nning necessary under each patient's active treatment program on each patient atric services

)(1), §482.62(a)(2), §482.62(a)(3), §482.62(a)(4), §482.62(d),

s in place to correctly identify patients when providing care, This includes using at least two patient identifiers. The patient's room number or physical location as an identifier. t identifiers may include but are not limited to the following: number (for example, medical record number)

- other person-specific identifier
- technology coding, such as bar coding or RFID, that son-specific identifiers
- ners used for blood and other specimens in the presence
- methods of identification for newborn patients.
- ds to prevent misidentification may include the following: s could include using the mother's first and last names and example: "Smith, Judy Girl" or "Smith, Judy Girl A" and ultiples).
- or identification banding (for example, using two body sites it is it is it is it is a straight to be a stra
- n tools among staff (for example, visually alerting staff with with similar names).
- d implements written procedures for managing the critical ostic procedures that address the following:
- results of tests and diagnostic procedures
- ritical results of tests and diagnostic procedures are
- f time between the availability and reporting of critical ostic procedures
- e timeliness of reporting the critical results of tests and
- r procedural settings both on and off the sterile field, the ns and solutions that are not immediately administered. is only one medication being used.
- ninistered medication is one that an authorized staff ins, takes directly to a patient, and administers to that in the process.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
NPSG.03.04.01, EP	In perioperative and other procedural settings both on and off the sterile field,	Moved	NPG.14.03.01, EP 2	In perioperative and other p
2	labeling occurs when any medication or solution is transferred from the original			labeling occurs when any m
	packaging to another container.			packaging to another contain
NPSG.03.04.01, EP	In perioperative and other procedural settings both on and off the sterile field,	Moved	NPG.14.03.01, EP 3	In perioperative and other p
3	medication or solution labels include the following:			medication or solution labe
	- Medication or solution name			- Medication or solution nar
	- Strength			- Strength
	- Amount of medication or solution containing medication (if not apparent from the			- Amount of medication or s
	container)			container)
	- Diluent name and volume (if not apparent from the container)			- Diluent name and volume
	- Expiration date and time			- Expiration date and time
	Note: The date and time are not necessary for short procedures, as defined by the			Note: The date and time are
	hospital.			hospital.
NPSG.03.04.01, EP	Verify all medication or solution labels both verbally and visually. Verification is done	Moved and Revised	NPG.14.03.01, EP 4	The hospital verifies all med
4	by two individuals qualified to participate in the procedure whenever the person			Verification is done by two in
	preparing the medication or solution is not the person who will be administering it.			whenever the person prepar
				be administering it.
NPSG.03.04.01, EP	Label each medication or solution as soon as it is prepared, unless it is immediately	Moved and Revised	NPG.14.03.01, EP 5	The hospital labels each me
5	administered.			immediately administered.
	Note: An immediately administered medication is one that an authorized staff			Note: An immediately admin
	member prepares or obtains, takes directly to a patient, and administers to that			member prepares or obtain
	patient without any break in the process.			patient without any break in
NPSG.03.05.01, EP	The hospital uses approved protocols and evidence-based practice guidelines for	Moved	NPG.14.04.01, EP 1	The hospital uses approved
2	reversal of anticoagulation and management of bleeding events related to each			reversal of anticoagulation a
	anticoagulant medication.			anticoagulant medication.
NPSG.03.05.01, EP	The hospital uses approved protocols and evidence-based practice guidelines for	Moved	NPG.14.04.01, EP 2	The hospital uses approved
3	perioperative management of all patients on oral anticoagulants.			perioperative management
	Note: Perioperative management may address the use of bridging medications,			Note: Perioperative manage
	timing for stopping an anticoagulant, and timing and dosing for restarting an			timing for stopping an antic
	anticoagulant.			anticoagulant.
NPSG.03.05.01, EP	The hospital uses only oral unit-dose products, prefilled syringes, or premixed	Moved	NPG.14.04.01, EP 3	The hospital uses only oral u
7	infusion bags when these types of products are available.			infusion bags when these ty
	Note: For pediatric patients, prefilled syringe products should be used only if			Note: For pediatric patients
	specifically designed for children.			specifically designed for ch
NPSG.03.06.01, EP	Obtain information on the medications the patient is currently taking when they are	Moved and Revised	NPG.14.05.01, EP 1	The hospital obtains inform
1	admitted to the hospital or is seen in an outpatient setting. This information is			when they are admitted to t
	documented in a list or other format that is useful to those who manage			information is documented
	medications.			manage medications.
	Note 1: Current medications include those taken at scheduled times and those			Note 1: Current medication
	taken on an as-needed basis. See the Glossary for a definition of medications.			taken on an as-needed basi
	Note 2: It is often difficult to obtain complete information on current medications			Note 2: It is often difficult to
	from a patient. A good faith effort to obtain this information from the patient and/or			from a patient. A good faith
	other sources will be considered as meeting the intent of the EP.			other sources will be consid
NPSG.03.06.01, EP	Define the types of medication information (for example, name, dose, route,	Moved	NPG.14.05.01, EP 2	Define the types of medicat
2	frequency, purpose) to be collected in non-24-hour settings.			frequency, purpose) to be c
	Note: Examples of non-24-hour settings include the emergency department, primary			Note: Examples of non-24-h
	care, outpatient radiology, ambulatory surgery, and diagnostic settings.			care, outpatient radiology, a
NPSG.03.06.01, EP	Compare the medication information the patient brought to the hospital with the	Moved and Revised	NPG.14.05.01, EP 3	Compare the medication in
3	medications ordered for the patient by the hospital in order to identify and resolve			medications ordered for the

- procedural settings both on and off the sterile field, medication or solution is transferred from the original tainer.
- procedural settings both on and off the sterile field, bels include the following: ame
- solution containing medication (if not apparent from the
- e (if not apparent from the container)
- re not necessary for short procedures, as defined by the
- edication or solution labels both verbally and visually. o individuals qualified to participate in the procedure paring the medication or solution is not the person who will
- nedication or solution as soon as it is prepared, unless it is d.
- ninistered medication is one that an authorized staff ins, takes directly to a patient, and administers to that in the process.
- ed protocols and evidence-based practice guidelines for n and management of bleeding events related to each
- ed protocols and evidence-based practice guidelines for nt of all patients on oral anticoagulants.
- gement may address the use of bridging medications, icoagulant, and timing and dosing for restarting an
- Il unit-dose products, prefilled syringes, or premixed types of products are available.
- ts, prefilled syringe products should be used only if children.
- mation on the medications the patient is currently taking o the hospital or are seen in an outpatient setting. This ed in a list or other format that is useful to those who
- ons include those taken at scheduled times and those usis. See the Glossary for a definition of medications. to obtain complete information on current medications th effort to obtain this information from the patient and/or sidered as meeting the intent of the EP.
- ation information (for example, name, dose, route, collected in non-24-hour settings.
- I-hour settings include the emergency department, primary , ambulatory surgery, and diagnostic settings.
- information the patient brought to the hospital with the he patient by the hospital in order to identify and resolve

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	discrepancies.			discrepancies.
	Note: Discrepancies include omissions, duplications, contraindications, unclear			Note: Discrepancies includ
	information, and changes. A qualified individual, identified by the hospital, does the			information, and changes. A
	comparison.			comparison.
NPSG.03.06.01, EP	Provide the patient (or family, caregiver, or support person as needed) with written	Moved	NPG.14.05.01, EP 4	Provide the patient (or famil
4	information on the medications the patient should be taking when they are			information on the medicat
	discharged from the hospital or at the end of an outpatient encounter (for example,			discharged from the hospita
	name, dose, route, frequency, purpose).			name, dose, route, frequend
NPSG.03.06.01, EP	Explain the importance of managing medication information to the patient when they	Moved and Revised	NPG.14.05.01, EP 5	Explain the importance of m
5	are discharged from the hospital or at the end of an outpatient encounter.			are discharged from the hos
	Note: Examples include instructing the patient to give a list to their primary care			Note: Examples include ins
	provider; to update the information when medications are discontinued, doses are			provider; to update the infor
	changed, or new medications (including over-the-counter products) are added; and			changed, or new medicatio
	to carry medication information at all times in the event of emergency situations. (For			to carry medication informa
	information on patient education on medications, refer to Standards MM.06.01.03,			information on patient educ
	PC.02.03.01, and PC.04.01.05.)			PC.12.02.01, and PC.14.01.
NPSG.06.01.01, EP	Leaders establish alarm system safety as a hospital priority.	Deleted	N/A	N/A
1				
NPSG.06.01.01, EP	Identify the most important alarm signals to manage based on the following:	Moved and Revised	NPG.01.05.01, EP 1	Identify the most important
2	- Input from the medical staff and clinical departments		,	- Input from the medical sta
	- Risk to patients if the alarm signal is not attended to or if it malfunctions			- Risk to patients if the alarn
	- Whether specific alarm signals are needed or unnecessarily contribute to alarm			- Whether specific alarm sig
	noise and alarm fatigue			noise and alarm fatigue
	- Potential for patient harm based on internal incident history			- Potential for patient harm
	- Published best practices and guidelines			- Published best practices a
	(For more information on managing medical equipment risks, refer to Standard			
	EC.02.04.01)			
NPSG.06.01.01, EP	Establish policies and procedures for managing the alarms identified in EP 2 above	Moved and Revised	NPG.01.05.01, EP 2	Establish policies and proce
3	that, at a minimum, address the following:			NPG.01.05.01, EP 1 that, at
-	- Clinically appropriate settings for alarm signals			- Clinically appropriate setti
	- When alarm signals can be disabled			- When alarm signals can be
	- When alarm parameters can be changed			- When alarm parameters ca
	- Who in the organization has the authority to set alarm parameters			- Who in the organization ha
	- Who in the organization has the authority to change alarm parameters			- Who in the organization ha
	- Who in the organization has the authority to set alarm parameters to "off"			- Who in the organization ha
	- Monitoring and responding to alarm signals			- Monitoring and responding
	- Checking individual alarm signals for accurate settings, proper operation, and			- Checking individual alarm
	detectability			detectability.
	(For more information, refer to Standard EC.02.04.03)			
NPSG.07.01.01, EP	Implement a program that follows categories IA, IB, and IC of either the current	Consolidation of	NPG.05.03.01, EP 1	The hospital implements a p
1	Centers for Disease Control and Prevention (CDC) and/or the current World Health	NPSG.07.01.01, EP		current Centers for Disease
I	Organization (WHO) hand hygiene guidelines.	1; NPSG.07.01.01,		Health Organization (WHO)
		EP 2;		
				improving compliance with
		NPSG.07.01.01, EP		
	Sat goals for improving compliance with band bygions guidelines	-		The boonital implements a
NPSG.07.01.01, EP	Set goals for improving compliance with hand hygiene guidelines.	Consolidation of	NPG.05.03.01, EP 1	The hospital implements a p
2		NPSG.07.01.01, EP		current Centers for Disease
		1; NPSG.07.01.01,		Health Organization (WHO)
		EP 2;		improving compliance with

Ide omissions, duplications, contraindications, unclear . A qualified individual, identified by the hospital, does the

nily, caregiver, or support person as needed) with written ations the patient should be taking when they are ital or at the end of an outpatient encounter (for example, ncy, purpose).

managing medication information to the patient when they ospital or at the end of an outpatient encounter. Instructing the patient to give a list to their primary care formation when medications are discontinued, doses are ions (including over-the-counter products) are added; and nation at all times in the event of emergency situations. (For ucation on medications, refer to Standards MM.16.01.01, 01.01.)

nt alarm signals to manage based on the following: staff and clinical departments arm signal is not attended to or if it malfunctions signals are needed or unnecessarily contribute to alarm

n based on internal incident history s and guidelines

cedures for managing the alarms identified in

at a minimum, address the following:

ttings for alarm signals

be disabled

can be changed

has the authority to set alarm parameters

has the authority to change alarm parameters

has the authority to set alarm parameters to "off"

ng to alarm signals

m signals for accurate settings, proper operation, and

a program that follows categories IA, IB, and IC of either the se Control and Prevention (CDC) and/or the current World O) hand hygiene guidelines. The program sets goals for th hand hygiene based on established goals.

a program that follows categories IA, IB, and IC of either the se Control and Prevention (CDC) and/or the current World O) hand hygiene guidelines. The program sets goals for th hand hygiene based on established goals.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		NPSG.07.01.01, EP		
		3		
NPSG.07.01.01, EP 3	Improve compliance with hand hygiene guidelines based on established goals.	Consolidation of NPSG.07.01.01, EP 1; NPSG.07.01.01, EP 2; NPSG.07.01.01, EP 3	NPG.05.03.01, EP 1	The hospital implements a current Centers for Disease Health Organization (WHO) improving compliance with
NPSG.15.01.01, EP 1	<ul> <li>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).</li> <li>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 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 should be removed when possible).</li> <li>CoPs: §482.13(c)(2)</li> </ul>	Moved and Revised	NPG.08.01.01, EP 1	For psychiatric hospitals an conducts an environmental environment that could be a action to minimize the risk(s and hooks that can be used For nonpsychiatric units in H mitigate the risk of suicide f monitoring, removing object without adversely affecting into a room by visitors, and patients to other parts of the Note: Nonpsychiatric units Nevertheless, these facilities objects that could be used for example, developing check removed when possible).
NPSG.15.01.01, EP	Screen all patients for suicidal ideation who are being evaluated or treated for	Moved and Revised	NPG.08.01.01, EP 2	CoPs: §482.13(c)(2) The hospital screens all pat
2	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. CoPs: §482.13(c)(2)			treated for behavioral health validated screening tool. Note: The Joint Commission tool starting at age 12 and a CoPs: §482.13(c)(2)
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.	Moved and Revised	NPG.08.01.01, EP 3	The hospital uses an eviden patients who have screened asks about suicidal ideation factors, and protective facto Note: EPs 2 and 3 can be sa that simultaneously screen of suicidal ideation.
	CoPs: §482.13(c)(2)	Mound and Davies d		CoPs: §482.13(c)(2)
NPSG.15.01.01, EP 4	Document patients' overall level of risk for suicide and the plan to mitigate the risk for suicide.	Moved and Revised	NPG.08.01.01, EP 4	The hospital documents pa mitigate the risk for suicide.

a program that follows categories IA, IB, and IC of either the se Control and Prevention (CDC) and/or the current World O) hand hygiene guidelines. The program sets goals for th hand hygiene based on established goals.

and psychiatric units in general hospitals: The hospital cal risk assessment that identifies features in the physical e used to attempt suicide; the hospital takes necessary k(s) (for example, removal of anchor points, door hinges, ed for hanging).

n hospitals: The organization implements procedures to e for patients at high risk for suicide, such as one-to-one ects that pose a risk for self-harm if they can be removed og the patient's medical care, assessing objects brought d using safe transportation procedures when moving the hospital.

is in hospitals do not need to be ligature resistant. ties should routinely assess clinical areas to identify d for self-harm and remove those objects, when possible, atient who has been identified as high risk for suicide. This for training staff who monitor high-risk patients (for cklists to help staff remember which equipment should be

atients for suicidal ideation who are being evaluated or Ith conditions as their primary reason for care using a

on requires screening for suicidal ideation using a validated I above.

ence-based process to conduct a suicide assessment of ed positive for suicidal ideation. The assessment directly on, plan, intent, suicidal or self-harm behaviors, risk ctors.

satisfied through the use of a single process or instrument ens patients for suicidal ideation and assesses the severity

patients' overall level of risk for suicide and the plan to le.

5       at risk for suicide. At a minimum, these should include the following: - Tarining and competence assessment of staff who care for patients at risk for suicide       is in the following: - Cuidelines for reassessment - Monitoring patients who are at high risk for suicide       is in the following: - Cuidelines for reassessment - Monitoring patients who are at high risk for suicide       is in the following: - Cuidelines for reassessment - Monitoring patients who are at high risk for suicide       is in the following: - Cuidelines for reassessment - Monitoring patients who are at high risk for suicide       Moved and Revised       NPC:08.01.01, EP       The hospital following: - Cuidelines for reassessment, and management of patients at risk for suicide and take action as needed to improve terms are active to improve health care equity for the hospital's patients.       Moved and Revised       NPG:08.01.01, EP       The hospital following: - The hospital ascitting to reassessment, active are equity may be an individual sy intervation multiprove computings.         1       CaPis: 1482.13(c)(2)       CaPis: 1482.13(c)(2)       CaPis: 1482.13(c)(2)       CaPis: 1482.13(c)(2)         NPSG.15.01.01, EP       The hospital ascitting to ingrove health care equity may be an individual sy infamory to care patients. Note: Leading the hospital's patients. Note: Leading the hospital's primary role or patients. Note: Leading the hospital's primary role or patients. Note: Leading the hospital's extincts. Note: Leading the hospital's primary role or patients. Note: Leading the hospital's primary role or patients. Note: Leading the hospital's primary role or patients. Note: Leading the hospital's prim	Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
NINSC.15.01.01.01, EP         Follow written policies and procedures addressing the care of patients is fisk for suicide         Moved and Revised         NPS.08.01.01, EP         The hospital follow written darks for suicide           S         - Guidalines for reassessment of staff who care for patients at fisk for suicide         - Guidalines for reassessment - Monitoring patients who are of high risk for suicide         NPS.08.01.01, EP         Inter hospital follow written darks for suicide         - Colles 1482.13(c)(2)           NPSG.15.01.01, EP         Follow written policies and procedures for counseling and follow-up care at discharge for patients who are of high risk for suicide.         Moved and Revised         NPS.08.01.01, EP         The hospital follows written discharge for patients who are care at discharge for patients assessment, and management of patients at fisk for suicide and take action us needed to improve compliance.         Moved and Revised         NPS.08.01.01, EP         The hospital follows written discharge for patients who are care at discharge for patients assessment, and management of patients at fisk for suicide and take action us needed to improve compliance.         Moved and Revised         NPG.08.01.01, EP         The hospital follows written discharge for patients NRNR assessment, and management of patients heads for sace active massessment.           NPSG.15.01.01, EP         The hospital assessment of a trader set of esponsibilities.         Moved and Revised         NPG.04.01.01, EP 1         The hospital dissignation and trader weight for hospital submary for or pace of a strader social work is hospital set acholes buils.         Note: Leading the hospit		$C_{0}P_{0}: 8482 + 13(c)(2)$			CoPs: 8/82 13(c)(2)
5       at risk tor suicide. At a minimum, these should include the following: - Taning 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       is who is who is an	NPSG 15 01 01 EP		Moved and Revised	NPG 08 01 01 EP 5	
- Training and competence assessment of staff who care for patients at risk for suicide       - Training and competence 3         - Outdatines for massessment - Monitoring patients who are a thigh risk for suicide       - Guidatines for rassessment - Monitoring patients who are a thigh risk for suicide       - CoPs: 1482.13(c)(2)         NPSC 15.01.01. FP       Follow written policies and procedures for counseling and follow-up care at discharge for patients identified as at risk for suicide.       Moved and Revised       NPC 0.8.01.01, EP       The hospital follows written as a risk for suicide.         NPSC 15.01.01. FP       Monitor implementation and effectiveness of policies and procedures for screening, assessment, and management of patients at risk for suicide and take action as mediad to improve compliance.       Moved and Revised       NPC.08.01.01, EP       The hospital designates an individual(s) to lead activities to improve health care acquiry may be an individual's primary role or pat of a broader as of responsibilities.         NPSC.16.01.01, EP       The hospital assesses the partial scivities to improve health care acquiry may be an individual's primary role or pat of a broader as of responsibilities.       Moved and Revised       NPC.04.01.01, EP       The hospital assesses the partial scivities and scivities and scivities and scive and scive.         Note 1: Hospital a descriming which HRSNs to include in the patient assessment which HRSNs to include in the patient assessment which HRSNs to include in the patient assessment and write the oppital's patient health-responsibilities.       NPC.04.01.01, EP       The hospital descriming and procedures of a patient HRSN may include the foll				NI 0.00.01.01, El 0	•
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NPSG.16.01.01, EP       The hospital identifies health care disparities in its patient population by stratifying quality and safety data using the sociodemographic characteristics of the hospital's patients.       Moved and Revised       NPG.04.01.01, EP 3       The hospital identifies health quality and safety data using the sociodemographic characteristics of the hospital's patients.         Note 1: Hospitals may focus on areas with known health care disparities identified in the scientific literature (for example, organ transplantation, maternal care, diabetes management) or select measures that affect all patients (for example, experience of care and communication).       Note 2: Hospitals determine which sociodemographic characteristics to use for stratification analyses. Examples of sociodemographic characteristics may include the following: <ul> <li>Age</li> <li>Gender</li> <li>Preferred language</li> <li>Race and ethnicity</li> <li>Age</li> <li>Gender</li> <li>Preferred language</li> <li>Race and ethnicity</li> </ul> Age           - Gender         - Preferred language         - Race and ethnicity         - Veterans           - Preferred language         - Race and ethnicity         - Veterans					_
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- Preferred language - Race and ethnicity - Veterans - Patients in rural communit					-
- Race and ethnicity - Race and ethnicity - Veterans - Patients in rural communit					
- Veterans - Patients in rural communit					
- Patients in rural communit					-
					- Physical, mental, and cogr

en policies and procedures addressing the care of patients cide. At a minimum, these should include the following: e assessment of staff who care for patients at risk for

nent are at high risk for suicide

en policies and procedures for counseling and follow-up ents identified as at risk for suicide.

blementation and effectiveness of policies and procedures it, and management of patients at risk for suicide and takes bye compliance.

n individual(s) to lead activities to improve health care atients.

l's activities to improve health care equity may be an r part of a broader set of responsibilities.

patient's health-related social needs (HRSNs) and

ut community resources and support services.

ne which HRSNs to include in the patient assessment. RSNs may include the following:

criptions or medical bills

entified for a representative sample of the hospital's patients.

alth care disparities in its patient population by stratifying ing the sociodemographic characteristics of the hospital's

eus on areas with known health care disparities identified in r example, organ transplantation, maternal care, diabetes easures that affect all patients (for example, experience of ).

ine which sociodemographic characteristics to use for amples of sociodemographic characteristics may include

nities ognitive disabilities

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
NPSG.16.01.01, EP 4	The hospital develops a written action plan that describes how it will improve health care equity by addressing at least one of the health care disparities identified in its	Moved	NPG.04.01.01, EP 4	The hospital develops a writ care equity by addressing at
4	patient population.			patient population.
NPSG.16.01.01, EP	The hospital acts when it does not achieve or sustain the goal(s) in its action plan to	Moved	NPG.04.01.01, EP 5	The hospital acts when it do
5	improve health care equity.			improve health care equity.
NPSG.16.01.01, EP	At least annually, the hospital informs key stakeholders, including leaders, licensed	Moved	NPG.04.01.01, EP 6	At least annually, the hospit
6	practitioners, and staff, about its progress to improve health care equity.			practitioners, and staff, abo
NR.01.01.01, EP 1	The nurse executive functions at the senior leadership level to provide effective	Deleted EP -	N/A	N/A
	leadership and to coordinate leaders to deliver nursing care, treatment, and	Replaced with more		
	services.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.23(a)	within SPG		
NR.01.01.01, EP 3	An identified nurse leader, at the executive level, assumes an active leadership role	Consolidation of	NPG.12.02.01, EP 2	The nurse executive assume
	with the hospital's governing body, senior leadership, medical staff, management, and other clinical leaders in the hospital's decision-making structure and process.	NR.01.01.01, EP 3; NR.01.02.01, EP 3		body, senior leadership, me hospital's decision-making
	and other clinical leaders in the hospital's decision-making structure and process.	NN.01.02.01, LF 3		Note 1: The nurse executive
				field, the knowledge and ski
				to obtain these qualification
				Note 2: A related field may in
				administration.
NR.01.01.01, EP 5	The hospital defines the nurse executive's authority and responsibility in a written	Deleted EP -	N/A	N/A
	contract, written agreement, letter, memorandum, job or position description, or	Replaced with more		
	other document.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.23(a)	within SPG		
NR.01.02.01, EP 2	The nurse executive is currently licensed as a registered professional nurse in the	Deleted EP -	N/A	N/A
	state in which they practice, in accordance with law and regulation.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.23(a)	moved to guidance		
		within SPG		
NR.01.02.01, EP 3	The nurse executive possesses a postgraduate degree in nursing or a related field; or	Consolidation of	NPG.12.02.01, EP 2	The nurse executive assume
	the knowledge and skills associated with an advanced degree; or a written plan to	NR.01.01.01, EP 3;		body, senior leadership, me
	obtain these qualifications.	NR.01.02.01, EP 3		hospital's decision-making
	Note: A related field may include health care administration or business			Note 1: The nurse executive
	administration.			field, the knowledge and ski
				to obtain these qualification Note 2: A related field may in
				administration.
NR.02.01.01, EP 2	The nurse executive coordinates the following:	Deleted EP -	N/A	N/A
	- The development of hospitalwide programs, policies, and procedures that address	Replaced with more		
	how nursing care needs of the patient population are assessed, met, and evaluated.	direct EP(s) or		
	Note: Examples of patient populations include pediatric, diabetic, and geriatric	moved to guidance		
	patients.	within SPG		
	- The development of an effective, ongoing program to measure, analyze, and			
	improve the quality of nursing care, treatment, and services.			
	CoPs: §482.23(a), §482.23(b)(3), §482.23(b)(5)			
	001 3. 3402.23(a), 3402.23(b)(3), 3402.23(b)(3)			

ritten action plan that describes how it will improve health at least one of the health care disparities identified in its

does not achieve or sustain the goal(s) in its action plan to y.

pital informs key stakeholders, including leaders, licensed bout its progress to improve health care equity.

mes an active leadership role with the hospital's governing nedical staff, management, and other clinical leaders in the ng structure and process.

ve possesses a postgraduate degree in nursing or a related skills associated with an advanced degree, or a written plan ons.

y include health care administration or business

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y include health care administration or business

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
NR.02.01.01, EP 4	<ul> <li>The nurse executive directs the following:</li> <li>The implementation of hospitalwide plans to provide nursing care, treatment, and services.</li> <li>The implementation of hospitalwide programs, policies, and procedures that address how nursing care needs of the patient population are assessed, met, and evaluated.</li> <li>Note: Examples of patient populations include pediatric, diabetic, and geriatric patients.</li> <li>The implementation of an effective, ongoing program to measure, analyze, and improve the quality of nursing care, treatment, and services.</li> </ul>	Consolidation of NR.02.01.01, EP 4; NR.02.03.01, EP 3	NR.11.01.01, EP 2	All licensed nurses who pro procedures. Note: This applies to all nurs contract, lease, other agree CoPs: §482.23(b)(6)
NR.02.02.01, EP 1	CoPs: §482.23(a), §482.23(b)(3), §482.23(b)(5), §482.23(b)(6)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 - Nurse staffing plan(s)CoPs: §482.23(b)	Moved and Revised	NPG.12.02.01, EP 1	The nurse executive, who is operation of nursing service - Nursing policies and proce - Types and numbers of nurs all areas of the hospital CoPs: §482.23(a)
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. CoPs: §482.23(a), §482.23(b)(4), §482.23(b)(5), §482.23(b)(6)	Moved and Revised	NR.11.01.01, EP 3	The nurse executive provide activities of all nursing staff Note: This applies to all nurs employee, contract, lease, o CoPs: §482.23(b)(6)
NR.02.03.01, EP 3	The nurse executive provides access to all nursing policies, procedures, and standards to the nursing staff. CoPs: §482.23(a), §482.23(b)(6)	Consolidation of NR.02.01.01, EP 4; NR.02.03.01, EP 3	NR.11.01.01, EP 2	All licensed nurses who pro procedures. Note: This applies to all nurs contract, lease, other agree CoPs: §482.23(b)(6)
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.CoPs: §482.23, §482.23(a), §482.23(b), §482.23(b)(1), §482.23(b)(3), §482.62(d)(2)	Split to LD.13.03.01, EP 2; NPG.12.02.01, EP 5	LD.13.03.01, EP 2	The hospital has an organize and delineation of responsil services. Note: For hospitals that use Rural hospitals with a 24-ho required to have 24-hour nu CoPs: §482.23, §482.23(a),
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. CoPs: §482.23, §482.23(a), §482.23(b), §482.23(b)(1), §482.23(b)(3), §482.62(d)(2)	Split to LD.13.03.01, EP 2; NPG.12.02.01, EP 5	NPG.12.02.01, EP 5	There must be an adequate (vocational) nurses, and oth Note: There are supervisors certain a registered nurse is CoPs: §482.23(b)
NR.02.03.01, EP 6	The nurse executive or designee exercises final authority over staff who provide nursing care, treatment, and services.	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A

rovide services in the hospital adhere to its policies and

ursing staff providing services (that is, hospital employee, eement, or volunteer).

is a licensed registered nurse, is responsible for the ces, including determining the following: cedures

ursing and other staff necessary to provide nursing care for

des for the supervision and evaluation of the clinical aff in accordance with nursing policies and procedures. ursing staff who are providing services (that is, hospital e, other agreement, or volunteer).

rovide services in the hospital adhere to its policies and

ursing staff providing services (that is, hospital employee, eement, or volunteer).

ized nursing service, with a plan of administrative authority sibility for patient care, that provides 24-hour nursing

se The Joint Commission for deemed-status purposes: hour nursing waiver granted under 42 CFR 488.54(c) are not nursing services.

#### ), §482.23(b)(1)

te number of licensed registered nurses, licensed practical other staff to provide nursing care to all patients, as needed. ors and staff for each department or nursing unit to make is immediate availability for the care of any patient.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.23(a)	moved to guidance within SPG		
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. CoPs: §482.23, §482.23(b), §482.23(b)(1), §482.23(b)(3), §482.62(d)(2)	Moved and Revised	NPG.12.02.01, EP 4	A registered nurse directly p other staff to patients 24 ho practical nurse or registered Note 1: For hospitals that us purposes: A registered nurs patient. Note 2: For hospitals that us Rural hospitals with a 24-ho required to have 24-hour nu
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.	Moved and Revised	NR.11.01.01, EP 1	A registered nurse assigns t accordance with the patien competence of the nursing CoPs: \$482.23(b)(5)
NR.02.03.01, EP 9	CoPs: §482.23(b)(5)For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has policies and procedures that establish which outpatient departments, if any, are not required to have a registered nurse present. The policies and procedures are as follows: - Establish criteria that such outpatient departments need to meet, taking into account the types of services delivered, the general level of acuity of patients served by the department, and established standards of practice for the services delivered - Describe alternative staffing plans - Approved by the director of nursing - Reviewed at least once every three yearsCoPs: §482.23(b)(7), §482.23(b)(7)(i), §482.23(b)(7)(ii), §482.23(b)(7)(iii), S482.23(b)(7)(iii),	Moved and Revised	NPG.12.02.01, EP 7	The hospital has policies and departments, if any, are not and procedures meet the for - Establish criteria that such account the types of service by the department, and esta - Describe alternative staffin - Are approved by the direct - Are reviewed at least once CoPs: \$482.23(b)(7), \$482.2 \$482.23(b)(7)(iv)
PC.01.01.01, EP 2	<ul> <li>§482.23(b)(7)(iv)</li> <li>The hospital follows a written process for accepting a patient that addresses the following:</li> <li>Criteria to determine the patient's eligibility for care, treatment, and services</li> <li>Procedures for accepting referrals</li> </ul>	Moved and Revised	PC.11.01.01, EP 1	The hospital develops and in addresses admission criteri
PC.01.01.01, EP 6	<ul> <li>Administrative and clinical decisions are coordinated for patients under legal or correctional restrictions on the following:</li> <li>The use of seclusion and restraint for nonclinical purposes</li> <li>The imposition of disciplinary restrictions</li> <li>The restriction of rights</li> <li>The plan for discharge and continuing care, treatment, and services</li> <li>The length of stay</li> </ul>	Moved and Revised	NPG.11.01.01, EP 4	The hospital coordinates ad legal or correctional restrict - Use of seclusion and restri- - Imposition of disciplinary of - Restriction of rights - Plan for discharge and con - Length of stay
PC.01.02.01, EP 1	The hospital defines, in writing, the scope and content of screening, assessment, and reassessment. Patient information is collected according to these requirements. Note 1: In defining the scope and content of the information it collects, the organization may want to consider information that it can obtain, with the patient's consent, from the patient's family and the patient's other care providers, as well as information conveyed on any medical jewelry.	Moved and Revised	PC.11.02.01, EP 9	The hospital defines, in writ and reassessment. Patient i Note 1: In defining the scop may want to consider inform the patient's family and the conveyed on any medical je

y provides or supervises the nursing services provided by nours a day, 7 days a week. The hospital has a licensed red nurse on duty at all times.

use Joint Commission accreditation for deemed status rse is immediately available for the provision of care of any

use The Joint Commission for deemed-status purposes: hour nursing waiver granted under 42 CFR 488.54(c) are not nursing services.

#### )(1)

s the nursing care for each patient to other nursing staff in ent's needs and the specialized qualifications and ng staff available.

and procedures that establish which outpatient ot required to have a registered nurse present. The policies following requirements:

ch outpatient departments need to meet, taking into ices delivered, the general level of acuity of patients served stablished standards of practice for the services delivered ffing plans

ctor of nursing

ce every three years

.23(b)(7)(i), \$482.23(b)(7)(ii), \$482.23(b)(7)(iii),

d implements a written process for accepting a patient that eria and procedures for accepting referrals.

administrative and clinical decisions for patients under ictions on the following: straint for nonclinical purposes y restrictions

ontinuing care, treatment, and services

riting, the scope and content of screening, assessment, at information is collected according to these requirements. ope and content of the information it collects, the hospital ormation that it can obtain, with the patient's consent, from ne patient's other care providers, as well as information jewelry.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	Note 2: Assessment and reassessment information includes the patient's perception			Note 2: Assessment and rea
	of the effectiveness of, and any side effects related to, their medication(s).			of the effectiveness of, and
PC.01.02.01, EP 2	The hospital defines, in writing, criteria that identify when additional, specialized, or	Moved and Revised	PC.11.02.01, EP 10	The hospital defines, in writ
	more in-depth assessments are performed.			more in-depth assessment
	Note: Examples of criteria could include those that identify when a nutritional,			Note: Examples may includ
	functional, or pain assessment should be performed for patients who are at risk.			pain assessment should be
PC.01.02.01, EP 3	The hospital has defined criteria that identify when nutritional plans are developed.	Consolidation of	RC.12.03.01, EP 5	For hospitals that use Joint
	$C_{0}D_{0} = 8482, 28(h)(1)$	PC.01.02.01, EP 3;		and have swing beds: When
	CoPs: §482.28(b)(1)	RC.02.04.01, EP 3		discharge summary include
				- A summary of the residen diagnosis, course of illness
				and consultation results
				- A final summary of the res
				the time of the discharge th
				agencies, with the consent
				- Reconciliation of all predis
				medications (both prescrib
				- A postdischarge plan of ca
				new living environment, that
				with the resident's consent
				care indicates where the in
				made for the resident's follo
				nonmedical services
				CoPs: §482.58(b)(5), §483.2
				\$483.21(c)(2)(iv)
PC.01.02.01, EP 14	For hospitals that provide obstetric services: Upon admission to labor and delivery,	Deleted	N/A	N/A
	the mother's status of the following diseases (during the current pregnancy) is			
	documented in the mother's medical record:			
	- Human immunodeficiency virus (HIV)			
	- Hepatitis B			
	- Group B Streptococcus (GBS)			
	- Syphilis			
PC.01.02.01, EP 15	For hospitals that provide obstetric services: If the mother had no prenatal care or	Deleted	N/A	N/A
	the disease status is unknown, testing for the following diseases is performed and			
	the results documented in the mother's medical record:			
	- Human immunodeficiency virus (HIV)			
	- Hepatitis B			
	- Group B Streptococcus (GBS)			
	- Syphilis			
	Note: Because GBS test results may not be available for 24–48 hours, hospitals may			
	consider the administration of prophylactic antibiotics to the mother based on CDC			
	guidelines: Prevention of Perinatal Group B Streptococcal Disease https://www.cdc.gov/mmwr/pdf/rr/rr5910.pdf			
PC.01.02.01, EP 16	For hospitals that provide obstetric services: If the mother tests positive for human	Deleted	N/A	N/A
FU.UI.UZ.UI, EP 10		Deleteu		
	immunodeficiency virus (HIV), hepatitis B, group B Streptococcus (GBS), or syphilis			
	when tested in labor and delivery or during the current pregnancy, that information is			
	also documented in the newborn's medical record after delivery.			

reassessment information includes the patient's perception d any side effects related to, their medication(s).

riting, criteria that identify when additional, specialized, or nts are performed.

ude criteria that identify when a nutritional, functional, or performed.

nt Commission accreditation for deemed status purposes en the hospital anticipates the discharge of a resident, the des but is not limited to the following:

ent's stay that includes at a minimum the resident's ss/treatment or therapy, and pertinent laboratory, radiology,

esident's status to include items in 42 CFR 483.20 (b)(1) at that is available for release to authorized persons and at of the resident or resident's representative.

discharge medications with the resident's postdischarge ibed and over-the-counter).

care, which will assist the resident to adjust to his or her hat is developed with the participation of the resident and, nt, the resident representative(s). The postdischarge plan of individual plans to reside, any arrangements that have been ollow up care, and any postdischarge medical and

3.21(c)(2)(i), §483.21(c)(2)(ii), §483.21(c)(2)(iii),

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
PC.01.02.01, EP 53	For hospitals that use Joint Commission accreditation for deemed status purposes	Deleted EP -	N/A	N/A
	and have swing beds: The hospital coordinates assessments with the preadmission	Replaced with more		
	screening and resident review (PASARR) program under Medicaid to the maximum	direct EP(s) or		
	extent practicable to avoid duplicative testing and effort. Coordination includes the	moved to guidance		
	following:	within SPG		
	- 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			
	CoPs: §482.58(b)(5)			
PC.01.02.03, EP 1	The hospital conducts the patient's initial assessment in accordance with written	Moved and Revised	PC.11.02.01, EP 1	The hospital conducts the p
	time frames it defines and law and regulation.			it defines and in accordance
PC.01.02.03, EP 3	Each patient is reassessed as necessary based on their plan for care or changes in	Deleted EP -	N/A	N/A
	their condition.	Replaced with more		
	Note: Reassessments may also be based on the patient's diagnosis; desire for care,	direct EP(s) or		
	treatment, and services; response to previous care, treatment, and services;	moved to guidance		
	discharge planning needs; and/or their setting requirements.	within SPG		
	CoPs: §482.23(b)(4), §482.43(a)(6)			
PC.01.02.03, EP 4	The patient receives a medical history and physical examination no more than 30	Moved and Revised	PC.11.02.01, EP 2	A medical history and physi
	days prior to, or within 24 hours after, registration or inpatient admission, but prior to			than 30 days prior to, or wit
	surgery or a procedure requiring anesthesia services.			prior to surgery or a procedu
	Note 1: For hospitals that use Joint Commission accreditation for deemed status			Note 1: For hospitals that us
	purposes: Medical histories and physical examinations are performed as required in			purposes: Medical histories
	this element of performance, except any specific outpatient surgical or procedural			this element of performanc
	services for which an assessment is performed instead.			procedural services for whi
	Note 2: For law and regulation guidance pertaining to the medical history and			under 42 CFR 482.24(c)(4)(
	physical examination, refer to 42 CFR 482.22(c)(5)(iii) and 482.51(b)(1)(iii). Refer to			Note 2: For law and regulati
	"Appendix A: Medicare Requirements for Hospitals" (AXA) for full text.			physical examination at 42
				https://www.ecfr.gov/.
	CoPs: \$482.22(c)(5)(i), \$482.22(c)(5)(ii), \$482.24(c)(4)(i)(A), \$482.51(b)(1)(i),			
	§482.61(a)(5), §482.61(b)(2)			CoPs: §482.24(c)(4)(i)(A), §4
PC.01.02.03, EP 5	For a medical history and physical examination that was completed within 30 days	Moved and Revised	PC.11.02.01, EP 3	For a medical history and pl
	prior to registration or inpatient admission, an update documenting any changes in			prior to registration or inpat
	the patient's condition is completed within 24 hours after registration or inpatient			the patient's condition is co
	admission, but prior to surgery or a procedure requiring anesthesia services.			admission, but prior to surg
	Note 1: For hospitals that use Joint Commission accreditation for deemed status			Note 1: For hospitals that u
	purposes: Medical histories and physical examinations are performed as required in			purposes: Medical histories
	this element of performance, except any specific outpatient surgical or procedural			this element of performanc
	services for which an assessment is performed instead.			procedural services for whi
	Note 2: For law and regulation guidance pertaining to the medical history and			under 42 CFR 482.24(c)(4)(i
	physical examination, refer to 42 CFR 482.22(c)(5)(iii) and 482.51(b)(1)(iii). Refer to			Note 2: For law and regulati
	"Appendix A: Medicare Requirements for Hospitals" (AXA) for full text.			physical examination at 42 https://www.ecfr.gov/.
	CoPs: §482.22(c)(5)(i), §482.22(c)(5)(ii), §482.24(c)(4)(i)(B), §482.51(b)(1)(ii),			

e patient's initial assessment within the written time frames nee with law and regulation.

vsical examination is completed and documented no more vithin 24 hours after, registration or inpatient admission but odure requiring anesthesia services.

use Joint Commission accreditation for deemed status es and physical examinations are performed as required in nce, except prior to any specific outpatient surgical or hich an assessment is performed instead as provided 4)(i)(C).

ation guidance pertaining to the medical history and 42 CFR 482.22(c)(5)(iii) and 482.51(b)(1)(iii), refer to

§482.51(b)(1)(i)

physical examination that was completed within 30 days atient admission, an update documenting any changes in completed within 24 hours after registration or inpatient rgery or a procedure requiring anesthesia services. use Joint Commission accreditation for deemed status es and physical examinations are performed as required in nce, except prior to any specific outpatient surgical or hich an assessment is performed instead as provided )(i)(C).

ation guidance pertaining to the medical history and 42 CFR 482.22(c)(5)(iii) and 482.51(b)(1)(iii), refer to

§482.51(b)(1)(ii)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
PC.01.02.03, EP 6	A registered nurse completes a nursing assessment within 24 hours after the patient's inpatient admission.	Deleted EP - Replaced with more	N/A	N/A
	CoPs: §482.23(b)(3), §482.23(b)(4)	direct EP(s) or moved to guidance within SPG		
PC.01.02.03, EP 7	<ul> <li>For hospitals that use Joint Commission accreditation for deemed status purposes:</li> <li>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)</li> <li>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.</li> <li>CoPs: \$482.24(c)(4)(i)(A), \$482.24(c)(4)(i)(B), \$482.24(c)(4)(i)(C), \$482.51(b)(1)(iii)</li> </ul>	Moved and Revised	PC.11.02.01, EP 4	When the medical staff allo history and physical examin or procedural services, the registration but prior to the s Note: For further regulatory 482.51(b)(1)(i) and (ii), and 4 CoPs: §482.51(b)(1)(iii)
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. CoPs: §482.23(b)(3), §482.23(b)(4)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
PC.01.02.07, EP 1	The hospital has defined criteria to screen, assess, and reassess pain that are consistent with the patient's age, condition, and ability to understand.	Moved and Revised	NPG.06.02.01, EP 7	The hospital reassesses and - Evaluation and documenta - Progress toward pain mana ability to take a deep breath - Side effects of treatment - Risk factors for adverse ev
PC.01.02.07, EP 2	The hospital screens patients for pain during emergency department visits and at the time of admission.	Moved and Revised	NPG.06.02.01, EP 1	The hospital has defined cri consistent with the patient's
PC.01.02.07, EP 3	The hospital treats the patient's pain or refers the patient for treatment. Note: Treatment strategies for pain may include nonpharmacologic, pharmacologic, or a combination of approaches.	Moved and Revised	NPG.06.02.01, EP 8	The hospital educates the p management, including the - Pain management plan of - Side effects of pain manag - Daily living activities, inclu or reduce effectiveness of th address these issues - Safe use, storage, and disp
PC.01.02.07, EP 4	The hospital develops a pain treatment plan based on evidence-based practices and the patient's clinical condition, past medical history, and pain management goals.	Moved and Revised	NPG.06.02.01, EP 3	The hospital treats the patie Note: Treatment strategies f or a combination of approad
PC.01.02.07, EP 5	<ul> <li>The hospital involves patients in the pain management treatment planning process through the following:</li> <li>Developing realistic expectations and measurable goals that are understood by the patient for the degree, duration, and reduction of pain</li> <li>Discussing the objectives used to evaluate treatment progress (for example, relief of pain and improved physical and psychosocial function)</li> </ul>	Moved and Revised	NPG.06.02.01, EP 2	The hospital screens patient time of admission.

lows an assessment (in lieu of a comprehensive medical nination) for patients receiving specific outpatient surgical e patient assessment is completed and documented after e surgery or procedure requiring anesthesia services. ry guidance at 42 CFR 482.24(c)(4)(i)(A) and (B), d 482.22(c)(5)(v), refer to https://www.ecfr.gov/.

nd responds to the patient's pain through the following: ntation of response(s) to pain intervention(s) anagement goals, including functional ability (for example, th, turn in bed, walk with improved pain control)

events caused by the treatment

criteria to screen, assess, and reassess pain that are nt's age, condition, and ability to understand.

e patient and family on discharge plans related to pain ne following:

of care

agement treatment

luding the home environment, that might exacerbate pain f the pain management plan of care and strategies to

sposal of opioids when prescribed

tient's pain or refers the patient for treatment. s for pain may include nonpharmacologic, pharmacologic, paches.

ents for pain during emergency department visits and at the

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Providing education on pain management, treatment options, and safe use of			
	opioid and non-opioid medications when prescribed			
PC.01.02.07, EP 6	The hospital monitors patients identified as being high risk for adverse outcomes	Moved and Revised	NPG.06.02.01, EP 4	The hospital develops a pair
	related to opioid treatment.			the patient's clinical condition
PC.01.02.07, EP 7	The hospital reassesses and responds to the patient's pain through the following:	Moved and Revised	NPG.06.02.01, EP 5	The hospital involves the pa
	- Evaluation and documentation of response(s) to pain intervention(s)			process through the following
	- Progress toward pain management goals including functional ability (for example,			- Developing realistic expec
	ability to take a deep breath, turn in bed, walk with improved pain control)			understands for the degree,
	- Side effects of treatment			- Discussing the objectives
	- Risk factors for adverse events caused by the treatment			of pain and improved physic
				- Providing education on pai
				opioid and nonopioid medic
PC.01.02.07, EP 8	The hospital educates the patient and family on discharge plans related to pain	Moved and Revised	NPG.06.02.01, EP 6	The hospital monitors patier
	management including the following:			related to opioid treatment.
	- Pain management plan of care			
	- Side effects of pain management treatment			
	- Activities of daily living, including the home environment, that might exacerbate			
	pain or reduce effectiveness of the pain management plan of care, as well as			
	strategies to address these issues - Safe use, storage, and disposal of opioids when prescribed			
PC.01.02.08, EP 1	The hospital implements fall risk reduction interventions based on the patient	Moved	NPG.11.02.01, EP 1	The hospital implements fal
PG.01.02.00, EF 1	population, setting, and individual patient's assessed risks.	Moveu	NFG.11.02.01, EF 1	population, setting, and ind
PC.01.02.09, EP 1	The hospital uses written criteria to identify those patients who may be victims of	Moved and Revised	NPG.07.03.01, EP 1	The hospital uses written cri
F G. UT. UZ. UJ, EF T	physical assault, sexual assault, sexual molestation, domestic abuse, or elder or	Hoved and Nevised	INF G.07.03.01, LF T	physical assault, sexual ass
	child abuse and neglect. Patients are evaluated upon entry into the hospital and on			abuse, neglect, and exploita
	an ongoing basis.			and on an ongoing basis.
	Note: Criteria can be based on age, sex, and circumstance.			Note: Criteria can be based
PC.01.02.09, EP 2	To assist with referrals of possible victims of abuse and neglect, the hospital	Moved and Revised	NPG.07.03.01, EP 2	To assist with referrals of po
	maintains a list of private and public community agencies that can provide or			hospital maintains a list of p
	arrange for assessment and care.			or arrange for assessment a
PC.01.02.09, EP 3	The hospital educates staff about how to recognize signs of possible abuse and	Moved and Revised	NPG.07.03.01, EP 3	The hospital educates staff
	neglect and about their roles in follow-up.			and exploitation and about t
PC.01.02.09, EP 6	The hospital internally reports cases of possible abuse and neglect.	Moved and Revised	NPG.07.03.01, EP 4	The hospital internally repor
PC.01.02.09, EP 7	The hospital reports cases of possible abuse and neglect to external agencies, in	Deleted EP -	N/A	N/A
	accordance with law and regulation.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.58(b)(3), §483.12(c)(1)	moved to guidance		
		within SPG		
PC.01.02.09, EP 8	For hospitals that use Joint Commission accreditation for deemed status purposes	Moved	RI.13.01.01, EP 2	For hospitals that use Joint (
	and have swing beds: The hospital reports to the state nurse aide registry or licensing			and have swing beds: The he
	authorities any knowledge it has of any actions taken by a court of law against an			authorities any knowledge it
	employee that would indicate unfitness for service as a nurse aide or other facility			employee that would indica
	staff.			staff.
	CoPs: §482.58(b)(3), §483.12(a)(4), §483.12(c)(1)			CoPs: §482.58(b)(3), §483.1
PC.01.02.11, EP 1	Patients receiving psychosocial services for the treatment of alcoholism or other	Moved and Revised	PC.11.02.05, EP 1	Patients receiving psychoso
, · ·	substance use disorders receive an assessment that includes the following:			substance use disorders rec
	- The patient's history of each substance use, including age of onset, duration,			- History of each substance
	intensity, patterns of use, consequences of use, types of previous treatments, and			of use, consequences of use

- ain treatment plan based on evidence-based practices and ition, past medical history, and pain management goals.
- patient in the pain management treatment planning wing:
- ectations and measurable goals that the patient ectation, and reduction of pain
- s used to evaluate treatment progress (for example, relief sical and psychosocial function)
- bain management, treatment options, and safe use of dications when prescribed
- ients identified as being high risk for adverse outcomes nt.

fall risk reduction interventions based on the patient ndividual patient's assessed risks.

criteria to identify those patients who may be victims of ssault, sexual molestation, domestic abuse, elder or child itation. Patients are evaluated upon entry into the hospital

ed on age, sex, and circumstance.

possible victims of abuse, neglect, and exploitation, the f private and public community agencies that can provide t and care.

ff about how to recognize signs of possible abuse, neglect, It their roles in follow-up.

orts cases of possible abuse, neglect, and exploitation.

It Commission accreditation for deemed status purposes hospital reports to the state nurse aide registry or licensing e it has of any actions taken by a court of law against an cate unfitness for service as a nurse aide or other facility

.12(a)(4)

social services for the treatment of alcoholism or other receive an assessment that includes the following: ce use, including age of onset, duration, intensity, patterns use, types of previous treatments, and responses to such

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	responses to such treatment			treatment
	- A history of the patient's mental, emotional, and behavioral problems; their co-			- History of mental, emotior
	occurrence with substance use disorders; and their treatment			substance use disorders; a
	- A history of the patient's biomedical complications associated with substance use			- History of biomedical com
	disorders and the patient's level of awareness of the relationships between their			the patient's level of awarer
	behavioral conditions and pattern of substance use			conditions and pattern of su
PC.01.02.11, EP 4	Based on the patient's age and needs, the assessment for patients receiving	Moved and Revised	PC.11.02.05, EP 2	Based on the patient's age a
	psychosocial services for the treatment of alcoholism or other substance use			psychosocial services for th
	disorders includes the following:			disorders includes the follo
	- The patient's acceptance of treatment or motivation for change, as well as recovery			- Acceptance of treatment of
	environment features that serve as resources or obstacles to recovery, including			features that serve as resou
	family members' use of alcohol or other substances			use of alcohol or other subs
	- The patient's family circumstances, including the composition of the family group			- Family circumstances, inc
	and the need for their participation in the patient's care			for their participation in the
PC.01.02.11, EP 5	Based on the patient's age and needs, the assessment for patients receiving	Moved and Revised	PC.11.02.05, EP 3	Based on the patient's age a
	psychosocial services for the treatment of alcoholism or other substance use			psychosocial services for th
	disorders includes the following:			disorders includes the follo
	- The patient's religion and spiritual beliefs, values, and preferences			- Religion and spiritual belie
	- Living situation			- Living situation
	- Leisure and recreational activities			- Leisure and recreational a
	- Military service history			- Military service history
	- Peer-group			- Peer-group
	- Social factors			- Social factors
	- Ethnic and cultural factors			- Ethnic and cultural factors
	- Financial status			- Financial status
	- Vocational or educational background			- Vocational or educational
	- Legal history			- Legal history
	- Communication skills			- Communication skills
PC.01.02.11, EP 6	Based on the patient's age and needs, the assessment for patients receiving	Moved and Revised	PC.11.02.05, EP 4	Based on the patient's age a
1 0.01.02.11, EF 0	psychosocial services for the treatment of alcoholism or other substance use		1 0.11.02.00, El 4	psychosocial services for th
	disorders includes the following:			disorders includes the follo
	- The patient's history of any physical or sexual abuse, as either the abuser or the			- History of any physical or s
	abused			- Sexual history and identifi
	- The patient's sexual history and identification			- Childhood history
	- Childhood history			- Emotional and health issu
	- Emotional and health issues			- Visual-motor functioning
	- Visual-motor functioning			- Self care
	- Self care			
PC.01.02.13, EP 1	Patients who receive treatment for emotional and behavioral disorders receive an	Deleted EP -	N/A	N/A
1 0.01.02.10, El 1	assessment that includes a history of mental, emotional, behavioral, and substance	Replaced with more		
	use problems, their co-occurrence, and their treatment.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.61(a), §482.61(b)(4), §482.61(b)(5)	within SPG		
PC.01.02.13, EP 2	Patients who receive treatment for emotional and behavioral disorders receive an	Deleted EP -	N/A	N/A
1 0.01.02.10, EF Z	assessment that includes the following:	Replaced with more		
	- Current mental, emotional, and behavioral functioning	direct EP(s) or		
	-	• •		
	- Maladaptive or other behaviors that create a risk to the patient or others - Mental status examination	moved to guidance within SPG		
		within 3PG		
	- For psychiatric hospitals that use Joint Commission accreditation for deemed		1	

onal, and behavioral problems; their co-occurrence with and their treatment mplications associated with substance use disorders and eness of the relationships between their behavioral substance use e and needs, the assessment for patients receiving the treatment of alcoholism or other substance use lowing: t or motivation for change, as well as recovery environment ources or obstacles to recovery, including family members' bstances ncluding the composition of the family group and the need ne patient's care e and needs, the assessment for patients receiving the treatment of alcoholism or other substance use lowing: liefs, values, and preferences

activities

ors

al background

- e and needs, the assessment for patients receiving the treatment of alcoholism or other substance use lowing:
- r sexual abuse, as either the abuser or the abused ification

sues

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	status purposes: Reason for admission as stated by the patient and/or others			
	significantly involved in the patient's care			
	- For psychiatric hospitals that use Joint Commission accreditation for deemed			
	status purposes: Onset of the patient's illness and circumstances leading to			
	admission			
	- For psychiatric hospitals that use Joint Commission accreditation for deemed			
	status purposes: Inventory of the patient's strengths and disabilities (such as			
	psychiatric, biopsychosocial problems requiring treatment/intervention) written in a			
	descriptive manner on which to base a treatment plan			
	CoPs: §482.61(a), §482.61(a)(3), §482.61(b)(3), §482.61(b)(4), §482.61(b)(5),			
	§482.61(b)(6), §482.61(b)(7)			
PC.01.02.13, EP 3	Based on the patient's age and needs, the assessment for patients who receive	Deleted EP -	N/A	N/A
	treatment for emotional and behavioral disorders includes the following:	Replaced with more		
	- The patient's religion and spiritual beliefs, values, and preferences	direct EP(s) or		
	- Living situation	moved to guidance		
	- Leisure and recreational activities	within SPG		
	- Military service history			
	- Peer group			
	- Social factors			
	- Ethnic and cultural factors			
	- Financial status			
	- Vocational or educational background			
	- Legal history			
	- Communication skills			
	CoPs: §482.61(a)(4), §482.61(b)(7)			
PC.01.02.13, EP 4	Based on the patient's age and needs, the assessment for patients who receive	Deleted EP -	N/A	N/A
	treatment for emotional and behavioral disorders includes the following:	Replaced with more		
	- Any history of physical or sexual abuse as either the abuser or abused	direct EP(s) or		
	- The patient's sexual history	moved to guidance		
	- Childhood history	within SPG		
	- Emotional and health care issues			
	- Visual-motor functioning			
	- Self care			
	CoPs: §482.61(a)(4), §482.61(b)(7)			
PC.01.02.13, EP 5	Based on the patient's age and needs, the assessment for patients who receive	Deleted EP -	N/A	N/A
	treatment for emotional and behavioral disorders includes the following:	Replaced with more		
	- The patient's family circumstances, including the composition of the family group	direct EP(s) or		
	- The community resources currently used by the patient	moved to guidance		
	- The need for the family members' participation in the patient's care	within SPG		
	- For psychiatric hospitals that use Joint Commission accreditation for deemed			
	status purposes: A social history and reports of interviews with patients, family			
	members, and others			
	CoPs: §482.61(a)(4), §482.61(b)(7)			
PC.01.02.13, EP 6	Based on the patient's age and needs, the assessment for patients who receive	Moved and Revised	PC.11.02.03, EP 1	The assessment for patier
	treatment for emotional and behavioral disorders includes the following:			disorders includes the fol

tients who receive treatment for emotional and behavioral following, based on their age and needs:

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	<ul> <li>A psychiatric evaluation</li> <li>Psychological assessments, including intellectual, projective, neuropsychological, and personality testing</li> <li>For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Complete neurological examination at the time of the admission physical examination, when indicated (For more information on physical examination, see PC.01.02.03, EP 4)</li> </ul>			<ul> <li>Psychiatric evaluation</li> <li>Psychological assessmen and personality testing</li> <li>For psychiatric hospitals t status purposes: Complete physical examination, when examination, see PC.11.02</li> </ul>
PC.01.02.13, EP 7	CoPs: \$482.61(a)(5), \$482.61(b)(6), \$482.61(b)(7)For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Each patient receives a psychiatric evaluation completed within 60 hours of admission.CoPs: \$482.61(b)(1)	Moved and Revised	PC.11.02.03, EP 2	CoPs: \$482.61(a)(5) For psychiatric hospitals the purposes: Each patient rec of admission. The psychiate - Medical history - Record of mental status - Description of the onset of - Description of attitudes are - Estimation of intellectual - Inventory of the patient's are CoPs: \$482.61(b), \$482.61( \$482.61(b)(5), \$482.61(b)(6)
PC.01.02.15, EP 2	Diagnostic testing and procedures are performed as ordered within time frames defined by the hospital. CoPs: §482.62(a)(1)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
PC.01.02.15, EP 5	<ul> <li>The hospital documents the radiation dose index (computed tomography dose index [CTDIvol], dose length product [DLP], or size-specific dose estimate [SSDE]) on every study produced during a diagnostic computed tomography (CT) examination. The radiation dose index must be exam specific, summarized by series or anatomic area, and documented in a retrievable format.</li> <li>Note 1: This element of performance is only applicable for systems capable of calculating and displaying radiation dose indices.</li> <li>Note 2: This element of performance does not apply to systems used for therapeutic radiation treatment planning or delivery, or for calculating attenuation coefficients for nuclear medicine studies.</li> <li>Note 3: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.</li> <li>Note 4: While the CTDIvol, DLP, and SSDE are useful indicators for monitoring radiation dose.</li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
PC.01.02.15, EP 10	For hospitals that provide diagnostic computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET), or nuclear medicine (NM) services: Prior to conducting a diagnostic imaging study, the hospital verifies the following: - Correct patient - Correct imaging site - Correct patient positioning	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

ents, including intellectual, projective, neuropsychological,

s that use Joint Commission accreditation for deemed ete neurological examination at the time of the admission hen indicated (For more information on physical 02.01, EP 2)

that use Joint Commission accreditation for deemed status eceives a psychiatric evaluation completed within 60 hours atric evaluation includes the following:

t of illness and the circumstances leading to admission and behavior

al functioning, memory functioning, and orientation 's assets in descriptive, not interpretative, fashion

61(b)(1), \$482.61(b)(2), \$482.61(b)(3), \$482.61(b)(4), )(6), \$482.61(b)(7)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	<ul> <li>For CT only: Correct imaging protocol</li> <li>For CT only: Correct scanner parameters</li> <li>Note: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.</li> </ul>			
PC.01.02.15, EP 12	<ul> <li>For hospitals that provide diagnostic computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET), or nuclear medicine (NM) services: The hospital considers the patient's age and recent imaging exams when deciding on the most appropriate type of imaging exam.</li> <li>Note 1: Knowledge of a patient's recent imaging exams can help to prevent unnecessary duplication of these examinations.</li> <li>Note 2: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.</li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
PC.01.02.15, EP 13	<ul> <li>For hospitals that provide fluoroscopic services: The cumulative-air kerma or kerma- area product is documented in a retrievable format. For fluoroscopy equipment that cannot display or provide cumulative-air kerma or kerma-area product, fluoroscopy time and number of images acquired are documented in a retrievable format, such as a picture archiving and communication system.</li> <li>Note: This element of performance does not apply to fluoroscopy equipment used for therapeutic radiation treatment planning or delivery or fluoroscopy equipment classified as a mini C-arm.</li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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. CoPs: §482.23(b)(4), §482.28(b)(1), §482.58(b)(6), §482.61(c)(1), §482.61(c)(1)(ii), §482.62, §482.62(a)(1), §482.62(a)(2), §482.62(a)(3), §482.62(a)(4), §483.65(b)	Consolidation of PC.01.03.01, EP 1; PC.01.03.01, EP 5; PC.01.03.01, EP 22; PC.01.03.01, EP 23	PC.11.03.01, EP 1	The hospital develops, impl based on the following: - Needs identified by the par diagnostic testing - The patient's goals and the those goals Note 1: Nursing staff develo may be a part of an interdise Note 2: The hospital evaluat based on the patient's progr Note 3: For psychiatric hosp deemed status purposes: Th goals.
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.CoPs: \$482.23(b)(4), \$482.61(c)(1), \$482.61(c)(1)(ii), \$482.62, \$482.62(a)(1), \$482.62(a)(2), \$482.62(a)(3), \$482.62(a)(4)	Consolidation of PC.01.03.01, EP 1; PC.01.03.01, EP 5; PC.01.03.01, EP 22; PC.01.03.01, EP 23	PC.11.03.01, EP 1	<ul> <li>COPS: 9482.23(b)(4)</li> <li>The hospital develops, implest based on the following: <ul> <li>Needs identified by the part diagnostic testing</li> <li>The patient's goals and the those goals</li> <li>Note 1: Nursing staff development of an interdist based on the patient's program based status purposes: The patient of the patient of the patient's program based status purposes: The patient of the pa</li></ul></li></ul>

plements, and revises a written individualized plan of care

patient's assessment, reassessment, and results of

he time frames, settings, and services required to meet

elops and keeps current a nursing plan of care plan, which isciplinary plan of care, for each patient.

lates the patient's progress and revises the plan of care ogress.

spitals that use Joint Commission accreditation for

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				goals.
				$C_{0}D_{0}$ , 8492, 22(b)(4)
PC.01.03.01, EP 6	<ul> <li>For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The written plan of care includes the following: <ul> <li>A substantiated diagnosis (The substantiated diagnosis is the diagnosis identified by the treatment team to be the primary focus upon which treatment planning will be based. It evolves from the synthesis of data from various disciplines. The substantiated diagnosis may be the same as the initial diagnosis or it may differ, based on new information and assessment.)</li> <li>Documentation to justify the diagnosis and the treatment and rehabilitation activities carried out</li> <li>Documentation that demonstrates all active therapeutic efforts are included</li> <li>The specific treatment modalities used to treat the patient</li> </ul> </li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	CoPs: §482.23(b)(4) N/A
PC.01.03.01, EP 22	CoPs: §482.61(c)(1)(i), §482.61(c)(1)(iii), §482.61(c)(1)(v), §482.61(c)(2)         Based on the goals established in the patient's plan of care, staff evaluate the patient's progress.         CoPs: §482.43(a)(6), §482.61(d), §482.62, §482.62(a)(1), §482.62(a)(2), §482.62(a)(3), §482.62(a)(4)         §482.62(a)(3), §482.62(a)(4)	Consolidation of PC.01.03.01, EP 1; PC.01.03.01, EP 5; PC.01.03.01, EP 22; PC.01.03.01, EP 23	PC.11.03.01, EP 1	The hospital develops, impl based on the following: - Needs identified by the pa diagnostic testing - The patient's goals and the those goals Note 1: Nursing staff develo may be a part of an interdise Note 2: The hospital evaluat based on the patient's prog Note 3: For psychiatric hosp deemed status purposes: T goals.
PC.01.03.01, EP 23	The hospital revises plans and goals for care, treatment, and services based on the patient's needs.           CoPs: \$482.23(b)(4), \$482.43(a)(6), \$482.61(d), \$482.61(c)(1), \$482.62, \$482.62(a)(1), \$482.62(a)(2), \$482.62(a)(3), \$482.62(a)(4)           \$482.62(a)(1), \$482.62(a)(2), \$482.62(a)(3), \$482.62(a)(4)	Consolidation of PC.01.03.01, EP 1; PC.01.03.01, EP 5; PC.01.03.01, EP 22; PC.01.03.01, EP 23	PC.11.03.01, EP 1	CoPs: §482.23(b)(4) The hospital develops, imple based on the following: - Needs identified by the pardiagnostic testing - The patient's goals and the those goals Note 1: Nursing staff develoc may be a part of an interdise Note 2: The hospital evaluate based on the patient's progen Note 3: For psychiatric hospital deemed status purposes: T goals.
PC.01.03.01, EP 25	The hospital establishes or adopts diagnostic computed tomography (CT) imaging protocols based on current standards of practice, which address key criteria including the following:	Moved and Revised	NPG.13.02.01, EP 3	The hospital establishes or protocols based on current including the following:

plements, and revises a written individualized plan of care

patient's assessment, reassessment, and results of

he time frames, settings, and services required to meet

- elops and keeps current a nursing plan of care plan, which isciplinary plan of care, for each patient.
- lates the patient's progress and revises the plan of care ogress.
- spitals that use Joint Commission accreditation for The patient's goals include both short- and long-term

plements, and revises a written individualized plan of care

patient's assessment, reassessment, and results of

he time frames, settings, and services required to meet

- elops and keeps current a nursing plan of care plan, which isciplinary plan of care, for each patient.
- lates the patient's progress and revises the plan of care ogress.
- spitals that use Joint Commission accreditation for
- The patient's goals include both short- and long-term

or adopts diagnostic computed tomography (CT) imaging nt standards of practice, which address key criteria

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Clinical indication			- Clinical indication
	- Contrast administration			- Contrast administration
	- Age (to indicate whether the patient is pediatric or an adult)			- Age (to indicate whether th
	- Patient size and body habitus			- Patient size and body habi
	- Expected radiation dose index range			- Expected radiation dose in
	Note: This element of performance does not apply to dental cone beam CT			Note: This element of perfo
	radiographic imaging studies performed for diagnosis of conditions affecting the			radiographic imaging studie
	maxillofacial region or to obtain guidance for the treatment of such conditions.			maxillofacial region or to ob
PC.01.03.01, EP 26	Diagnostic computed tomography (CT) imaging protocols are reviewed and kept	Moved and Revised	NPG.13.02.01, EP 4	Diagnostic computed tomo
· · · · , ·	current with input from an interpreting physician, medical physicist, and lead		,	current with input from an i
	imaging technologist to make certain that they adhere to current standards of			imaging technologist to ma
	practice and account for changes in CT imaging equipment. These reviews are			practice and account for ch
	conducted at time frames identified by the hospital. (For hospitals that use Joint			conducted at time frames in
	Commission accreditation for deemed status purposes, refer to MS.06.01.03, EP 9			psychiatric distinct part uni
	for supervision of radiologic services)			of radiologic services)
	Note: This element of performance does not apply to dental cone beam CT			Note: This element of perfo
	radiographic imaging studies performed for diagnosis of conditions affecting the			radiographic imaging studie
	maxillofacial region or to obtain guidance for the treatment of such conditions.			maxillofacial region or to ob
PC.01.03.01, EP 43	For psychiatric hospitals that use Joint Commission accreditation for deemed status	Deleted EP -	N/A	N/A
F 0.01.03.01, LF 43	purposes: The plan of care includes the responsibilities of each member of the	Replaced with more		19/2
	treatment team.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.61(c)(1)(iv)	within SPG		
				For boonitals that algot The
PC.01.03.01, EP 44	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved and Revised	PC.11.03.01, EP 4	For hospitals that elect The
	Patient self-management goals are developed in partnership with patients, based on			Patient self-management go
	criteria established by the organization, and incorporated into the patient's			criteria established by the c
	treatment plan.			treatment plan.
	Note: Examples of criteria include the patient's disease process or condition and			Note: Examples of criteria in
	specific patient populations, such as those with multiple comorbidities or a chronic			specific patient populations
	disease. It is not expected that self-management goals be developed for every			disease. It is not expected t
	patient. (Refer to RI.01.02.01, EP 1)			patient.
PC.01.03.01, EP 45	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved and Revised	PC.11.03.01, EP 5	For hospitals that elect The
	The primary care medical home uses clinical decision support tools to guide			The primary care medical h
	decision making. (Refer to LD.03.10.01, EP 3)			decision making.
PC.01.03.05, EP 2	Behavior management procedures, when used, are part of the patient's plan of care.	Deleted	N/A	N/A
	The patient plan of care for behavior management includes the following:			
	- Target behavior(s)			
	- Adaptive or replacement behavior(s)			
	- Interventions			
	- Criteria for discontinuation of behavior management procedures			
	- Behavior management techniques used			
PC.01.03.05, EP 3	The patient and, based on their plan of care, the family participate in selecting	Deleted	N/A	N/A
	behavior management and treatment interventions.			
PC.02.01.01, EP 1	The hospital provides the patient with care, treatment, and services according to the	Deleted EP -	N/A	N/A
	patient's individualized plan of care.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.58(b)(6), §482.61(c)(1)(iv), §482.62, §482.62(a)(1), §482.62(a)(2),	moved to guidance		
	\$482.62(a)(3), \$482.62(a)(4), \$483.65(a)(1), \$483.65(a)(2), \$483.65(b)	within SPG		1

- the patient is pediatric or an adult) bitus
- index range
- formance does not apply to dental cone beam CT
- lies performed for diagnosis of conditions affecting the obtain guidance for the treatment of such conditions.
- nography (CT) imaging protocols are reviewed and kept n interpreting physician, medical physicist, and lead nake certain that they adhere to current standards of changes in CT imaging equipment. These reviews are s identified by the hospital. (For rehabilitation and nits in hospitals, refer to MS.17.01.03, EP 5 for supervision
- formance does not apply to dental cone beam CT lies performed for diagnosis of conditions affecting the obtain guidance for the treatment of such conditions.
- ne Joint Commission Primary Care Medical Home option: goals are developed in partnership with patients, based on e organization, and incorporated into the patient's
- a include the patient's disease process or condition and ons, such as those with multiple comorbidities or a chronic I that self-management goals be developed for every
- ne Joint Commission Primary Care Medical Home option: home uses clinical decision support tools to guide

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
PC.02.01.01, EP 5	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	NR.11.01.01, EP 4	A registered nurse supervise
	A registered nurse supervises and evaluates the nursing care for each patient.			$C_{0} P_{0} \cdot 8492.22(h)(2)$
	CoPs: §482.23(b)(3)			CoPs: §482.23(b)(3)
PC.02.01.01, EP 10	Before initiating a blood or blood component transfusion, the hospital follows a	Consolidation of	NPG.01.01.01, EP 1	The hospital has a process i
	process to correctly identify patients that includes the following:	NPSG.01.01.01, EP		treatment, and services. Th
	- Matching the blood or blood component to the order	1; PC.02.01.01, EP		hospital does not use the pa
	- Matching the patient to the blood or blood component	10		Note: Examples of patient id
	- Using a two-person verification process or a one-person verification process			- Assigned identification nu
	accompanied by automated identification technology, such as bar coding			- Telephone number or anot
	Note: When using a two-person verification process, one individual conducting the			- Electronic identification te
	identification verification is the qualified transfusionist who will administer the blood			includes two or more perso
	or blood component to the patient. The second individual conducting the			
	identification verification is qualified to participate in the process, as determined by			
	the hospital.			
PC.02.01.01, EP 15	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	PC.12.01.01, EP 3	The hospital administers blo
	Blood transfusions and intravenous medications are administered in accordance			accordance with state law a
	with state law and approved medical staff policies and procedures.			0 - Dec \$400,02(a)(4)
	CoPs: §482.23(c)(4)			CoPs: §482.23(c)(4)
PC.02.01.01, EP 16	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved	PC.12.01.01, EP 5	For hospitals that elect The
	Each patient has a designated primary care clinician.			Each patient has a designat
PC.02.01.01, EP 30	For hospitals that provide fluoroscopic services: The hospital identifies radiation	Deleted EP -	N/A	N/A
	exposure and skin dose threshold levels that, if exceeded, trigger further review	Replaced with more		
	and/or patient evaluation to assess for adverse radiation effects.	direct EP(s) or		
	Note 1: Information on radiation exposure thresholds can be found in the National	moved to guidance		
	Council on Radiation Protection's (NCRP) report number 168 and on the US Food	within SPG		
	and Drug Administration's (FDA) Center for Devices for Radiological Health (CDRH)			
	website.			
	Note 2: Radiation exposure thresholds may be established based on metrics such as			
	reference-air kerma, cumulative-air kerma, kerma-area product, or fluoroscopy time.	Moved and Devised		Driar to providing core treat
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	Moved and Revised	PC.12.01.01, EP 1	Prior to providing care, treat orders (verbal or written) fro
	orders (verbal or written) from a physician or other licensed practitioner in			accordance with profession
	accordance with professional standards of practice; law and regulation; hospital			policies; and medical staff b
	policies; and medical staff bylaws, rules, and regulations.			Note 1: This includes but is
	Note 1: Outpatient services may be ordered by a physician or other licensed			rehabilitation services, nucl
	practitioner not appointed to the medical staff as long as the practitioner meets the			Note 2: For hospitals that us
	following:			purposes: Patient diets, incl
	- Responsible for the care of the patient			other licensed practitioner r
	- Licensed to practice in the state where the practitioner provides care to the patient			dietitian or qualified nutritio
	or in accordance with Veterans Administration and Department of Defense licensure			acting in accordance with s
	requirements			
	- Acting within the practitioner's scope of practice under state law			CoPs: §482.26(b)(4), §482.2
	- Authorized in accordance with state law and policies adopted by the medical staff			§482.58(b)(6), §483.65(b)
	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			

ises and evaluates the nursing care for each patient.

s in place to correctly identify patients when providing care, This includes using at least two patient identifiers. The patient's room number or physical location as an identifier. t identifiers may include but are not limited to the following: number (for example, medical record number) other person-specific identifier

technology coding, such as bar coding or RFID, that son-specific identifiers

blood transfusions and intravenous medications in vand approved medical staff policies and procedures.

ne Joint Commission Primary Care Medical Home option: ated primary care clinician.

eatment, and services, the hospital obtains or renews from a physician or other licensed practitioner in onal standards of practice; law and regulation; hospital ff bylaws, rules, and regulations.

is not limited to respiratory services, radiology services, aclear medicine services, and dietetic services, if provided. use Joint Commission accreditation for deemed status acluding therapeutic diets, are ordered by the physician or er responsible for the patient's care or by a qualified tion professional who is authorized by the medical staff and a state law governing dietitians and nutrition professionals.

.28(b)(2), \$482.53(d)(4), \$482.56(b), \$482.57(b)(3),

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	dietitian or qualified nutrition professional who is authorized by the medical staff and			
	acting in accordance with state law governing dietitians and nutrition professionals.			
	CoPs: §482.23(c)(1), §482.23(c)(3), §482.23(c)(6)(i)(A), §482.23(c)(6)(ii)(A),			
	\$482.24(c)(2), \$482.26(b)(4), \$482.28(b)(2), \$482.54(c)(1), \$482.54(c)(2),			
	\$482.54(c)(3), \$482.54(c)(4), \$482.54(c)(4)(i), \$482.54(c)(4)(ii), \$482.56(b),			
	§482.57(b)(3)	Deleted ED	N1/A	N1/A
PC.02.01.03, EP 7	For hospitals that use Joint Commission accreditation for deemed status purposes:	Deleted EP -	N/A	N/A
	The hospital provides care, treatment, and services using the most recent patient	Replaced with more direct EP(s) or		
	order(s).	moved to guidance		
	CoPs: §482.28(b)(2), §482.56(b), §482.57(b)(3)	within SPG		
PC.02.01.03, EP 20	Before taking action on a verbal order or verbal report of a critical test result, staff	Deleted EP -	N/A	N/A
1 0.02.01.03, LI 20	uses a record and "read back" process to verify the information.	Replaced with more		NA
		direct EP(s) or		
		moved to guidance		
		within SPG		
PC.02.01.05, EP 1	Care, treatment, and services are provided to the patient in an interdisciplinary,	Deleted EP -	N/A	N/A
	collaborative manner.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.43(a)(5), §482.55(a)(2), §482.58(b)(6), §482.61(c)(1)(iv), §483.65(b)	moved to guidance		
		within SPG		
PC.02.01.11, EP 1	Resuscitative services are provided to the patient according to the hospital's	Moved and Revised	NPG.01.05.03, EP 1	The hospital provides resus
	policies, procedures, or protocols.			guidelines, and the hospita
PC.02.01.11, EP 2	Resuscitation equipment is available for use based on the needs of the population	Moved and Revised	NPG.01.05.03, EP 2	Resuscitation equipment is
	served.			served.
	Note: For example, if the hospital has a pediatric population, pediatric resuscitation			Note: For example, if the ho
	equipment should be available.			equipment should be availa
PC.02.01.11, EP 4	The hospital provides education and training to staff involved in the provision of	Moved and Revised	NPG.01.05.03, EP 3	The hospital provides educ
	resuscitative services. The hospital determines which staff complete this education			resuscitative services. The
	and training based upon their job responsibilities and hospital policies and			and training based on their
	procedures. The education and training are provided at the following intervals:			The education and training
	- At orientation			- At orientation
	- A periodic basis thereafter, as determined by the hospital			- A periodic basis thereafter - When staff responsibilities
	- When staff responsibilities change Note 1: Topics may cover resuscitation procedures or protocols; use of			Note 1: Topics may cover re
	cardiopulmonary resuscitation techniques, devices, or equipment; and the roles and			cardiopulmonary resuscita
	responsibilities during resuscitation events.			responsibilities during resu
	Note 2: The format and content of education and training are determined by the			Note 2: The hospital detern
	hospital (for example, a skills day, a mock code).			(for example, a skills day, a
PC.02.01.11, EP 5	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved	PC.12.01.05, EP 1	For hospitals that use Joint
	At a minimum, operating room suites have the following equipment available:			At a minimum, operating ro
	- Call-in system (process to communicate with or summon staff outside of the			- Call-in system (process to
	operating room when needed)			operating room when need
	- Cardiac monitor			- Cardiac monitor
	- Resuscitator (hand-held or mechanical device that provides positive airway			- Resuscitator (hand-held o
	pressure)			pressure)
	- Defibrillator			- Defibrillator
	- Aspirator (hand-held or mechanical device used to suction out fluids or secretions)			- Aspirator (hand-held or m

uscitative services based on national standards of care, tal's policies, procedures, or protocols.

is available for use based on the needs of the population

nospital has a pediatric population, pediatric resuscitation ilable.

ucation and training to staff involved in the provision of e hospital determines which staff complete this education ir job responsibilities and hospital policies and procedures. ng are provided at the following intervals:

er, as determined by the hospital

ies change

resuscitation procedures or protocols; use of

tation techniques, devices, or equipment; and roles and suscitation events.

rmines the format and content of education and training a mock code).

nt Commission accreditation for deemed status purposes: room suites have the following equipment available: to communicate with or summon staff outside of the ded)

or mechanical device that provides positive airway

mechanical device used to suction out fluids or secretions)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Tracheotomy set			- Tracheotomy set
	CoPs: §482.51(b)(3)			CoPs: §482.51(b)(3)
PC.02.01.19, EP 2	The hospital develops and follows written criteria describing early warning signs of a change or deterioration in a patient's condition and the appropriate action to take.	Moved and Revised	NPG.01.05.02, EP 1	The hospital develops and in of a change or deterioration take.
PC.02.01.20, EP 1	The hospital develops and follows policies, procedures, or protocols based on current scientific literature for interdisciplinary post-cardiac arrest care.Note 1: Post-cardiac arrest care is aimed at identifying, treating, and mitigating acute pathophysiological processes after cardiac arrest and includes evaluation for targeted temperature management and other aspects of critical care management. Note 2: This requirement does not apply to hospitals that do not provide post- cardiac arrest care.	Moved and Revised	NPG.01.05.04, EP 1	The hospital develops and in current scientific literature f Note 1: Post–cardiac arrest acute pathophysiological pr targeted temperature mana Note 2: This requirement do cardiac arrest care.
PC.02.01.20, EP 2	<ul> <li>The hospital develops and follows policies, procedures, or protocols based on current scientific literature to determine the neurological prognosis for patients who remain comatose after cardiac arrest.</li> <li>Note 1: Because any single method of neuroprognostication has an intrinsic error rate, current guidelines recommend that multiple testing modalities be incorporated into organizations' routine procedures and protocols to improve decision-making accuracy.</li> <li>Note 2: This requirement does not apply to hospitals that do not provide post–cardiac arrest care.</li> </ul>	Moved and Revised	NPG.01.05.04, EP 2	The hospital develops and in current scientific literature to remain comatose after card Note 1: Because any single rate, current guidelines reco into the hospital's routine pr accuracy. Note 2: This requirement do cardiac arrest care.
PC.02.01.20, EP 3	The hospital follows written criteria or a protocol for inter-facility transfers of patients for post–cardiac arrest care, when indicated.	Deleted	N/A	N/A
PC.02.01.21, EP 1	<ul> <li>The hospital identifies the patient's oral and written communication needs, including the patient's preferred language for discussing health care.</li> <li>Note: Examples of communication needs include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials.</li> </ul>	Moved	PC.11.02.07, EP 1	The hospital identifies the p the patient's preferred langu Note: Examples of commun such as hearing aids or glas translated or plain language
PC.02.01.21, EP 2	The hospital communicates with the patient during the provision of care, treatment, and services in a manner that meets the patient's oral and written communication needs.	Deleted	N/A	N/A
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.	Moved and Revised	NPG.01.04.01, EP 1	The hospital follows a proce patient is referred to interna
PC.02.02.01, EP 2	CoPs: §482.43(b), §482.54(a)The hospital's process for hand-off communication provides for the opportunity for discussion between the giver and receiver of patient information. Note: Such information may include the patient's condition, care, treatment, medications, services, and any recent or anticipated changes to any of these.	Moved and Revised	NPG.01.04.01, EP 2	The hospital's process for ha discussion between the give Note: Such information may medications, services, and a
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. CoPs: \$482.43(a)(5), \$482.54(a), \$482.55(a)(2), \$482.58(b)(6), \$483.65(a)(1), \$483.65(a)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

d implements written criteria describing early warning signs on in a patient's condition and the appropriate action to

d implements policies, procedures, or protocols based on e for interdisciplinary post–cardiac arrest care.

st care is aimed at identifying, treating, and mitigating processes after cardiac arrest and includes evaluation for nagement and other aspects of critical care management. does not apply to hospitals that do not provide post–

d implements policies, procedures, or protocols based on e to determine the neurological prognosis for patients who ardiac arrest.

le method of neuroprognostication has an intrinsic error commend that multiple testing modalities be incorporated procedures and protocols to improve decision-making

does not apply to hospitals that do not provide post–

patient's oral and written communication needs, including guage for discussing health care.

unication needs include the need for personal devices asses, language interpreters, communication boards, and ge materials.

cess to receive or share patient information when the nal providers of care, treatment, and services.

hand-off communication provides for the opportunity for iver and receiver of patient information. hay include the patient's condition, care, treatment, ind any recent or anticipated changes to any of these.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
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	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	damaged dentures to a dentist. CoPs: \$482.58(b)(4), \$482.58(b)(6), \$482.58(b)(7), \$483.40(d), \$483.55(a)(4)(i), \$483.55(a)(4)(ii), \$483.55(b)(2)(ii), \$483.55(b)(2)(ii), \$483.65(b)	Deleted 5D		
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. CoPs: \$482.58(b)(6), \$482.58(b)(7), \$483.55(a)(4)(i), \$483.55(a)(4)(ii), \$483.55(b)(2)(i), \$483.65(a)(1), \$483.65(a)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
PC.02.02.01, EP 12	<ul> <li>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.</li> <li>CoPs: \$482.58(b)(7), \$483.55, \$483.55(a)(2), \$483.55(b)(1)(i), \$483.55(b)(5)</li> </ul>	Moved	PC.14.02.01, EP 3	For hospitals that use Joint and have swing beds: The h apply for reimbursement of the state plan. The hospital routine and emergency den CoPs: §482.58(b)(7), §483.5
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.	Moved and Revised	PC.14.02.01, EP 4	For hospitals that use Joint and have swing beds: The h circumstances when loss o responsibility, and it may no CoPs: §482.58(b)(7), §483.5
PC.02.02.01, EP 30	CoPs: §482.58(b)(7), §483.55(a)(3), §483.55(b)(4) 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.	Moved	PC.14.02.01, EP 6	For hospitals that use Joint and have swing beds: The h dental services within three hospital documents what w eat and drink and any exten
PC.02.02.03, EP 6	CoPs: §482.58(b)(7), §483.55(a)(5), §483.55(b)(3) The hospital prepares food and nutrition products using proper sanitation, temperature, light, moisture, ventilation, and security.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	CoPs: §482.58(b)(7), §483.5
PC.02.02.03, EP 7	Food and nutrition products are consistent with each patient's care, treatment, and services. CoPs: §482.28(b), §482.28(b)(1)	Moved and Revised	PC.12.01.09, EP 1	The nutritional needs of the practice guidelines and reconstruction Note: Diet menus meet the
PC.02.02.03, EP 11	The hospital stores food and nutrition products, including those brought in by patients or their families, using proper sanitation, temperature, light, moisture, ventilation, and security.	Deleted EP - Replaced with more direct EP(s) or	N/A	CoPs: §482.28(b), §482.28(b)

nt Commission accreditation for deemed status purposes hospital assists residents who are eligible and wish to of dental services as an incurred medical expense under cal may charge a Medicare resident an additional amount for ental services.

#### 8.55(a)(2), §483.55(b)(5)

nt Commission accreditation for deemed status purposes hospital develops and implements a policy identifying of or damage to a resident's dentures is the hospital's not charge a resident for the loss or damage of dentures.

#### 8.55(a)(3), §483.55(b)(4)

nt Commission accreditation for deemed status purposes hospital refers residents with lost or damaged dentures for ee days. If referral does not occur within three days, the was done to make sure that the resident could adequately enuating circumstances that led to the delay.

8.55(a)(5), §483.55(b)(3)

ne individual patient are met in accordance with clinical ecognized dietary practices. ne needs of the patients.

B(b)(1)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		moved to guidance within SPG		
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. CoPs: §482.28(b)(1), §482.28(b)(3)	Moved and Revised	PC.12.01.09, EP 2	For hospitals that use Joint Co The dietitian and medical staf available to all medical, nursin Note: For the purposes of this publication or revision date no
	COFS. 9462.26(D)(1), 9462.26(D)(3)			CoPs: §482.28(b)(3)
PC.02.03.01, EP 1	<ul> <li>The hospital performs a learning needs assessment for each patient, which includes the following:</li> <li>The patient's cultural and religious beliefs</li> <li>Emotional barriers</li> <li>Desire and motivation to learn</li> <li>Physical or cognitive limitations</li> <li>Barriers to communication</li> </ul>	Moved and Revised	PC.12.02.01, EP 1	The hospital performs a learni the following: - Cultural and religious beliefs - Emotional barriers - Desire and motivation to lear - Physical or cognitive limitatio - Barriers to communication
PC.02.03.01, EP 5	The hospital coordinates the patient education and training provided by all disciplines involved in the patient's care, treatment, and services.	Moved	PC.12.02.01, EP 2	The hospital coordinates the p disciplines involved in the pat
PC.02.03.01, EP 10	<ul> <li>Based on the patient's condition and assessed needs, the education and training provided to the patient by the hospital include any of the following:</li> <li>An explanation of the plan for care, treatment, and services</li> <li>Basic health practices and safety</li> <li>Information on the safe and effective use of medications</li> <li>Nutrition interventions (for example, supplements) and modified diets</li> <li>Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management</li> <li>Information on the safe and effective use of medical equipment or supplies provided by the hospital</li> <li>Habilitation or rehabilitation techniques to help the patient reach maximum independence</li> <li>Fall reduction strategies</li> </ul>	Moved	PC.12.02.01, EP 3	Based on the patient's conditi provided to the patient by the - An explanation of the plan fo - Basic health practices and si - Information on the safe and o - Nutrition interventions (for eigen- - Discussion of pain, the risk for the pain assessment process, - Information on oral health - Information on the safe and o provided by the hospital - Habilitation or rehabilitation independence - Fall reduction strategies
PC.02.03.01, EP 25	The hospital evaluates the patient's understanding of the education and training it provided.	Moved	PC.12.02.01, EP 4	The hospital evaluates the pat provided.
PC.02.03.01, EP 27	The hospital provides the patient education on how to communicate concerns about patient safety issues that occur before, during, and after care is received.	Moved	PC.12.02.01, EP 5	The hospital provides the patient safety issues that occur
PC.02.03.01, EP 28	For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team educate the patient on self- management tools and techniques based on the patient's individual needs. (Refer to PC.01.03.01, EP 44)	Moved and Revised	PC.12.02.01, EP 6	For hospitals that elect The Jo The primary care clinician and management tools and technic PC.11.03.01, EP 7)
PC.02.03.01, EP 30	For hospitals that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team identifies the patient's health literacy needs. Note: Typically this is an interactive process. For example, patients may be asked to demonstrate their understanding of information provided by explaining it in their own words.	Moved	PC.12.02.01, EP 7	For hospitals that elect The Jo The interdisciplinary team ide Note: Typically this is an intera demonstrate their understand words.
PC.02.03.01, EP 31	For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team incorporate the patient's health literacy needs into the patient's education.	Moved	PC.12.02.01, EP 8	For hospitals that elect The Jo The primary care clinician and health literacy needs into the

t Commission accreditation for deemed status purposes: staff approve a therapeutic diet manual that is current and ursing, and food service staff.

this element of performance, current is defined as having a te no more than five years old.

earning needs assessment for each patient, which includes

liefs

learn

itations

the patient education and training provided by all patient's care, treatment, and services.

ndition and assessed needs, the education and training the hospital include any of the following:

- an for care, treatment, and services
- nd safety
- and effective use of medications
- or example, supplements) and modified diets
- isk for pain, the importance of effective pain management,
- ess, and methods for pain management
- and effective use of medical equipment or supplies

tion techniques to help the patient reach maximum

e patient's understanding of the education and training it

patient education on how to communicate concerns about occur before, during, and after care is received.

e Joint Commission Primary Care Medical Home option: and the interdisciplinary team educate the patient on selfchniques based on the patient's individual needs. (Refer to

e Joint Commission Primary Care Medical Home option: identifies the patient's health literacy needs.

nteractive process. For example, patients may be asked to tanding of information provided by explaining it in their own

e Joint Commission Primary Care Medical Home option: and the interdisciplinary team incorporate the patient's the patient's education.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
PC.02.04.01, EP 1	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved	PC.12.03.01, EP 1	For hospitals that elect The
	The primary care medical home provides patients with access to the following 24			The primary care medical he
	hours a day, 7 days a week:			hours a day, 7 days a week:
	- Appointment availability/scheduling			- Appointment availability/s
	- Requests for prescription renewal			- Requests for prescription I
	- Test results			- Test results
	- Clinical advice for urgent health needs			- Clinical advice for urgent h
PC.02.04.01, EP 2	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved	PC.12.03.01, EP 2	For hospitals that elect The
	The primary care medical home offers flexible scheduling to accommodate patient			The primary care medical ho
	care needs.			care needs.
	Note: This may include open scheduling, same-day appointments, group visits,			Note: This may include oper
	expanded hours, and arrangements with other organizations.			expanded hours, and arrang
PC.02.04.01, EP 3	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved	PC.12.03.01, EP 3	For hospitals that elect The
	The primary care medical home has a process to address patient urgent care needs			The primary care medical ho
	24 hours a day, 7 days a week.			24 hours a day, 7 days a wee
PC.02.04.03, EP 1	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved and Revised	PC.12.03.03, EP 1	For hospitals that elect The
	The primary care medical home manages transitions in care and provides or			The primary care medical ho
	facilitates patient access to care, treatment, or services including the following:			facilitates patient access to
	- Acute care			- Acute care
	- Management of chronic care			- Management of chronic ca
	- Preventive services that are age- and gender-specific			- Preventive services that an
	- Behavioral health needs			- Behavioral health needs
	- Oral health care			- Oral health care
	- Urgent and emergent care			- Urgent and emergent care
	- Substance abuse treatment			- Substance abuse treatmer
	Note: Some of these services may be obtained through the use of community			Note: Some of these service
	resources as available, or in collaboration with other organizations.			resources, as available, or in
PC.02.04.03, EP 2	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved	PC.12.03.03, EP 2	For hospitals that elect The
,	The primary care medical home provides care that addresses various phases of a			The primary care medical ho
	patient's lifespan, including end-of-life care.			patient's lifespan, including
PC.02.04.03, EP 3	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved	PC.12.03.03, EP 3	For hospitals that elect The
1 0.02.04.00, 21 0	The primary care medical home provides disease and chronic care management		1 0.12.00.00, 21 0	The primary care medical ho
	services to its patients.			services to its patients.
PC.02.04.03, EP 4	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved	PC.12.03.03, EP 4	For hospitals that elect The
1 0.02.04.00, 21 4	The primary care medical home provides population-based care.		1 0.12.00.00, 21 4	The primary care medical ho
PC.02.04.03, EP 5	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved and Revised	PC.12.03.03, EP 5	For hospitals that elect The
10.02.04.00, EI 0	The primary care medical home uses health information technology to do the		10.12.00.00, EI 0	The primary care medical he
	following:			following:
	- Support the continuity of care, and the provision of comprehensive and			- Support the continuity of c
	coordinated care, treatment, or services			care, treatment, or services
				- Document and track care,
	<ul> <li>Document and track care, treatment, or services</li> <li>Support disease management, including providing patient education</li> </ul>			- Support disease managem
	- Support preventive care, treatment, or services			- Support preventive care, tr
	- Create reports for internal use and external reporting			- Create reports for internal
	- Facilitate electronic exchange of information among providers			- Facilitate electronic excha
	- Support performance improvement	Marriad		- Support performance impr
PC.02.04.05, EP 1	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved	PC.12.03.05, EP 1	For hospitals that elect The
	The primary care medical home identifies the composition of the interdisciplinary			The primary care medical ho
	team, based on individual patient needs.			team, based on individual p

e Joint Commission Primary Care Medical Home option: home provides patients with access to the following 24 k:

/scheduling n renewal

t health needs

e Joint Commission Primary Care Medical Home option: home offers flexible scheduling to accommodate patient

en scheduling, same-day appointments, group visits, ngements with other organizations.

e Joint Commission Primary Care Medical Home option: home has a process to address patient urgent care needs reek.

e Joint Commission Primary Care Medical Home option: home manages transitions in care and provides or to care, treatment, or services, including the following:

care

are age- and gender-specific

re nent

ces may be obtained through the use of community r in collaboration with other organizations.

e Joint Commission Primary Care Medical Home option: home provides care that addresses various phases of a ng end-of-life care.

e Joint Commission Primary Care Medical Home option: home provides disease and chronic care management

le Joint Commission Primary Care Medical Home option: home provides population-based care.

e Joint Commission Primary Care Medical Home option: home uses health information technology to do the

f care and the provision of comprehensive and coordinated es

e, treatment, or services

ement, including providing patient education

treatment, or services

al use and external reporting

nange of information among providers

provement

e Joint Commission Primary Care Medical Home option: home identifies the composition of the interdisciplinary patient needs.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
PC.02.04.05, EP 2	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved	PC.12.03.05, EP 2	For hospitals that elect The
	The members of the interdisciplinary team provide comprehensive and coordinated			The members of the interdis
	care, treatment, or services and maintain the continuity of care.			care, treatment, or services
	Note: The provision of care may include making internal and external referrals.			Note: The provision of care
PC.02.04.05, EP 4	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved	PC.12.03.05, EP 3	For hospitals that elect The
	The primary care clinician and the interdisciplinary team provide care for a			The primary care clinician a
	designated group of patients.			designated group of patient
PC.02.04.05, EP 5	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved and Revised	PC.12.03.05, EP 4	For hospitals that elect The
	The primary care clinician is responsible for making certain that the interdisciplinary			The primary care clinician is
	team provides comprehensive and coordinated care, treatment, or services and			team provides comprehens
	maintains the continuity of care as described in EPs 6–12.			maintains the continuity of
	Note: Coordination of care may include making internal and external referrals,			Note: Coordination of care
	developing and evaluating treatment plans, and resolving conflicts in the provision of			developing and evaluating t
	care.			care.
PC.02.04.05, EP 6	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved	PC.12.03.05, EP 5	For hospitals that elect The
1 010210 1100, 21 0	When a patient is referred internally or externally, the interdisciplinary team reviews	1 loved		When a patient is referred in
	and tracks the care provided to the patient and, as needed, acts on			and tracks the care provided
	recommendations for additional care, treatment, and services.			recommendations for addit
	Note: Internal referrals include orders for laboratory tests and imaging.			Note: Internal referrals inclu
PC.02.04.05, EP 8	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved	PC.12.03.05, EP 6	For hospitals that elect The
FG.02.04.05, EF 0	The interdisciplinary team participates in the development of the patient's treatment	Moveu	FG.12.03.05, EF 0	The interdisciplinary team p
PC.02.04.05, EP 9	plan.	Moved		plan.
PC.02.04.05, EP 9	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved	PC.12.03.05, EP 7	For hospitals that elect The
	The interdisciplinary team works in partnership with the patient to achieve planned			The interdisciplinary team v
	outcomes.	Marriad		outcomes.
PC.02.04.05, EP 10	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved	PC.12.03.05, EP 8	For hospitals that elect The
	The interdisciplinary team monitors the patient's progress toward achieving			The interdisciplinary team n
	treatment goals.			treatment goals.
PC.02.04.05, EP 11	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved	PC.12.03.05, EP 9	For hospitals that elect The
	The interdisciplinary team involves the patient in the development of the patient's			The interdisciplinary team in
	treatment plan.			treatment plan.
PC.02.04.05, EP 12	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved	PC.12.03.05, EP 10	For hospitals that elect The
	The interdisciplinary team assesses patients for health risk behaviors.			The interdisciplinary team a
PC.03.01.01, EP 5	A registered nurse supervises perioperative nursing care.	Moved and Revised	NPG.12.01.01, EP	The surgical services includ
	Note: Qualified registered nurses may perform circulating duties in the operating		13	- An experienced registered
	room. In accordance with state law and regulation and hospital policy, licensed			supervises the operating roo
	practical nurses and surgical technologists may assist the circulating registered			- Licensed practical nurses
	nurse in performing circulatory duties as long as the registered nurse supervises			technicians) who serve as s
	these staff and is immediately available to respond to emergencies.			nurse
				- Qualified registered nurses
	CoPs: §482.23(b)(3), §482.51(a)(1), §482.51(a)(2), §482.51(a)(3)			Note: In accordance with ap
				and procedures, LPNs and s
				under the supervision of a q
				respond to emergencies.
				CoPs: §482.51(a)(1), §482.5
PC.03.01.01, EP 6	For operative or other high-risk procedures, including those that require the	Deleted EP -	N/A	N/A
	administration of moderate or deep sedation or anesthesia, the following is	Replaced with more		

e Joint Commission Primary Care Medical Home option: disciplinary team provide comprehensive and coordinated es and maintain the continuity of care.

e may include making internal and external referrals.

e Joint Commission Primary Care Medical Home option: and the interdisciplinary team provide care for a nts.

e Joint Commission Primary Care Medical Home option: is responsible for making certain that the interdisciplinary nsive and coordinated care, treatment, or services and of care as described in EPs 6–10.

e may include making internal and external referrals, g treatment plans, and resolving conflicts in the provision of

e Joint Commission Primary Care Medical Home option: internally or externally, the interdisciplinary team reviews led to the patient and, as needed, acts on

litional care, treatment, and services.

clude orders for laboratory tests and imaging.

e Joint Commission Primary Care Medical Home option: participates in the development of the patient's treatment

e Joint Commission Primary Care Medical Home option: works in partnership with the patient to achieve planned

e Joint Commission Primary Care Medical Home option: n monitors the patient's progress toward achieving

e Joint Commission Primary Care Medical Home option: n involves the patient in the development of the patient's

e Joint Commission Primary Care Medical Home option: assesses patients for health risk behaviors.

ude but are not limited to the following staff:

ed nurse or doctor of medicine or osteopathy who rooms

es (LPNs) and surgical technologists (operating room scrub nurses, if under the supervision of a registered

ses who perform circulating duties in the operating room applicable state laws and approved medical staff policies d surgical technologists may assist in circulatory duties a qualified registered nurse who is immediately available to

.51(a)(2), §482.51(a)(3)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Equipment to monitor the patient's physiological status	moved to guidance		
	- Equipment to administer intravenous fluids and medications and, if needed, blood	within SPG		
	and blood components			
	CoPs: §482.52(b)	Marcal and David and		
PC.03.01.01, EP 10	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	PC.13.01.01, EP 1	For hospitals that use Joint (
	In accordance with the hospital's policy and state scope-of-practice laws,			General anesthesia, regiona
	anesthesia is administered only by the following individuals:			sedation/analgesia, is admi
	- An anesthesiologist			- A qualified anesthesiologis
	- A doctor of medicine or osteopathy other than an anesthesiologist			- A doctor of medicine or os
	- A doctor of dental surgery or dental medicine			- A doctor of dental surgery
	- A doctor of podiatric medicine			anesthesia under state law
	- A certified registered nurse anesthetist (CRNA) supervised by the operating			- A doctor of podiatric media
	practitioner except as provided in 42 CFR 482.52(c) regarding the state exemption for			state law
	this supervision *			- A certified registered nurse
	- An anesthesiologist's assistant supervised by an anesthesiologist who is			supervised by the operating
	immediately available if needed			regarding the state exemption
	- A supervised trainee in an approved educational program			- An anesthesiologist's assis
	Note 1: In accordance with 42 CFR 413.85(e), an approved nursing and allied health			anesthesiologist who is imm
	education program is a planned program of study that is licensed by state law or, if			Note 1: In accordance with
	licensing is not required, is accredited by a recognized national professional			education program is a plan
	organization. Such national accrediting bodies include, but are not limited to, the			licensing is not required, is a
	Commission on Accreditation of Allied Health Education Programs and the National			organization. Such national
	League of Nursing Accrediting Commission.			Commission on Accreditation
	Note 2: "Anesthesiologist assistant" is defined in 42 CFR 410.69(b).			League of Nursing Accredition
	Footnote *: The CoP at 42 CFR 482.52(c) for state exemption states: A hospital may			Note 2: See Glossary for the
	be exempt from the requirement for doctors of medicine or osteopathy to supervise			(CRNA) and anesthesiologis
	CRNAs if the state in which the hospital is located submits a letter to the Centers for			Note 3: The CoP at 42 CFR 4
	Medicare & Medicaid Services (CMS) signed by the governor, following consultation			exempt from the requirement
	with the state's Boards of Medicine and Nursing, requesting exemption from doctor			CRNAs if the state in which
	of medicine or osteopathy supervision for CRNAs. The letter from the governor			Medicare & Medicaid Servic
	attests that they have consulted with the state Boards of Medicine and Nursing			with the state's boards of m
	about issues related to access to and the quality of anesthesia services in the state			of medicine or osteopathy s
	and has concluded that it is in the best interests of the state's citizens to opt out of			attests that they have consu
	the current doctor of medicine or osteopathy supervision requirement, and that the			issues related to access to a
	opt-out is consistent with state law. The request for exemption and recognition of			has concluded that it is in th
	state laws and the withdrawal of the request may be submitted at any time and are			current doctor of medicine of
	effective upon submission.			out is consistent with state
	$C_{2}$ Co Do: 8490 E0(2)(1) 8490 E0(2)(2) 8490 E0(2)(2) 8490 E0(2)(4) 8490 E0(2)(5)			laws and the withdrawal of t
	CoPs: §482.52(a)(1), §482.52(a)(2), §482.52(a)(3), §482.52(a)(4), §482.52(a)(5),			effective upon submission.
	§482.52(c)(1), §482.52(c)(2)			CoDo: 8400 50(0)(4) 8400 5
				CoPs: §482.52(a)(1), §482.52
	Potoro oporativo ar athor high rick procedures are initiated, ar hefere readers to ar	Moved and Device d		\$482.52(c)(1), \$482.52(c)(2)
PC.03.01.03, EP 1	Before operative or other high-risk procedures are initiated, or before moderate or	Moved and Revised	PC.13.01.03, EP 1	Before operative or other hig
	deep sedation or anesthesia is administered: The hospital conducts a presedation or			administered, the hospital o
	preanesthesia patient assessment.			
	$C_{0}P_{0}: \delta(482, 52(b))$			
	CoPs: §482.52(b)		1	

nt Commission accreditation for deemed status purposes: nal anesthesia, and monitored anesthesia, including deep ninistered only by the following individuals: gist

osteopathy other than an anesthesiologist

ry or dental medicine, who is qualified to administer w

dicine, who is qualified to administer anesthesia under

rse anesthetist (CRNA), as defined in 42 CFR 410.69(b), ng practitioner, except as provided in 42 CFR 482.52(c) ition for this supervision

sistant, as defined in 42 CFR 410.69(b), supervised by an nmediately available if needed

h 42 CFR 413.85(e), an approved nursing and allied health anned program of study that is licensed by state law or, if s accredited by a recognized national professional al accrediting bodies include, but are not limited to, the ation of Allied Health Education Programs and the National iting Commission.

he definition of certified registered nurse anesthetist gist assistant.

A 482.52(c) for state exemption states: A hospital may be nent for doctors of medicine or osteopathy to supervise the hospital is located submits a letter to the Centers for vices (CMS) signed by the governor, following consultation medicine and nursing, requesting exemption from doctor v supervision for CRNAs. The letter from the governor sulted with the state boards of medicine and nursing about o and the quality of anesthesia services in the state and the best interests of the state's citizens to opt out of the e or osteopathy supervision requirement and that the optre law. The request for exemption and recognition of state of the request may be submitted at any time and are n.

.52(a)(2), §482.52(a)(3), §482.52(a)(4), §482.52(a)(5), 2)

nigh-risk procedures are initiated or before anesthesia is I conducts a preanesthesia patient assessment.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
PC.03.01.03, EP 4	Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered: The hospital provides the patient with preprocedural education, according to the plan for care.	Moved and Revised	PC.13.01.03, EP 4	Before operative or other hig deep sedation or anesthesia preprocedural education, a
PC.03.01.03, EP 8	The hospital reevaluates the patient immediately before administering moderate or deep sedation or anesthesia. CoPs: §482.52(b)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
PC.03.01.03, EP 18	For hospitals that use Joint Commission accreditation for deemed status purposes: A preanesthesia evaluation is completed and documented by an individual qualified to administer anesthesia within 48 hours prior to surgery or a procedure requiring anesthesia services. CoPs: §482.52(b)(1)	Consolidation of PC.03.01.03, EP 18	PC.13.01.03, EP 2	For hospitals that use Joint of The hospital develops and in include the delineation of pr policies require the followin - A preanesthesia evaluation to administer anesthesia, as surgery or a procedure requi- - An intraoperative anesthesia - A postanesthesia evaluation to administer anesthesia, as after surgery or a procedure evaluation for anesthesia re hospital policies and procedure reflect current standards of CoPs: §482.52(b), §482.52(b)
PC.03.01.05, EP 1	During operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia, the patient's oxygenation, ventilation, and circulation are monitored continuously. CoPs: §482.52(b)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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. CoPs: §482.51(b)(4), §482.52(b)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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. CoPs: §482.51(b)(4), §482.52(b)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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. CoPs: §482.52(b)	Moved	PC.13.01.03, EP 6	A qualified physician or othe recovery area or from the ho are discharged according to
PC.03.01.07, EP 7	For hospitals that use Joint Commission accreditation for deemed status purposes: A postanesthesia evaluation is completed and documented by an individual qualified to administer anesthesia no later than 48 hours after surgery or a procedure requiring anesthesia services.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

high-risk procedures are initiated, or before moderate or sia is administered, the hospital provides the patient with according to the plan for care.

nt Commission accreditation for deemed status purposes: d implements policies and procedures for anesthesia that preanesthesia and postanesthesia responsibilities. The ving for each patient:

ion completed and documented by an individual qualified as specified in 42 CFR 482.52(a), within 48 hours prior to quiring anesthesia services.

esia record.

ation completed and documented by an individual qualified as specified in 42 CFR 482.52(a), no later than 48 hours are requiring anesthesia services. The postanesthesia recovery is completed in accordance with state law and bedures that have been approved by the medical staff and of anesthesia care.

2(b)(1), §482.52(b)(2), §482.52(b)(3)

ther licensed practitioner discharges the patient from the hospital. In the absence of a qualified individual, patients to criteria approved by clinical leaders.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.52(b)(3)			
PC.03.01.07, EP 8	For hospitals that use Joint Commission accreditation for deemed status purposes: The postanesthesia evaluation for anesthesia recovery is completed in accordance with law and regulation and policies and procedures that have been approved by the medical staff. CoPs: §482.52(b)(3)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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. CoPs: §482.27(a)(4)	Moved and Revised	PC.13.01.05, EP 2	The laboratory develops and staff and a pathologist, that macroscopic examination a examination. CoPs: §482.27(a)(4)
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. CoPs: §482.27(a)(3)	Moved and Revised	PC.13.01.05, EP 1	The laboratory develops and collecting, preserving, trans tissue specimens. CoPs: §482.27(a)(3)
PC.03.05.01, EP 1	The hospital uses restraint or seclusion only to protect the immediate physical safety of the patient, staff, or others. CoPs: §482.13(e), §482.58(b)(3), §483.12(a)(2)	Consolidation of PC.03.05.01, EP 1; PC.03.05.01, EP 2; PC.03.05.01, EP 3	PC.13.02.01, EP 1	The hospital does not use re discipline, convenience, or s protect the immediate physi restrictive interventions have possible time, regardless of CoPs: §482.13(e), §482.13(e
PC.03.05.01, EP 2	The hospital does not use restraint or seclusion as a means of corporal punishment, coercion, discipline, convenience, or staff retaliation. CoPs: §482.13(e), §482.58(b)(3), §483.12(a)(2)	Consolidation of PC.03.05.01, EP 1; PC.03.05.01, EP 2; PC.03.05.01, EP 3	PC.13.02.01, EP 1	The hospital does not use re discipline, convenience, or s protect the immediate physi restrictive interventions have possible time, regardless of CoPs: §482.13(e), §482.13(e
PC.03.05.01, EP 3	The hospital uses restraint or seclusion only when less restrictive interventions are ineffective. CoPs: §482.13(e)(2), §482.58(b)(3), §483.12(a)(2)	Consolidation of PC.03.05.01, EP 1; PC.03.05.01, EP 2; PC.03.05.01, EP 3	PC.13.02.01, EP 1	The hospital does not use re discipline, convenience, or s protect the immediate physi restrictive interventions have possible time, regardless of CoPs: §482.13(e), §482.13(e)
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.	Moved and Revised	PC.13.02.01, EP 2	The hospital uses the least re effective to protect the patie
PC.03.05.01, EP 5	CoPs: \$482.13(e)(2), \$482.13(e)(3), \$482.58(b)(3), \$483.12(a)(2)The hospital discontinues restraint or seclusion at the earliest possible time, regardless of the scheduled expiration of the order.CoPs: \$482.13(e), \$482.13(e)(9), \$482.58(b)(3), \$483.12(a)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	CoPs: §482.13(e)(3), §482.58 N/A

nd implements a written policy, approved by the medical at establishes which tissue specimens require only a and which require both a macroscopic and microscopic

nd implements written policies and procedures for nsporting, receiving, and reporting examination results for

restraint or seclusion of any form as a means of coercion, r staff retaliation. Restraint or seclusion is only used to vsical safety of the patient, staff, or others when less ave been ineffective and is discontinued at the earliest of the length of time specified in the order.

# (e)(2), §482.13(e)(9), §482.58(b)(3)

restraint or seclusion of any form as a means of coercion, r staff retaliation. Restraint or seclusion is only used to vsical safety of the patient, staff, or others when less ave been ineffective and is discontinued at the earliest of the length of time specified in the order.

## (e)(2), §482.13(e)(9), §482.58(b)(3)

restraint or seclusion of any form as a means of coercion, r staff retaliation. Restraint or seclusion is only used to vsical safety of the patient, staff, or others when less ave been ineffective and is discontinued at the earliest of the length of time specified in the order.

## (e)(2), §482.13(e)(9), §482.58(b)(3)

t restrictive form of restraint or seclusion that will be tient, a staff member, or others from harm.

58(b)(3)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
PC.03.05.03, EP 1	The hospital implements restraint or seclusion using safe techniques identified by	Consolidation of	PC.13.02.03, EP 1	The hospital's use of restrain
	the hospital's policies and procedures in accordance with law and regulation.	PC.03.05.03, EP 1;		- In accordance with a writte
		PC.03.05.03, EP 2		- Implemented by trained sta
	CoPs: §482.13(e)(4)(ii), §482.13(f)			policies and procedures in a
				CoPs: §482.13(e)(4)(i), §482.
PC.03.05.03, EP 2	The use of restraint and seclusion is in accordance with a written modification to the	Consolidation of	PC.13.02.03, EP 1	The hospital's use of restrair
	patient's plan of care.	PC.03.05.03, EP 1;		- In accordance with a writte
		PC.03.05.03, EP 2		- Implemented by trained sta
	CoPs: §482.13(e)(4)(i)			policies and procedures in a
				CoPs: §482.13(e)(4)(i), §482.
PC.03.05.05, EP 1	A physician or other authorized licensed practitioner responsible for the patient's	Moved and Revised	PC.13.02.05, EP 1	The hospital uses restraint o
	care orders the use of restraint or seclusion in accordance with hospital policy and			licensed practitioner respon
	law and regulation.			policy and state law and reg
	CoPs: §482.13(e)(5)			CoPs: §482.13(e)(5)
PC.03.05.05, EP 2	The hospital does not use standing orders or PRN (also known as "as needed")	Moved	PC.13.02.05, EP 2	The hospital does not use st
	orders for restraint or seclusion.			orders for restraint or seclus
	CoPs: §482.13(e)(6)			CoPs: §482.13(e)(6)
PC.03.05.05, EP 3	The attending physician or clinical psychologist is consulted as soon as possible, in	Moved and Revised	PC.13.02.05, EP 3	The attending physician is c
	accordance with hospital policy, if they did not order the restraint or seclusion.			hospital policy, if they did no
	Note: The definition of "physician" is the same as that used by the Centers for			Note: The definition of "phys
	Medicare & Medicaid Services (CMS) (refer to the Glossary).			Medicare & Medicaid Servic
	CoPs: §482.13(e)(7)			CoPs: §482.13(e)(7)
PC.03.05.05, EP 4	Unless state law is more restrictive, orders for the use of restraint or seclusion used	Moved and Revised	PC.13.02.05, EP 4	Unless state law is more res
	for the management of violent or self-destructive behavior that jeopardizes the			for the management of viole
	immediate physical safety of the patient, staff, or others may be renewed within the			immediate physical safety o
	following limits:			following time limits:
	- 4 hours for adults 18 years of age or older			- 4 hours for adults 18 years
	- 2 hours for children and adolescents 9 to 17 years of age			- 2 hours for children and ad
	- 1 hour for children under 9 years of age			- 1 hour for children under 9
	Orders may be renewed according to the time limits for a maximum of 24			Orders may be renewed acc
	consecutive hours.			consecutive hours.
	CoPs: \$482.13(e)(8)(i), \$482.13(e)(8)(i)(A), \$482.13(e)(8)(i)(B), \$482.13(e)(8)(i)(C)			CoPs: §482.13(e)(8)(i), §482
PC.03.05.05, EP 5	Unless state law is more restrictive, every 24 hours, a physician or other authorized	Moved and Revised	PC.13.02.05, EP 5	Unless state law is more res
	licensed practitioner responsible for the patient's care sees and evaluates the			licensed practitioner respor
	patient before writing a new order for restraint or seclusion used for the management			patient before writing a new
	of violent or self-destructive behavior that jeopardizes the immediate physical safety			of violent or self-destructive
	of the patient, staff, or others in accordance with hospital policy and law and			of the patient, staff, or other
	regulation.			regulation.
	CoPs: §482.13(e)(8)(ii)			CoPs: §482.13(e)(8)(ii)
PC.03.05.05, EP 6	Orders for restraint used to protect the physical safety of the nonviolent or non-self-	Moved and Revised	PC.13.02.05, EP 6	Orders for restraint used to p
	destructive patient are renewed in accordance with hospital policy.			destructive patient are renew

aint or seclusion meets the following requirements: tten modification to the patient's plan of care. staff using safe techniques identified by the hospital's n accordance with law and regulation

#### 32.13(e)(4)(ii), §482.13(f)

aint or seclusion meets the following requirements: tten modification to the patient's plan of care. staff using safe techniques identified by the hospital's n accordance with law and regulation

## 32.13(e)(4)(ii), §482.13(f)

t or seclusion as ordered by a physician or other authorized onsible for the patient's care in accordance with hospital egulation.

standing orders or PRN (also known as "as needed") usion.

s consulted as soon as possible, in accordance with not order the restraint or seclusion. hysician" is the same as that used by the Centers for vices (CMS) (refer to the Glossary).

estrictive, orders for the use of restraint or seclusion used olent or self-destructive behavior that jeopardizes the y of the patient, staff, or others may be renewed within the

rs of age or older adolescents 9 to 17 years of age r 9 years of age ccording to the time limits for a maximum of 24

## 32.13(e)(8)(i)(A), §482.13(e)(8)(i)(B), §482.13(e)(8)(i)(C)

estrictive, every 24 hours, a physician or other authorized onsible for the patient's care sees and evaluates the ew order for restraint or seclusion used for the management ive behavior that jeopardizes the immediate physical safety ners, in accordance with hospital policy and law and

o protect the physical safety of a nonviolent or non-selfnewed in accordance with hospital policy.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.13(e)(8)(iii)			CoPs: §482.13(e)(8)(iii)
PC.03.05.07, EP 1	Physicians, other licensed practitioners, or staff who have been trained in	Moved	PC.13.02.07, EP 1	Physicians, other licensed r
10.00.00.07, El 1	accordance with 42 CFR 482.13(f) monitor the condition of patients in restraint or	TIOVCO	10.10.02.07, ET 1	accordance with 42 CFR 48
	seclusion.			seclusion.
	CoPs: \$482.13(e)(10)			CoPs: §482.13(e)(10)
PC.03.05.09, EP 1	The hospital's policies and procedures regarding restraint or seclusion include the	Moved and Revised	PC.13.02.09, EP 1	The hospital's policies and
	following:			include the following:
	- Physician and other licensed practitioner training requirements			- Definitions for restraint an
	- Staff training requirements			and regulation
	- The determination of who has authority to order restraint and seclusion			- Physician and other licens
	- The determination of who has authority to discontinue the use of restraint or			- Staff training requirements
	seclusion			- Who has authority to orde
	- The determination of who can initiate the use of restraint or seclusion			- Who has authority to disco
	- The circumstances under which restraint or seclusion is discontinued			- Who can initiate the use o
	- The requirement that restraint or seclusion is discontinued as soon as is safely			- Circumstances under whi
	possible			- Requirement that restraint
	- A determination of who can assess and monitor patients in restraint or seclusion			possible
	- Time frames for assessing and monitoring patients in restraint or seclusion			- Who can assess and moni
	- A definition of restraint			- Time frames for assessing
	- A definition of seclusion			
	- A definition or description of what constitutes the use of medications as a restraint			CoPs: §482.13(e)(11)
	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 physically prevented from leaving. Seclusion may be used only			
	for the management of violent or self-destructive behavior.			
	CoPs: §482.13(e)(1)(i)(A), §482.13(e)(1)(i)(B), §482.13(e)(1)(i)(C), §482.13(e)(1)(ii),			
	\$482.13(e)(11)			
PC.03.05.09, EP 2	Physicians and other licensed practitioners authorized to order restraint or seclusion	Moved and Revised	PC.13.02.09, EP 2	Physicians and other licens
. 5.00.00.00, LI Z	(through hospital policy in accordance with law and regulation) have a working		0.10.02.00, LI Z	(through hospital policy in a

d practitioners, or staff who have been trained in 482.13(f) monitor the condition of patients in restraint or

d procedures regarding the use of restraint or seclusion

and seclusion that are consistent with state and federal law

- nsed practitioner training requirements nts
- ler restraint or seclusion
- continue the use of restraint or seclusion
- of restraint or seclusion
- hich restraint or seclusion is discontinued
- int or seclusion is discontinued as soon as is safely

onitor patients in restraint or seclusion ng and monitoring patients in restraint or seclusion

nsed practitioners authorized to order restraint or seclusion n accordance with law and regulation) have a working

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	knowledge of the hospital policy regarding the use of restraint and seclusion.			knowledge of the hospital p
	CoPs: §482.13(e)(11)			CoPs: §482.13(e)(11)
PC.03.05.11, EP 1	A physician or other licensed practitioner responsible for the care of the patient 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; 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. CoPs: §482.13(e)(12)(i)(A), §482.13(e)(12)(i)(B), §482.13(e)(13), §482.13(e)(14)	Moved and Revised	PC.13.02.11, EP 1	A physician or other license the patient in person within for the management of viole physical safety of the patien person evaluation within on trained in accordance with t Note: The hospital also follo stringent than the requirement CoPs: §482.13(e)(12)(i)(A), §
PC.03.05.11, EP 2	<ul> <li>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 possible after the evaluation, as determined by hospital policy.</li> <li>CoPs: §482.13(e)(12)(ii)(A), §482.13(e)(12)(ii)(B), §482.13(e)(12)(ii)(C), §482.13(e)(12)(ii)(D), §482.13(e)(14)</li> </ul>	Moved	PC.13.02.11, EP 3	When the in-person evaluat restraint or seclusion) is don attending physician or other patient as soon as possible CoPs: §482.13(e)(14)
PC.03.05.11, EP 3	<ul> <li>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:</li> <li>An evaluation of the patient's immediate situation</li> <li>The patient's reaction to the intervention</li> <li>The patient's medical and behavioral condition</li> <li>The need to continue or terminate the restraint or seclusion</li> <li>CoPs: §482.13(e)(12)(ii)(A), §482.13(e)(12)(ii)(B), §482.13(e)(12)(ii)(C), §482.13(e)(12)(ii)(D)</li> </ul>	Moved and Revised	PC.13.02.11, EP 2	The in-person evaluation is seclusion for the management the physical safety of the part following: - An evaluation of the patien - The patient's reaction to th - The patient's medical and - The need to continue or te CoPs: §482.13(e)(12)(ii)(A), §
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.	Moved and Revised	PC.13.02.13, EP 1	§482.13(e)(12)(ii)(D)The patient who is simultan by trained staff, either in per equipment that is in close p Note: In this element of per interruption.
PC.03.05.15, EP 1	CoPs: §482.13(e)(15)(i), §482.13(e)(15)(ii)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	Moved and Revised	PC.13.02.15, EP 1	CoPs: §482.13(e)(15)(i), §48 Documentation of restraint - The 1-hour face-to-face me is used to manage violent of - Description of the patient's - Alternatives or other less re - Patient's condition or symp seclusion - Patient's response to the in use of the intervention

policy regarding the use of restraint or seclusion.

sed practitioner responsible for the patient's care evaluates in one hour of the initiation of restraint or seclusion used olent or self-destructive behavior that jeopardizes the ent, staff, or others. A registered nurse may conduct the inone hour of the initiation of restraint or seclusion if they are h the requirements in PC.13.02.17, EP 3.

llows any state statute or regulation that may be more ments in this element of performance.

, §482.13(e)(12)(i)(B), §482.13(e)(13)

ation (performed within one hour of the initiation of lone by a trained registered nurse, they consult with the ner licensed practitioner responsible for the care of the le after the evaluation, as determined by hospital policy.

is conducted within one hour of the initiation of restraint or ment of violent or self-destructive behavior that jeopardizes patient, staff, or others. The evaluation includes the

- ent's immediate situation the intervention
- d behavioral condition
- terminate the restraint or seclusion

), \$482.13(e)(12)(ii)(B), \$482.13(e)(12)(ii)(C),

aneously restrained and secluded is continually monitored person or through the use of both video and audio a proximity to the patient.

erformance, continually means ongoing without

## 482.13(e)(15)(ii)

nt or seclusion in the medical record includes the following: medical and behavioral evaluation if restraint or seclusion or self-destructive behavior

- t's behavior and the intervention used
- restrictive interventions attempted (as applicable)
- mptom(s) that warranted the use of the restraint or

e intervention(s) used, including the rationale for continued

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Individual patient assessments and reassessments			CoPs: §482.13(e)(16)(i), §48
	- The intervals for monitoring			§482.13(e)(16)(v)
	- 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			
	- 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			
	- Notification of the use of restraint of sectosion to the attending physician			
	Note: The definition of "physician" is the same as that used by the Centers for			
	Medicare & Medicaid Services (CMS) (refer to the Glossary).			
	CoPs: §482.13(e)(16)(i), §482.13(e)(16)(ii), §482.13(e)(16)(iii), §482.13(e)(16)(iv),			
	\$482.13(e)(16)(v)			
PC.03.05.17, EP 2	The hospital trains staff on the use of restraint and seclusion, and assesses their	Moved and Revised	PC.13.02.17, EP 1	The hospital trains staff on t
F 0.03.03.17, EF 2	competence, at the following intervals:		10.10.02.17, ET 1	competence at the followin
	- At orientation			- At orientation
				- Before participating in the
	- Before participating in the use of restraint and seclusion			- On a periodic basis therea
	- On a periodic basis thereafter			- On a periodic basis therea
				CoPs: §482.13(f)(1)(i), §482
	CoPs: §482.13(f)(1)(i), §482.13(f)(1)(ii), §482.13(f)(1)(iii)			
PC.03.05.17, EP 3	Based on the population served, staff education, training, and demonstrated	Moved and Revised	PC.13.02.17, EP 3	Based on the population se
	knowledge focus on the following:			knowledge focus on the foll
	- Strategies to identify staff and patient behaviors, events, and environmental factors			- Techniques to identify staf
	that may trigger circumstances that require the use of restraint or seclusion			factors that may trigger circ
	- Use of nonphysical intervention skills			- Use of nonphysical interve
	- Methods for choosing the least restrictive intervention based on an assessment of			- Methods for choosing the
	the patient's medical or behavioral status or condition			the patient's medical or beh
	- Safe application and use of all types of restraint or seclusion used in the hospital,			- Safe application and use c
	including training in how to recognize and respond to signs of physical and			including training in how to
	psychological distress (for example, positional asphyxia)			psychological distress (for e
	- Clinical identification of specific behavioral changes that indicate that restraint or			- Clinical identification of sp
	seclusion is no longer necessary			seclusion is no longer nece
	- Monitoring the physical and psychological well-being of the patient who is			- Monitoring the physical an
	restrained or secluded, including, but not limited to, respiratory and circulatory			restrained or secluded, incl
	status, skin integrity, vital signs, and any special requirements specified by hospital			skin integrity, vital signs, an
	policy associated with the in-person evaluation conducted within one hour of			associated with the in-perso
	initiation of restraint or seclusion			restraint or seclusion
	- Use of first aid techniques and certification in the use of cardiopulmonary			- Use of first aid techniques
	resuscitation, including required periodic recertification			resuscitation (CPR), includi
				CoPs: §482.13(f)(2)(i), §482.
	CoPs: §482.13(f), §482.13(f)(1), §482.13(f)(2)(i), §482.13(f)(2)(ii), §482.13(f)(2)(iii),			\$482.13(f)(2)(v), \$482.13(f)(2)
		1		

482.13(e)(16)(ii), \$482.13(e)(16)(iii), \$482.13(e)(16)(iv),

n the use of restraint and seclusion and assesses their ing intervals:

ne use of restraint or seclusion eafter, as determined by hospital policy

32.13(f)(1)(ii), §482.13(f)(1)(iii)

- served, staff education, training, and demonstrated ollowing:
- aff and patient behaviors, events, and environmental rcumstances that require the use of restraint or seclusion vention skills
- e least restrictive intervention based on an assessment of ehavioral status or condition
- e of all types of restraint or seclusion used in the hospital, o recognize and respond to signs of physical and r example, positional asphyxia)
- specific behavioral changes that indicate that restraint or cessary
- and psychological well-being of the patient who is
- cluding but not limited to respiratory and circulatory status, and any special requirements specified by hospital policy rson evaluation conducted within one hour of initiation of

es and certification in the use of cardiopulmonary ding required periodic recertification

82.13(f)(2)(ii), \$482.13(f)(2)(iii), \$482.13(f)(2)(iv), f)(2)(vi), \$482.13(f)(2)(vii)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
PC.03.05.17, EP 4	Individuals providing staff training in restraint or seclusion have education, training,	Moved and Revised	PC.13.02.17, EP 4	Individuals providing staff tr
	and experience in the techniques used to address patient behaviors that necessitate			by education, training, and
	the use of restraint or seclusion.			behaviors that necessitate t
	CoPs: §482.13(f)(3)			CoPs: §482.13(f)(3)
PC.03.05.17, EP 5	The hospital documents in staff records that restraint and seclusion training and	Moved and Revised	PC.13.02.17, EP 5	The hospital documents in
	demonstration of competence were completed.			seclusion training and demo
	CoPs: §482.13(f)(4)			CoPs: §482.13(f)(4)
PC.03.05.19, EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	PC.13.02.19, EP 1	For hospitals that use Joint
	The hospital reports the following information to the Centers for Medicare &			The hospital reports the foll
	Medicaid Services (CMS) regarding deaths related to restraint or seclusion (this			Medicaid Services regarding
	requirement does not apply to deaths related to the use of soft wrist restraints; for			- Each death that occurs wh
	more information, refer to EP 3 in this standard):			- Each death that occurs wi
	- Each death that occurs while a patient is in restraint or seclusion			restraint or seclusion
	- Each death that occurs within 24 hours after the patient has been removed from			- Each death known to the h
	restraint or seclusion			seclusion was used when it
	- Each death known to the hospital that occurs within one week after restraint or			seclusion contributed direc
	seclusion was used when it is reasonable to assume that the use of the restraint or			Note 1: This reporting requi
	seclusion contributed directly or indirectly to the patient's death. The types of			For more information on de
	restraints included in this reporting requirement are all restraints except soft wrist			3 in this standard.
	restraints.			Note 2: In this element of pe
	Note: In this element of performance "reasonable to assume" includes, but is not			limited to deaths related to
	limited to, deaths related to restrictions of movement for prolonged periods of time			deaths related to chest con
	or deaths related to chest compression, restriction of breathing, or asphyxiation.			$C_{2}D_{2}$ , $SA02(12/2)$ , $SA02(12/2)$
	CoPs: §482.13(g), §482.13(g)(1)(i), §482.13(g)(1)(ii), §482.13(g)(1)(iii)			CoPs: §482.13(g), §482.13(g
PC.03.05.19, EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	PC.13.02.19, EP 2	For hospitals that use Joint
	The deaths addressed in PC.03.05.19, EP 1, are reported to the Centers for Medicare			The deaths addressed in PC
	& Medicaid Services (CMS) by telephone, by facsimile, or electronically no later than			& Medicaid Services by tele
	the close of the next business day following knowledge of the patient's death. The			close of the next business c
	date and time that the patient's death was reported is documented in the patient's			and time that the patient's o
	medical record.			medical record.
	CoPs: §482.13(g)(1), §482.13(g)(3)(i)			CoPs: §482.13(g)(1), §482.1
PC.03.05.19, EP 3	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	PC.13.02.19, EP 3	For hospitals that use Joint
	When no seclusion has been used and when the only restraints used on the patient			When no seclusion has bee
	are wrist restraints composed solely of soft, non-rigid, cloth-like material, the			are wrist restraints compos
	hospital does the following:			does the following:
	- Records in a log or other system any death that occurs while a patient is in restraint.			- Records in a log or other sy
	The information is recorded within seven days of the date of death of the patient.			The information is recorded
	- Records in a log or other system any death that occurs within 24 hours after a			- Records in a log or other s
	patient has been removed from such restraints. The information is recorded within			patient has been removed f
	seven days of the date of death of the patient.			seven days of the date of de
	- Documents in the patient record the date and time that the death was recorded in			- Documents in the patient
	the log or other system			the log or other system
	- Documents in the log or other system the patient's name, date of birth, date of			- Documents in the log or of
	death, name of attending physician or other licensed practitioner responsible for the			death, name of attending pl
	care of the patient, medical record number, and primary diagnosis(es)			patient's care, medical reco

training in restraint or seclusion are qualified as evidenced d experience in the techniques used to address patient e the use of restraint or seclusion.

n staff records that they have completed restraint and monstrated competence.

- nt Commission accreditation for deemed status purposes: bllowing information to the Centers for Medicare & ing deaths related to restraint or seclusion:
- while a patient is in restraint or seclusion
- within 24 hours after the patient has been removed from
- e hospital that occurs within one week after restraint or it is reasonable to assume that the use of the restraint or ectly or indirectly to the patient's death
- uirement includes all restraints except soft wrist restraints. leaths related to the use of soft wrist restraints, refer to EP

performance "reasonable to assume" includes but is not to restrictions of movement for prolonged periods of time or compression, restriction of breathing, or asphyxiation.

# 8(g)(1)(i), §482.13(g)(1)(ii), §482.13(g)(1)(iii)

At Commission accreditation for deemed status purposes: PC.13.02.19, EP 1, are reported to the Centers for Medicare lephone, by facsimile, or electronically no later than the day following knowledge of the patient's death. The date is death was reported is documented in the patient's

#### .13(g)(3)(i)

nt Commission accreditation for deemed status purposes: een used and when the only restraints used on the patient osed solely of soft, nonrigid, cloth-like material, the hospital

system any death that occurs while a patient is in restraint. ed within seven days of the date of death of the patient. system any death that occurs within 24 hours after a I from such restraints. The information is recorded within death of the patient.

t record the date and time that the death was recorded in

other system the patient's name, date of birth, date of physician or other licensed practitioner responsible for the cord number, and primary diagnosis(es)

er - Makes the information in Medicare and Medicaid Se upon request CoPs: \$482.13(g)(2)(i), \$48 \$482.13(g)(4)(ii), \$482.13(g) (4)(ii), \$482.13(g)
upon requestCoPs: \$482.13(g)(2)(i), \$48S482.13(g)(4)(ii), \$482.13(g)orDeleted EP -Replaced with moredirect EP(s) ormoved to guidancewithin SPGS purposes:ient'ss of post-
Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPGN/AN/As purposes: ient's s of post-Moved and RevisedPC.14.01.01, EP 10For hospitals that use Joint The hospital informs the participating
Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPGN/AN/As purposes: ient's s of post-Moved and RevisedPC.14.01.01, EP 10For hospitals that use Joint The hospital informs the pack choose among participating
Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPGN/AN/As purposes: ient's s of post-Moved and RevisedPC.14.01.01, EP 10For hospitals that use Joint The hospital informs the pack choose among participating
Deleted EP -       N/A       N/A         Replaced with more direct EP(s) or moved to guidance within SPG       N/A       N/A         spurposes:       Moved and Revised       PC.14.01.01, EP 10       For hospitals that use Joint The hospital informs the participating the second participating the seco
or direct EP(s) or moved to guidance within SPGReplaced with more direct EP(s) or moved to guidance within SPGa purposes: ient's s of post-Moved and RevisedPC.14.01.01, EP 10For hospitals that use Joint The hospital informs the participating
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der, moved to guidance within SPG purposes: Moved and Revised PC.14.01.01, EP 10 For hospitals that use Joint ient's s of post- For hospital informs the participation
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s purposes: Moved and Revised PC.14.01.01, EP 10 For hospitals that use Joint ient's s of post- For hospital informs the participatir
ient's The hospital informs the participation of post-
ient's The hospital informs the participation of post-
s of post- choose among participatir
services and, when possib
r care and treatment prefere
alified expressed. The hospital do
available to the patient.
CoPs: §482.43(c)(2)
purposes: Moved and Revised PC.14.01.01, EP 11 For hospitals that use Joint
acility in The discharge plan identifi
alth agency which the hospital has a d
pital. or skilled nursing facility th
ne Note: Disclosure of financi
rity Act. provisions in 42 CFR 420, s
U.S.C. 1395x).
CoPs: §482.43(c)(3)
purposes: Moved and Revised PC.14.01.01, EP 7 The hospital assists the pa
e in selecting a post-acute care
des, but is not limited to home health
bilitation facility, and long-term care
ce-use measures. The hospital ma
uality measures and resource-us
patient's goals of care and treatmen
CoPs: §482.43(a)(8)
purposes: Moved and Revised PC.14.01.01, EP 8 For hospitals that use Joint
ed nursing The national's discharge nla
led nursing The patient's discharge pla at are facilities, inpatient rehabilities
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h the log or other system available to the Centers for ervices, either electronically or in writing, immediately

32.13(g)(2)(ii), §482.13(g)(3)(ii), §482.13(g)(4)(i), g)(4)(iii)

At Commission accreditation for deemed status purposes: batient or the patient's representative of their freedom to ng Medicare providers and suppliers of postdischarge ble, respects the patient's or their representative's goals of ences, as well as other preferences when they are oes not limit the qualified providers or suppliers that are

At Commission accreditation for deemed status purposes: Fies any home health agency or skilled nursing facility in disclosable financial interest and any home health agency hat has a disclosable financial interest in a hospital. Fial interest is determined in accordance with the subpart C, and section 1861 of the Social Security Act (42

atient, their family, or the patient's representative in re provider by using and sharing data that includes but is n agency, skilled nursing facility, inpatient rehabilitation e hospital data on quality measures and resource-use takes certain that the post-acute care data on quality se measures is relevant and applicable to the patient's nt preferences.

At Commission accreditation for deemed status purposes: an includes a list of home health agencies, skilled nursing litation facilities, or long-term care hospitals that are articipating in the Medicare program, and serving the the patient resides (as defined by the home health agency nursing facility, inpatient rehabilitation facility, or long-term raphic area requested by the patient). The hospital l record that this list was presented to the patient or the

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	patient's representative.			patient's representative.
	Note 1: Home health agencies must request to be listed by the hospital.			Note 1: Home health agenc
	Note 2: This list is only presented to patients for whom home health care, post-			Note 2: This list is only pres
	hospital extended care services, skilled nursing, inpatient rehabilitation, or long-			posthospital extended care
	term care hospital services are identified as needed.			term care hospital services
	CoPs: §482.43(c)(1), §482.43(c)(1)(i), §482.43(c)(1)(iii)			CoPs: §482.43(c)(1), §482.4
PC.04.01.01, EP 33	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved	PC.14.01.01, EP 9	For hospitals that use Joint
	For patients enrolled in managed care organizations, the hospital makes patients			For patients enrolled in mai
	aware of the need to verify with their managed care organization which practitioners,			aware of the need to verify
	providers, or certified suppliers are in the managed care organization's network. If			providers, or certified supp
	the hospital has information on which practitioners, providers, or certified suppliers			the hospital has information
	are in the network of the patient's managed care organization, it shares this			are in the network of the pa
	information with the patient or the patient's representative.			information with the patient
	CoPs: §482.43(c)(1)(ii)			CoPs: §482.43(c)(1)(ii)
PC.04.01.03, EP 1	The hospital begins the discharge planning process early in the patient's episode of	Moved	PC.14.01.01, EP 2	The hospital begins the disc
	care, treatment, and services.			care, treatment, and service
	CoPs: §482.43(a), §482.43(a)(1), §482.43(a)(4), §482.62, §482.62(a)(4)			CoPs: §482.43(a)
PC.04.01.03, EP 2	The hospital identifies any needs the patient may have for psychosocial or physical	Deleted EP -	N/A	N/A
	care, treatment, and services after discharge or transfer.	Replaced with more direct EP(s) or		
	For hospitals that use Joint Commission accreditation for deemed status purposes:	moved to guidance		
	The identification of needs also includes hospice care, post-hospital extended care,	within SPG		
	home health, and non-health care services, as well as the need for community-	Within or o		
	based care providers. The hospital determines the availability of the post-hospital			
	services as well as the patient's access to those services.			
	CoPs: §482.43(a), §482.43(a)(1), §482.43(a)(2), §482.43(a)(4), §482.62, §482.62(a)(4)			
PC.04.01.03, EP 3	The patient, the patient's family, physicians, other licensed practitioners, clinical	Moved and Revised	PC.14.01.01, EP 4	The patient, the patient's ca
	psychologists, and staff involved in the patient's care, treatment, and services			licensed practitioners, clini
	participate in planning the patient's discharge or transfer.			patient's care, treatment, a
	Note 1: The definition of "physician" is the same as that used by the Centers for			or transfer. The patient and
	Medicare & Medicaid Services (CMS) (refer to the Glossary).			active partners when plann
	Note 2: For psychiatric hospitals that use Joint Commission accreditation for			Note 1: The definition of "pl
	deemed status purposes: Social service staff responsibilities include, but are not			Medicare & Medicaid Servio
	limited to, participating in discharge planning, arranging for follow-up care, and			Note 2: For hospitals that u
	developing mechanisms for exchange of information with sources outside the			purposes and have swing b
	hospital.			family member or legal repr
	Note 3: For hospitals that use Joint Commission accreditation for deemed status			reasons for the move. The n
	purposes and have swing beds: The hospital notifies the resident and, if known, a			understand, and includes t
	family member or legal representative of the resident of the transfer or discharge and			also provides sufficient pre
	reasons for the move in writing. The hospital also provides sufficient preparation and			transfer or discharge from t
				of the notice to a represent
	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			ombudsman.
	office of the state's long-term care ombudsman.			CoDo: 8400 40 8400 50/51
	Note 4: For hospitals that use Joint Commission accreditation for deemed status			CoPs: §482.43, §482.58(b)(2
	purposes: Discharge planning is performed by, or under the supervision of, a			§483.15(c)(7)

ncies must request to be listed by the hospital. esented to patients for whom home health care, re services, skilled nursing, inpatient rehabilitation, or longes are identified as needed.

# .43(c)(1)(i), §482.43(c)(1)(iii)

At Commission accreditation for deemed status purposes: anaged care organizations, the hospital makes patients y with their managed care organization which practitioners, pliers are in the managed care organization's network. If ion on which practitioners, providers, or certified suppliers patient's managed care organization, it shares this ent or the patient's representative.

scharge planning process early in the patient's episode of ices.

caregiver(s) or support person(s), physicians, other nical psychologists, and staff who are involved in the and services participate in planning the patient's discharge d their caregiver(s) or support person(s) are included as nning for postdischarge care.

physician" is the same as that used by the Centers for vices (refer to the Glossary).

use Joint Commission accreditation for deemed status beds: The hospital notifies the resident and, if known, a presentative of the resident of the transfer or discharge and notice is in writing, in a language and manner they the items described in 42 CFR 483.15(c)(5). The hospital reparation and orientation to residents to make sure that the hospital is safe and orderly. The hospital sends a copy native of the office of the state's long-term care

)(2), §482.62(f)(2), §483.15(c)(3)(i), §483.15(c)(3)(iii),

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	registered nurse, social worker, or other qualified person.			
	CoPs: $\$482.43(a)(3)$ , $\$482.43(a)(4)$ , $\$482.43(a)(5)$ , $\$482.58(b)(2)$ , $\$482.62$ , \$482.62(a)(4), $$482.62(4)(2)$ , $$482.15(a)(2)(i)$ , $$482.15(a)(2)(ii)$ , $$482.15(a)(7)$			
PC.04.01.03, EP 4	§482.62(a)(4), §482.62(f)(2), §483.15(c)(3)(i), §483.15(c)(3)(iii), §483.15(c)(7)Prior to discharge, the hospital arranges or assists in arranging the services required	Deleted EP -	N/A	N/A
F 0.04.01.03, EF 4	by the patient after discharge in order to meet the patient's ongoing needs for care	Replaced with more		
	and services.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.43(a)(1), §482.43(a)(2), §482.43(a)(4)	within SPG		
PC.04.01.03, EP 5	For hospitals that use Joint Commission accreditation for deemed status purposes	Moved and Revised	PC.14.01.01, EP 12	For hospitals that use Joint (
	and have swing beds: Except when specified in the CoP from 42 CFR 483.12(a)(5)(ii),			and have swing beds: The he
	the written notice of transfer or discharge required under paragraph 42 CFR			discharge at least 30 days b
	483.12(a)(4) must be made by the hospital at least 30 days before the resident is			Note: Notice may be made a
	transferred or discharged.			the safety of the individuals
	Note: Notice may be made as soon as is practical before transfer or discharge when			individuals in the facility wo
	the safety of the individuals in the facility would be endangered; the health of the			sufficiently to allow a more i
	individuals in the facility would be endangered; the resident's health improves			discharge is required by the
	sufficiently to allow a more immediate transfer or discharge, and immediate transfer			resided in the facility for 30 o
	or discharge is required by the resident's urgent medical needs; or a resident has not			
	resided in the facility for 30 days.			CoPs: §482.58(b)(2), §483.1
				§483.15(c)(4)(ii)(C), §483.15
	CoPs: §482.58(b)(2), §483.15(c)(4)(i), §483.15(c)(4)(ii)(A), §483.15(c)(4)(ii)(B),			
	\$483.15(c)(4)(ii)(C), \$483.15(c)(4)(ii)(D), \$483.15(c)(4)(ii)(E)			
PC.04.01.03, EP 6	For hospitals that use Joint Commission accreditation for deemed status purposes	Moved and Revised	PC.14.01.01, EP 13	For hospitals that use Joint (
	and have swing beds: The written notice before transfer or discharge specified in the			and have swing beds: The w
	CoP from 42 CFR 483.12(a)(4) includes the following:			CFR 483.15(c)(3) includes th
	- The reason for transfer or discharge			- Reason for transfer or disc
	- The effective date of transfer or discharge			- Effective date of transfer of
	- The location to which the resident is transferred or discharged			- Location to which the resid
	- A statement of the resident's appeal rights, including the name, address (mailing			- Statement of the resident's
	and e-mail), and telephone number of the entity which receives such requests;			e-mail), and telephone num
	information on how to obtain an appeal form; where to find assistance in completing			information on how to obtain
	the form; and how to submit the appeal hearing request			the form; and how to submit
	- The name, address (mailing and e-mail), and telephone number of the office of the			- Name, address (mailing an
	state's long-term care ombudsman - For a resident with intellectual and developmental disabilities, the mailing and e-			state's long-term care ombu - For a resident with intellec
	mail address and telephone number of the agency responsible for the protection and			mail address and telephone
	advocacy of these individuals, established under Part C of the Developmental			advocacy of these individua
	Disabilities Assistance and Bill of Rights Act of 2000			Disabilities Assistance and
	- For a resident with a mental disorder or related disabilities, the mailing and e-mail			- For a resident with a menta
	address and telephone number of the agency responsible for the protection and			address and telephone num
	advocacy of these individuals, established under the Protection and Advocacy for			advocacy of these individua
	Mentally III Individuals Act			Mentally III Individuals Act
	CoPs: §482.58(b)(2), §483.15(c)(5)(i), §483.15(c)(5)(ii), §483.15(c)(5)(iii),			CoPs: §482.58(b)(2), §483.1
	§483.15(c)(5)(iv), §483.15(c)(5)(v), §483.15(c)(5)(vi), §483.15(c)(5)(vii)			§483.15(c)(5)(iv), §483.15(c)
PC.04.01.03, EP 7	For hospitals that use Joint Commission accreditation for deemed status purposes:	Moved and Revised	PC.14.01.01, EP 1	The hospital has an effective
	The hospital has an effective discharge planning process that focuses on the			consistent with, the patient'
	patient's goals and treatment preferences and includes the patient and the patient's			is an effective transition of t

At Commission accreditation for deemed status purposes hospital provides the written notice of transfer or before the resident is transferred or discharged. e as soon as is practical before transfer or discharge when ls in the facility would be endangered, the health of the would be endangered, the resident's health improves re immediate transfer or discharge, immediate transfer or ne resident's urgent medical needs, or a resident has not 0 days.

.15(c)(4)(i), \$483.15(c)(4)(ii)(A), \$483.15(c)(4)(ii)(B), 15(c)(4)(ii)(D), \$483.15(c)(4)(ii)(E)

nt Commission accreditation for deemed status purposes written notice before transfer or discharge specified in 42 the following:

- scharge
- or discharge
- sident is transferred or discharged
- it's appeal rights, including the name, address (mailing and imber of the entity which receives appeal requests;
- ain an appeal form; where to find assistance in completing nit the appeal hearing request
- and e-mail), and telephone number of the office of the budsman
- ectual and developmental disabilities, the mailing and ene number of the agency responsible for the protection and uals, established under Part C of the Developmental d Bill of Rights Act of 2000
- ntal disorder or related disabilities, the mailing and e-mail umber of the agency responsible for the protection and uals, established under the Protection and Advocacy for

.15(c)(5)(i), §483.15(c)(5)(ii), §483.15(c)(5)(iii), (c)(5)(v), §483.15(c)(5)(vi), §483.15(c)(5)(vii)

ive discharge planning process that focuses on, and is nt's goals and treatment preferences; makes certain there f the patient from the hospital to postdischarge care; and

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	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.			reduces the factors leading readmissions. Note: The hospital's dischar patient's condition to identi plan. The discharge plan is u
	CoPs: §482.43			CoPs: §482.43, §482.43(a)(6
PC.04.01.03, EP 10	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital assesses its discharge planning process within its established time frames. The assessment includes ongoing, periodic review of a representative sample of discharge plans, including those patients who were readmitted within 30 days of a previous admission, to make certain that the plans are responsive to patient post-discharge needs.	Moved and Revised	PC.14.01.01, EP 14	The hospital assesses its dis by the hospital. The assess representative sample of dis readmitted within 30 days o responsive to patient postdi CoPs: §482.43(a)(7)
PC.04.01.05, EP 1	CoPs: §482.43(a)(7)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.CoPs: §482.58(b)(2), §482.62(a)(2), §482.62(a)(4), §483.15(c)(7)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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 of continuing care, treatment, and services the patient will need.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
PC.04.01.05, EP 7	CoPs: §482.58(b)(2), §483.15(c)(7)The hospital educates the patient, and also the patient's family when it is involved in decision making or ongoing care, about how to obtain any continuing care, treatment, and services the patient will need.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
PC.04.01.07, EP 1	<ul> <li>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: <ul> <li>The resident's health has improved to the point where they no longer need the hospital's services.</li> <li>The transfer or discharge is necessary for the resident's welfare and the hospital cannot meet the resident's needs.</li> <li>The safety of the individuals in the hospital is endangered due to the clinical or behavioral status of the resident.</li> <li>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.</li> <li>The hospital ceases operation.</li> </ul> </li> </ul>	Moved and Revised	PC.14.01.03, EP 1	For hospitals that use Joint 6 and have swing beds: The he least one of the following co - The resident's health has in hospital's services. - The transfer or discharge is cannot meet the resident's for - The safety of the individual clinical or behavioral status - The health of individuals in - The resident has failed, aft have paid under Medicare of the resident does not subm after the third party, includir resident refuses to pay for the Medicaid after admission to allowable charges under Medicare

ng to preventable critical access hospital and hospital

narge planning process requires regular reevaluation of the ntify changes that require modification of the discharge s updated as needed to reflect these changes.

#### )(6)

discharge planning process on a regular basis, as defined ssment includes an ongoing, periodic review of a discharge plans, including plans for patients who were s of a previous admission, to make certain that the plans are tdischarge needs.

nt Commission accreditation for deemed status purposes hospital transfers or discharges residents only under at conditions:

s improved to the point where they no longer need the

e is necessary for the resident's welfare, and the hospital 's needs.

uals in the hospital is endangered due to the resident's us.

in the hospital would otherwise be endangered.

after reasonable and appropriate notice, to pay for (or to or Medicaid) a stay at the hospital. Nonpayment applies if mit the necessary paperwork for third party payment or ding Medicare or Medicaid, denies the claim and the

r their stay. For a resident who becomes eligible for to a hospital, the hospital may charge a resident only the

Medicaid. ration.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	<ul> <li>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.</li> <li>CoPs: §482.58(b)(2), §483.15(c)(1)(i), §483.15(c)(1)(i)(A), §483.15(c)(1)(i)(B), §483.15(c)(1)(i)(C), §483.15(c)(1)(i)(D), §483.15(c)(1)(i)(E), §483.15(c)(1)(i)(F), §483.15(c)(1)(ii), §483.15(c)(4)(ii)(A), §483.15(c)(4)(ii)(C),</li> </ul>			Note: The hospital cannot the pursuant to 42 CFR 431.230 endanger the health or safe hospital documents the dar CoPs: §482.58(b)(2), §483.1 §483.15(c)(1)(i)(D), §483.15
PC.04.02.01, EP 1	§483.15(c)(4)(ii)(D), §483.15(c)(4)(ii)(E)At the time of the patient's discharge or transfer, the hospital informs other service providers who will provide care, treatment, and services to the patient about the following: 	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
PC.05.01.09, EP 1	CoPs: §482.43(b)           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.           CoPs: §482.27(b)(1)(i), §482.27(b)(1)(ii), §482.27(b)(1)(iii), §482.27(b)(3)(iii), §482.27(b)(3)(iii), §482.27(b)(3)(iii), §482.27(b)(3)(iii), §482.27(b)(3)(iii), §482.27(b)(4)(ii)(B), §482.27(b)(4)(ii), §482.27(b)(4)(ii)(A), §482.27(b)(4)(ii)(B), §482.27(b)(4)(iii), §482.27(b)(4)(iii), §482.27(b)(5)(ii), §482.27(b)(6)(ii), §482.27(b)(6)(ii), §482.27(b)(6)(ii), §482.27(b)(6)(iii), §482.27(b)(6)(iii), §482.27(b)(7)(ii), §482.27(b)(7)(ii), §482.27(b)(6)(ii), §482.27(b)(8)(ii), §482.27(b)(8)(ii), §482.27(b)(7)(ii), §482.27(c)(1), §482.27(c)(2)	Moved and Revised	PC.15.01.01, EP 1	For hospitals that use Joint The hospital develops and i documentation and notifica and blood components, cor requirements at 42 CFR 482 Note 1: The procedures for and local laws, including re other patient information. Note 2: See Glossary for the components. CoPs: §482.27(b)(1)(i), §482 §482.27(b)(9)
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	Moved and Revised	LD.13.01.01, EP 7	The hospital maintains the - Records of the source and for at least 10 years from th retrieval

t transfer or discharge a resident while an appeal is pending 230, unless the failure to discharge or transfer would afety of the resident or other individuals in the hospital. The danger that failure to transfer or discharge would pose.

8.15(c)(1)(i)(A), \$483.15(c)(1)(i)(B), \$483.15(c)(1)(i)(C), 15(c)(1)(i)(E), \$483.15(c)(1)(i)(F), \$483.15(c)(1)(ii)

nt Commission accreditation for deemed status purposes: d implements written policies and procedures, including ication procedures, addressing potentially infectious blood consistent with Centers for Medicare & Medicaid Services 82.27.

or notification and documentation conform to federal, state, requirements for the confidentiality of medical records and

he definition of potentially infectious blood and blood

82.27(b)(1)(ii), \$482.27(b)(1)(iii), \$482.27(b)(2),

e following:

nd disposition of all units of blood and blood components the date of disposition in a manner that permits prompt

A fully funded plan to trans ospital ceases operation f oPs: §482.27(b)(5)(i), §482 /A
oPs: §482.27(b)(5)(i), §482
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ansfer these records to another hospital or other entity if the on for any reason

482.27(b)(5)(ii)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		direct EP(s) with		
		CMS approval		
PC.06.01.01, EP 7	Provide education to patients (and their families including the designated support	Deleted EP – Will	N/A	N/A
	person whenever possible). At a minimum, education includes the following:	replace with more		
	- Signs and symptoms of postpartum hemorrhage during hospitalization that alert	direct EP(s) with		
	the patient to seek immediate care	CMS approval		
	- Signs and symptoms of postpartum hemorrhage after discharge that alert the			
	patient to seek immediate care			
PC.06.03.01, EP 1	Develop written evidence-based procedures for measuring and remeasuring blood	Deleted EP – Will	N/A	N/A
,	pressure. These procedures include criteria that identify patients with severely	replace with more		
	elevated blood pressure.	direct EP(s) with		
		CMS approval		
PC.06.03.01, EP 2	Develop written evidence-based procedures for managing pregnant and postpartum	Deleted EP – Will	N/A	N/A
10.00.00.01, ET 2	patients with severe hypertension/preeclampsia that includes the following:	replace with more		
	- The use of an evidence-based set of emergency response medications that are	direct EP(s) with		
	stocked and immediately available on the obstetric unit	CMS approval		
		CMS approvat		
	- The use of seizure prophylaxis			
	- Guidance on when to consult additional experts and consider transfer to a higher			
	level of care			
	- Guidance on when to use continuous fetal monitoring			
	- Guidance on when to consider emergent delivery			
	- Criteria for when a team debrief is required			
	Note: The written procedures should be developed by a multidisciplinary team that			
	includes representation from obstetrics, emergency department, anesthesiology,			
	nursing, laboratory, and pharmacy.			
PC.06.03.01, EP 3	Provide role-specific education to all staff who treat pregnant/postpartum patients	Deleted EP – Will	N/A	N/A
	about the hospital's evidence-based severe hypertension/preeclampsia procedure.	replace with more		
	At a minimum, education occurs at orientation, whenever changes to the procedure	direct EP(s) with		
	occur, or every two years.	CMS approval		
	Note: The emergency department is often where patients with symptoms or signs of			
	severe hypertension present for care after delivery. For this reason, education should			
	be provided to staff in emergency departments regardless of the hospital's ability to			
	provide labor and delivery services.			
PC.06.03.01, EP 4	Conduct drills at least annually to determine system issues as part of ongoing quality	Deleted EP – Will	N/A	N/A
	improvement efforts. Severe hypertension/preeclampsia drills include a team	replace with more		
	debrief.	direct EP(s) with		
		CMS approval		
PC.06.03.01, EP 5	Review severe hypertension/preeclampsia cases that meet criteria established by	Deleted EP – Will	N/A	N/A
	the hospital to evaluate the effectiveness of the care, treatment, and services	replace with more		
	provided to the patient during the event.	direct EP(s) with		
		CMS approval		
PC.06.03.01, EP 6	Provide printed education to patients (and their families including the designated	Deleted EP – Will	N/A	N/A
	support person whenever possible). At a minimum, education includes:	replace with more		
	- Signs and symptoms of severe hypertension/preeclampsia during hospitalization	direct EP(s) with		
	that alert the patient to seek immediate care	CMS approval		
	- Signs and symptoms of severe hypertension/preectampsia after discharge that			
	- Signs and symptoms of severe hypertension/preeclampsia after discharge that alert the patient to seek immediate care			



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
N/A	N/A	New, more-direct EP for CoP requirement	PC.11.03.01, EP 2	The hospital involves the pa plan of care. Note: For hospitals that use purposes and have swing be
				of changes to their plan of c CoPs: §482.13(b)(1), §482.5
N/A	N/A	New, more-direct EP for CoP requirement	PC.11.03.01, EP 3	For psychiatric hospitals that purposes: Each patient has based on an inventory of the includes the following: - Substantiated diagnosis - Short-term and long-term - Specific treatment modalit - Responsibilities of each m - Adequate documentation rehabilitation activities carr CoPs: §482.61(c)(1), §482.6
N/A	N/A	New, more-direct EP for CoP requirement	PC.12.01.01, EP 2	<ul> <li>§482.61(c)(1)(iv), §482.61(c)</li> <li>Any physician or other licen the following conditions: <ul> <li>Responsible for the care or</li> <li>Licensed in the state wher</li> <li>Acting within their scope or</li> <li>Authorized in accordance and approved by the govern Note: This applies to physic the hospital's medical staff not appointed to the medical</li> <li>CoPs: §482.54(c)(1), §482.5</li> </ul> </li> </ul>
N/A	N/A	New, more-direct EP for CoP requirement	PC.12.01.01, EP 4	<ul> <li>§482.54(c)(4)(ii)</li> <li>If the hospital provides rehat speech-language pathology provided in accordance with Note: For hospitals that use purposes: The provision of r 409.17.</li> </ul>
N/A	N/A	New, more-direct EP	PC.13.01.03, EP 5	CoPs: §482.56, §482.56(a), The hospital has adequate p
		for CoP requirement		CoPs: §482.51(b)(4)
N/A	N/A	New, more-direct EP for CoP requirement	PC.13.02.01, EP 3	For hospitals that use Joint and have swing beds: The h are imposed for purposes of the resident's medical symp hospital uses the least restr

patient in the development and implementation of their

se Joint Commission accreditation for deemed status beds: The resident has the right to be informed, in advance, f care.

### .58(b)(1), §483.10(c)(2)(iii)

that use Joint Commission accreditation for deemed status as an individual comprehensive treatment plan that is the patient's strengths and disabilities. The written plan

n goals alities utilized member of the treatment team on to justify the diagnosis and the treatment and arried out

2.61(c)(1)(i), \$482.61(c)(1)(ii), \$482.61(c)(1)(iii), (c)(1)(v)

ensed practitioner who orders outpatient services meets

of the patient

- ere they provide care to the patient
- of practice under state law
- e with state law and policies adopted by the medical staff rning body to order the applicable outpatient services sicians or other licensed practitioners who are appointed to
- Iff or have been granted privileges, as well as practitioners ical staff who satisfy the above criteria.

.54(c)(2), \$482.54(c)(3), \$482.54(c)(4), \$482.54(c)(4)(i),

habilitation, physical therapy, occupational therapy, gy, or audiology services, the services are organized and *i*th national accepted standards of practice.

se Joint Commission accreditation for deemed status f rehabilitation services is in accordance with 42 CFR

), §482.56(b)(2)

e provisions for immediate postoperative care.

At Commission accreditation for deemed status purposes hospital does not use physical or chemical restraints that of discipline or convenience and are not required to treat mptoms. When the use of restraints is indicated, the strictive alternative for the least amount of time and

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				documents ongoing reevalu
				CoPs: §483.12(a)(2)
N/A	N/A	New, more-direct EP for CoP requirement	PC.13.02.01, EP 4	The hospital restraint policie mechanical device, materia a patient to move his or her medication is used as a rest patient's freedom of moven patient's condition. Note: A restraint does not ir devices, surgical dressings involve the physical holding physical examinations or te permit the patient to partici does not include a physical
N/A	N/A	New, more-direct EP for CoP requirement	PC.13.02.01, EP 5	CoPs: §482.13(e)(1)(i)(A), §4 The hospital seclusion polic alone in a room or area from Note: Seclusion is only used behavior.
N/A	N/A	New, more-direct EP for CoP requirement	PC.14.01.01, EP 3	CoPs: §482.13(e)(1)(ii) As part of the discharge plan need for appropriate postho services, extended care services and community-ba availability of the appropriate part of the discharge planni
N/A	N/A	New, more-direct EP for CoP requirement	PC.14.01.01, EP 5	CoPs: §482.43(a)(2) The hospital performs a disc for those patients it identifie adverse health consequence planning or at the request of physician. Note 1: The discharge plann appropriate arrangements f unnecessary delays in disch Note 2: The discharge plann plan is created by, or under other qualified person. CoPs: §482.43(a), §482.43(a)
N/A	N/A	New, more-direct EP for CoP requirement	PC.14.01.01, EP 6	The hospital discusses the r patient or their representational arrangements made.

#### luation of the need for restraints.

cies are followed when any manual method, physical or rial, or equipment that immobilizes or reduces the ability of er arms, legs, body, or head freely; or when a drug or estriction to manage the patient's behavior or restrict the ement and is not a standard treatment or dosage for the

include devices, such as orthopedically prescribed as or bandages, protective helmets, or other methods that ang of a patient for the purpose of conducting routine tests, or to protect the patient from falling out of bed, or to cipate in activities without the risk of physical harm (this al escort).

### §482.13(e)(1)(i)(B), §482.13(e)(1)(i)(C)

licies are followed when a patient is involuntarily confined om which the patient is physically prevented from leaving. and for the management of violent or self-destructive

lanning evaluation, the hospital evaluates the patient's hospital services, including but not limited to hospice care ervices, home health services, and non–health care based care providers. The hospital also evaluates the iate services and the patient's access to those services as ning evaluation.

ischarge planning evaluation and creates a discharge plan fies at an early stage of hospitalization are likely to suffer nces upon discharge in the absence of adequate discharge of the patient, patient's representative, or the patient's

nning evaluation is completed in a timely manner so that s for post–hospital care are made before discharge and charge are avoided.

nning evaluation is performed and subsequent discharge er the supervision of, a registered nurse, social worker, or

### 3(a)(1), §482.43(a)(4), §482.43(a)(5)

e results of the discharge planning evaluation with the ative, including any reevaluations performed and any

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
N/A	N/A	New, more-direct EP	PC.14.02.01, EP 2	For hospitals that use Joint
		for CoP requirement		and have swing beds: The h
				attain or maintain the optim
				resident.
				CoPs: §482.58(b)(4), §483.4
N/A	N/A	New, more-direct EP	PC.14.02.01, EP 5	For hospitals that use Joint
		for CoP requirement		and have swing beds: If nec
				making dental appointment
				services location.
				CoPs: §482.58(b)(7), §483.5
				§483.55(b)(2)(ii)
N/A	N/A	New, more-direct EP	PC.14.02.01, EP 7	For hospitals that use Joint
		for CoP requirement		and have swing beds: The h
				routine (to the extent covere
				CoPs: §482.58(b)(7), §483.5
N/A	N/A	New, more-direct EP	PC.14.02.01, EP 8	For hospitals that use Joint
		for CoP requirement		and have swing beds: If a re
				rehabilitative services, inclu
				language pathology, occupa
				services for a mental disord
				intensity, the hospital provid
				specialized rehabilitative se
				federal or state health care
				Social Security Act.
				CoPs: §482.58(b)(6), §483.6
N/A	N/A	New, more-direct EP	PC.14.02.03, EP 1	The hospital provides or trar
		for CoP requirement		transferring, or referring the
				suppliers, facilities, agencie
				practitioners who are respo
				Necessary medical information
				- Current course of illness a
				- Postdischarge goals of car
				- Treatment preferences at t
				CoPs: §482.43(b)
N/A	N/A	New, more-direct EP	PC.15.01.01, EP 2	For hospitals that use Joint
		for CoP requirement		If the hospital receives notif
				immunodeficiency virus (HI
				determines the disposition
				previously donated blood a
				CoPs: §482.27(b)(4)
N/A	N/A	New, more-direct EP	PC.15.01.01, EP 3	For hospitals that use Joint
		for CoP requirement		If the hospital receives notif
				more specific) test for poter

nt Commission accreditation for deemed status purposes hospital provides medically related social services to imal physical, mental, and psychosocial well-being of each

# .40(d)

nt Commission accreditation for deemed status purposes accessary or requested, the hospital assists residents in nts and arranging for transportation to and from the dental

.55(a)(4)(i), \$483.55(a)(4)(ii), \$483.55(b)(2)(i),

t Commission accreditation for deemed status purposes hospital provides or obtains from an outside resource ered under the state plan) and emergency dental services.

# .55(b)(1)(i)

At Commission accreditation for deemed status purposes resident's comprehensive plan of care requires specialized cluding but not limited to physical therapy, speechpational therapy, respiratory therapy, and rehabilitative rder and intellectual disability or services of a lesser vides or obtains the required services from a provider of services and is not excluded from participating in any e programs pursuant to section 1128 and 1156 of the

# .65(a)(1), §483.65(a)(2)

ransmits necessary medical information when discharging, ne patient to post–acute care service providers and cies, and other outpatient service providers and ponsible for the patient's follow-up or ancillary care. nation includes, at a minimum, the following:

- and treatment
- are
- t the time of discharge

at Commission accreditation for deemed status purposes: tification of blood that is reactive to the human HIV) or hepatitis C virus (HCV) screening test, the hospital n of the blood or blood components and quarantines all and blood components in inventory.

nt Commission accreditation for deemed status purposes: tification that the result of the supplemental (additional, entially infectious blood or blood components or other

Standard/EP	EP Text	Disposition New Sta	indard/EP New EP Text
			follow-up testing required b
			there are no other informati
			blood components from qu
			CoPs: §482.27(b)(4)(i)
N/A	N/A		1.01, EP 4 For hospitals that use Joint
		for CoP requirement	If the hospital receives noti
			more specific) test for pote
			follow-up testing required b
			hospital does the following
			- Disposes of the blood and
			- Notifies the transfusion re
			CoPs: §482.27(b)(4)(ii)(A), §
N/A	N/A		1.01, EP 5For hospitals that use Joint
		for CoP requirement	If the hospital receives noti
			more specific) test for pote
			follow-up testing required b
			indeterminate, the hospital
			components held in quarar
			610.46(b)(2) and 610.47(b)(
			CoPs: §482.27(b)(4)(iii)
N/A	N/A		1.01, EP 6For hospitals that use Joint
		for CoP requirement	When potentially human im
			infectious blood or blood c
			hospital's own blood collec
			another entity or individual
			- Makes reasonable attemp
			licensed practitioner, or the
			blood or blood component
			individuals as permitted un blood or blood components
			need for HIV or HCV testing
			- Attempts to notify to the p
			unavailable or declines to r
			- Documents in the patient
			required notification
N/A	N/A	New, more-direct EP PC.15.0	CoPs: \$482.27(b)(6)(i), \$482 1.01, EP 7 If the hospital receives notif
11/74		for CoP requirement	immunodeficiency virus (H
		tor cor requirement	components, the hospital r
			period of 12 weeks unless of
			- The patient is located and
			- The hospital is unable to le
			-
			record the extenuating circu notification timeframe to ex

by the US Food and Drug Administration is negative and ative test results, the hospital may release the blood and quarantine.

at Commission accreditation for deemed status purposes: tification that the result of the supplemental (additional, centially infectious blood or blood components or other by the US Food and Drug Administration is positive, the g:

nd blood components

recipients as set forth in 42 CFR 482.27(b)(6)

# §482.27(b)(4)(ii)(B)

At Commission accreditation for deemed status purposes: tification that the result of the supplemental (additional, centially infectious blood or blood components or other by the US Food and Drug Administration (FDA) is al destroys or labels prior collections of blood or blood antine, consistent with FDA requirements 21 CFR b)(2).

At Commission accreditation for deemed status purposes: mmunodeficiency virus (HIV) or hepatitis C virus (HCV) components are administered (either directly through the acting establishment or under an agreement) or released to al, the hospital takes the following actions:

npts to notify the patient, the attending physician or other ne physician or other licensed practitioner who ordered the nt and ask the practitioner to notify the patient, or other under 42 CFR 482.27, that potentially HIV or HCV infectious nts were transfused to the patient and that there may be a ng and counseling

patient, legal guardian, or relative if the practitioner is make the notification

t's medical record the notification or attempts to give the

# 82.27(b)(6)(ii), §482.27(b)(6)(iii)

tification that it received potentially human

HIV) or hepatitis C virus (HCV) infectious blood and blood makes reasonable attempts to give notification over a one of the following occurs:

d notified.

locate the patient and documents in the patient's medical cumstances beyond the hospital's control that caused the exceed 12 weeks.

sulting from donors tested on or after February 20, 2008 as

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				set forth at 21 CFR 610.46 a
				collecting establishment no
				infectious blood and blood
				CoPs: §482.27(b)(7), §482.2
N/A	N/A	New, more-direct EP	PC.15.01.01, EP 8	When notifying patients wh
		for CoP requirement		virus (HIV) or hepatitis C vir
				notification includes the fol
				- Oral or written information
				counseling, so that the pati
				obtain HIV or HCV testing a
				- A list of programs or place
				counseling, including any re
				CoPs: §482.27(b)(8)(i), §482
N/A	N/A		PC.15.01.01, EP 9	If a patient has received an
		for CoP requirement		notifies the specified individ
				- A legal representative desi
				been adjudged incompeten
				- The patient or his or her le
				but state law permits a lega
				the patient's behalf
				- The patient's legal represe human immunodeficiency
				- The parents or legal guard
				CoPs: §482.27(b)(10)
N/A	N/A		PC.15.01.01, EP 10	The hospital complies with
		for CoP requirement		to blood safety issues in the
				- Appropriate testing and qu
				- Notification and counselir
				components
				Note: This applies to lookba
				are identified after August 2
				CoPs: §482.27(c)(1), §482.2
N/A	N/A	New, more-direct EP for CoP requirement	PE.04.01.01, EP 2	The hospital maintains esse
		tor our requirement		CoPs: §482.41(d)(2)
N/A	N/A	New, more-direct EP	PE.04.01.01, EP 5	The hospital maintains sup
		for CoP requirement		Note: Supplies are stored ir
				to not violate fire codes or o
				CoPs: §482.41(d)(2)
N/A	N/A	New, more-direct EP	PE.04.01.03, EP 2	The hospital has a system to
		for CoP requirement		Note 1: The system includes
				others for the provision of e
				Note 2: Emergency gas inclu
				liquefied natural gas, as we

6 and 610.47, the notification effort begins when the blood notifies the hospital that it received potentially HIV or HCV d components.

# ..27(b)(7)(i), §482.27(b)(7)(ii)

who have received potentially human immune deficiency virus (HCV) infectious blood or blood components, the following:

on explaining the need for HIV or HCV testing and

- atient can make an informed decision about whether to and counseling
- ces where the person can obtain HIV or HCV testing and requirements or restrictions the program may impose

# 82.27(b)(8)(ii), §482.27(b)(8)(iii)

n infectious blood or blood component, the hospital vidual(s) under the following circumstances:

esignated in accordance with state law if the patient has ent by a state court

legal representative or relative if the patient is competent gal representative or relative to receive the information on

sentative or relative if the beneficiary of the potentially y virus infectious transfusion is deceased

dian if the patient is a minor

h US Food and Drug Administration regulations pertaining he following areas:

quarantining of infectious blood and blood components ling of potential recipients of infectious blood and blood

back activities only related to new blood safety issues that 24, 2007.

.27(c)(2)

sential equipment in safe operating condition.

pplies to ensure an acceptable level of safety and quality. in a manner to ensure the safety of the stored supplies and otherwise endanger patients.

to provide emergency gas and water supply. les making arrangements with local utility companies and emergency sources of water and gas. cludes fuels such as propane, natural gas, fuel oil, or

cludes fuels such as propane, natural gas, fuel oil, or /ell as any gases the hospital uses in the care of patients,

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				such as oxygen, nitrogen, o
				CoPs: §482.41(a)(2)
PI.01.01.01, EP 2	The hospital collects data on the following: Performance improvement priorities	Deleted EP -	N/A	N/A
	identified by leaders.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.21(a)(2)	moved to guidance		
		within SPG		
PI.01.01.01, EP 3	The hospital collects data on the following: Operative or other procedures that place	Deleted EP -	N/A	N/A
	patients at risk of disability or death.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.21(a)(2)	moved to guidance within SPG		
PI.01.01.01, EP 4	The hospital collects data on the following: Surgeries in which the postoperative	Consolidation of	NPG.13.04.01, EP 1	The hospital collects data c
	diagnosis (clinical or pathological) was unexpected and could indicate that a	PI.01.01.01, EP 4;		- Patient thermal injuries th
	clinically significant diagnostic error occurred.	PI.01.01.01, EP 14;		- Incidents where ferromag
	Note: The hospital's medical staff determine which unexpected postoperative	PI.01.01.01, EP 34;		room
	diagnoses are clinically significant. Examples may include but are not limited to the	PI.01.01.01, EP 35;		- Injuries resulting from the
	following:	PI.01.01.01, EP 40		room
	- 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.			
	CoPs: §482.21(a)(2), §482.21(e)(1)			
PI.01.01.01, EP 5	The hospital collects data on the following: Adverse events related to using moderate	Deleted EP -	N/A	N/A
	or deep sedation or anesthesia.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.21(a)(2), §482.21(e)(1)	moved to guidance		
	The base for the United states and the Colling The same of the states of	within SPG	N1/A	
PI.01.01.01, EP 6	The hospital collects data on the following: The use of blood and blood components.	Deleted EP -	N/A	N/A
	CoPs: §482.21(a)(2)	Replaced with more direct EP(s) or		
	COFS. 9402.21(a)(2)	moved to guidance		
		within SPG		
PI.01.01.01, EP 7	The hospital collects data on the following: All reported and confirmed transfusion	Deleted EP -	N/A	N/A
	reactions.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.21(a)(2), §482.21(e)(1), §482.23(c)(5)	moved to guidance		
		within SPG		
PI.01.01.01, EP 10	The hospital collects data on the following:	Deleted EP -	N/A	N/A
	- The number and location of cardiac arrests (for example, ambulatory area,	Replaced with more		
	telemetry unit, critical care unit)	direct EP(s) or		
	- The outcomes of resuscitation (for example, return of spontaneous circulation	moved to guidance		
	[ROSC], survival to discharge) Note: ROSC is defined as return of spontaneous and sustained circulation for at	within SPG		
	least 20 consecutive minutes following resuscitation efforts.			
	ופמטר בט לטווטברעוועב ווווענכט וטונטאוואן ובטעטטונמנוטון בווטונט.			

or	nitrous	oxide.

a on the following: that occur during magnetic resonance imaging (MRI) exams agnetic object unintentionally entered the MRI scanner

he presence of ferromagnetic objects in the MRI scanner

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Transfer to a higher level of care			
	CoPs: §482.21(a)(2)			
PI.01.01.01, EP 12	The hospital collects data on the following: Significant medication errors.	Deleted EP -	N/A	N/A
	CoPs: §482.21(a)(2), §482.21(e)(1), §482.23(c)(5), §482.25(b)(6)	Replaced with more direct EP(s) or		
	C(r, s, s+62.2, r(a)(2), s+62.2, r(e)(1), s+62.2, s+	moved to guidance		
		within SPG		
PI.01.01.01, EP 13	The hospital collects data on the following: Significant adverse drug reactions.	Deleted EP -	N/A	N/A
		Replaced with more		
	CoPs: §482.21(a)(2), §482.21(e)(1), §482.23(c)(5), §482.25(b)(6)	direct EP(s) or		
		moved to guidance		
		within SPG		
PI.01.01.01, EP 14	The hospital collects data on the following: Patient perception of the safety and	Consolidation of	NPG.13.04.01, EP 1	The hospital collects data of
	quality of care, treatment, or services.	PI.01.01.01, EP 4;		- Patient thermal injuries tha
		PI.01.01.01, EP 14;		- Incidents where ferromagr
	CoPs: §482.21(a)(2)	PI.01.01.01, EP 34;		room
		PI.01.01.01, EP 35;		- Injuries resulting from the p
		PI.01.01.01, EP 40		room
PI.01.01.01, EP 28	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Consolidation of	PI.12.01.01, EP 5	For hospitals that elect The
	The primary care medical home collects data on the following: Disease management	PI.01.01.01, EP 28;		The primary care medical ho
	outcomes.	PI.01.01.01, EP 29;		- Disease management outo
		PI.01.01.01, EP 30		- Patient access to care with
				- Patient experience and sat and communication
				- Patient perception of the c
				- Patient perception of the c
				- Patient perception of the c
PI.01.01.01, EP 29	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Consolidation of	PI.12.01.01, EP 5	For hospitals that elect The
	The primary care medical home collects data on the following: Patient access to care	PI.01.01.01, EP 28;	,	The primary care medical ho
	within time frames established by the hospital.	PI.01.01.01, EP 29;		- Disease management outc
		PI.01.01.01, EP 30		- Patient access to care with
				- Patient experience and sat
				and communication
				- Patient perception of the c
				- Patient perception of the c
				- Patient perception of the c
PI.01.01.01, EP 30	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Consolidation of	PI.12.01.01, EP 5	For hospitals that elect The .
	The primary care medical home collects data on the following:	PI.01.01.01, EP 28;		The primary care medical ho
	- Patient experience and satisfaction related to access to care, treatment, or	PI.01.01.01, EP 29;		- Disease management outo
	services, and communication	PI.01.01.01, EP 30		- Patient access to care with
	- Patient perception of the comprehensiveness of care, treatment, or services			- Patient experience and sat
	- Patient perception of the coordination of care, treatment, or services			and communication
	- Patient perception of the continuity of care, treatment, or services			- Patient perception of the c
				- Patient perception of the c
PI 01 01 01 FP 3/	The hospital collects data on patient thermal injuries that occur during magnetic	Consolidation of	NPG 13 04 01 FP 1	- Patient perception of the c
PI.01.01.01, EP 34	The hospital collects data on patient thermal injuries that occur during magnetic resonance imaging exams.	Consolidation of PI.01.01.01, EP 4;	NPG.13.04.01, EP 1	<ul> <li>Patient perception of the c</li> <li>Patient perception of the c</li> <li>The hospital collects data of</li> <li>Patient thermal injuries that</li> </ul>

on the following: hat occur during magnetic resonance imaging (MRI) exams gnetic object unintentionally entered the MRI scanner e presence of ferromagnetic objects in the MRI scanner e Joint Commission Primary Care Medical Home option: home collects data on the following: utcomes ithin time frames established by the hospital atisfaction related to access to care, treatment, or services comprehensiveness of care, treatment, or services coordination of care, treatment, or services continuity of care, treatment, or services e Joint Commission Primary Care Medical Home option: home collects data on the following: utcomes ithin time frames established by the hospital atisfaction related to access to care, treatment, or services comprehensiveness of care, treatment, or services coordination of care, treatment, or services continuity of care, treatment, or services e Joint Commission Primary Care Medical Home option: home collects data on the following: utcomes ithin time frames established by the hospital atisfaction related to access to care, treatment, or services comprehensiveness of care, treatment, or services coordination of care, treatment, or services continuity of care, treatment, or services on the following: hat occur during magnetic resonance imaging (MRI) exams gnetic object unintentionally entered the MRI scanner

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		PI.01.01.01, EP 34;		room
		PI.01.01.01, EP 35;		- Injuries resulting from the
		PI.01.01.01, EP 40		room
PI.01.01.01, EP 35	The hospital collects data on the following:	Consolidation of	NPG.13.04.01, EP 1	The hospital collects data o
	- Incidents where ferromagnetic objects unintentionally entered the magnetic	PI.01.01.01, EP 4;		- Patient thermal injuries th
	resonance imaging (MRI) scanner room	PI.01.01.01, EP 14;		- Incidents where ferromagi
	- Injuries resulting from the presence of ferromagnetic objects in the MRI scanner	PI.01.01.01, EP 34;		room
	room	PI.01.01.01, EP 35;		- Injuries resulting from the
		PI.01.01.01, EP 40		room
PI.01.01.01, EP 40	The hospital collects data on pain assessment and pain management including	Consolidation of	NPG.13.04.01, EP 1	The hospital collects data c
	types of interventions and effectiveness.	PI.01.01.01, EP 4;		- Patient thermal injuries th
		PI.01.01.01, EP 14;		- Incidents where ferromagi
		PI.01.01.01, EP 34;		room
		PI.01.01.01, EP 35;		- Injuries resulting from the
		PI.01.01.01, EP 40		room
PI.02.01.01, EP 1	Performance improvement priorities established by hospital leaders are described in	Deleted EP -	N/A	N/A
· · · · ·	a written plan that includes the following:	Replaced with more		
	- The defined process(es) needing improvement, along with any stakeholder (for	direct EP(s) or		
	example, patient, staff, regulatory) requirements, project goals, and improvement	moved to guidance		
	activities	within SPG		
	- Method(s) for measuring performance of the process(es) identified for			
	improvement			
	- Analysis method(s) for identifying causes of variation and poor performance in the			
	process(es)			
	- Methods implemented to address process deficiencies and improve performance			
	- Methods for monitoring and sustaining the improved process(es)			
PI.02.01.01, EP 2	Leaders review the plan for addressing performance improvement priorities at least	Deleted EP -	N/A	N/A
	annually and updates it to reflect any changes in strategic priorities and in response	Replaced with more		
	to changes in the internal or external environment.	direct EP(s) or		
		moved to guidance		
		within SPG		
PI.03.01.01, EP 3	The hospital uses statistical tools and techniques to analyze and display data.	Deleted EP -	N/A	N/A
· · · · · · · ·		Replaced with more		
	CoPs: §482.21, §482.21(a)(2), §482.21(e)(1)	direct EP(s) or		
		moved to guidance		
		within SPG		
PI.03.01.01, EP 4	The hospital analyzes and compares internal data over time to identify levels of	Consolidation of	PI.13.01.01, EP 1	The hospital analyzes and c
,	performance, patterns, trends, and variations.	PI.03.01.01, EP 4;	,	data analysis to do the follo
		PI.03.01.01, EP 8		- Monitor the effectiveness
	CoPs: §482.21, §482.21(a)(2), §482.21(b)(2)(i), §482.21(c)(2), §482.21(e)(1)			- Monitor the quality of care
				- Identify opportunities for in
				CoPs: §482.21(b)(2)(i), §482
PI.03.01.01, EP 6	The hospital reviews and analyzes incidents where the radiation dose index	Moved and Revised	NPG.13.04.01, EP 2	The hospital reviews and an
	(computed tomography dose index [CTDIvol], dose length product [DLP], or size-			(computed tomography dos
	specific dose estimate [SSDE]) from diagnostic CT examinations exceeded expected			specific dose estimate [SSE
	dose index ranges identified in imaging protocols. These incidents are then			dose index ranges identified
	compared to external benchmarks.			compared to external bench
	Note 1: While the CTDIvol, DLP, and SSDE are useful indicators for monitoring			Note 1: While the CTDIvol, I
			1	

e presence of ferromagnetic objects in the MRI scanner

on the following: that occur during magnetic resonance imaging (MRI) exams ngnetic object unintentionally entered the MRI scanner

e presence of ferromagnetic objects in the MRI scanner

n on the following: that occur during magnetic resonance imaging (MRI) exams ngnetic object unintentionally entered the MRI scanner

e presence of ferromagnetic objects in the MRI scanner

l compares internal data over time and uses the results of lowing:

s and safety of services

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r improvement and changes that will lead to improvement

82.21(b)(2)(ii)

analyzes incidents where the radiation dose index ose index [CTDIvol], dose length product [DLP], or size-SDE]) from diagnostic CT examinations exceeded expected ed in imaging protocols. These incidents are then achmarks.

DLP, and SSDE are useful indicators for monitoring

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	radiation dose indices from the CT machine, they do not represent the patient's			radiation dose indices from
	radiation dose.			radiation dose.
	Note 2: This element of performance does not apply to dental cone beam CT			Note 2: This element of per
	radiographic imaging studies performed for diagnosis of conditions affecting the			radiographic imaging studie
	maxillofacial region or to obtain guidance for the treatment of such conditions.			maxillofacial region or to ob
PI.03.01.01, EP 8	The hospital uses the results of data analysis to identify improvement opportunities.	Consolidation of	PI.13.01.01, EP 1	The hospital analyzes and c
		PI.03.01.01, EP 4;		data analysis to do the follo
	CoPs: §482.21, §482.21(a)(2), §482.21(b)(2)(ii), §482.21(e)(1)	PI.03.01.01, EP 8		- Monitor the effectiveness
				- Monitor the quality of care
				- Identify opportunities for i
				CoPs: §482.21(b)(2)(i), §482
PI.03.01.01, EP 12	When the hospital identifies undesirable patterns, trends, or variations in its	Moved and Revised	NPG.12.06.01, EP 1	When the hospital identifies
	performance related to the safety or quality of care (for example, as identified in the			performance related to the
	analysis of data or a single undesirable event), it includes the adequacy of staffing,			analysis of data or a single
	including nurse staffing, in its analysis of possible causes.			including nurse staffing, in
	Note 1: Adequacy of staffing includes the number, skill mix, and competency of all			Note 1: Adequacy of staffin
	staff. In their analysis, hospitals may also wish to examine issues such as processes			staff. In their analysis, hosp
	related to work flow; competency assessment; credentialing; supervision of staff;			related to workflow; compe
	and orientation, training, and education.			and orientation, training, ar
	Note 2: Hospitals may find value in using the staffing effectiveness indicators (which			Note 2: Hospitals may find
	include National Quality Forum Nursing Sensitive Measures) to help identify			include National Quality Fo
	potential staffing issues.			potential staffing issues.
PI.03.01.01, EP 13	When analysis reveals a problem with the adequacy of staffing, the leaders	Moved and Revised	NPG.12.06.01, EP 2	When analysis reveals a pro
	responsible for the hospitalwide patient safety program (as addressed at			responsible for the hospital
	LD.03.09.01, EP 1) are informed, in a manner determined by the safety program, of			NPG.02.03.01, EP 1) are info
	the results of this analysis and actions taken to resolve the identified problem(s).			the results of this analysis a
PI.03.01.01, EP 14	At least once a year, the leaders responsible for the hospitalwide patient safety	Moved	NPG.12.06.01, EP 3	At least once a year, the lea
	program review a written report on the results of any analyses related to the			program review a written re
	adequacy of staffing and any actions taken to resolve identified problems.			adequacy of staffing and an
PI.03.01.01, EP 18	The hospital analyzes data collected on pain assessment and pain management to	Moved	NPG.06.03.01, EP 1	The hospital analyzes data
	identify areas that need change to increase safety and quality for patients.			identify areas that need cha
PI.03.01.01, EP 22	An interdisciplinary committee reviews cases and data to identify and suggest	Moved and Revised	NPG.01.05.05, EP 1	An interdisciplinary commit
	practice and system improvements in resuscitation performance.			practice and system improv
	Note 1: Examples of the review could include the following:			Note 1: Review examples co
	- How often early warning signs of clinical deterioration were present prior to in-			- How often early warning s
	hospital cardiac arrest in patients in non-monitored or non-critical care units			hospital cardiac arrest in pa
	- Timeliness of staff's response to a cardiac arrest			- Timeliness of staff's respo
	- The quality of cardiopulmonary resuscitation (CPR)			- Quality of cardiopulmonar
	- Post-cardiac arrest care processes			- Post–cardiac arrest care p
	- Outcomes following cardiac arrest			- Outcomes following cardi
	Note 2: The review functions may be designated to an existing interdisciplinary			Note 2: The review function
	committee.			committee.
PI.04.01.01, EP 2	The hospital acts on improvement priorities.	Moved	PI.14.01.01, EP 1	The hospital acts on improv
	CoPs: §482.21, §482.21(c)(3), §482.21(d)(4), §482.21(e)(1)			CoPs: §482.21, §482.21(c)(3
PI.04.01.01, EP 3	The hospital uses improvement tools or methodologies to improve its performance.	Deleted EP -	N/A	N/A
		Replaced with more		
		direct EP(s) or	1	

m the CT machine, they do not represent the patient's

erformance does not apply to dental cone beam CT lies performed for diagnosis of conditions affecting the obtain guidance for the treatment of such conditions.

compares internal data over time and uses the results of lowing:

s and safety of services

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r improvement and changes that will lead to improvement

## 82.21(b)(2)(ii)

ies undesirable patterns, trends, or variations in its le safety or quality of care (for example, as identified in the e undesirable event), it includes the adequacy of staffing, n its analysis of possible causes.

ing includes the number, skill mix, and competency of all spitals may also wish to examine issues such as processes betency assessment; credentialing; supervision of staff; and education.

d value in using the staffing effectiveness indicators (which Forum Nursing Sensitive Measures) to help identify

problem with the adequacy of staffing, the leaders alwide patient safety program (as addressed at nformed, in a manner determined by the safety program, of s and actions taken to resolve the identified problem(s).

eaders responsible for the hospitalwide patient safety report on the results of any analyses related to the any actions taken to resolve identified problems.

a collected on pain assessment and pain management to hange to increase safety and quality for patients.

nittee reviews cases and data to identify and suggest ovements in resuscitation performance.

could include the following:

signs of clinical deterioration were present prior to in-

patients in nonmonitored or non–critical care units

oonse to a cardiac arrest

ary resuscitation (CPR)

processes

diac arrest

ons may be designated to an existing interdisciplinary

ovement priorities.

)(3), §482.21(d)(4), §482.21(e)(1)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		moved to guidance within SPG		
PI.04.01.01, EP 5	The hospital acts when it does not achieve or sustain planned improvements. CoPs: §482.21, §482.21(c)(3), §482.21(d)(3), §482.21(d)(4), §482.21(e)(1)	Moved and Revised	PI.12.01.01, EP 4	The hospital takes action to the hospital measures its su improvements are sustaine CoPs: §482.21(c)(3)
PI.04.01.01, EP 11	<ul> <li>For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home uses the data it collects on the patient's perception of the safety and quality of care, treatment, or services to improve its performance. This data includes the following: <ul> <li>Patient experience and satisfaction related to access to care, treatment, or services and communication</li> <li>Patient perception of the comprehensiveness of care, treatment, or services</li> <li>Patient perception of the coordination of care, treatment, or services</li> <li>Patient perception of the continuity of care, treatment, or services</li> </ul> </li> </ul>	Moved	PI.14.01.01, EP 2	For hospitals that elect The The primary care medical he of the safety and quality of o This data includes the follow - Patient experience and sat and communication - Patient perception of the o - Patient perception of the o
N/A	N/A	New, more-direct EP for CoP requirement	PI.11.01.01, EP 2	The hospital has an ongoing program that shows measur on evidence that they will in reduction of medical errors including patient care data program. Note: For hospitals that use purposes: Relevant data inc quality reporting and quality related to hospital readmiss CoPs: §482.21(a)(1), §482.2
N/A	N/A	New, more-direct EP for CoP requirement	PI.11.01.01, EP 3	The hospital conducts performand distinct improvement project complexity of the hospital's Note 1: For hospitals that us purposes: The hospital may information technology syst quality of care. In the initial demonstrate measurable in Note 2: For hospitals that us purposes: The hospital is not organization cooperative pro- comparable effort.
N/A	N/A	New, more-direct EP for CoP requirement		The hospital tracks medical and implements preventive learning throughout the hos but are not limited to the fol - Medication administration - Surgical errors

to improve its performance. After implementing changes, success and tracks performance to ensure that ned.

ne Joint Commission Primary Care Medical Home option: home uses the data it collects on the patient's perception of care, treatment, or services to improve its performance. owing:

atisfaction related to access to care, treatment, or services

e comprehensiveness of care, treatment, or services e coordination of care, treatment, or services e continuity of care, treatment, or services

ng quality assessment and performance improvement surable improvement for indicators that are selected based improve health outcomes and aid in the identification and rs. The program incorporates quality indicator data, a and other relevant data to achieve the goals of the

se Joint Commission accreditation for deemed status ncludes data submitted to or received from Medicare ity performance programs including but not limited to data issions and hospital-acquired conditions.

### .21(b)(1)

rformance improvement projects as part of its quality ance improvement program. The number and scope of jects conducted annually is proportional to the scope and I's services and operations.

use Joint Commission accreditation for deemed status ay, as one of its projects, develop and implement an ystem explicitly designed to improve patient safety and al stage of development, this project does not need to improvement in indicators related to health outcomes. use Joint Commission accreditation for deemed status not required to participate in a quality improvement project, but its own projects are required to be of

### 1(d)(1), §482.21(d)(2), §482.21(d)(4)

al errors and adverse patient events, analyzes their causes, ve actions and mechanisms that include feedback and ospital. Medical errors and adverse patient events include following:

on errors

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				- Equipment failure - Infection control errors
				- Blood transfusion-related
				- Diagnostic errors
				CoPs: §482.21(c)(2)
N/A	N/A	New, more-direct EP	PI.12.01.01, EP 2	The hospital documents wh
		for CoP requirement		reasons for conducting thes these projects.
				CoPs: §482.21(d)(3)
N/A	N/A	New, more-direct EP	PI.12.01.01, EP 3	The hospital measures, ana
		for CoP requirement		patient events, and other as
				hospital service, and operat
				CoPs: §482.21(a)(2)
RC.01.01.01, EP 1	The hospital defines the components of a complete medical record.	Moved and Revised	RC.11.01.01, EP 1	The hospital maintains a me
	CoPs: §482.24, §482.24(b)			hospital.
	001 3. 3402.24, 3402.24(0)			CoPs: §482.24, §482.24(b)
RC.01.01.01, EP 5	The medical record includes the following:	Moved and Revised	RC.11.01.01, EP 2	The medical record includes
	- Information needed to support the patient's diagnosis and condition			- Information needed to just
	- Information needed to justify the patient's care, treatment, and services			treatment, and services
	- Information that documents the course and result of the patient's care, treatment,			- Information needed to sup
	and services - Information about the patient's care, treatment, and services that promotes			- Information about the pati continuity of care among sta
	continuity of care among staff and providers			Note: For hospitals that elec
	Note: For hospitals that elect The Joint Commission Primary Care Medical Home			option: This requirement ref
	option: This requirement refers to care provided by both internal and external			providers.
	providers.			
	CoPs: §482.24, §482.24(b), §482.24(c), §482.24(c)(1), §482.58(b)(2), §482.61(a)(2),			CoPs: §482.24(c)
	\$482.61(c)(1)(i), \$482.61(c)(1)(iv), \$482.61(c)(1)(v), \$482.61(c)(2), \$483.15(c)(3)(ii),			
	\$483.15(c)(3)(iii)			
RC.01.01.01, EP 7	All entries in the medical record are dated.	Consolidation of	RC.11.01.01, EP 4	The hospital develops and in
		RC.01.01.01, EP 7;		complete, signed, dated, an
	CoPs: §482.24(c)(1), §482.24(c)(2), §482.53(d), §482.53(d)(2)	RC.01.01.01, EP 13;		the person responsible for p
		RC.01.02.01, EP 2;		records are promptly compl
		RC.01.02.01, EP 3		CoDo: \$400.04/b) \$400.04/
RC.01.01.01, EP 13	For hospitals that use Joint Commission accreditation for deemed status purposes:	Consolidation of	RC.11.01.01, EP 4	CoPs: §482.24(b), §482.24(c) The hospital develops and in
NO.01.01.01, EF 13	All entries in the medical record, including all orders, are timed.	RC.01.01.01, EP 7;	1.0.11.01.01, EF 4	complete, signed, dated, an
		RC.01.01.01, EP 13;		the person responsible for p
	CoPs: §482.24(c)(1), §482.24(c)(2)	RC.01.02.01, EP 2;		records are promptly comp
		RC.01.02.01, EP 3		
				CoPs: §482.24(b), §482.24(c
RC.01.02.01, EP 1	Only authorized individuals make entries in the medical record.	Deleted EP -	N/A	N/A
	CoPs: §482.23(c)(3)(iii)	Replaced with more direct EP(s) or		
	0013.3402.23(6)(3)(11)			

ed errors

what quality improvement projects it is conducting, the ese projects, and the measurable progress achieved on

nalyzes, and tracks quality indicators, including adverse aspects of performance that assess processes of care, rations.

medical record for every inpatient and outpatient in the

des the following: Istify the patient's admission and continued care,

upport the patient's diagnosis and condition atient's care, treatment, and services that promotes staff and providers

lect The Joint Commission Primary Care Medical Home refers to care provided by both internal and external

d implements policies and procedures for accurate, legible, and timed medical record entries that are authenticated by r providing or evaluating the service provided. The medical apleted, properly filed and retained, and readily accessible.

### 4(c)(1), §482.53(d), §482.53(d)(2)

d implements policies and procedures for accurate, legible, and timed medical record entries that are authenticated by r providing or evaluating the service provided. The medical upleted, properly filed and retained, and readily accessible.

4(c)(1), §482.53(d), §482.53(d)(2)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		moved to guidance within SPG		
RC.01.02.01, EP 2	The hospital defines the types of entries in the medical record made by licensed	Consolidation of	RC.11.01.01, EP 4	The hospital develops and i
	practitioners that require countersigning, in accordance with law and regulation.	RC.01.01.01, EP 7;		complete, signed, dated, ar
		RC.01.01.01, EP 13;		the person responsible for p
	CoPs: §482.23(c)(3)(iii), §482.24(c)(1), §482.24(c)(2)	RC.01.02.01, EP 2;		records are promptly comp
		RC.01.02.01, EP 3		
				CoPs: §482.24(b), §482.24(
RC.01.02.01, EP 3	The author of each medical record entry is identified in the medical record.	Consolidation of	RC.11.01.01, EP 4	The hospital develops and i
		RC.01.01.01, EP 7;		complete, signed, dated, a
	CoPs: §482.23(c)(3)(iii), §482.24(b), §482.24(c)(1), §482.24(c)(2), §482.26(d)(1),	RC.01.01.01, EP 13;		the person responsible for p
	§482.53(d), §482.53(d)(2)	RC.01.02.01, EP 2;		records are promptly comp
		RC.01.02.01, EP 3		
				CoPs: §482.24(b), §482.24(
RC.01.02.01, EP 4	Entries in the medical record are authenticated by the author. Information	Moved and Revised	RC.11.02.01, EP 1	All orders, including verbal
	introduced into the medical record through transcription or dictation is			ordering physician or other
	authenticated by the author.			care and who is authorized
	Note 1: Authentication can be verified through electronic signatures, written			and regulation, and medica
	signatures or initials, rubber-stamp signatures, or computer key.			
	Note 2: For paper-based records, signatures entered for purposes of authentication			CoPs: §482.24(c)(2)
	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.			
	CoPs: §482.23(c)(3), §482.23(c)(3)(iii), §482.24(b), §482.24(c)(1), §482.24(c)(2),			
	\$482.26(d)(1), \$482.51(b)(6), \$482.53(d), \$482.53(d)(2)			
RC.01.02.01, EP 5	The individual identified by the signature stamp or method of electronic	Deleted EP -	N/A	N/A
	authentication is the only individual who uses it.	Replaced with more		
		direct EP(s) or		
	CoPs: \$482.23(c)(3), \$482.24(b), \$482.24(c)(1), \$482.24(c)(2), \$482.26(d)(1),	moved to guidance		
	\$482.53(d), \$482.53(d)(2)	within SPG	N1/A	
RC.01.03.01, EP 1	The hospital defines the time frame for completion of the medical record, which	Deleted EP -	N/A	N/A
	does not exceed 30 days after the patient's discharge.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.24(b), §482.24(c)(4)(viii)	moved to guidance		
RC.01.03.01, EP 2	The boopital follows its written policy requiring timely entry of information into the	within SPG Deleted EP -	N/A	N/A
no.01.03.01, EP 2	The hospital follows its written policy requiring timely entry of information into the patient's medical record.			
	patient's medical record.	Replaced with more		
	$C_{2}D_{2}$ ; \$492.24/b)	direct EP(s) or		
	CoPs: §482.24(b)	moved to guidance within SPG		
RC.01.03.01, EP 3	For hospitals that use Joint Commission accreditation for deemed status purposes:	Consolidation of	RC.12.01.01, EP 6	The medical history and phy
- , -	The hospital records the patient's medical history and physical examination,	RC.01.03.01, EP 3;		physical examination are pl
			1	
	including updates, in the medical record within 24 hours after registration or	RC.02.01.03, EP 3;		admission or registration, b

d implements policies and procedures for accurate, legible, and timed medical record entries that are authenticated by r providing or evaluating the service provided. The medical apleted, properly filed and retained, and readily accessible.

### 4(c)(1), §482.53(d), §482.53(d)(2)

d implements policies and procedures for accurate, legible, and timed medical record entries that are authenticated by r providing or evaluating the service provided. The medical apleted, properly filed and retained, and readily accessible.

## 4(c)(1), §482.53(d), §482.53(d)(2)

al orders, are dated, timed, and authenticated by the er licensed practitioner who is responsible for the patient's ed to write orders, in accordance with hospital policy, law cal staff bylaws, rules, and regulations.

hysical examination or updates to the medical history and placed in the patient's medical record within 24 hours after but prior to surgery or a procedure requiring anesthesia

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		RC.02.01.03, EP 5;		
	CoPs: §482.24(c)(4)(i)(A), §482.24(c)(4)(i)(B), §482.51(b)(1)(i), §482.51(b)(1)(ii)	RC.02.01.03, EP 7		CoPs: §482.24(c)(4)(i)(A), §4
RC.01.04.01, EP 1	The hospital conducts an ongoing review of medical records at the point of care,	Moved and Revised	RC.11.02.01, EP 2	The hospital uses a system of
	based on the following indicators: presence, timeliness, legibility (whether			ensures the integrity of the a
	handwritten or printed), accuracy, authentication, and completeness of data and			entries.
	information.			
				CoPs: §482.24(b)
	CoPs: §482.24(b), §482.24(c)(1)			
RC.01.05.01, EP 1	The retention time of the original or legally reproduced medical record is determined	Moved and Revised	RC.11.03.01, EP 1	The retention time of the ori
	by its use and hospital policy, in accordance with law and regulation.			by its use and hospital polic
	Note: For hospitals that use Joint Commission accreditation for deemed status			Note: For hospitals that use
	purposes: Medical records are retained in their original or legally reproduced form for			purposes: Medical records a
	at least five years. This includes nuclear medicine reports; radiological reports,			at least five years. This inclu
	printouts, films, scans; and other applicable image records.			printouts, films, and scans;
	CoPs: §482.24(b), §482.24(b)(1), §482.26(d)(2), §482.26(d)(2)(i), §482.26(d)(2)(ii),			CoPs: §482.24(b)(1), §482.24
	\$482.53(d)(1)			
RC.01.05.01, EP 8	Original medical records are not released unless the hospital is responding to law	Moved and Revised	IM.12.01.01, EP 3	The hospital develops and ir
	and regulation.			medical records. The policie
	Q - D - S400 04/(-) S400 04/(-)(0)			regulation, court orders, or
	CoPs: §482.24(b), §482.24(b)(3)			Note: Information from or co
				individuals, and the hospita
				access to or alter patient re
				CoPs: §482.24(b)(3)
RC.02.01.01, EP 1	The medical record contains the following demographic information:	Consolidation of	RC.12.01.01, EP 1	The medical record contains
10.02.01.01, 21 1	- The patient's name, address, and date of birth and the name of any legally	RC.02.01.01, EP 1;	110.12.01.01, 21 1	- Name, address, and date of
	authorized representative	RC.02.01.01, EP 25		representative
	- The patient's sex			- Sex
	- The legal status of any patient receiving behavioral health care services			- Legal status of any patient
	- The patient's communication needs, including preferred language for discussing			- Communication needs, inc
	health care			- Race and ethnicity
	Note: If the patient is a minor, is incapacitated, or has a designated advocate, the			Note: If the patient is a mind
	communication needs of the parent or legal guardian, surrogate decision-maker, or			communication needs of th
	legally authorized representative is documented in the medical record.			legally authorized represent
	CoPs: §482.61(a)(1)			
RC.02.01.01, EP 2	The medical record contains the following clinical information:	Moved and Revised	RC.12.01.01, EP 2	The medical record contains
	- The reason(s) for admission for care, treatment, and services			- Admitting diagnosis
	- The patient's initial diagnosis, diagnostic impression(s), or condition(s)			- Any emergency care, treat
	- Any findings of assessments and reassessments			arrival
	- Any allergies to food			- Any allergies to food and m
	- Any allergies to medications			- Any findings of assessmen
	- Any conclusions or impressions drawn from the patient's medical history and			- Results of all consultative
	physical examination			other staff involved in the ca
	- Any diagnoses or conditions established during the patient's course of care,			- Treatment goals, plan of ca
	treatment, and services (including complications and hospital-acquired infections).			- Documentation of complic
	For psychiatric hospitals using Joint Commission accreditation for deemed status			reactions to drugs and anes
	purposes: The diagnosis includes intercurrent diseases (diseases that occur during			- All practitioners' orders

§482.24(c)(4)(i)(B) n of author identification and record maintenance that e authentication and protects the security of all record

briginal or legally reproduced medical record is determined licy, in accordance with law and regulation. se Joint Commission accreditation for deemed status s are retained in their original or legally reproduced form for cludes nuclear medicine reports; radiological reports, s; and other applicable image records.

.26(d)(2), §482.26(d)(2)(i), §482.26(d)(2)(ii), §482.53(d)(1)

implements policies and procedures for the release of cies and procedures are in accordance with law and r subpoenas.

copies of records may be released only to authorized tal makes certain that unauthorized individuals cannot gain records.

ins the following demographic information for the patient: e of birth and the name of any legally authorized

nt receiving behavioral health care services including preferred language for discussing health care

nor, is incapacitated, or has a designated advocate, the the parent or legal guardian, surrogate decision-maker, or ntative are documented in the medical record.

ins the following clinical information:

atment, and services provided to the patient before their

l medications

ents and reassessments

e evaluations of the patient and findings by clinical and care of the patient

care, and revisions to the plan of care

lications, health care–acquired infections, and adverse esthesia

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	the course of another disease; for example, a patient with AIDS may develop an			- Nursing notes, reports of t
	intercurrent bout of pneumonia) and the psychiatric diagnoses.			information necessary to m
	- Any consultation reports			- Medication records, inclue
	- Any observations relevant to care, treatment, and services			administration, access site
	- The patient's response to care, treatment, and services			administration
	- Any emergency care, treatment, and services provided to the patient before their			Note: When rapid titration of
	arrival			the urgent/emergent situati
	- Any progress notes			of documentation. For the c
	- All orders			to the Glossary.
	- Any medications ordered or prescribed			- Administration of each sel
	- Any medications administered, including the strength, dose, route, date and time of			the patient's caregiver or su
	administration			- Records of radiology and r
	Note 1: When rapid titration of a medication is necessary, the hospital defines in			reports
	policy the urgent/emergent situations in which block charting would be an			- All care, treatment, and se
	acceptable form of documentation.			- Patient's response to care
	Note 2: For the definition and a further explanation of block charting, refer to the			- Medical history and physic
	Glossary.			impressions drawn from the
	- Any access site for medication, administration devices used, and rate of			- Discharge plan and discha
	administration			- Discharge summary with o
	- Any adverse drug reactions			provisions for follow-up car
	- Treatment goals, plan of care, and revisions to the plan of care			discharge
	- Results of diagnostic and therapeutic tests and procedures			- Any diagnoses or conditio
	- Any medications dispensed or prescribed on discharge			treatment, and services
	- Discharge diagnosis			Note: Medical records are o
	- Discharge plan and discharge planning evaluation			final diagnosis.
	CoPs: §482.23(c)(3), §482.23(c)(6)(i)(E), §482.23(c)(6)(ii)(E), §482.24(c),			CoPs: §482.23(c)(6)(i)(E), §4
	§482.24(c)(4)(ii), §482.24(c)(4)(iii), §482.24(c)(4)(iv), §482.24(c)(4)(vi),			§482.24(c)(4)(iii), §482.24(c
	\$482.24(c)(4)(viii), \$482.26(d), \$482.43(a)(3), \$482.53(d), \$482.56(b)(1),			§482.24(c)(4)(viii), §482.26(
	\$482.57(b)(4), \$482.61(d), \$482.61(a), \$482.61(a)(2), \$482.61(a)(3), \$482.61(a)(4),			§482.56(b)(1), §482.57(b)(4
	§482.61(a)(5), §482.61(c)(1)(i), §482.61(c)(1)(ii), §482.61(c)(1)(iv), §482.61(c)(1)(v),			
	§482.61(c)(2)			
RC.02.01.01, EP 4	As needed to provide care, treatment, and services, the medical record contains the	Moved and Revised	RC.12.01.01, EP 3	The medical record contain
10.02.01.01, El 4	following additional information:		110.12.01.01, 21 0	or federal or state law or reg
	- Any advance directives			Note: The properly execute
	- Any advance directives - Any informed consent, when required by hospital policy			record prior to surgery, exce
	Note: The properly executed informed consent is placed in the patient's medical			
				contains documentation of
	record prior to surgery, except in emergencies. A properly executed informed consent			care, treatment, and servic
	contains documentation of a patient's mutual understanding of and agreement for			when a patient is unable to
	care, treatment, and services through written signature; electronic signature; or,			agreement by the patient or
	when a patient is unable to provide a signature, documentation of the verbal			
	agreement by the patient or surrogate decision-maker.			CoPs: §482.24(c)(4)(v), §482
	- Any records of communication with the patient, such as telephone calls or e-mail			
	- Any patient-generated information			
	CoPs: §482.24(c)(4)(v), §482.51(b)(2)			
RC.02.01.01, EP 7	For psychiatric hospitals that use Joint Commission accreditation for deemed status	Moved and Revised	RC.12.01.01, EP 4	For psychiatric hospitals th
KC.02.01.01, EP 7			,	
	purposes: Progress notes must be documented in accordance with applicable state			purposes: Progress notes a

f treatment, laboratory reports, vital signs, and other monitor the patient's condition

uding the strength, dose, route, date and time of te for medication, administration devices used, and rate of

n of a medication is necessary, the hospital defines in policy ations in which block charting would be an acceptable form e definition and a further explanation of block charting, refer

elf-administered medication, as reported by the patient (or support person where appropriate)

I nuclear medicine services, including signed interpretation

services provided to the patient

re, treatment, and services

sical examination, including any conclusions or

he information

harge planning evaluation

n outcome of hospitalization, disposition of case, and

are, including any medications dispensed or prescribed on

ions established during the patient's course of care,

e completed within 30 days following discharge, including

\$482.23(c)(6)(ii)(E), \$482.24(c), \$482.24(c)(4)(ii), (c)(4)(iv), \$482.24(c)(4)(vi), \$482.24(c)(4)(vii), 6(d), \$482.26(d)(1), \$482.43(a)(3), \$482.53(d), (4)

ins any informed consent, when required by hospital policy egulation.

ted informed consent is placed in the patient's medical accept in emergencies. A properly executed informed consent of a patient's mutual understanding of and agreement for rices through written signature; electronic signature; or, to provide a signature, documentation of the verbal or surrogate decision-maker.

82.51(b)(2)

that use Joint Commission accreditation for deemed status are documented in accordance with applicable state nd hospital policies by the following qualified practitioners:

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	<ul> <li>Doctor(s) of medicine or osteopathy or other licensed practitioner(s) who is responsible for the care of the patient</li> <li>Nurse(s)</li> </ul>			- Doctor(s) of medicine or os responsible for the care of th - Nurse(s)
	<ul> <li>Social worker(s) or social service staff involved in the care of the patient</li> <li>When appropriate, others significantly involved in the patient's active treatment</li> </ul>			- Social worker(s) or social s - When appropriate, others
	modalities			modalities
	The frequency of progress notes is determined by the condition of the patient but must be recorded at least weekly for the first 2 months and at least once a month thereafter, and must contain recommendations for revisions in the treatment plan as indicated as well as a precise assessment of the patient's progress in accordance with the original or revised treatment plan.			The patient's condition dete recorded at least weekly for The progress notes must co plan as indicated, as well as accordance with the origina
	CoPs: §482.61( d), §482.61(d )			CoPs: §482.61(d)
RC.02.01.01, EP 18	<ul> <li>The medical record of a patient who receives urgent or immediate care, treatment, and services contains all of the following:</li> <li>The time and means of arrival</li> <li>Indication that the patient left against medical advice, when applicable</li> <li>Conclusions reached at the termination of care, treatment, and services, including the patient's final disposition, condition, and instructions given for follow-up care, treatment, and services</li> <li>A copy of any information made available to the provider providing follow-up care, treatment, or services</li> </ul>	Moved and Revised	RC.11.01.01, EP 3	The medical record of a pati and services contains all of - Time and means of arrival - Indication that the patient - Conclusions reached at the the patient's final disposition treatment, and services - A copy of any information r treatment, or services
RC.02.01.01, EP 25	The medical record contains the patient's race and ethnicity.	Consolidation of RC.02.01.01, EP 1; RC.02.01.01, EP 25	RC.12.01.01, EP 1	The medical record contains - Name, address, and date of representative - Sex - Legal status of any patient - Communication needs, ind - Race and ethnicity Note: If the patient is a minor communication needs of the legally authorized represent
RC.02.01.01, EP 26	For hospitals that elect The Joint Commission Primary Care Medical Home option: The medical record includes the patient's self-management goals and the patient's progress toward achieving those goals. (Refer to PC.01.03.01, EP 44)	Moved and Revised	RC.11.01.01, EP 9	For hospitals that elect The The medical record includes toward achieving those goal
RC.02.01.03, EP 1	The hospital documents in the patient's medical record any operative or other high- risk procedure and/or the administration of moderate or deep sedation or anesthesia.	Deleted EP - Replaced with more direct EP(s) or moved to guidance	N/A	N/A
RC.02.01.03, EP 2	CoPs: §482.52(b)(2) A physician or other licensed practitioner involved in the patient's care documents the provisional diagnosis in the medical record before an operative or other high-risk procedure is performed.	within SPG Consolidation of RC.02.01.03, EP 2; RC.02.01.03, EP 5;	RC.12.01.03, EP 2	An operative report is written the surgeon. The report inclu - Name and hospital identifi
	CoPs: §482.51(b)(6)	RC.02.01.03, EP 6; RC.02.01.03, EP 7; RC.02.01.03, EP 8; RC.02.01.03, EP 11		<ul> <li>Date and times of the surger</li> <li>Name(s) of the surgeon(s) surgical tasks (even when per description of the specific s practitioners other than the procedures include opening</li> </ul>

osteopathy or other licensed practitioner(s) who is f the patient

l service staff involved in the care of the patient is significantly involved in the patient's active treatment

etermines the frequency of progress notes, but they must be or the first 2 months and at least once a month thereafter. contain recommendations for revisions in the treatment as a precise assessment of the patient's progress in nal or revised treatment plan.

atient who receives urgent or immediate care, treatment, of the following:

nt left against medical advice, when applicable

the termination of care, treatment, and services, including ion, condition, and instructions given for follow-up care,

n made available to the provider furnishing follow-up care,

ins the following demographic information for the patient: e of birth and the name of any legally authorized

nt receiving behavioral health care services including preferred language for discussing health care

nor, is incapacitated, or has a designated advocate, the the parent or legal guardian, surrogate decision-maker, or ntative are documented in the medical record.

e Joint Commission Primary Care Medical Home option: les the patient's self-management goals and their progress pals. (Refer to PC.11.03.01, EP 7)

ten or dictated immediately following surgery and signed by cludes the following:

tification number of the patient

rgery

s) and assistants or other practitioners who performed

performing those tasks under supervision) and a

significant surgical tasks that were conducted by

ne primary surgeon/practitioner (significant surgical

ng and closing, harvesting grafts, dissecting tissue,

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
RC.02.01.03, EP 3	The patient's medical history and physical examination are recorded in the medical record before an operative or other high-risk procedure is performed.	Consolidation of RC.01.03.01, EP 3;	RC.12.01.01, EP 6	removing tissue, implanting - Preoperative and postope - Name of the specific surg - Type of anesthesia admin - Complications, if any - Description of techniques - Prosthetic devices, grafts, - Any estimated blood loss Note 1: The exception to th risk procedure progress nor case the full report can be v hospital. Note 2: If the physician or c high-risk procedure accom unit or area of care, the rep care. CoPs: §482.51(b)(6) The medical history and ph physical examination are p
	CoPs: §482.24(c)(4)(i)(A)	RC.02.01.03, EP 3; RC.02.01.03, EP 5; RC.02.01.03, EP 7		admission or registration, b services.
RC.02.01.03, EP 5	<ul> <li>An operative or other high-risk procedure report is 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.</li> <li>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.</li> <li>Note 2: If the physician or other licensed practitioner 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.</li> <li>CoPs: \$482.51(b)(6)</li> </ul>	Split to RC.12.01.01, EP 6; RC.12.01.03, EP 2	RC.12.01.01, EP 6	CoPs: §482.24(c)(4)(i)(A), §4 The medical history and phy physical examination are pl admission or registration, b services. CoPs: §482.24(c)(4)(i)(A), §4
RC.02.01.03, EP 5	An operative or other high-risk procedure report is 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 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.	Split to RC.12.01.01, EP 6; RC.12.01.03, EP 2	RC.12.01.03, EP 2	An operative report is writter the surgeon. The report incl - Name and hospital identif - Date and times of the surgeon(s) surgical tasks (even when p description of the specific s practitioners other than the procedures include opening removing tissue, implanting - Preoperative and postope - Name of the specific surgi

ng devices, altering tissues) perative diagnosis rgical procedure(s) performed nistered

es, findings, and tissues removed or altered s, tissues, transplants, or devices implanted, if any s

this requirement occurs when an operative or other highnote is written immediately after the procedure, in which e written or dictated within a time frame defined by the

other licensed practitioner performing the operation or mpanies the patient from the operating room to the next port can be written or dictated in the new unit or area of

physical examination or updates to the medical history and placed in the patient's medical record within 24 hours after , but prior to surgery or a procedure requiring anesthesia

## §482.24(c)(4)(i)(B)

physical examination or updates to the medical history and placed in the patient's medical record within 24 hours after , but prior to surgery or a procedure requiring anesthesia

§482.24(c)(4)(i)(B)

tten or dictated immediately following surgery and signed by includes the following:

tification number of the patient

rgery

s) and assistants or other practitioners who performed performing those tasks under supervision) and a c significant surgical tasks that were conducted by

ne primary surgeon/practitioner (significant surgical

ing and closing, harvesting grafts, dissecting tissue,

ng devices, altering tissues)

erative diagnosis

gical procedure(s) performed

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.51(b)(6)			<ul> <li>Type of anesthesia administered</li> <li>Complications, if any</li> <li>Description of techniques, findings, and tiss</li> <li>Prosthetic devices, grafts, tissues, transplander</li> <li>Any estimated blood loss</li> <li>Note 1: The exception to this requirement occur isk procedure progress note is written immediate case the full report can be written or dictated hospital.</li> <li>Note 2: If the physician or other licensed practing high-risk procedure accompanies the patient unit or area of care, the report can be written is written is written in the patient care.</li> </ul>
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 CoPs: \$482.51(b)(6)	Consolidation of RC.02.01.03, EP 2; RC.02.01.03, EP 5; RC.02.01.03, EP 6; RC.02.01.03, EP 7; RC.02.01.03, EP 8; RC.02.01.03, EP 11	RC.12.01.03, EP 2	CoPs: \$482.51(b)(6)An operative report is written or dictated imm the surgeon. The report includes the following - Name and hospital identification number of - Date and times of the surgery - Name(s) of the surgeon(s) and assistants or surgical tasks (even when performing those ta description of the specific significant surgical practitioners other than the primary surgeon/p procedures include opening and closing, harver removing tissue, implanting devices, altering to - Preoperative and postoperative diagnosis - Name of the specific surgical procedure(s) p - Type of anesthesia administered - Complications, if any - Description of techniques, findings, and tiss - Prosthetic devices, grafts, tissues, transplan - Any estimated blood loss Note 1: The exception to this requirement occ risk procedure progress note is written immedicase the full report can be written or dictated hospital. Note 2: If the physician or other licensed prace high-risk procedure accompanies the patient unit or area of care, the report can be written or care.CoPs: \$482.51(b)(6)
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.	Split to RC.12.01.01, EP 6; RC.12.01.03, EP 2	RC.12.01.01, EP 6	The medical history and physical examination physical examination are placed in the patien admission or registration, but prior to surgery services. CoPs: §482.24(c)(4)(i)(A), §482.24(c)(4)(i)(B)

#### nistered

es, findings, and tissues removed or altered s, tissues, transplants, or devices implanted, if any s

his requirement occurs when an operative or other highote is written immediately after the procedure, in which e written or dictated within a time frame defined by the

other licensed practitioner performing the operation or mpanies the patient from the operating room to the next port can be written or dictated in the new unit or area of

ten or dictated immediately following surgery and signed by cludes the following:

- tification number of the patient
- rgery

s) and assistants or other practitioners who performed performing those tasks under supervision) and a significant surgical tasks that were conducted by ne primary surgeon/practitioner (significant surgical

- ng and closing, harvesting grafts, dissecting tissue,
- ng devices, altering tissues)
- erative diagnosis
- gical procedure(s) performed
- nistered

es, findings, and tissues removed or altered s, tissues, transplants, or devices implanted, if any s

his requirement occurs when an operative or other highote is written immediately after the procedure, in which e written or dictated within a time frame defined by the

other licensed practitioner performing the operation or mpanies the patient from the operating room to the next port can be written or dictated in the new unit or area of

hysical examination or updates to the medical history and placed in the patient's medical record within 24 hours after but prior to surgery or a procedure requiring anesthesia

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.51(b)(6)			
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.         CoPs: \$482.51(b)(6)	Split to RC.12.01.01, EP 6; RC.12.01.03, EP 2	RC.12.01.03, EP 2	An operative report is writte the surgeon. The report incl - Name and hospital identifi - Date and times of the surg - Name(s) of the surgeon(s) surgical tasks (even when p description of the specific s practitioners other than the procedures include opening removing tissue, implanting - Preoperative and postoper - Name of the specific surgi - Type of anesthesia admini - Complications, if any - Description of techniques, - Prosthetic devices, grafts, - Any estimated blood loss Note 1: The exception to thi risk procedure progress not case the full report can be v hospital. Note 2: If the physician or or high-risk procedure accomp unit or area of care, the repor
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 components - Any unanticipated events or complications (including blood transfusion reactions) and the management of those events CoPs: §482.24(c)(4)(iv), §482.51(b)(6)	Consolidation of RC.02.01.03, EP 2; RC.02.01.03, EP 5; RC.02.01.03, EP 6; RC.02.01.03, EP 7; RC.02.01.03, EP 8; RC.02.01.03, EP 11	RC.12.01.03, EP 2	CoPs: §482.51(b)(6) An operative report is writte the surgeon. The report incl - Name and hospital identif - Date and times of the surg - Name(s) of the surgeon(s) surgical tasks (even when p description of the specific s practitioners other than the procedures include opening removing tissue, implanting - Preoperative and postoper - Name of the specific surgi - Type of anesthesia admini - Complications, if any - Description of techniques - Prosthetic devices, grafts, - Any estimated blood loss Note 1: The exception to thi risk procedure progress not case the full report can be v

ten or dictated immediately following surgery and signed by cludes the following:

- tification number of the patient
- rgery

s) and assistants or other practitioners who performed performing those tasks under supervision) and a c significant surgical tasks that were conducted by ne primary surgeon/practitioner (significant surgical ing and closing, harvesting grafts, dissecting tissue,

- ng devices, altering tissues)
- erative diagnosis
- rgical procedure(s) performed
- nistered

es, findings, and tissues removed or altered s, tissues, transplants, or devices implanted, if any s

his requirement occurs when an operative or other highote is written immediately after the procedure, in which written or dictated within a time frame defined by the

other licensed practitioner performing the operation or mpanies the patient from the operating room to the next port can be written or dictated in the new unit or area of

ten or dictated immediately following surgery and signed by cludes the following:

- tification number of the patient
- rgery

s) and assistants or other practitioners who performed performing those tasks under supervision) and a significant surgical tasks that were conducted by

ne primary surgeon/practitioner (significant surgical

- ng and closing, harvesting grafts, dissecting tissue,
- ng devices, altering tissues)
- erative diagnosis
- gical procedure(s) performed
- nistered

es, findings, and tissues removed or altered s, tissues, transplants, or devices implanted, if any s

his requirement occurs when an operative or other highote is written immediately after the procedure, in which written or dictated within a time frame defined by the

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				hospital. Note 2: If the physician or of high-risk procedure accomp unit or area of care, the repo care.
RC.02.01.03, EP 9	The medical record contains documentation that the patient was discharged from the post-sedation or postanesthesia care area either by the physician or other licensed practitioner responsible for the patient's care or according to discharge criteria.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	CoPs: §482.51(b)(6) N/A
RC.02.01.03, EP 10	The medical record contains documentation of the use of approved discharge criteria that determine the patient's readiness for discharge.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
RC.02.01.03, EP 11	The postoperative documentation contains the name of the physician or other licensed practitioner responsible for discharge. CoPs: \$482.51(b)(6)	Consolidation of RC.02.01.03, EP 2; RC.02.01.03, EP 5; RC.02.01.03, EP 6; RC.02.01.03, EP 7; RC.02.01.03, EP 8; RC.02.01.03, EP 11	RC.12.01.03, EP 2	An operative report is writter the surgeon. The report incle - Name and hospital identifie - Date and times of the surge - Name(s) of the surgeon(s) surgical tasks (even when p description of the specific se practitioners other than the procedures include opening removing tissue, implanting - Preoperative and postoper - Name of the specific surgi - Type of anesthesia adminis - Complications, if any - Description of techniques, - Prosthetic devices, grafts, - Any estimated blood loss Note 1: The exception to this risk procedure progress not case the full report can be w hospital. Note 2: If the physician or of high-risk procedure accomp unit or area of care, the repor care. CoPs: §482.51(b)(6)
RC.02.01.03, EP 15	<ul> <li>For hospitals that use Joint Commission accreditation for deemed status purposes:</li> <li>The hospital has a complete and up-to-date operating room register that includes the following:</li> <li>Patient's name</li> <li>Patient's hospital identification number</li> </ul>	Moved and Revised	RC.12.01.03, EP 1	The hospital has a complete record that includes the foll - Patient's name - Patient's hospital identifica - Date of operation

other licensed practitioner performing the operation or mpanies the patient from the operating room to the next port can be written or dictated in the new unit or area of

ten or dictated immediately following surgery and signed by cludes the following:

- tification number of the patient
- rgery
- s) and assistants or other practitioners who performed performing those tasks under supervision) and a
- significant surgical tasks that were conducted by
- ne primary surgeon/practitioner (significant surgical
- ing and closing, harvesting grafts, dissecting tissue,
- ng devices, altering tissues)
- erative diagnosis
- gical procedure(s) performed
- nistered

es, findings, and tissues removed or altered s, tissues, transplants, or devices implanted, if any s

his requirement occurs when an operative or other highote is written immediately after the procedure, in which written or dictated within a time frame defined by the

other licensed practitioner performing the operation or mpanies the patient from the operating room to the next port can be written or dictated in the new unit or area of

ete and up-to-date operating room register or equivalent ollowing:

ication number

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Date of operation			- Inclusive or total time of o
	- Inclusive or total time of operation			- Name of surgeon and any
	- Name of surgeon and any assistants			- Name of nursing staff
	- Name of nursing personnel			- Type of anesthesia used a
	- Type of anesthesia used and name of person administering it			- Operation performed
	- Operation performed			- Pre- and postoperative dia
	- Pre- and postoperative diagnosis			- Age of patient
	- Age of patient			
	Note: A postoperative summary may be considered equivalent if all items listed in			CoPs: §482.51(b)(5)
	this element of performance are included.			
	CoPs: §482.51(b)(5)			
RC.02.03.07, EP 1	The hospital identifies, in writing, the staff who are authorized to receive and record	Deleted EP -	N/A	N/A
	verbal orders, in accordance with law and regulation.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.23(c)(3)(ii)	moved to guidance		
		within SPG		
RC.02.03.07, EP 2	Only authorized staff receive and record verbal orders.	Moved and Revised	RC.12.02.01, EP 1	Only staff authorized by hos
· · · · · ,			,	state law accept and record
	CoPs: §482.23(c)(3)(ii)			
				CoPs: §482.23(c)(3)(ii)
RC.02.03.07, EP 3	Documentation of verbal orders includes the date and the names of individuals who	Deleted EP -	N/A	N/A
,	gave, received, recorded, and implemented the orders.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.23(c)(3)(ii), §482.24(c)(2)	moved to guidance		
		within SPG		
RC.02.03.07, EP 4	Verbal orders are authenticated within the time frame specified by law and	Deleted EP -	N/A	N/A
,	regulation.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.23(c)(3), §482.23(c)(3)(ii), §482.24(c)(2)	moved to guidance		
		within SPG		
RC.02.03.07, EP 6	For hospitals that use Joint Commission accreditation for deemed status purposes:	Deleted EP -	N/A	N/A
,	Documentation of verbal orders includes the time the verbal order was received.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.23(c)(3)(ii), §482.24(c)(2)	moved to guidance		
		within SPG		
RC.02.04.01, EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes	Moved and Revised	RC.12.03.01, EP 1	For hospitals that use Joint
	and have swing beds: Documentation in the medical record includes discharge			and have swing beds: Docu
	information provided to the resident and/or to the receiving organization. There is			information provided to the
	documentation in the resident's medical record by the resident's physician when the			documents in the resident's
	resident is transferred or discharged, either when the transfer is due to the resident			discharged because the sat
	improving and no longer needing long term care services or when the resident's			The resident's physician do
	needs cannot be met in the hospital's swing bed. There is documentation in the			the resident improving and
	resident's medical record by a physician when the resident is being transferred or			transfer is due to the reside
	discharged because the safety of other residents would otherwise be endangered.			hospital's swing bed.
	CoPs: §482.58(b)(2), §483.15(c)(2), §483.15(c)(2)(ii)(A), §483.15(c)(2)(ii)(B),			CoPs: §482.58(b)(2), §483.1
	\$483.21(c)(2)(i), \$483.21(c)(2)(ii), \$483.21(c)(2)(iii), \$483.21(c)(2)(iv)	1		<u> </u>

operation y assistants

and name of person administering it

liagnosis

ospital policies and procedures consistent with federal and ord verbal orders.

nt Commission accreditation for deemed status purposes cumentation in the medical record includes discharge he resident and/or to the receiving organization. A physician ht's medical record when the resident is being transferred or safety of other residents would otherwise be endangered. documents in the medical record when the transfer is due to hd no longer needing long term care services or when the dent's welfare and resident's needs cannot be met in the

8.15(c)(2), §483.15(c)(2)(ii)(A), §483.15(c)(2)(ii)(B)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
RC.02.04.01, EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes	Moved and Revised	RC.12.03.01, EP 2	For hospitals that use Joint
	and have swing beds: The resident's discharge information includes the following:			and have swing beds: The re
	- The reason for transfer, discharge, or referral			- Reason for transfer, discha
	- Treatment provided, diet, medication orders, and orders for the resident's			- Treatment provided, diet, r
	immediate care			immediate care
	- Referrals provided to the resident, the referring physician's or other licensed			- Referrals provided to the r
	practitioner's name, and the name of the physician or other licensed practitioner			practitioner's name, and th
	who has agreed to be responsible for the resident's medical care and treatment, if			who has agreed to be respo
	this person is someone other than the referring physician or other licensed			this person is someone oth
	practitioner			practitioner
	- Medical findings and diagnoses; a summary of the care, treatment, and services			- Medical findings and diag
	provided; and progress reached toward goals			provided; and progress read
	- Information about the resident's behavior, ambulation, nutrition, physical status,			- Information about the resi
	psychosocial status, and potential for rehabilitation			psychosocial status, and po
	- Nursing information that is useful in the resident's care			- Nursing information that is
	- Any advance directives			- Any advance directives
	- Instructions given to the resident before discharge			- Instructions given to the re
	CoPs: §482.58(b)(2), §483.15(c)(2), §483.15(c)(2)(i)(A), §483.15(c)(2)(i)(B),			CoPs: §482.58(b)(2), §483.1
	\$483.21(c)(2)(i), \$483.21(c)(2)(ii), \$483.21(c)(2)(iii), \$483.21(c)(2)(iv)			0010.0402.00(5)(2), 0400.1
RC.02.04.01, EP 3	In order to provide information to other caregivers and facilitate the patient's	Split to RC.11.01.01,	RC.11.01.01, EP 6	For psychiatric hospitals the
110.02.04.01, 21.0	continuity of care, the medical record contains a concise discharge summary that	EP 6; RC.12.03.01,		purposes: The medical reco
	includes the following:	EP 5		- History of findings and trea
	- The reason for hospitalization			the patient is hospitalized
	- The procedures performed			- Identification data, includ
	- The care, treatment, and services provided			- Provisional or admitting di
	- The patient's condition and disposition at discharge			includes the diagnoses of ir
	- Information provided to the patient and family			- Reasons for admission, as
	- Provisions for follow-up care			- Social service records, inc
	Note 1: A discharge summary is not required when a patient is seen for minor			members, and others; an as
	problems or interventions, as defined by the medical staff. In this instance, a final			community resource conta
	progress note may be substituted for the discharge summary provided the note			-
				- When indicated, record of
	contains the outcome of hospitalization, disposition of the case, and provisions for			time of the admission physic
	follow-up care.			- Documentation of treatme
	Note 2: When a patient is transferred to a different level of care within the hospital,			- Discharge summary of the
	and caregivers change, a transfer summary may be substituted for the discharge			from appropriate services of
	summary. If the caregivers do not change, a progress note may be used.			summary of the patient's co
	Note 3: For psychiatric hospitals that use Joint Commission accreditation for			
	deemed status purposes: The record of each patient discharged needs to include a			CoPs: §482.61(a), §482.61(a)
	discharge summary with the above information. The exceptions in Notes 1 and 2 are			\$482.61(a)(5), \$482.61(c)(2)
	not applicable. All patients discharged need to have a discharge summary.			
	$C_{2}$ Dev S400 04(a)(4)() S400 C1(a) S400 C1(a) S400 C1(a) S400 01(a)(0)(i)			
	CoPs: $\$482.24(c)(4)(vii)$ , $\$482.61(e)$ , $\$482.61(e)$ , $\$482.61(e)$ , $\$483.21(c)(2)(i)$ , \$482.21(c)(2)(ii), $$482.21(c)(2)(iii)$ , $$482.21(c)(2)(ii)$			
	\$483.21(c)(2)(ii), \$483.21(c)(2)(iii), \$483.21(c)(2)(iv)	Colitto DO 11 01 01		For boonitals that was laint
RC.02.04.01, EP 3	In order to provide information to other caregivers and facilitate the patient's	Split to RC.11.01.01,	RC.12.03.01, EP 5	For hospitals that use Joint
	continuity of care, the medical record contains a concise discharge summary that	EP 6; RC.12.03.01,		and have swing beds: Wher
	includes the following:	EP 5		discharge summary include
	- The reason for hospitalization			- A summary of the resident
	- The procedures performed			diagnosis, course of illness

nt Commission accreditation for deemed status purposes resident's discharge information includes the following: harge, or referral

, medication orders, and orders for the resident's

e resident, the referring physician's or other licensed the name of the physician or other licensed practitioner consible for the resident's medical care and treatment, if ther than the referring physician or other licensed

gnoses; a summary of the care, treatment, and services ached toward goals

- sident's behavior, ambulation, nutrition, physical status,
- potential for rehabilitation
- is useful in the resident's care

resident before discharge

8.15(c)(2)(i)(A)

that use Joint Commission accreditation for deemed status cord contains the following information: reatment provided for the psychiatric condition for which

ding the patient's legal status

diagnosis for the patient at the time of admission that intercurrent diseases as well as the psychiatric diagnoses as stated by the patient and/or others significantly involved ncluding reports of interviews with patients, family assessment of home plans, family attitudes, and tacts; and a social history

of a complete neurological examination, recorded at the /sical examination

nent received, including all active therapeutic efforts ne patient's hospitalization that includes recommendations concerning follow-up or aftercare, as well as a brief condition on discharge

1(a)(1), §482.61(a)(2), §482.61(a)(3), §482.61(a)(4), (2), §482.61(e)

at Commission accreditation for deemed status purposes en the hospital anticipates the discharge of a resident, the des but is not limited to the following: nt's stay that includes at a minimum the resident's ss/treatment or therapy, and pertinent laboratory, radiology,

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- The care, treatment, and services provided			and consultation results
	- The patient's condition and disposition at discharge			- A final summary of the res
	- Information provided to the patient and family			the time of the discharge th
	- Provisions for follow-up care			agencies, with the consent
	Note 1: A discharge summary is not required when a patient is seen for minor			- Reconciliation of all predis
	problems or interventions, as defined by the medical staff. In this instance, a final			medications (both prescrib
	progress note may be substituted for the discharge summary provided the note			- A postdischarge plan of ca
	contains the outcome of hospitalization, disposition of the case, and provisions for			new living environment, tha
	follow-up care.			with the resident's consent,
	Note 2: When a patient is transferred to a different level of care within the hospital,			care indicates where the ind
	and caregivers change, a transfer summary may be substituted for the discharge			made for the resident's follo
	summary. If the caregivers do not change, a progress note may be used.			nonmedical services
	Note 3: For psychiatric hospitals that use Joint Commission accreditation for			
	deemed status purposes: The record of each patient discharged needs to include a			CoPs: §482.58(b)(5), §483.2
	discharge summary with the above information. The exceptions in Notes 1 and 2 are			§483.21(c)(2)(iv)
	not applicable. All patients discharged need to have a discharge summary.			
	CoPs: §482.24(c)(4)(vii), §482.61(e), §482.61(e), §482.61(e), §483.21(c)(2)(i),			
	\$483.21(c)(2)(ii), \$483.21(c)(2)(iii), \$483.21(c)(2)(iv)			
N/A	N/A	New, more-direct EP	RC.11.01.01, EP 5	For psychiatric hospitals that
		for CoP requirement		purposes: The psychiatric h
				determine the degree and ir
				CoPs: §482.60(c), §482.61
N/A	N/A	New, more-direct EP	RC.12.01.01, EP 7	An assessment of the patier
		for CoP requirement		as described in 42 CFR 482.
				after registration, but prior t
				when the following conditio
				- The patient is receiving spe
				- The medical staff has chos
				accordance with the require
				requiring a comprehensive r
				to it, prior to specific outpat
				CoPs: §482.24(c)(4)(i)(C)
N/A	N/A	New, more-direct EP	RC.12.03.01, EP 3	For hospitals that use Joint (
		for CoP requirement		and have swing beds: When
				hospital cannot meet their r
				met, the hospital's attempts
				at the receiving organization
				CoPs: §482.58(b)(2), §483.1
N/A	N/A	New, more-direct EP	RC.12.03.01, EP 4	For hospitals that use Joint
		for CoP requirement		and have swing beds: The h
				in the resident's medical rec
				CoPs: §482.58(b)(2), §483.1
RI.01.01.01, EP 1	The hospital has written policies on patient rights.	Moved and Revised	RI.11.01.01, EP 1	The hospital develops and in
. ,	Note: For hospitals that use Joint Commission accreditation for deemed status			patient rights.

esident's status to include items in 42 CFR 483.20 (b)(1) at that is available for release to authorized persons and at of the resident or resident's representative.

discharge medications with the resident's postdischarge bed and over-the-counter).

care, which will assist the resident to adjust to his or her nat is developed with the participation of the resident and, nt, the resident representative(s). The postdischarge plan of ndividual plans to reside, any arrangements that have been llow up care, and any postdischarge medical and

.21(c)(2)(i), §483.21(c)(2)(ii), §483.21(c)(2)(iii),

hat use Joint Commission accreditation for deemed status hospital maintains clinical records on all patients to intensity of treatments, as specified in 42 CFR 482.61.

ient (in lieu of a medical history and physical examination 32.24(c)(4)(i)(A) and (B)) is completed and documented r to surgery or a procedure requiring anesthesia services, ions are met:

pecific outpatient surgical or procedural services. osen to develop and maintain a policy that identifies, in irements at \$482.22(c)(5)(v), specific patients as not e medical history and physical examination, or any update atient surgical or procedural services.

It Commission accreditation for deemed status purposes en the resident is transferred or discharged because the r needs, the hospital documents which needs could not be ots to meet the resident's needs, and the services available on that will meet the resident's needs.

# .15(c)(2)(i)(B)

t Commission accreditation for deemed status purposes hospital records the reasons for the transfer or discharge record in accordance with 42 CFR 483.15(c)(2).

# .15(c)(3)(ii)

implements written policies to protect and promote

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	purposes: The hospital's written policies address procedures regarding patient visitation rights, including any clinically necessary or reasonable restrictions or limitations.			CoPs: §482.13, §482.58(b)(1
	CoPs: §482.13, §482.13(a)(1), §482.13(h), §482.58(b)(1), §483.10(b)(7), §483.10(b)(7)(i), §483.10(b)(7)(ii), §483.10(h)(3), §483.10(h)(3)(i)			
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.	Moved and Revised	RI.11.01.01, EP 2	The hospital informs each p (as allowed, under state law discontinuing patient care w CoPs: §482.13(a)(1)
	CoPs: §482.13, §482.13(a)(1), §482.13(h)(1), §482.13(h)(2), §482.58(b)(1), §483.10(c)(1)			
RI.01.01.01, EP 4	The hospital treats the patient in a dignified and respectful manner that supports the patient's dignity.	Moved and Revised	RI.11.01.01, EP 3	The patient has the right to r CoPs: §482.13(c)(2)
	CoPs: \$482.13, \$482.13(c)(2)			
RI.01.01.01, EP 5	The hospital respects the patient's right to and need for effective communication. CoPs: §482.13(b)(4), §482.58(b)(1), §482.58(b)(2), §483.10(c)(1), §483.15(c)(3)(i), §483.15(c)(3)(iii)	Moved and Revised	NPG.07.01.01, EP 1	The hospital respects the pa
RI.01.01.01, EP 6	The hospital respects the patient's cultural and personal values, beliefs, and preferences.	Moved	NPG.07.04.01, EP 1	The hospital respects the paper preferences.
	CoPs: §482.58(b)(1), §483.10(b)(7)(ii)			
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. CoPs: §482.13(c)(1), §482.58(b)(1), §483.10(g)(8)(i), §483.10(h), §483.10(h)(1), §483.10(h)(2)	Moved and Revised	RI.11.01.01, EP 5	The hospital respects the part Note 1: This element of perf EPs addressing the privacy of IM.12.01.01. Note 2: For hospitals that us purposes and have swing be medical treatment, written a and meetings of family and provide a private room for ea
				CoPs: §482.13(c)(1), §482.5
RI.01.01.01, EP 9	The hospital accommodates the patient's right to religious and other spiritual services.	Moved	NPG.07.04.01, EP 2	The hospital accommodates services.
RI.01.01.01, EP 10	The hospital allows the patient, through oral or written request, to access, request amendment to, and obtain information on disclosures of the patient's health information, in accordance with law and regulation. Note: For hospitals that use Joint Commission accreditation for deemed status	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A

n patient, or when appropriate, the patient's representative aw) of the patient's rights in advance of providing or e whenever possible.

o receive care in a safe setting.

patient's right to and need for effective communication.

patient's cultural and personal values, beliefs, and

patient's right to personal privacy. erformance (EP) addresses a patient's personal privacy. For y of a patient's health information, refer to Standard

use Joint Commission accreditation for deemed status beds: Personal privacy includes accommodations, n and telephone communications, personal care, visits, d resident groups, but this does not require the facility to each resident.

tes the patient's right to religious and other spiritual

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	purposes: Access to medical records, including past and current records, is in the form and format requested by the patient (including in electronic form or format when available). If electronic is unavailable, the medical record is in hard copy form or another form agreed to by the organization and patient. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these electronic or hard-copy requests within a reasonable time frame (that is, as quickly as its recordkeeping system permits).	moved to guidance within SPG		
RI.01.01.01, EP 28	CoPs: §482.13(d)(2)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.)CoPs: §482.13(h)(2), §482.13(h)(4)	Moved and Revised	RI.11.01.01, EP 7	The hospital develops and ir rights. Visitation rights inclu including but not limited to a domestic partner), another t to withdraw or deny consent Note 1: For hospitals that us purposes: The hospital's wri limitations that are clinically visitation rights and the reas Note 2: For hospitals that us purposes: The hospital infor the patient's visitation rights rights.
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.CoPs: §482.13(h)(3)	Moved and Revised	RI.11.01.01, EP 4	CoPs: §482.13(h), §482.13(h) The hospital prohibits discri language, physical or menta orientation, and gender ider Note: This includes prohibiti otherwise denying visitation equal visitation privileges co
RI.01.01.01, EP 37	The hospital considers patients' privacy and complies with law and regulation when making and using recordings, films, or other images of patients. Note: The term "recordings, films, or other images" refers to photographic, video, digital, electronic, or audio media.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	CoPs: §482.13(h)(3), §482.13 N/A
RI.01.01.03, EP 1	The hospital provides information in a manner tailored to the patient's age, language, and ability to understand.CoPs: §482.13(a)(2)(i), §482.58(b)(1), §482.58(b)(2), §483.10(c)(1), §483.15(c)(3)(i), §483.15(c)(3)(iii)	Moved and Revised	RI.11.02.01, EP 1	The hospital provides inform health status, in a manner ta understand. Note: The hospital commun treatment, and services in a communication needs.
RI.01.01.03, EP 2	The hospital provides language interpreting and translation services.Note: Language interpreting options may include hospital-employed languageinterpreters, contract interpreting services, or trained bilingual staff. These options	Moved and Revised	NPG.07.01.01, EP 2	CoPs: §482.58(b)(1), §483.1 The hospital provides interp Note: For hospitals that elec option: Language interpretir

d implements policies and procedures for patient visitation clude the right to receive visitors designated by the patient, to a spouse, a domestic partner (including a same-sex er family member, or a friend. The patient also has the right ent for visitors at any time.

use Joint Commission accreditation for deemed status written policies and procedures include any restrictions or ally necessary or reasonable that need to be placed on easons for the restriction or limitation.

use Joint Commission accreditation for deemed status forms the patient (or support person, where appropriate) of nts, including any clinical restriction or limitation on such

# B(h)(1), §482.13(h)(2)

crimination based on age, race, ethnicity, religion, culture, ntal disability, socioeconomic status, sex, sexual lentity or expression.

biting discrimination through restricting, limiting, or on privileges. The hospital allows all visitors to have full and consistent with patient preferences.

.13(h)(4)

rmation, including but not limited to the patient's total r tailored to the patient's age, language, and ability to

unicates with the patient during the provision of care, a manner that meets the patient's oral and written

.10(c)(1)

rpreting and translation services, as necessary. lect The Joint Commission Primary Care Medical Home ting options may include trained bilingual staff, contract

y be provided in person or via telephone or video. The hospital determines which nslated documents and languages are needed based on its patient population. e hospital provides information to the patient who has vision, speech, hearing, or gnitive impairments in a manner that meets the patient's needs. Ps: §482.13(b)(2), §482.58(b)(1), §483.10(c)(1) e hospital involves the patient in making decisions about their care, treatment, d services, including the right to have the patient's family and physician or other ensed practitioner promptly notified of their admission to or discharge or transfer m the hospital. te 1: For hospitals that use Joint Commission accreditation for deemed status rposes: The patient is informed, prior to the notification occurring, of any process automatically notify the patient's established primary care practitioner, primary re practice group/entity, or other practitioner group/entity, as well as all applicable st-acute care services providers and suppliers. The hospital has a process for cumenting a patient's refusal to permit notification of registration to the	Moved and Revised Split to RI.12.01.01, EP 1; RI.12.01.01, EP 2; RI.12.01.01, EP 3; RI.12.01.01, EP 4	NPG.07.01.01, EP 3 RI.12.01.01, EP 1	interpreting services, or emprovided in person or via tellanguages into which they a home's patient population. The hospital communicates cognitive impairments in a respective impairment or their represent right to make informed decisibeing informed of their health
gnitive impairments in a manner that meets the patient's needs. Ps: §482.13(b)(2), §482.58(b)(1), §483.10(c)(1) e hospital involves the patient in making decisions about their care, treatment, d services, including the right to have the patient's family and physician or other ensed practitioner promptly notified of their admission to or discharge or transfer m the hospital. te 1: For hospitals that use Joint Commission accreditation for deemed status rposes: The patient is informed, prior to the notification occurring, of any process automatically notify the patient's established primary care practitioner, primary re practice group/entity, or other practitioner group/entity, as well as all applicable st–acute care services providers and suppliers. The hospital has a process for cumenting a patient's refusal to permit notification of registration to the	Split to RI.12.01.01, EP 1; RI.12.01.01, EP 2; RI.12.01.01, EP 3; RI.12.01.01,		cognitive impairments in a r The patient or their represer right to make informed deci
e hospital involves the patient in making decisions about their care, treatment, d services, including the right to have the patient's family and physician or other ensed practitioner promptly notified of their admission to or discharge or transfer m the hospital. te 1: For hospitals that use Joint Commission accreditation for deemed status rposes: The patient is informed, prior to the notification occurring, of any process automatically notify the patient's established primary care practitioner, primary re practice group/entity, or other practitioner group/entity, as well as all applicable st–acute care services providers and suppliers. The hospital has a process for cumenting a patient's refusal to permit notification of registration to the	EP 1; RI.12.01.01, EP 2; RI.12.01.01, EP 3; RI.12.01.01,	RI.12.01.01, EP 1	right to make informed deci
Pergency department, admission to an inpatient unit, or discharge or transfer from e emergency department or inpatient unit. Notifications with primary care actitioners and entities are in accordance with all applicable federal and state laws d regulations. te 2: For hospitals that use Joint Commission accreditation for deemed status rposes and have swing beds: The resident has the right to be informed in advance changes to their plan of care. Ps: §482.13(b)(1), §482.13(b)(2), §482.13(b)(4), §482.58(b)(1), §483.10(b)(7), 83.10(b)(7)(i), §483.10(b)(7)(ii), §483.10(b)(7)(iii), §483.10(c)(1), §483.10(c)(2)(iii), 83.10(c)(6)			and being able to request or the right to demand the prov unnecessary or inappropria CoPs: §482.13(b)(2), §482.5
e hospital involves the patient in making decisions about their care, treatment, d services, including the right to have the patient's family and physician or other ensed practitioner promptly notified of their admission to or discharge or transfer m the hospital. te 1: For hospitals that use Joint Commission accreditation for deemed status rposes: The patient is informed, prior to the notification occurring, of any process automatically notify the patient's established primary care practitioner, primary re practice group/entity, or other practitioner group/entity, as well as all applicable st-acute care services providers and suppliers. The hospital has a process for cumenting a patient's refusal to permit notification of registration to the nergency department, admission to an inpatient unit, or discharge or transfer from e emergency department or inpatient unit. Notifications with primary care actitioners and entities are in accordance with all applicable federal and state laws	Split to RI.12.01.01, EP 1; RI.12.01.01, EP 2; RI.12.01.01, EP 3; RI.12.01.01, EP 4	RI.12.01.01, EP 2	The hospital asks the patien physician or other licensed The hospital promptly notifi Note: For hospitals that use purposes: The patient is info to automatically notify the p care practice group/entity, o post–acute care service pro documenting a patient's ref emergency department, add the emergency department practitioners and entities an and regulations. CoPs: §482.13(b)(4)
rp al re st cl ie e e	oses: The patient is informed, prior to the notification occurring, of any process atomatically notify the patient's established primary care practitioner, primary practice group/entity, or other practitioner group/entity, as well as all applicable –acute care services providers and suppliers. The hospital has a process for umenting a patient's refusal to permit notification of registration to the rgency department, admission to an inpatient unit, or discharge or transfer from emergency department or inpatient unit. Notifications with primary care titioners and entities are in accordance with all applicable federal and state laws regulations. 2: For hospitals that use Joint Commission accreditation for deemed status oses and have swing beds: The resident has the right to be informed in advance	oses: The patient is informed, prior to the notification occurring, of any process intomatically notify the patient's established primary care practitioner, primary practice group/entity, or other practitioner group/entity, as well as all applicable –acute care services providers and suppliers. The hospital has a process for umenting a patient's refusal to permit notification of registration to the rgency department, admission to an inpatient unit, or discharge or transfer from emergency department or inpatient unit. Notifications with primary care titioners and entities are in accordance with all applicable federal and state laws regulations. 2 : For hospitals that use Joint Commission accreditation for deemed status oses and have swing beds: The resident has the right to be informed in advance hanges to their plan of care.	noses: The patient is informed, prior to the notification occurring, of any process intomatically notify the patient's established primary care practitioner, primary practice group/entity, or other practitioner group/entity, as well as all applicable –acute care services providers and suppliers. The hospital has a process for imenting a patient's refusal to permit notification of registration to the rgency department, admission to an inpatient unit, or discharge or transfer from emergency department or inpatient unit. Notifications with primary care titioners and entities are in accordance with all applicable federal and state laws regulations. 2 2: For hospitals that use Joint Commission accreditation for deemed status oses and have swing beds: The resident has the right to be informed in advance

mployed language interpreters. These options may be elephone or video. The documents translated, and the / are translated, are dependent on the primary care medical n.

es with the patient who has vision, speech, hearing, or a manner that meets the patient's needs.

sentative (as allowed, in accordance with state law) has the ecisions regarding their care. The patient's rights include ealth status, being involved in care planning and treatment, or refuse treatment. This does not mean the patient has rovision of treatment or services deemed medically riate.

2.58(b)(1), §483.10(c)

ent whether they want a family member, representative, or ed practitioner notified of their admission to the hospital. ifies the identified individual(s).

se Joint Commission accreditation for deemed status nformed, prior to the notification occurring, of any process e patient's established primary care practitioner, primary y, or other practitioner group/entity, as well as all applicable providers and suppliers. The hospital has a process for refusal to permit notification of registration to the admission to an inpatient unit, or discharge or transfer from nt or inpatient unit. Notifications with primary care are in accordance with all applicable federal and state laws

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	\$483.10(b)(7)(i), \$483.10(b)(7)(ii), \$483.10(b)(7)(iii), \$483.10(c)(1), \$483.10(c)(2)(iii), \$483.10(c)(6)			
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. CoPs: \$482.13(b)(1), \$482.13(b)(2), \$482.13(b)(4), \$482.58(b)(1), \$483.10(b)(7), \$483.10(b)(7)(ii), \$483.10(b)(7)(iii), \$483.10(b)(7)(iii), \$483.10(c)(2)(iii), \$483.10(c)(6)	Split to RI.12.01.01, EP 1; RI.12.01.01, EP 2; RI.12.01.01, EP 3; RI.12.01.01, EP 4	RI.12.01.01, EP 3	For hospitals that use Joint and have swing beds: If a re court of proper jurisdiction, are exercised by a resident i act on the resident's behalf rights to the extent allowed Note 1: If a resident represe or court appointment, the re the representative's authori Note 2: The resident's wishe when exercising the patient Note 3: To the extent practic participate in the care plann CoPs: §482.58(b)(1), §483.1 §483.10(b)(7)(iii)
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. CoPs: \$482.13(b)(1), \$482.13(b)(2), \$482.13(b)(4), \$482.58(b)(1), \$483.10(b)(7), \$483.10(b)(7)(ii), \$483.10(b)(7)(iii), \$483.10(b)(7)(iii), \$483.10(c)(2)(iii), \$483.10(c)(6)	Split to RI.12.01.01, EP 1; RI.12.01.01, EP 2; RI.12.01.01, EP 3; RI.12.01.01, EP 4	RI.12.01.01, EP 4	For hospitals that use Joint and have swing beds: The re discontinue treatment; to p research; and to formulate CoPs: §482.58(b)(1), §483.1
RI.01.02.01, EP 2	<ul> <li>9483.10(C)(6)</li> <li>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.</li> <li>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</li> </ul>	Split to RI.12.01.01, EP 1; RI.12.01.01, EP 3	RI.12.01.01, EP 1	The patient or their represent right to make informed deci being informed of their heat and being able to request o the right to demand the pro

nt Commission accreditation for deemed status purposes resident is adjudged incompetent under state law by a on, the rights of the resident automatically transfer to and nt representative appointed by the court under state law to alf. The resident representative exercises the resident's

d by the court in accordance with state law.

sentative's decision-making authority is limited by state law e resident retains the right to make those decisions outside prity.

hes and preferences are considered by the representative nt's rights.

ticable, the resident is provided with opportunities to nning process.

3.10(b)(7), §483.10(b)(7)(i), §483.10(b)(7)(ii),

nt Commission accreditation for deemed status purposes e resident has the right to request, refuse, and/or o participate in or refuse to participate in experimental te an advance directive.

8.10(c)(6)

sentative (as allowed, in accordance with state law) has the ecisions regarding their care. The patient's rights include ealth status, being involved in care planning and treatment, or refuse treatment. This does not mean the patient has rovision of treatment or services deemed medically

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	accordance with state law.			unnecessary or inappropria
	CoPs: §482.13(a)(1), §482.13(b)(1), §482.13(b)(2), §482.58(b)(1), §483.10(b)(7), §483.10(b)(7)(i), §483.10(b)(7)(ii)			CoPs: §482.13(b)(2), §482.5
RI.01.02.01, EP 2	<ul> <li>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.</li> <li>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.</li> <li>CoPs: §482.13(a)(1), §482.13(b)(1), §482.13(b)(2), §482.58(b)(1), §483.10(b)(7), §483.10(b)(7)(ii)</li> </ul>	Split to RI.12.01.01, EP 1; RI.12.01.01, EP 3	RI.12.01.01, EP 3	For hospitals that use Joint and have swing beds: If a re court of proper jurisdiction, are exercised by a resident r act on the resident's behalf. rights to the extent allowed Note 1: If a resident represe or court appointment, the re the representative's authori Note 2: The resident's wishe when exercising the patient Note 3: To the extent practic participate in the care plann CoPs: §482.58(b)(1), §483.1 §483.10(b)(7)(iii)
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. CoPs: §482.13(a)(1), §482.13(b)(2), §482.58(b)(1), §483.10(c)(6)	Consolidation of RI.01.02.01, EP 1; RI.01.02.01, EP 2; RI.01.02.01, EP 3; RI.01.02.01, EP 3; RI.01.02.01, EP 4; RI.01.02.01, EP 8; RI.01.02.01, EP 20	RI.12.01.01, EP 1	The patient or their represer right to make informed deci being informed of their heat and being able to request of the right to demand the pro- unnecessary or inappropria
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. CoPs: §482.13(b)(2), §482.58(b)(1), §483.10(c)(6)	Split to RI.12.01.01, EP 1; RI.12.01.01, EP 3; RI.12.01.01, EP 4	RI.12.01.01, EP 1	The patient or their represer right to make informed deci being informed of their heal and being able to request of the right to demand the pro- unnecessary or inappropria
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. CoPs: §482.13(b)(2), §482.58(b)(1), §483.10(c)(6)	Split to RI.12.01.01, EP 1; RI.12.01.01, EP 3; RI.12.01.01, EP 4	RI.12.01.01, EP 3	For hospitals that use Joint and have swing beds: If a re court of proper jurisdiction, are exercised by a resident r act on the resident's behalf. rights to the extent allowed Note 1: If a resident represe or court appointment, the re the representative's authori Note 2: The resident's wishe when exercising the patient Note 3: To the extent practic participate in the care plant

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.58(b)(1), §483.10(c)

nt Commission accreditation for deemed status purposes resident is adjudged incompetent under state law by a n, the rights of the resident automatically transfer to and at representative appointed by the court under state law to alf. The resident representative exercises the resident's ed by the court in accordance with state law.

sentative's decision-making authority is limited by state law resident retains the right to make those decisions outside prity.

hes and preferences are considered by the representative nt's rights.

ticable, the resident is provided with opportunities to nning process.

.10(b)(7), §483.10(b)(7)(i), §483.10(b)(7)(ii),

sentative (as allowed, in accordance with state law) has the ecisions regarding their care. The patient's rights include ealth status, being involved in care planning and treatment, or refuse treatment. This does not mean the patient has rovision of treatment or services deemed medically riate.

### .58(b)(1), §483.10(c)

entative (as allowed, in accordance with state law) has the cisions regarding their care. The patient's rights include alth status, being involved in care planning and treatment, or refuse treatment. This does not mean the patient has rovision of treatment or services deemed medically riate.

### .58(b)(1), §483.10(c)

At Commission accreditation for deemed status purposes resident is adjudged incompetent under state law by a n, the rights of the resident automatically transfer to and at representative appointed by the court under state law to alf. The resident representative exercises the resident's ad by the court in accordance with state law.

sentative's decision-making authority is limited by state law resident retains the right to make those decisions outside prity.

hes and preferences are considered by the representative nt's rights.

ticable, the resident is provided with opportunities to nning process.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				CoPs: §482.58(b)(1), §483.1 §483.10(b)(7)(iii)
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.	Split to RI.12.01.01, EP 1; RI.12.01.01, EP 3; RI.12.01.01,	RI.12.01.01, EP 4	For hospitals that use Joint ( and have swing beds: The re discontinue treatment; to pa
	CoPs: §482.13(b)(2), §482.58(b)(1), §483.10(c)(6)	EP 4		research; and to formulate a
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. CoPs: §482.13(a)(1), §482.13(b)(1), §482.13(b)(2), §482.13(b)(4)	Split to RI.12.01.01, EP 1; RI.12.01.01, EP 2	RI.12.01.01, EP 1	CoPs: §482.58(b)(1), §483.1 The patient or their represen right to make informed decis being informed of their healt and being able to request or the right to demand the prov
				unnecessary or inappropriat
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.         CoPs: \$482.13(a)(1), \$482.13(b)(1), \$482.13(b)(2), \$482.13(b)(4)	Split to RI.12.01.01, EP 1; RI.12.01.01, EP 2	RI.12.01.01, EP 2	CoPs: §482.13(b)(2), §482.5 The hospital asks the patien physician or other licensed The hospital promptly notifie Note: For hospitals that use purposes: The patient is info to automatically notify the p care practice group/entity, o post–acute care service pro documenting a patient's refu emergency department, adm the emergency department practitioners and entities are and regulations.
RI.01.02.01, EP 20	<ul> <li>The hospital provides the patient or surrogate decision-maker with the information about the following:</li> <li>Outcomes of care, treatment, and services that the patient needs in order to participate in current and future health care decisions.</li> <li>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.)</li> </ul>	Consolidation of RI.01.02.01, EP 1; RI.01.02.01, EP 2; RI.01.02.01, EP 3; RI.01.02.01, EP 4; RI.01.02.01, EP 8; RI.01.02.01, EP 20	RI.12.01.01, EP 1	CoPs: §482.13(b)(4) The patient or their represen right to make informed decis being informed of their healt and being able to request or the right to demand the prov unnecessary or inappropriat CoPs: §482.13(b)(2), §482.5
RI.01.02.01, EP 31	CoPs: §482.13(b)(2)For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home respects the patient's right to make decisions about	Moved	RI.12.01.01, EP 8	For hospitals that elect The The primary care medical ho
RI.01.02.01, EP 32	the management of the patient's care.For hospitals that elect The Joint Commission Primary Care Medical Home option:The primary care medical home respects the patient's right and provides the patientthe opportunity to do the following:	Moved and Revised	RI.12.01.01, EP 9	the management of the pati For hospitals that elect The The primary care medical ho the opportunity to do the fol

.10(b)(7), §483.10(b)(7)(i), §483.10(b)(7)(ii),

at Commission accreditation for deemed status purposes resident has the right to request, refuse, and/or participate in or refuse to participate in experimental e an advance directive.

# .10(c)(6)

entative (as allowed, in accordance with state law) has the cisions regarding their care. The patient's rights include alth status, being involved in care planning and treatment, or refuse treatment. This does not mean the patient has rovision of treatment or services deemed medically iate.

# .58(b)(1), §483.10(c)

ent whether they want a family member, representative, or d practitioner notified of their admission to the hospital. ifies the identified individual(s).

se Joint Commission accreditation for deemed status nformed, prior to the notification occurring, of any process e patient's established primary care practitioner, primary r, or other practitioner group/entity, as well as all applicable roviders and suppliers. The hospital has a process for efusal to permit notification of registration to the admission to an inpatient unit, or discharge or transfer from nt or inpatient unit. Notifications with primary care are in accordance with all applicable federal and state laws

entative (as allowed, in accordance with state law) has the cisions regarding their care. The patient's rights include alth status, being involved in care planning and treatment, or refuse treatment. This does not mean the patient has rovision of treatment or services deemed medically iate.

.58(b)(1), §483.10(c)

e Joint Commission Primary Care Medical Home option: home respects the patient's right to make decisions about atient's care.

e Joint Commission Primary Care Medical Home option: home respects the patient's rights and provides the patient following:

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Obtain care from other clinicians of the patient's choosing within the primary care			- Obtain care from other clir
	medical home			medical home
	- Seek a second opinion from a clinician of the patient's choosing			- Seek a second opinion from
	- Seek specialty care			- Seek specialty care
	Note: This element of performance does not imply financial responsibility for any			Note: This element of perfo
	activities associated with these rights.			activities associated with th
RI.01.03.01, EP 1	The hospital follows a written policy on informed consent that describes the	Moved and Revised	NPG.07.02.01, EP 1	The hospital develops and i
	following:			describes the following:
	- The specific care, treatment, and services that require informed consent			- Specific care, treatment, a
	- Circumstances that would allow for exceptions to obtaining informed consent			- Circumstances that would
	- The process used to obtain informed consent			- Process used to obtain info
	- The physician or other licensed practitioner permitted to conduct the informed			- Physicians or other license
	consent discussion in accordance with law and regulation			consent discussion in acco
	- How informed consent is documented in the patient record			- How informed consent is a
	Note: Documentation may be recorded in a form, in progress notes, or elsewhere in			Note: Documentation may l
	the record.			the record.
	- When a surrogate decision-maker may give informed consent			- When a surrogate decisior
	CoPs: §482.13(b)(2), §482.24(c)(4)(v), §482.51(b)(2)			
RI.01.03.01, EP 2	The informed consent process includes a discussion about the following:	Moved and Revised	NPG.07.02.01, EP 2	The informed consent proce
	- The patient's proposed care, treatment, and services.			- Patient's proposed care, tr
	- Potential benefits, risks, and side effects of the patient's proposed care, treatment,			- Potential benefits, risks, ar
	and services; the likelihood of the patient achieving their goals; and any potential			and services; the likelihood
	problems that might occur during recuperation.			problems that might occur of
	- Reasonable alternatives to the patient's proposed care, treatment, and services.			- Reasonable alternatives to
	The discussion encompasses risks, benefits, and side effects related to the			The discussion encompass
	alternatives and the risks related to not receiving the proposed care, treatment, and			alternatives and the risks re
	services.			services.
	CoPs: §482.13(b)(2), §482.24(c)(4)(v)			
RI.01.03.05, EP 2	To help the patient determine whether or not to participate in research, investigation,	Deleted EP -	N/A	N/A
	or clinical trials, the hospital provides the patient with all of the following	Replaced with more		
	information:	direct EP(s) or		
	- An explanation of the purpose of the research	moved to guidance		
	- The expected duration of the patient's participation	within SPG		
	- A clear description of the procedures to be followed			
	- A statement of the potential benefits, risks, discomforts, and side effects			
	- Alternative care, treatment, and services available to the patient that might prove			
	advantageous to the patient			
RI.01.03.05, EP 3	The hospital informs the patient that refusing to participate in research,	Consolidation of	RI.12.01.01, EP 4	For hospitals that use Joint (
	investigation, or clinical trials or discontinuing participation at any time will not	RI.01.02.01, EP 1;		and have swing beds: The re
	jeopardize the patient's access to care, treatment, and services unrelated to the	RI.01.02.01, EP 4;		discontinue treatment; to pa
	research.	RI.01.03.05, EP 3;		research; and to formulate a
	CoPs: §482.58(b)(1), §483.10(c)(6)	RI.01.05.01, EP 1		CoPs: §482.58(b)(1), §483.1
RI.01.03.05, EP 4	The hospital documents the following in the research consent form:	Deleted EP -	N/A	N/A
· · · · · · ·	- That the patient received information to help determine whether or not to	Replaced with more		
	participate in the research, investigation, or clinical trials	direct EP(s) or		

linicians of the patient's choosing within the primary care

rom a clinician of the patient's choosing

- formance does not imply financial responsibility for any these rights.
- implements a written policy on informed consent that
- , and services that require informed consent
- Ild allow for exceptions to obtaining informed consent nformed consent
- used practitioners permitted to conduct the informed cordance with law and regulation
- documented in the patient record
- y be recorded in a form, in progress notes, or elsewhere in

on-maker may give informed consent

cess includes a discussion about the following:

- treatment, and services.
- and side effects of the patient's proposed care, treatment, od of the patient achieving their goals; and any potential ar during recuperation.
- to the patient's proposed care, treatment, and services. sses risks, benefits, and side effects related to the
- related to not receiving the proposed care, treatment, and

nt Commission accreditation for deemed status purposes resident has the right to request, refuse, and/or participate in or refuse to participate in experimental e an advance directive.

.10(c)(6)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	or clinical trials or discontinuing participation at any time will not jeopardize their access to care, treatment, and services unrelated to the research - The name of the person who provided the information and the date the form was signed - The patient's right to privacy, confidentiality, and safety	moved to guidance within SPG		
RI.01.04.01, EP 1	The hospital informs the patient of the following: - The name of the physician, clinical psychologist, or other licensed practitioner who has primary responsibility for the patient's care, treatment, and services - The name of the physician(s), clinical psychologist(s), or other licensed practitioner(s) who will provide the patient's care, treatment, and services Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary). CoPs: §482.61(c)(1)(iv)	Moved and Revised	RI.12.02.01, EP 1	The hospital informs the pat - Name of the physician, clin primary responsibility for th - Name of the physician(s), who will provide the patient Note 1: The definition of "ph Medicare & Medicaid Servic Note 2: For hospitals that u purposes and have swing be resident's family with the sp primarily responsible for the CoPs: §483.10(d)(3)
RI.01.04.01, EP 7	For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home allows the patient to select their primary care clinician.	Moved	RI.12.01.01, EP 7	For hospitals that elect The The primary care medical ho clinician.
RI.01.04.03, EP 1	<ul> <li>For hospitals that elect The Joint Commission Primary Care Medical Home option:</li> <li>The primary care medical home provides information to the patient about its mission, vision, and goals.</li> <li>Note: This may include how it provides for patient-centered and team-based comprehensive care, a systems-based approach to quality and safety, and enhanced patient access.</li> </ul>	Moved	RI.12.02.03, EP 1	For hospitals that elect The The primary care medical ho mission, vision, and goals. Note: This may include how comprehensive care, a syste patient access.
RI.01.04.03, EP 2	For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home provides information to the patient about the scope of care and types of services it provides. (Refer to LD.01.03.01, EP 3)	Moved and Revised	RI.12.02.03, EP 2	For hospitals that elect The The primary care medical he of care and types of service
RI.01.04.03, EP 3	<ul> <li>For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home provides information to the patient about how it functions, including the following: <ul> <li>Processes supporting patient selection of a primary care clinician</li> <li>Involving the patient in their treatment plan</li> <li>Obtaining and tracking referrals</li> <li>Coordinating care</li> <li>Collaborating with patient-selected clinicians who provide specialty care or second opinions</li> </ul> </li> <li>Note: Supporting patients in selecting a primary care clinician may include providing patients with information regarding the clinician's credentials, area(s) of specialty, interests, languages spoken, and gender.</li> </ul>	Moved	RI.12.02.03, EP 3	For hospitals that elect The The primary care medical ho functions, including the follo - Processes supporting patio - Involving the patient in the - Obtaining and tracking refe - Coordinating care - Collaborating with patient- opinions Note: Supporting patients ir patients with information re interests, languages spoker
RI.01.04.03, EP 4	For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home provides information to the patient about how to access the organization for care or information.	Moved	RI.12.02.03, EP 4	For hospitals that elect The The primary care medical he access the organization for
RI.01.04.03, EP 5	For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home provides information to the patient about patient responsibilities, including providing health history and current medications, and participating in self-management activities. (Refer to RI.02.01.01, EP 2)	Moved and Revised	RI.12.02.03, EP 5	For hospitals that elect The The primary care medical ho responsibilities, including p participating in self-manage

patient of the following:

- clinical psychologist, or other licensed practitioner who has the patient's care, treatment, and services
- ), clinical psychologist(s), or other licensed practitioner(s) nt's care, treatment, and services
- physician" is the same as that used by the Centers for vices (CMS) (refer to the Glossary).
- use Joint Commission accreditation for deemed status beds: The hospital also provides the resident and the specialty of the physician or other licensed practitioner he resident's care and a method to contact them.

e Joint Commission Primary Care Medical Home option: home allows the patient to select their primary care

e Joint Commission Primary Care Medical Home option: home provides information to the patient about its

w it provides for patient-centered and team-based stems-based approach to quality and safety, and enhanced

e Joint Commission Primary Care Medical Home option: home provides information to the patient about the scope ces it provides.

e Joint Commission Primary Care Medical Home option: home provides information to the patient about how it ollowing:

- tient selection of a primary care clinician
- neir treatment plan
- eferrals

nt-selected clinicians who provide specialty care or second

in selecting a primary care clinician may include providing regarding the clinician's credentials, area(s) of specialty, en, and gender.

e Joint Commission Primary Care Medical Home option: home provides information to the patient about how to or care or information.

e Joint Commission Primary Care Medical Home option: home provides information to the patient about patient providing health history and current medications, and gement activities. (Refer to RI.15.01.01, EP 2)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
RI.01.04.03, EP 6	For hospitals that elect The Joint Commission Primary Care Medical Home option:	Moved and Revised	RI.12.02.03, EP 6	For hospitals that elect The
	The primary care medical home provides information to the patient about the			The primary care medical he
	patient's right to obtain care from other clinicians within the primary care medical			patient's right to obtain care
	home, to seek a second opinion, and to seek specialty care. (Refer to RI.01.01.03,			home, to seek a second opi
	EPs 1 and 3)			EPs 1 and 3)
RI.01.05.01, EP 1	The hospital follows written policies on advance directives, forgoing or withdrawing	Consolidation of	RI.12.01.01, EP 4	For hospitals that use Joint
	life-sustaining treatment, and withholding resuscitative services that address the	RI.01.02.01, EP 1;		and have swing beds: The re
	following:	RI.01.02.01, EP 4;		discontinue treatment; to p
	- Providing patients with written information about advance directives, forgoing or	RI.01.03.05, EP 3;		research; and to formulate
	withdrawing life-sustaining treatment, and withholding resuscitative services.	RI.01.05.01, EP 1		
	- Providing the patient upon admission with information on the extent to which the			CoPs: §482.58(b)(1), §483.1
	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.			
	469.100, 469.102, and 469.104.			
	CoPs: §482.13(b)(2), §482.13(b)(3), §482.58(b)(1), §483.10(c)(6)			
RI.01.05.01, EP 9	The hospital documents whether or not the patient has an advance directive.	Deleted EP -	N/A	N/A
		Replaced with more		
	CoPs: §482.13(b)(3)	direct EP(s) or		
		moved to guidance		
		within SPG		
RI.01.05.01, EP 10	Upon request, the hospital refers the patient to resources for assistance in	Deleted EP -	N/A	N/A
	formulating advance directives.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.13(b)(3)	moved to guidance		
		within SPG		
RI.01.05.01, EP 17	The existence or lack of an advance directive does not determine the patient's right	Deleted EP -	N/A	N/A
	to access care, treatment, and services.	Replaced with more		
	to access care, treatment, and services.	Replaced with more direct EP(s) or		
		direct EP(s) or		
	to access care, treatment, and services. CoPs: §482.13(b)(3)	direct EP(s) or moved to guidance		
RI.01.06.01, EP 1	CoPs: §482.13(b)(3)	direct EP(s) or	N/A	N/A
RI.01.06.01, EP 1	CoPs: §482.13(b)(3) For hospitals that use Joint Commission accreditation for deemed status purposes	direct EP(s) or moved to guidance within SPG Deleted EP -	N/A	N/A
RI.01.06.01, EP 1	CoPs: §482.13(b)(3) For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital has policies and procedures that support the	direct EP(s) or moved to guidance within SPG Deleted EP - Replaced with more	N/A	N/A
RI.01.06.01, EP 1	CoPs: §482.13(b)(3) 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.	direct EP(s) or moved to guidance within SPG Deleted EP - Replaced with more direct EP(s) or	N/A	N/A
RI.01.06.01, EP 1	CoPs: §482.13(b)(3) For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital has policies and procedures that support the	direct EP(s) or moved to guidance within SPG Deleted EP - Replaced with more	N/A	N/A
RI.01.06.01, EP 1	CoPs: §482.13(b)(3) 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 the requirements in the "Provision of Care, Treatment, and Services" (PC) chapter.	direct EP(s) or moved to guidance within SPG Deleted EP - Replaced with more direct EP(s) or moved to guidance	N/A	N/A
RI.01.06.01, EP 1 RI.01.06.03, EP 1	CoPs: §482.13(b)(3) 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 the requirements in the	direct EP(s) or moved to guidance within SPG Deleted EP - Replaced with more direct EP(s) or moved to guidance	N/A RI.13.01.01, EP 1	N/A The hospital protects the pa

ne Joint Commission Primary Care Medical Home option: I home provides information to the patient about the are from other clinicians within the primary care medical opinion, and to seek specialty care. (Refer to RI.11.02.01,

nt Commission accreditation for deemed status purposes e resident has the right to request, refuse, and/or o participate in or refuse to participate in experimental te an advance directive.

3.10(c)(6)

patient from harassment, neglect, exploitation, corporal seclusion, and verbal, mental, sexual, or physical abuse

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	Note: For hospitals that use Joint Commission accreditation for deemed status			that could occur while the p
	purposes and have swing beds: The hospital also determines how it will protect			For hospitals that use Joint
	residents from corporal punishment and involuntary seclusion.			and have swing beds: The h of property.
	CoPs: §482.13(c)(2), §482.13(c)(3), §482.13(e), §482.58(b)(3), §483.12(a)(1),			
	\$483.12(b)(1), \$483.12(c)(1), \$483.12(c)(2), \$483.12(c)(3), \$483.12(c)(4)			CoPs: §482.13(c)(3), §482.1
RI.01.06.03, EP 2	The hospital evaluates all allegations, observations, and suspected cases of neglect,	Deleted EP -	N/A	N/A
	exploitation, and abuse that occur within the hospital.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.13(c)(3), §482.13(e)	moved to guidance		
RI.01.06.03, EP 3	The hospital reports allegations, observations, and suspected cases of neglect,	within SPG Moved and Revised	RI.13.01.01, EP 4	The hospital reports allegat
M.01.00.03, LF 3	exploitation, and abuse to appropriate authorities based on its evaluation of the	Moved and Newsed	NI. 13.01.01, LF 4	exploitation, and abuse to a
	suspected events, or as required by law.			suspected events or as requ
	Note: For hospitals that use Joint Commission accreditation for deemed status			Note: For hospitals that use
	purposes and have swing beds: Alleged violations involving abuse, neglect,			purposes and have swing b
	exploitation, or mistreatment, including injuries of unknown source and			exploitation, or mistreatme
	misappropriation of resident property, are reported to the administrator of the facility			misappropriation of resider
	and to other officials (including the state survey agency and adult protective services			and to other officials (inclue
	where state law provides for jurisdiction in long-term care facilities) in accordance			where state law provides fo
	with state law and established procedures. The alleged violations are reported in the			with state law and establish
	following time frames:			following time frames:
	- No later than 2 hours after the allegation is made if the allegation involves abuse or			- No later than 2 hours after
	serious bodily injury			serious bodily injury
	- No later than 24 hours after the allegation is made if the allegation does not involve			- No later than 24 hours after
	abuse or serious bodily injury			abuse or serious bodily inju
	CoPs: §482.13(c)(3), §482.13(e), §482.58(b)(3), §483.12(c)(1)			CoPs: §482.58(b)(3), §483.1
RI.01.06.03, EP 4	For hospitals that use Joint Commission accreditation for deemed status purposes	Moved and Revised	RI.13.01.01, EP 3	For hospitals that use Joint
	and have swing beds: The hospital develops and implements written policies and			and have swing beds: The h
	procedures that prohibit mistreatment, neglect, and abuse of residents and			procedures that prohibit an
	misappropriation of resident property.			and misappropriation of res
	CoPs: §482.58(b)(3), §483.12(b)(1)			investigation of allegations
	COFS. 9462.36(D)(3), 9463.12(D)(1)			CoPs: §482.58(b)(3), §483.1
RI.01.06.03, EP 5	For hospitals that use Joint Commission accreditation for deemed status purposes	Moved and Revised	RI.13.01.01, EP 5	For hospitals that use Joint
	and have swing beds: The hospital has evidence that all alleged violations are			and have swing beds: The h
	thoroughly investigated and that it prevents further abuse while the investigation is in			neglect, exploitation, or mis
	progress. The results of all investigations are reported to the administrator or their			prevents further abuse, neg
	designated representative and to other officials in accordance with state law, within			is in progress. The results o
	five working days of the incident. If the alleged violation is verified, appropriate			their designated representa
	corrective action is taken.			including the state survey a
	CoPs: §482.58(b)(3), §483.12(b)(2), §483.12(c)(2), §483.12(c)(3), §483.12(c)(4)			alleged violation is verified,
	COFS. 9462.36(D)(3), 9463.12(D)(2), 9463.12(C)(2), 9463.12(C)(3), 9463.12(C)(4)			CoPs: §482.58(b)(3), §483.1
RI.01.06.05, EP 4	For hospitals that use Joint Commission accreditation for deemed status purposes	Moved	RI.13.01.03, EP 1	For hospitals that use Joint
	and have swing beds: The hospital allows the patient to keep and use personal			and have swing beds: The h
	clothing and possessions, unless this infringes on others' rights or is medically or			clothing and possessions, ι
	therapeutically contraindicated, based on the setting or service.			therapeutically contraindic

e patient is receiving care, treatment, and services. It Commission accreditation for deemed status purposes hospital also protects the resident from misappropriation

.13(e), §482.58(b)(3), §483.12, §483.12(a)(1)

ations, observations, and suspected cases of neglect, o appropriate authorities based on its evaluation of the quired by law.

se Joint Commission accreditation for deemed status beds: Alleged violations involving abuse, neglect,

ent, including injuries of unknown source and

ent property, are reported to the administrator of the facility uding the state survey agency and adult protective services for jurisdiction in long-term care facilities) in accordance shed procedures. The alleged violations are reported in the

er the allegation is made if the allegation involves abuse or

fter the allegation is made if the allegation does not involve jury

# .12(c)(1)

nt Commission accreditation for deemed status purposes hospital develops and implements written policies and and prevent mistreatment, neglect, and abuse of residents esident property. The policies and procedures also address s related to these issues.

# .12(b)(1), §483.12(b)(2)

At Commission accreditation for deemed status purposes hospital has evidence that all alleged violations of abuse, histreatment are thoroughly investigated and that it eglect, exploitation, or mistreatment while the investigation of all investigations are reported to the administrator or tative and to other officials in accordance with state law, agency, within five working days of the incident. If the d, appropriate corrective action is taken.

# .12(c)(2), \$483.12(c)(3), \$483.12(c)(4)

at Commission accreditation for deemed status purposes hospital allows the patient to keep and use personal , unless this infringes on others' rights or is medically or cated, based on the setting or service.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.58(b)(1), §483.10(e)(2)			CoPs: §482.58(b)(1), §483.1
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.	Moved and Revised	RI.13.01.03, EP 2	For hospitals that use Joint and have swing beds: The h spouse when married resid individuals consent to the a
	CoPs: §482.58(b)(1), §483.10(e)(4)			CoPs: §482.58(b)(1), §483.1
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. CoPs: §482.58(b)(1), §483.10(g)(8)(ii)	Consolidation of RI.01.06.05, EP 14; RI.01.06.05, EP 15	RI.13.01.03, EP 3	For hospitals that use Joint and have swing beds: The h receive unopened mail thro and other materials delivere than a postal service. The h communications and allow at the resident's expense.
				CoPs: §482.58(b)(1), §483.1
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. CoPs: §482.58(b)(1), §483.10(g)(8), §483.10(h)(2)	Consolidation of RI.01.06.05, EP 14; RI.01.06.05, EP 15	RI.13.01.03, EP 3	For hospitals that use Joint and have swing beds: The h receive unopened mail thro and other materials delivered than a postal service. The h communications and allow at the resident's expense. CoPs: §482.58(b)(1), §483.1
RI.01.06.09, EP 1	<ul> <li>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.</li> <li>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.</li> <li>CoPs: \$482.58(b)(1), \$483.10(d), \$483.10(d)(2), \$483.10(d)(4), \$483.10(d)(5)</li> </ul>	Moved and Revised	RI.12.01.01, EP 6	For hospitals that use Joint and have swing beds: The h attending physician. Note: If the physician chose requirements for attending alternative physician partici care and treatment. The hos physician chosen by the res physician. The hospital also resident and honors the res CoPs: §482.58(b)(1), §483.1 §483.10(d)(5)
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. CoPs: §482.58(b)(1), §483.10(d)(3)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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.	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A

## .10(e)(2)

It Commission accreditation for deemed status purposes hospital allows the resident to share a room with their idents are living in the same hospital and when both a arrangement.

## .10(e)(4)

nt Commission accreditation for deemed status purposes hospital supports the resident's right to send and promptly rough the postal service and to receive letters, packages, ered to the hospital for the resident through a means other hospital respects the resident's right to privacy of such ws access to stationery, postage, and writing implements

.10(g)(8), §483.10(g)(8)(i), §483.10(g)(8)(ii), §483.10(h)(2)

nt Commission accreditation for deemed status purposes hospital supports the resident's right to send and promptly rough the postal service and to receive letters, packages, ered to the hospital for the resident through a means other hospital respects the resident's right to privacy of such ws access to stationery, postage, and writing implements

8.10(g)(8), §483.10(g)(8)(i), §483.10(g)(8)(ii), §483.10(h)(2) at Commission accreditation for deemed status purposes a hospital supports the resident's right to choose a licensed

sen by the resident refuses to or does not meet the g physicians at 42 CFR 483, the hospital may seek icipation to assure provision of appropriate and adequate ospital informs the resident if it determines that the esident is unlicensed or unable to serve as the attending so discusses alternative physician participation with the esident's preferences, if any, among the options.

3.10(d), §483.10(d)(1), §483.10(d)(2), §483.10(d)(4),

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.58(b)(7), §483.55(a)(4)(i), §483.55(a)(4)(ii), §483.55(b)(2)(i), §483.55(b)(2)(ii)	moved to guidance within SPG		
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 delegates this responsibility in writing to a complaint resolution committee.	Moved and Revised	RI.14.01.01, EP 2	The hospital develops and ir resolution of patient grievan patients to submit written or of and response to the grieva CoPs: §482.13(a)(2), §482.13
	CoPs: §482.13(a)(2), §482.13(a)(2) continued, §482.13(a)(2)(i)			
RI.01.07.01, EP 4	The hospital reviews and, when possible, resolves complaints from the patient and the patient's family.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
RI.01.07.01, EP 6	The hospital acknowledges receipt of a complaint that the hospital cannot resolve immediately and notifies the patient of follow-up to the complaint.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
RI.01.07.01, EP 7	The hospital provides the patient with the phone number and address needed to file a complaint with the relevant state authority.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
RI.01.07.01, EP 18	<ul> <li>For hospitals that use Joint Commission accreditation for deemed status purposes:</li> <li>In its resolution of complaints, the hospital provides the individual with a written notice of its decision, which contains the following:</li> <li>The name of the hospital contact person</li> <li>The steps taken on behalf of the individual to investigate the complaint</li> <li>The results of the process</li> <li>The date of completion of the complaint process</li> </ul>	Moved and Revised	RI.14.01.01, EP 3	For hospitals that use Joint ( In its resolution of grievance of its decision, which contai - Name of the hospital conta - Steps taken on behalf of th - Results of the process - Date of completion of the g
	CoPs: §482.13(a)(2)(iii)			CoPs: §482.13(a)(2)(iii)
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. CoPs: §482.13(a)(2)(ii)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPC	N/A	N/A
RI.01.07.01, EP 20	For hospitals that use Joint Commission accreditation for deemed status purposes: The process for resolving complaints 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.	within SPG Moved and Revised	RI.14.01.01, EP 1	For hospitals that use Joint ( The process for resolving gri patient concerns regarding o Utilization and Quality Cont
RI.01.07.03, EP 1	CoPs: \$482.13(a)(2) continuedWhen the hospital serves a population of patients that need protective services (for example, guardianship or advocacy services, conservatorship, or child or adult	Moved	NPG.07.03.01, EP 5	CoPs: §482.13(a)(2) When the hospital serves a period example, guardianship or ac

d implements policies and procedures for the prompt ances. The policies clearly explain the procedure for or verbal grievances and specify timeframes for the review evance.

2.13(a)(2)(i), §482.13(a)(2)(ii)

nt Commission accreditation for deemed status purposes: ices, the hospital provides the patient with a written notice tains the following:

ntact person

the individual to investigate the grievances

e grievance process

nt Commission accreditation for deemed status purposes: grievances includes a mechanism for timely referral of ng quality of care or premature discharge to the appropriate ntrol Quality Improvement Organization.

a population of patients that need protective services (for advocacy services, conservatorship, or child or adult

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	protective services), it provides resources to help the family and the courts determine the patient's needs for such services.			protective services), it provi determine the patient's nee
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. CoPs: §482.58(b)(1), §483.10(f)(4)(ii), §483.10(f)(4)(iii)	Consolidation of RI.01.07.05, EP 1; RI.01.07.05, EP 5; RI.01.07.05, EP 6	RI.11.01.01, EP 8	For hospitals that use Joint and have swing beds: The h immediate access to the res consent. The hospital provid resident, except when reaso resident denies or withdraw
				CoPs: §482.58(b)(1), §483.1
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. CoPs: §482.58(b)(1), §483.10(h)(1)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
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. CoPs: §482.58(b)(1), §483.10(f)(4)(ii), §483.10(f)(4)(iii)	Consolidation of RI.01.07.05, EP 1; RI.01.07.05, EP 5; RI.01.07.05, EP 6	RI.11.01.01, EP 8	For hospitals that use Joint of and have swing beds: The ho immediate access to the resi consent. The hospital provid resident, except when reaso resident denies or withdraw
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 resident. CoPs: §482.58(b)(1), §483.10(f)(4)(ii), §483.10(f)(4)(iii)	Consolidation of RI.01.07.05, EP 1; RI.01.07.05, EP 5; RI.01.07.05, EP 6	RI.11.01.01, EP 8	CoPs: §482.58(b)(1), §483.1 For hospitals that use Joint ( and have swing beds: The ho immediate access to the res consent. The hospital provid resident, except when reaso resident denies or withdraw CoPs: §482.58(b)(1), §483.1
RI.01.07.07, EP 1	For psychiatric hospital settings that provide longer term care (more than 30 days): The hospital follows a written policy that addresses situations in which patients and residents work for or on behalf of the hospital.	Deleted	N/A	N/A
RI.01.07.07, EP 3	For psychiatric hospital settings that provide longer term care (more than 30 days): Wages paid to patients and residents who work for or on behalf of the hospital are in accordance with law and regulation.	Deleted	N/A	N/A
RI.01.07.07, EP 4	For psychiatric hospital settings that provide longer term care (more than 30 days): The hospital incorporates work performed by the patient or resident for or on behalf of the hospital into the plan of care.	Deleted	N/A	N/A
RI.01.07.07, EP 5	For psychiatric hospital settings that provide longer term care (more than 30 days): Patients and residents have the right to refuse to work for or on behalf of the hospital.	Deleted	N/A	N/A
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.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.58(b)(7), §483.55(a)(4)(i), §483.55(a)(4)(ii), §483.55(b)(2)(i), §483.55(b)(2)(ii)			

ovides resources to help the family and the courts eeds for such services.

At Commission accreditation for deemed status purposes hospital provides immediate family and other relatives resident, except when the resident denies or withdraws vides others who are visiting immediate access to the asonable clinical or safety restrictions apply or when the aws consent.

8.10(f)(4)(ii), §483.10(f)(4)(iii)

It Commission accreditation for deemed status purposes hospital provides immediate family and other relatives resident, except when the resident denies or withdraws vides others who are visiting immediate access to the asonable clinical or safety restrictions apply or when the aws consent.

8.10(f)(4)(ii), §483.10(f)(4)(iii)

nt Commission accreditation for deemed status purposes hospital provides immediate family and other relatives resident, except when the resident denies or withdraws vides others who are visiting immediate access to the isonable clinical or safety restrictions apply or when the aws consent.

8.10(f)(4)(ii), §483.10(f)(4)(iii)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
RI.02.01.01, EP 1	<ul> <li>The hospital has a written policy that defines patient responsibilities, including but not limited to the following: <ul> <li>Providing information that facilitates their care, treatment, and services</li> <li>Asking questions or acknowledging when they do not understand the treatment course or care decision</li> <li>Following instructions, policies, rules, and regulations in place to support quality care for patients and a safe environment for all individuals in the hospital</li> <li>Supporting mutual consideration and respect by maintaining civil language and conduct in interactions with staff</li> <li>Meeting financial commitments</li> </ul> </li> </ul>	Moved and Revised	RI.15.01.01, EP 1	The hospital develops and ir responsibilities, including by - Providing information that - Asking questions or acknow course or care decision - Following instructions, pol care for patients and a safe - Supporting mutual conside conduct in interactions with - Meeting financial commitm
RI.02.01.01, EP 2	The hospital informs the patient about the patient's responsibilities in accordance with its policy. Note: Information about patient responsibilities can be shared verbally, in writing, or both.	Moved	RI.15.01.01, EP 2	The hospital informs the pat with its policy. Note: Information about pat both.
N/A	N/A	New, more-direct EP for CoP requirement	RI.11.01.01, EP 6	The hospital provides the parenetical records, including prequested (including in elect unavailable, the medical records the hospital and patient. The individuals to gain access to or hard-copy requests within recordkeeping system permodeling to the provide the providet the pro
N/A	N/A	New, more-direct EP for CoP requirement	RI.12.01.01, EP 5	Staff and licensed practition hospital honor the patient's these directives, in accorda Note: For hospitals that use purposes: Law and regulatio and 489.104.
TS.01.01.01, EP 1	The hospital has a written agreement with an organ procurement organization (OPO) and follows its rules and regulations.         CoPs: \$482.45(a)(1)	Moved and Revised	TS.11.01.01, EP 1	CoPs: §482.13(b)(3)The hospital develops and in the following: - A written agreement with a the hospital to notify, in a tim OPO of individuals whose do that includes the OPO's resp donation - A written agreement with a cooperate in retrieving, proc eyes to make certain that all donors, to the extent that th - Designation of an individual organizational representativi notify the family regarding th or eyes. - Procedures for informing th donate or decline to donate

d implements a written policy that defines patient but not limited to the following:

at facilitates their care, treatment, and services nowledging when they do not understand the treatment

olicies, rules, and regulations in place to support quality fe environment for all individuals in the hospital ideration and respect by maintaining civil language and ith staff

itments

patient about the patient's responsibilities in accordance

patient responsibilities can be shared verbally, in writing, or

patient, upon an oral or written request, with access to g past and current records, in the form and format ectronic form or format when available). If electronic is record is provided in hard copy or another form agreed to by The hospital does not impede the legitimate efforts of to their own medical records and fulfills these electronic hin a reasonable time frame (that is, as quickly as its rmits).

oners who provide care, treatment, or services in the c's right to formulate advance directives and comply with dance with law and regulation.

se Joint Commission accreditation for deemed status tion includes, at a minimum, 42 CFR 489.100, 489.102,

I implements written policies and procedures that include

n an organ procurement organization (OPO) that requires timely manner, the OPO or a third party designated by the death is imminent or who have died in the hospital, and esponsibility to determine medical suitability for organ

n at least one tissue bank and at least one eye bank to ocessing, preserving, storing, and distributing tissues and all usable tissues and eyes are obtained from potential the agreement does not interfere with organ procurement lual, who is an organ procurement representative, an tive of a tissue or eye bank, or a designated requestor, to g the option to donate or decline to donate organs, tissues,

g the family of each potential donor about the option to te organs, tissues, or eyes, in collaboration with the

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				designated OPO - Education and training of circumstances, views, and tissue, or eye donations Note 1: For hospitals that u purposes: The hospital has 486. Note 2: The requirements for least one eye bank may be provides services for organ tissue and/or eye bank outs Note 3: A designated reque or approved by the organ pu conjunction with the tissue approaching potential dono Note 4: The term "organ" m intestines (or multivisceral Note 5: For additional infor see the American Academy https://n.neurology.org/cor American Academy of Pedi https://www.aan.com/Guio tool that can be used along BD/DNC evaluation proces
TS.01.01.01, EP 3	The hospital has 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. Note 1: This process should not interfere with organ procurement. Note 2: It is not necessary for a hospital to have a separate agreement with a tissue bank if it has an agreement with its organ procurement organization (OPO) to provide tissue procurement services, nor is it necessary for a hospital to have a separate agreement with an eye bank if its OPO provides eye procurement services. The hospital is not required to use the OPO for tissue or eye procurement, and is free to have an agreement with the tissue bank or eye bank of its choice.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
TS.01.01.01, EP 4	CoPs: \$482.45(a)(2)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	Moved and Revised	TS.11.01.01, EP 2	The hospital develops and i organ procurement organiz - Review death records in o - Maintain potential donors donated organs, tissues, ar donor organs for transplant - Educate staff about issues CoPs: §482.45(a)(5)

of staff in the use of discretion and sensitivity to the Ind beliefs of the family when discussing potential organ,

use Joint Commission accreditation for deemed status as an agreement with an OPO designated under 42 CFR part

for a written agreement with at least one tissue bank and at e satisfied through a single agreement with an OPO that n, tissue, and eye, or by a separate agreement with another tside the OPO, chosen by the hospital.

iestor is an individual who has completed a course offered procurement organization. This course is designed in le and eye bank community to provide a methodology for nor families and requesting organ and tissue donation. means a human kidney, liver, heart, lung, pancreas, or al organs).

ormation about criteria for the determination of brain death, ny of Neurology guidelines available at

ontent/early/2023/09/13/WNL.0000000000207740, the diatrics guidelines available at

idelines/Home/GuidelineDetail/1085, and the interactive agside the new guidance to help walk clinicians through the ess at https://www.aan.com/Guidelines/BDDNC.

.45(a)(2), §482.45(a)(3), §482.45(a)(4), §482.45(b)(2)

d implements policies and procedures for working with the ization (OPO) and tissue and eye banks to do the following: order to improve identification of potential donors rs while the necessary testing and placement of potential and eyes takes place in order to maximize the viability of nt

es surrounding donation

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	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.			
	CoPs: §482.45(a)(5), §482.45(a)(5) continued, §482.45(a)(5) continued			
TS.01.01.01, EP 5	Staff who have been designated to discuss potential organ, tissue, or eye donations	Deleted EP -	N/A	N/A
,	with families are educated and trained in the use of discretion and sensitivity to the	Replaced with more		
	circumstances, beliefs, and desires of the families.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.45(a)(4), §482.45(a)(5)	within SPG		
TS.01.01.01, EP 6	The hospital develops, in collaboration with the designated organ procurement	Deleted EP -	N/A	N/A
	organization, written procedures for notifying the family of each potential donor	Replaced with more		
	about the option to donate or decline to donate organs, tissues, or eyes.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.45(a)(3)	within SPG		
TS.01.01.01, EP 7	The individual designated by the hospital to notify the family regarding the option to	Deleted EP -	N/A	N/A
	donate or decline to donate organs, tissues, or eyes is an organ procurement	Replaced with more		
	representative, an organizational representative of a tissue or eye bank, or a	direct EP(s) or		
	designated requestor.	moved to guidance		
	Note: A designated requestor is an individual who has completed a course offered or	within SPG		
	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.			
	approaching potential donor families and requesting organ and tissue donation.			
	CoPs: §482.45(a)(3) continued			
TS.01.01.01, EP 8	The individual designated by the hospital documents that the patient or family	Moved	TS.11.01.01, EP 3	The individual designated b
	accepts or declines the opportunity for the patient to become an organ, tissue, or			accepts or declines the opp
	eye donor.		N1/A	eye donor.
TS.01.01.01, EP 9	The hospital notifies the organ procurement organization (OPO) of patients who have	Deleted EP -	N/A	N/A
	died and of mechanically ventilated patients whose death is imminent, according to	Replaced with more		
	the following: - Clinical triggers defined jointly with its medical staff and the designated OPO	direct EP(s) or		
	- Within the time frames (ideally, within one hour of death for patients who have	moved to guidance within SPG		
	expired) jointly agreed on by the hospital and the designated OPO	within 3r G		
	- For mechanically ventilated patients, prior to the withdrawal of life-sustaining			
	therapies including medical or pharmacological support			
	Note: For additional information about criteria for the determination of brain death,			
	please see the American Academy of Neurology guidelines available at			
	https://n.neurology.org/content/early/2023/09/13/WNL.000000000207740 and 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.			
	CoPs: §482.45(a)(1)			
TS.01.01.01, EP 10	In Department of Defense hospitals, Veterans Affairs medical centers, and other	Moved	NPG.09.01.01, EP 7	In Department of Defense h
	federally administered health care agencies, notification to the organ procurement			federally administered heal
	organization of patients who have died or whose death is imminent is done according			organization of patients whe
	to procedures approved by the respective agency.			to procedures approved by

d by the hospital documents that the patient or family opportunity for the patient to become an organ, tissue, or

e hospitals, Veterans Affairs medical centers, and other ealth care agencies, notification to the organ procurement who have died or whose death is imminent is done according by the respective agency.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
TS.01.01.01, EP 11	The organ procurement organization determines medical suitability of organs for	Deleted EP -	N/A	N/A
	organ donation and, in the absence of alternative arrangements by the hospital, it	Replaced with more		
	determines the medical suitability of tissue and eyes for donation.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.45(a)(1)	within SPG		
TS.01.01.01, EP 12	The hospital maintains records of potential organ, tissue, or eye donors whose	Deleted EP -	N/A	N/A
	names have been sent to the organ procurement organization and tissue and eye	Replaced with more		
	banks.	direct EP(s) or		
		moved to guidance		
		within SPG		
TS.02.01.01, EP 1	The hospital performing organ transplants belongs to and abides by the rules of the	Moved and Revised	TS.12.01.01, EP 1	The hospital performing orga
	Organ Procurement and Transplantation Network (OPTN) * established under			Organ Procurement and Tran
	section 372 of the Public Health Service (PHS) Act.			372 of the Public Health Ser
	Footnote *: The term "rules of the OPTN" means those rules provided for in			Note: The term "rules of the
	regulations issued by the Secretary in accordance with section 372 of the PHS Act			issued by the Secretary of th accordance with section 37
	which are enforceable under 42 CFR 121.10. No hospital is considered to be out of			121.10. No hospital is consi
	compliance with section 1138(a)(1)(B) of the Act, or with the requirements of this paragraph, unless the Secretary has given the OPTN formal notice that the Secretary			of the Act, or with the requir
	approves the decision to exclude the hospital from the OPTN and has notified the			Secretary has given the OPT
	hospital in writing.			to exclude the hospital from
	CoPs: §482.45(b)(1)			CoPs: §482.45(b)(1)
TS.02.01.01, EP 2	If requested, the hospital provides all data related to organ transplant to the Organ	Moved and Revised	TS.12.01.01, EP 2	If requested, the hospital pr
	Procurement and Transplantation Network (OPTN), the Scientific Registry, or the			Procurement and Transplan
	hospital's designated organ procurement organization (OPO), and when requested			Transplant Recipients (SRTF
	by the Office of the Secretary, directly to the US Department of Health & Human			organization (OPO), and, wh
	Services.			the US Department of Healt
TS.03.01.01, EP 1	CoPs: §482.45(b)(3) The hospital assigns responsibility to one or more individuals for overseeing the	Deleted EP -	N/A	CoPs: §482.45(b)(3) N/A
13.03.01.01, EP 1	acquisition, receipt, storage, and issuance of tissues throughout the hospital.	Replaced with more	IN/A	IN/A
	Note: Responsibility for this oversight involves coordinating efforts to provide	direct EP(s) or		
	standardized practices throughout the hospital. A hospital may have a centralized	moved to guidance		
	process (one department responsible for the ordering, receipt, storage, and issuance	within SPG		
	of tissue throughout the hospital) or a decentralized process (multiple departments	within SFG		
	responsible for the ordering, receipt, storage, and issuance of tissue throughout the			
	hospital).			
TS.03.01.01, EP 2	The hospital develops and maintains standardized written procedures for the	Moved and Revised	NPG.09.01.01, EP 1	The hospital develops and ir
	acquisition, receipt, storage, and issuance of tissues.			acquisition, receipt, storage
TS.03.01.01, EP 3	The hospital confirms that tissue suppliers are registered with the US Food and Drug	Moved and Revised	NPG.09.01.01, EP 2	The hospital confirms that ti
	Administration (FDA) as a tissue establishment and maintain a state license when			Administration (FDA) as a tis
	required. *			required.
	Note: This element of performance does not apply to autologous tissue- or cellular-			Note 1: This element of perf
	based products considered tissue for the purposes of these standards but classified			based products considered
	as medical devices by the FDA.			as medical devices by the Fl
	Footnote *: For US Food and Drug Administration (FDA) registration, the supplier			Note 2: The supplier's FDA r
	registration status may also be checked annually by using the FDA's online database:			the FDA's online database: h
	https://www.fda.gov/vaccines-blood-biologics/biologics-establishment-			establishment-registration/
	registration/find-tissue-establishment.			

rgan transplants belongs to and abides by the rules of the ransplantation Network (OPTN) established under section service (PHS) Act.

he OPTN" means those rules provided for in regulations if the US Department of Health & Human Services in 372 of the PHS Act which are enforceable under 42 CFR hisidered to be out of compliance with section 1138(a)(1)(B) uirements of this element of performance, unless the PTN formal notice that the Secretary approves the decision om the OPTN and has notified the hospital in writing.

provides all data related to organ transplant to the Organ antation Network (OPTN), the Scientific Registry of TR), the hospital's designated organ procurement when requested by the Office of the Secretary, directly to alth & Human Services.

l implements standardized written procedures for the ge, and issuance of tissues.

t tissue suppliers are registered with the US Food and Drug tissue establishment and maintain a state license when

erformance does not apply to autologous tissue- or cellulared tissue for the purposes of these standards but classified PFDA.

A registration status may also be checked annually by using : https://www.fda.gov/vaccines-blood-biologics/biologicsn/find-tissue-establishment.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
TS.03.01.01, EP 5	The hospital follows the tissue suppliers' or manufacturers' written directions for	Moved	NPG.09.01.01, EP 3	The hospital follows the tiss
	transporting, handling, storing, and using tissue.			transporting, handling, stori
TS.03.01.01, EP 6	The hospital documents the receipt of all tissues.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
TS.03.01.01, EP 7	<ul> <li>The hospital verifies at the time of receipt that package integrity is met and transport temperature range was controlled and acceptable for tissues requiring a controlled environment. This verification is documented.</li> <li>Note 1: If the distributor uses validated shipping containers, then the receiver may document that the shipping container was received undamaged and within the stated time frame.</li> <li>Note 2: Tissues requiring no greater control than "ambient temperature" (generally defined as the temperature of the immediate environment) for transport and storage would not need to have the temperature verified on receipt.</li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
TS.03.01.01, EP 8	<ul> <li>The hospital maintains daily records to demonstrate that tissues requiring a controlled environment are stored at the required temperatures.</li> <li>Note 1: Types of tissue storage include room temperature, refrigerated, frozen (for example, deep freezing colder than -40°C), and liquid nitrogen storage.</li> <li>Note 2: Tissues requiring no greater control than "ambient temperature" (defined as the temperature of the immediate environment) for storage would not require temperature monitoring.</li> </ul>	Moved and Revised	NPG.09.01.01, EP 4	The hospital maintains daily controlled environment are Note 1: Types of tissue stora example, deep freezing colo Note 2: Tissues requiring no the temperature of the imm temperature monitoring.
TS.03.01.01, EP 9	<ul> <li>The hospital continuously monitors the temperature of refrigerators, freezers, nitrogen tanks, and other storage equipment used to store tissues.</li> <li>Note 1: Continuous temperature recording is not required but may be available with some continuous temperature monitoring systems.</li> <li>Note 2: For tissue stored at room temperature, continuous temperature monitoring is not required.</li> </ul>	Moved and Revised	NPG.09.01.01, EP 5	The hospital continuously m nitrogen tanks, and other st Note 1: Continuous temperat some continuous temperate Note 2: For tissue stored at not required.
TS.03.01.01, EP 10	Refrigerators, freezers, nitrogen tanks, and other storage equipment used to store tissues at a controlled temperature have functional alarms and an emergency backup plan. Note: For tissue stored at room temperature, alarm systems are not required.	Moved and Revised	NPG.09.01.01, EP 6	Refrigerators, freezers, nitro tissues at a controlled temp backup plan. Note: For tissue stored at ro
TS.03.02.01, EP 1	The hospital's records allow any tissue to be traced from the donor or tissue supplier to the recipient(s) or other final disposition, including discard, and from the recipient(s) or other final disposition back to the donor or tissue supplier.	Moved	NPG.09.02.01, EP 1	The hospital's records allow to the recipient(s) or other fi recipient(s) or other final dis
TS.03.02.01, EP 2	The hospital identifies, in writing, the materials and related instructions used to prepare or process tissues.	Moved	NPG.09.02.01, EP 2	The hospital identifies, in wi prepare or process tissues.
TS.03.02.01, EP 3	The hospital documents the dates, times, and staff involved when tissue is accepted, prepared, and issued.	Deleted	N/A	N/A
TS.03.02.01, EP 4	The hospital documents in the recipient's medical record the tissue type and its unique identifier.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
TS.03.02.01, EP 5	The hospital retains tissue records on storage temperatures, outdated procedures, manuals, and publications for a minimum of 10 years. If required by state and/or federal laws, hospitals may have to retain tissue records longer than 10 years.	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A

ssue suppliers' or manufacturers' written directions for oring, and using tissue.

ily records to demonstrate that tissues requiring a re stored at the required temperatures.

brage include room temperature, refrigerated, frozen (for blder than -40°C), and liquid nitrogen storage.

no greater control than "ambient temperature" (defined as mediate environment) for storage would not require

monitors the temperature of refrigerators, freezers, storage equipment used to store tissues.

erature recording is not required but may be available with ature monitoring systems.

at room temperature, continuous temperature monitoring is

rogen tanks, and other storage equipment used to store nperature have functional alarms and an emergency

room temperature, alarm systems are not required.

bw any tissue to be traced from the donor or tissue supplier r final disposition, including discard, and from the disposition back to the donor or tissue supplier.

writing, the materials and related instructions used to

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		moved to guidance within SPG		
TS.03.02.01, EP 6	<ul> <li>The hospital retains tissue records for a minimum of 10 years beyond the date of distribution, transplantation, disposition, or expiration of tissue (whichever is latest). If required by state and/or federal laws, hospitals may have to retain tissue records longer than 10 years. Records are kept on all of the following: <ul> <li>The tissue supplier</li> <li>Note: For medical devices, the manufacturer may be the tissue supplier.</li> <li>The original numeric or alphanumeric donor and lot identification</li> <li>The name(s) of the recipient(s) or the final disposition of each tissue</li> </ul> </li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
TS.03.02.01, EP 7	<ul> <li>The hospital completes and returns tissue usage information cards requested by the tissue supplier. *</li> <li>Footnote *: According to the Health Insurance Portability and Accountability Act (HIPAA) regulations regarding protected health information, "A covered entity may disclose protected health information for public health activities or other purposes to a person subject to the jurisdiction of the Food and Drug Administration (FDA) for the following purposes:</li> <li>To track products if the disclosure is made to a person required or directed by the FDA to track the product</li> <li>To enable product recalls, repairs or replacement (including locating and notifying individuals who have received products of product recalls, withdrawals, or other problems" (Refer to 45 CFR 164.512(b)(1)(iii)(B) and (C))</li> </ul>	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
TS.03.03.01, EP 1	The hospital has a written procedure to investigate tissue adverse events, including disease transmission or other complications that are suspected of being directly related to the use of tissue.	Consolidation of TS.03.03.01, EP 1; TS.03.03.01, EP 2; TS.03.03.01, EP 3; TS.03.03.01, EP 4; TS.03.03.01, EP 5	NPG.09.03.01, EP 1	The hospital has a written p disease transmission or oth related to the use of tissue. - Investigating disease trans being directly related to the - Reporting of a post-transp to the tissue supplier as so - Sequestering of tissue wh reported by the tissue supp - Identifying and informing to subsequently found to have lymphotropic virus-I/II (HTL be transmitted through tiss
TS.03.03.01, EP 2	The hospital investigates tissue adverse events, including disease transmission or other complications that are suspected of being directly related to the use of tissue.	Consolidation of TS.03.03.01, EP 1; TS.03.03.01, EP 2; TS.03.03.01, EP 3; TS.03.03.01, EP 4; TS.03.03.01, EP 5	NPG.09.03.01, EP 1	The hospital has a written p disease transmission or oth related to the use of tissue. - Investigating disease trans being directly related to the - Reporting of a post-transp to the tissue supplier as so - Sequestering of tissue wh reported by the tissue supp - Identifying and informing to subsequently found to have lymphotropic virus-I/II (HTL be transmitted through tiss

n procedure to investigate tissue adverse events, including other complications that are suspected of being directly ue. The procedure includes the following at a minimum: ansmission or other complications that are suspected of he use of tissue

splant infection or adverse event related to the use of tissue soon as the hospital becomes aware

vhose integrity may have been compromised or that is pplier as a suspected cause of infection

g tissue recipients of infection risk when donors are ave human immunodeficiency virus (HIV), human T-ITLV-I/II), viral hepatitis, or other infectious agents known to

ssue n procedure to investigate tissue adverse events, including other complications that are suspected of being directly ue. The procedure includes the following at a minimum: ansmission or other complications that are suspected of he use of tissue

splant infection or adverse event related to the use of tissue soon as the hospital becomes aware

vhose integrity may have been compromised or that is pplier as a suspected cause of infection

g tissue recipients of infection risk when donors are ave human immunodeficiency virus (HIV), human T-TLV-I/II), viral hepatitis, or other infectious agents known to ssue

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
TS.03.03.01, EP 3	As soon as the hospital becomes aware of a post-transplant infection or other	Consolidation of	NPG.09.03.01, EP 1	The hospital has a written p
	adverse event related to the use of tissue, it reports the infection or adverse event to	TS.03.03.01, EP 1;		disease transmission or oth
	the tissue supplier.	TS.03.03.01, EP 2;		related to the use of tissue.
		TS.03.03.01, EP 3;		- Investigating disease trans
		TS.03.03.01, EP 4;		being directly related to the
		TS.03.03.01, EP 5		- Reporting of a post-transp
				to the tissue supplier as so
				- Sequestering of tissue wh
				reported by the tissue supp
				- Identifying and informing
				subsequently found to have
				lymphotropic virus-I/II (HTL
				be transmitted through tiss
TS.03.03.01, EP 4	The hospital sequesters tissue whose integrity may have been compromised or that	Consolidation of	NPG.09.03.01, EP 1	The hospital has a written p
	is reported by the tissue supplier as a suspected cause of infection.	TS.03.03.01, EP 1;		disease transmission or oth
		TS.03.03.01, EP 2;		related to the use of tissue.
		TS.03.03.01, EP 3;		- Investigating disease trans
		TS.03.03.01, EP 4;		being directly related to the
		TS.03.03.01, EP 5		- Reporting of a post-transp
				to the tissue supplier as so
				- Sequestering of tissue whe
				reported by the tissue supp
				- Identifying and informing
				subsequently found to have
				lymphotropic virus-I/II (HTL
				be transmitted through tiss
TS.03.03.01, EP 5	The hospital identifies and informs tissue recipients of infection risk when donors are	Consolidation of	NPG.09.03.01, EP 1	The hospital has a written p
	subsequently found to have human immunodeficiency virus (HIV), human T-	TS.03.03.01, EP 1;		disease transmission or oth
	lymphotropic virus-I/II (HTLV-I/II), viral hepatitis, or other infectious agents known to	TS.03.03.01, EP 2;		related to the use of tissue.
	be transmitted through tissue.	TS.03.03.01, EP 3;		- Investigating disease trans
		TS.03.03.01, EP 4;		being directly related to the
		TS.03.03.01, EP 5		- Reporting of a post-transp
				to the tissue supplier as so
				- Sequestering of tissue whe
				reported by the tissue supp
				- Identifying and informing t
				subsequently found to have
				lymphotropic virus-I/II (HTL
				be transmitted through tiss
UP.01.01.01, EP 1	Implement a preprocedure process to verify the correct procedure, for the correct	Moved and Revised	NPG.01.06.01, EP 1	The hospital implements a
	patient, at the correct site.			the correct patient, at the c
	Note: The patient is involved in the verification process when possible.			Note: The patient is involved
UP.01.01.01, EP 2	Identify the items that must be available for the procedure and use a standardized	Moved and Revised	NPG.01.06.01, EP 2	The hospital identifies the i
	list to verify their availability. At a minimum, these items include the following:			standardized list to verify th
	- Relevant documentation (for example, history and physical, signed procedure			following:
	consent form, nursing assessment, and preanesthesia assessment)			- Relevant documentation (
	- Labeled diagnostic and radiology test results (for example, radiology images and			consent form, nursing asse
	scans, or pathology and biopsy reports) that are properly displayed			- Labeled diagnostic and ra
	- Any required blood products, implants, devices, and/or special equipment for the			scans, or pathology and bio

procedure to investigate tissue adverse events, including ther complications that are suspected of being directly e. The procedure includes the following at a minimum: nsmission or other complications that are suspected of ne use of tissue

splant infection or adverse event related to the use of tissue oon as the hospital becomes aware

hose integrity may have been compromised or that is plier as a suspected cause of infection

g tissue recipients of infection risk when donors are ve human immunodeficiency virus (HIV), human T-[LV-I/II), viral hepatitis, or other infectious agents known to ssue

procedure to investigate tissue adverse events, including ther complications that are suspected of being directly e. The procedure includes the following at a minimum: nsmission or other complications that are suspected of ne use of tissue

splant infection or adverse event related to the use of tissue oon as the hospital becomes aware

hose integrity may have been compromised or that is plier as a suspected cause of infection

g tissue recipients of infection risk when donors are ve human immunodeficiency virus (HIV), human T-FLV-I/II), viral hepatitis, or other infectious agents known to ssue

procedure to investigate tissue adverse events, including ther complications that are suspected of being directly e. The procedure includes the following at a minimum: nsmission or other complications that are suspected of

ne use of tissue

splant infection or adverse event related to the use of tissue oon as the hospital becomes aware

hose integrity may have been compromised or that is plier as a suspected cause of infection

g tissue recipients of infection risk when donors are

ve human immunodeficiency virus (HIV), human T-

[LV-I/II), viral hepatitis, or other infectious agents known to ssue

a preprocedure process to verify the correct procedure, for correct site.

ed in the verification process when possible.

items that must be available for the procedure and uses a their availability. At a minimum, these items include the

n (for example, history and physical, signed procedure sessment, and preanesthesia assessment) radiology test results (for example, radiology images and iopsy reports) that are properly displayed

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	procedure			- Any required blood produc
	Note: The expectation of this element of performance is that the standardized list is			procedure
	available and is used consistently during the preprocedure verification. It is not			Note: The expectation of thi
	necessary to document that the standardized list was used for each patient.			available and is used consis
				necessary to document that
UP.01.02.01, EP 1	Identify those procedures that require marking of the incision or insertion site. At a	Moved and Revised	NPG.01.06.02, EP 1	The hospital identifies those
	minimum, sites are marked when there is more than one possible location for the			insertion site. At a minimum
	procedure and when performing the procedure in a different location would			location for the procedure a
	negatively affect quality or safety.			would negatively affect qua
	Note: For spinal procedures, in addition to preoperative skin marking of the general			Note: For spinal procedures
	spinal region, special intraoperative imaging techniques may be used for locating			spinal region, special intrao
	and marking the exact vertebral level.			and marking the exact verte
UP.01.02.01, EP 2	Mark the procedure site before the procedure is performed and, if possible, with the	Moved and Revised	NPG.01.06.02, EP 2	The procedure site is marke
	patient involved.			the patient involved.
UP.01.02.01, EP 3	The procedure site is marked by a licensed practitioner who is ultimately	Moved	NPG.01.06.02, EP 3	The procedure site is marke
	accountable for the procedure and will be present when the procedure is performed.			accountable for the proced
	In limited circumstances, the licensed practitioner may delegate site marking to an			In limited circumstances, th
	individual who is permitted by the organization to participate in the procedure and			individual who is permitted
	has the following qualifications:			has the following qualificati
	- An individual in a medical postgraduate education program who is being supervised			- An individual in a medical
	by the licensed practitioner performing the procedure; who is familiar with the			by the licensed practitioner
	patient; and who will be present when the procedure is performed			patient; and who will be pre
	- A licensed individual who performs duties requiring a collaborative agreement or			- A licensed individual who
	supervisory agreement with the licensed practitioner performing the procedure (that			supervisory agreement with
	is, an advanced practice registered nurse [APRN] or physician assistant [PA]); who is			is, an advanced practice reg
	familiar with the patient; and who will be present when the procedure is performed.			familiar with the patient; an
	Note: The hospital's leaders define the limited circumstances (if any) in which site			Note: The hospital's leaders
	marking may be delegated to an individual meeting these qualifications.			marking may be delegated t
UP.01.02.01, EP 4	The method of marking the site and the type of mark is unambiguous and is used	Moved	NPG.01.06.02, EP 4	The method of marking the s
	consistently throughout the hospital.			consistently throughout the
	Note: The mark is made at or near the procedure site and is sufficiently permanent to			Note: The mark is made at c
	be visible after skin preparation and draping. Adhesive markers are not the sole			be visible after skin preparat
	means of marking the site.			means of marking the site.
UP.01.02.01, EP 5	A written, alternative process is in place for patients who refuse site marking or when	Moved and Revised	NPG.01.06.02, EP 5	A written, alternative proces
	it is technically or anatomically impossible or impractical to mark the site (for			it is technically or anatomic
	example, mucosal surfaces or perineum).			example, mucosal surfaces
	Note: Examples of other situations that involve alternative processes include:			Note: Examples of other situ
	- Minimal access procedures treating a lateralized internal organ, whether			following:
	percutaneous or through a natural orifice			- Minimal access procedure
	- Teeth			percutaneous or through a r
	- Premature infants, for whom the mark may cause a permanent tattoo			- Teeth
				- Premature infants, for who
UP.01.03.01, EP 1	Conduct a time-out immediately before starting the invasive procedure or making	Moved and Revised	NPG.01.06.03, EP 1	The hospital conducts a tim
	the incision.			or making the incision.
UP.01.03.01, EP 2	The time-out has the following characteristics:	Moved	NPG.01.06.03, EP 2	The time-out has the followi
	- It is standardized, as defined by the hospital.			- It is standardized, as define
	- It is initiated by a designated member of the team.			- It is initiated by a designate
	- It involves the immediate members of the procedure team, including the individual			- It involves the immediate n
	performing the procedure, the anesthesia providers, the circulating nurse, the			performing the procedure, the

ucts, implants, devices, and/or special equipment for the

his element of performance is that the standardized list is sistently during the preprocedure verification. It is not nat the standardized list was used for each patient.

ese procedures that require marking of the incision or im, sites are marked when there is more than one possible and when performing the procedure in a different location uality or safety.

es, in addition to preoperative skin marking of the general aoperative imaging techniques may be used for locating tebral level.

ked before the procedure is performed and, if possible, with

ked by a licensed practitioner who is ultimately edure and will be present when the procedure is performed. the licensed practitioner may delegate site marking to an ed by the organization to participate in the procedure and ations:

al postgraduate education program who is being supervised er performing the procedure; who is familiar with the resent when the procedure is performed

o performs duties requiring a collaborative agreement or th the licensed practitioner performing the procedure (that egistered nurse [APRN] or physician assistant [PA]); who is and who will be present when the procedure is performed. ers define the limited circumstances (if any) in which site d to an individual meeting these qualifications.

e site and the type of mark is unambiguous and is used ne hospital.

t or near the procedure site and is sufficiently permanent to ration and draping. Adhesive markers are not the sole

ess is in place for patients who refuse site marking or when ically impossible or impractical to mark the site (for es or perineum).

ituations that involve alternative processes include the

rres treating a lateralized internal organ, whether a natural orifice

hom the mark may cause a permanent tattoo me-out immediately before starting the invasive procedure

wing characteristics:

ined by the hospital.

ated member of the team.

members of the procedure team, including the individual the anesthesia providers, the circulating nurse, the

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	operating room technician, and other active participants who will be participating in			operating room technician,
	the procedure from the beginning.			the procedure from the begi
UP.01.03.01, EP 3	When two or more procedures are being performed on the same patient, and the	Moved and Revised	NPG.01.06.03, EP 3	When two or more procedur
	person performing the procedure changes, perform a time-out before each			person performing the proce
	procedure is initiated.			each procedure is initiated.
UP.01.03.01, EP 4	During the time-out, the team members agree, at a minimum, on the following:	Moved	NPG.01.06.03, EP 4	During the time-out, the tea
	- Correct patient identity			- Correct patient identity
	- The correct site			- The correct site
	- The procedure to be done			- The procedure to be done
UP.01.03.01, EP 5	Document the completion of the time-out.	Moved and Revised	NPG.01.06.03, EP 5	The hospital documents the
	Note: The hospital determines the amount and type of documentation.			Note: The hospital determin
WT.01.01.01, EP 1	The director named on the Clinical Laboratory Improvement Amendments of 1988	Consolidation of	NPG.10.01.01, EP 1	The person from the hospita
	(CLIA '88) certificate approves a consistent approach for when waived test results	WT.01.01.01, EP 1;		Improvement Amendments
	can be used for diagnosis and treatment and when follow-up testing is required.	WT.01.01.01, EP 2		establishes written policies
				following:
				- Clinical usage and limitati
				- Need for confirmatory test
				manufacturer for rapid tests
				recommendation to repeat
				reportable range of the test
				- Specimen type, collection
				- Specimen preservation, if
				- Instrument maintenance a
				- Storage conditions for test
				- Reagent use, including not
				- Quality control (including
				control is unacceptable
				- Test performance
				- Result reporting, including
				control is acceptable
				- Equipment performance e
				Note 1: Policies and proced
				personnel.
				Note 2: The designee should
				•
WT.01.01.01, EP 2	The person from the bognital where name appears on the Clinical Laboratory	Consolidation of	NPG.10.01.01, EP 1	competence about the waiv The person from the hospita
VVI.01.01.01, EP 2	The person from the hospital whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate, or a qualified designee,		NFG.10.01.01, EF 1	
		WT.01.01.01, EP 1; WT.01.01.01, EP 2		Improvement Amendments
	establishes written policies and procedures for waived testing that address the	WI.01.01.01, EP 2		establishes written policies
	following:			following:
	- Clinical usage and limitations of the test methodology			- Clinical usage and limitation
	- Need for confirmatory testing (for example, recommendations made by the			- Need for confirmatory test
	manufacturer for rapid tests) and result follow-up recommendations (for example, a			manufacturer for rapid tests
	recommendation to repeat the test when results are higher or lower than the			recommendation to repeat
	reportable range of the test)			reportable range of the test
	- Specimen type, collection, and identification, and required labeling			- Specimen type, collection
	- Specimen preservation, if applicable			- Specimen preservation, if
	- Instrument maintenance and function checks, such as calibration			- Instrument maintenance a
	- Storage conditions for test components			- Storage conditions for test
	- Reagent use, including not using a reagent after its expiration date			- Reagent use, including not

n, and other active participants who will be participating in eginning.

lures are being performed on the same patient, and the ocedure changes, the hospital performs a time-out before d.

eam members agree, at a minimum, on the following:

he completion of the time-out.

nines the amount and type of documentation.

ital whose name appears on the Clinical Laboratory ts of 1988 (CLIA '88) certificate, or a qualified designee, es and procedures for waived testing that address the

tions of the test methodology

sting (for example, recommendations made by the

sts) and result follow-up recommendations (for example, a at the test when results are higher or lower than the

st)

on, and identification, and required labeling

if applicable

and function checks, such as calibration

st components

ot using a reagent after its expiration date

g frequency and type) and corrective action when quality

ng not reporting individual patient results unless quality

evaluation

edures for waived testing are made available to testing

uld be knowledgeable by virtue of training, experience, and aived testing performed.

ital whose name appears on the Clinical Laboratory ts of 1988 (CLIA '88) certificate, or a qualified designee, es and procedures for waived testing that address the

tions of the test methodology

sting (for example, recommendations made by the

sts) and result follow-up recommendations (for example, a at the test when results are higher or lower than the

st)

on, and identification, and required labeling if applicable

and function checks, such as calibration

st components

ot using a reagent after its expiration date

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Quality control (including frequency and type) and corrective action when quality			- Quality control (including f
	control is unacceptable			control is unacceptable
	- Test performance			- Test performance
	- Result reporting, including not reporting individual patient results unless quality			- Result reporting, including
	control is acceptable			control is acceptable
	- Equipment performance evaluation			- Equipment performance e
	Note 1: Policies and procedures for waived testing are made available to testing			Note 1: Policies and proced
	personnel.			personnel.
	Note 2: The designee should be knowledgeable by virtue of training, experience, and			Note 2: The designee should
	competence about the waived testing performed.			competence about the waiv
WT.01.01.01, EP 3	If manufacturers' manuals or package inserts are used as the policies or procedures	Moved and Revised	NPG.10.01.01, EP 2	Policies or procedures for ea
WI.01.01.01, LF 3	for each waived test, they are enhanced to include specific operational policies (that	Noveu and Neviseu	NF 0.10.01.01, LF 2	instructions for use and incl
	is, detailed quality control protocols and any other institution-specific procedures			control protocols and any of
	regarding the test or instrument).			instrument).
WT.02.01.01, EP 1	The person from the hospital whose name appears on the Clinical Laboratory	Deleted	N/A	N/A
	Improvement Amendments of 1988 (CLIA '88) certificate, or a qualified designee,			
	identifies in writing the staff responsible for performing and supervising waived			
	testing.			
WT.03.01.01, EP 1	The person from the hospital whose name appears on the Clinical Laboratory	Deleted	N/A	N/A
	Improvement Amendments of 1988 (CLIA '88) certificate, or a qualified designee,			
	provides orientation and training to, and assesses the competency of, staff who			
	perform waived testing.			
WT.03.01.01, EP 2	Staff who perform waived testing have received orientation in accordance with the	Deleted	N/A	N/A
	hospital's specific services. The orientation for waived testing is documented.			
WT.03.01.01, EP 3	Staff who perform waived testing have been trained for each test that they are	Consolidation of	NPG.10.02.01, EP 1	Staff who perform waived te
	authorized to perform. The training for each waived test is documented.	WT.03.01.01, EP 3;		authorized to perform. The t
		WT.03.01.01, EP 4		Note: This includes training
WT.03.01.01, EP 4	Staff who perform waived testing that requires the use of an instrument have been	Consolidation of	NPG.10.02.01, EP 1	Staff who perform waived te
	trained on its use and maintenance. The training on the use and maintenance of an	WT.03.01.01, EP 3;		authorized to perform. The t
	instrument for waived testing is documented.	WT.03.01.01, EP 4		Note: This includes training
WT.03.01.01, EP 5	Competency for waived testing is assessed using at least two of the following	Consolidation of	NPG.10.02.01, EP 2	Competence for waived test
,	methods per person per test:	WT.03.01.01, EP 5;		intervals, but at least at the
	- Performance of a test on a blind specimen	WT.03.01.01, EP 6		is assessed using at least tw
	- Periodic observation of routine work by the supervisor or qualified designee			- Performance of a test on a
	- Monitoring of each user's quality control performance			- Periodic observation of rou
	- Use of a written test specific to the test assessed			- Monitoring of each user's c
				- Use of a written test specif
				-
				This competency is docume
				Note 1: When a licensed pra
				an instrument and the test f
				medical staff credentialing a
				and competency in lieu of a
				individual privileges include
				practice that they are autho
				hospital whose name appea
				of 1988 (CLIA '88) certificate
				competency requirements r
				Note 2: Provider-performed

g frequency and type) and corrective action when quality

ng not reporting individual patient results unless quality

evaluation

edures for waived testing are made available to testing

uld be knowledgeable by virtue of training, experience, and aived testing performed.

each waived test are consistent with manufacturers' nclude specific operational policies (that is, detailed quality other institution-specific procedures regarding the test or

testing have been trained for each test that they are e training for each waived test is documented.

ng on the use and maintenance of instruments.

testing have been trained for each test that they are e training for each waived test is documented.

ng on the use and maintenance of instruments.

esting is assessed according to hospital policy at defined time of orientation and annually thereafter. Competency two of the following methods per person per test:

a blind specimen

outine work by the supervisor or qualified designee

quality control performance

cific to the test assessed

nented.

bractitioner performs waived testing that does not involve t falls within their specialty, the hospital may use the g and privileging process to document evidence of training f annual competency assessment. In this circumstance, de the specific waived tests appropriate to the scope of norized to perform. At the discretion of the person from the hears on the Clinical Laboratory Improvement Amendments ate or according to hospital policy, more stringent s may be implemented.

ed microscopy (PPM) procedures are not waived tests.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
WT.03.01.01, EP 6	Competence for waived testing is assessed according to hospital policy at defined	Consolidation of	NPG.10.02.01, EP 2	Competence for waived tes
	intervals, but at least at the time of orientation and annually thereafter. This	WT.03.01.01, EP 5;		intervals, but at least at the
	competency is documented.	WT.03.01.01, EP 6		is assessed using at least to
	Note 1: When a physician or other licensed practitioner performs waived testing that			- Performance of a test on a
	does not involve an instrument and the test falls within their specialty, the hospital			- Periodic observation of ro
	may use the medical staff credentialing and privileging process to document			- Monitoring of each user's
	evidence of training and competency in lieu of annual competency assessment. In			- Use of a written test spec
	this circumstance, individual privileges include the specific waived tests appropriate			This competency is docum
	to the scope of practice that they are authorized to perform. At the discretion of the			Note 1: When a licensed pr
	person from the hospital whose name appears on the Clinical Laboratory			an instrument and the test
	Improvement Amendments of 1988 (CLIA '88) certificate or according to hospital			medical staff credentialing
	policy, more stringent competency requirements may be implemented.			and competency in lieu of a
	Note 2: Provider-performed microscopy (PPM) procedures are not waived tests.			individual privileges includ
				practice that they are authority
				hospital whose name appe
				of 1988 (CLIA '88) certificat
				competency requirements
				Note 2: Provider-performed
WT.04.01.01, EP 2	The documented quality control rationale for waived testing is based on the	Deleted	N/A	N/A
W1.04.01.01, LI 2	following:	Deleteu		
	- How the test is used			
	- Reagent stability			
	- Manufacturers' recommendations			
	- The hospital's experience with the test			
	- Currently accepted guidelines	Deleted	N/A	
WT.04.01.01, EP 3	For non-instrument-based waived testing, quality control checks are performed at	Deleted	IN/A	N/A
	the frequency and number of levels recommended by the manufacturer and as			
	defined by the hospital's policies.			
	Note: If these elements are not defined by the manufacturer, the hospital defines the			
	frequency and number of levels for quality control.			
WT.04.01.01, EP 4	For instrument-based waived testing, quality control checks are performed on each	Deleted	N/A	N/A
	instrument used for patient testing per manufacturers' instructions.			
WT.04.01.01, EP 5	For instrument-based waived testing, quality control checks require two levels of	Deleted	N/A	N/A
	control, if commercially available.			
WT.05.01.01, EP 1	Quality control results, including internal and external controls for waived testing,	Deleted	N/A	N/A
	are documented.			
	Note 1: Internal quality controls may include electronic, liquid, or control zone.			
	External quality controls may include electronic or liquid.			
	Note 2: Quality control results may be located in the medical record.			
WT.05.01.01, EP 3	Quantitative test result reports in the medical record for waived testing are	Deleted	N/A	N/A
	accompanied by reference intervals (normal values) specific to the test method used			
	and the population served.			
	Note 1: Semiquantitative results, such as urine macroscopic and urine dipsticks, are			
	not required to comply with this element of performance.			
	Note 2: If the reference intervals (normal values) are not documented on the same			
	page as and adjacent to the waived test result, they must be located elsewhere			
	within the permanent medical record. The result must have a notation directing the			
	reader to the location of the reference intervals (normal values) in the medical			
	record.			
		1	1	

testing is assessed according to hospital policy at defined he time of orientation and annually thereafter. Competency t two of the following methods per person per test: n a blind specimen

routine work by the supervisor or qualified designee

's quality control performance

ecific to the test assessed mented.

practitioner performs waived testing that does not involve st falls within their specialty, the hospital may use the ng and privileging process to document evidence of training of annual competency assessment. In this circumstance, ude the specific waived tests appropriate to the scope of thorized to perform. At the discretion of the person from the pears on the Clinical Laboratory Improvement Amendments cate or according to hospital policy, more stringent its may be implemented.

ed microscopy (PPM) procedures are not waived tests.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
WT.05.01.01, EP 4	Individual test results for waived testing are associated with quality control results	Deleted	N/A	N/A
	and instrument records.			
	Note: A formal log is not required, but a functional audit trail is maintained that			
	allows retrieval of individual test results and their association with quality control			
	and instrument records.			
WT.05.01.01, EP 5	Quality control result records, test result records, and instrument records for waived	Deleted	N/A	N/A
	testing are retained for at least two years.			