

Ambulatory Surgical Center Crosswalk

Medicare Ambulatory Surgical Center Requirements to 2025 Joint Commission Ambulatory Surgical Center Standards & EPs

| CFR Number | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| §416.2 TAG: Q-0002 §416.2 Definitions As used in this part: Ambulatory surgical center or ASC means any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services would not exceed 24 hours following an admission. The entity must have an agreement with CMS to participate in Medicare as an ASC and must meet the conditions set forth in Subpart B and C of this part. | LD.04.01.01 The organization complies with law and regulation. EP 2 The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations. EP 21 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization meets the definition of an ambulatory surgical center as described in the Glossary. Glossary definition of ambulatory surgical center: Ambulatory surgical center or ASC means any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services would not exceed 24 hours following an admission. The entity must have an agreement with CMS to participate in Medicare as an ASC, and must meet the conditions for coverage as defined by regulation. | | |
| §416.25 TAG: Q-0001 §416.25 Basic Requirements Participation as an ASC is limited to facilities that – | | | |
| §416.25(a) TAG: Q-0001 (a) Meet the definition in §416.2; and | | | |
| §416.25(b) TAG: Q-0001 (b) Have in effect an agreement obtained in accordance with this subpart. | | | |

| CFR Number §416.40 | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.40 TAG: Q-0020</p> <p>§416.40 Condition for Coverage: Compliance With State Licensure Law</p> <p>The ASC must comply with State licensure requirements.</p> | | <p>LD.04.01.01 The organization complies with law and regulation.</p> <p>EP 1 The organization is licensed, is certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, or services for which the organization is seeking accreditation from The Joint Commission. 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. Note 2: For more information on how to obtain a CLIA certificate, see http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_Certificate_International_Laboratories.html. (See also WT.01.01.01, EP 1; WT.04.01.01, EP 1)</p> <p>EP 2 The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations.</p> <p>EP 3 Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.</p> | |
| <p>§416.41 TAG: Q-0040</p> <p>§416.41 Condition for Coverage: Governing Body and Management</p> <p>The ASC must have a governing body that assumes full legal responsibility for determining, implementing, and monitoring policies governing the ASC's total operation. The governing body has oversight and accountability for the quality assessment and performance improvement program, ensures that the facility policies and programs are administered so as to provide quality healthcare in a safe environment, and develops and maintains a disaster preparedness plan.</p> | | <p>EM.10.01.01 The organization's leader(s) provides oversight and support of the emergency management activities.</p> <p>EP 1 The organization's leader(s) provides oversight and support of emergency management (EM) activities. Note 1: Ways in which the leader(s) provides oversight and support may include allocating resources, planning and reviewing policies and procedures, and other activities that support emergency management activities. Note 2: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, the organization's leaders collaborate with the system's EM leadership structure.</p> <p>LD.01.01.01 The organization has a leadership structure.</p> <p>EP 1 The organization identifies those responsible for governance.</p> <p>EP 2 Governance identifies those responsible for planning, management, and operational activities.</p> <p>EP 3 Governance identifies those responsible for the provision of care, treatment, or services.</p> <p>LD.01.03.01 Governance is ultimately accountable for the safety and quality of care, treatment, or services.</p> <p>EP 1 Governance defines in writing its responsibilities.</p> <p>EP 2 Governance provides for organization management and planning and creates an operating budget that reflects the organization's goals and objectives.</p> <p>EP 3 Governance approves the organization's written scope of services.</p> <p>EP 4 Governance selects the chief executive.</p> <p>EP 5 Governance provides for the resources needed to maintain safe, quality care, treatment, or services.</p> <p>EP 6 Governance works with other leaders to annually evaluate the organization's performance in relation to its mission, vision, and goals.</p> <p>EP 12 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center has a governing body that assumes full legal responsibility for the operation of the ambulatory surgical center.</p> <p>EP 22 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The governing body is responsible for the following: - Determining, implementing, and monitoring policies governing the organization's total operation and establishing expectations for safety throughout the organization - Defining, implementing, monitoring, and maintaining quality assurance and performance improvement</p> | |

| CFR Number §416.41 | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | | <ul style="list-style-type: none"> activities - Addressing identified priorities for quality assurance and performance improvement activities - Evaluating the effectiveness of quality assurance and performance improvement activities |
| | | LD.03.01.01 | Leaders create and maintain a culture of safety and quality throughout the organization. |
| | | EP 5 | Leaders create and implement a process for managing behaviors that undermine a culture of safety. |
| | | LD.03.03.01 | Leaders use organizationwide planning to establish structures and processes that focus on safety and quality. |
| | | EP 1 | Planning activities focus on the following: <ul style="list-style-type: none"> - Improving patient safety and health care quality - Supporting a culture of safety and quality - Adapting to changes in the environment |
| | | LD.03.06.01 | Those who work in the organization are focused on improving safety and quality. |
| | | EP 2 | Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, or services. (See also IC.01.01.01, EP 3) |
| | | LD.04.01.01 | The organization complies with law and regulation. |
| | | EP 3 | Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies. |
| | | LD.04.01.05 | The organization effectively manages its programs, services, or sites. |
| | | EP 4 | Staff are held accountable for their responsibilities. |
| | | LD.04.01.07 | The organization has policies and procedures that guide and support patient care, treatment, or services. |
| | | EP 1 | Leaders review, approve, and manage the implementation of policies and procedures that guide and support patient care, treatment, or services. |
| | | LD.04.03.09 | Care, treatment, or services provided through contractual agreement are provided safely and effectively. |
| | | EP 3 | Designated leaders approve contractual agreements. |
| | | EP 4 | Leaders monitor contracted services by establishing expectations for the performance of the contracted services. Note: When the organization contracts with another accredited organization for patient care, treatment, or services to be provided off site, it can do the following: <ul style="list-style-type: none"> - Verify that all physicians and licensed practitioners who will be providing patient care, treatment, or 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. |

| CFR Number §416.41(a) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p data-bbox="37 152 443 180">§416.41(a) TAG: Q-0041</p> <p data-bbox="37 191 420 219">§416.41(a) Standard: Contract services.</p> <p data-bbox="37 240 863 289">When services are provided through a contract with an outside resource, the ASC must assure that these services are provided in a safe and effective manner.</p> | | <p data-bbox="930 152 2055 201">LD.04.03.09 Care, treatment, or services provided through contractual agreement are provided safely and effectively.</p> <p data-bbox="930 207 2055 261">EP 1 Clinical leaders have an opportunity to provide advice about the sources of clinical services to be provided through contractual agreement.</p> <p data-bbox="930 267 2055 321">EP 2 The organization describes, in writing, the nature and scope of services provided through contractual agreements.</p> <p data-bbox="930 328 2055 355">EP 3 Designated leaders approve contractual agreements.</p> <p data-bbox="930 362 2055 560">EP 4 Leaders monitor contracted services by establishing expectations for the performance of the contracted services. Note: When the organization contracts with another accredited organization for patient care, treatment, or services to be provided off site, it can do the following: - Verify that all physicians and licensed practitioners who will be providing patient care, treatment, or 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.</p> <p data-bbox="930 566 2055 664">EP 5 Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted services. Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it.</p> <p data-bbox="930 670 2055 724">EP 6 Leaders monitor contracted services by evaluating these services in relation to the organization's expectations.</p> <p data-bbox="930 730 2055 901">EP 7 Leaders take steps to improve contracted services that do not meet expectations. Note: Examples of improvement efforts to consider include the following: - Increase monitoring of the contracted services - Provide consultation or training to the contractor - Renegotiate the contract terms - Apply defined penalties - Terminate the contract</p> <p data-bbox="930 907 2055 961">EP 8 When contractual agreements are renegotiated or terminated, the organization maintains the continuity of patient care.</p> | |
| <p data-bbox="37 976 443 1003">§416.41(b) TAG: Q-0042</p> <p data-bbox="37 1015 388 1042">§416.41(b) Standard: Hospitalization</p> | | <p data-bbox="930 976 2055 1024">PC.04.01.01 The organization follows a process that addresses the patient's need for continuing care, treatment, or services after discharge or transfer.</p> <p data-bbox="930 1031 2055 1112">EP 11 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center has procedures for immediately transferring a patient who requires emergency care that is beyond its capability.</p> <p data-bbox="930 1118 2055 1218">EP 12 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Patients are transferred to local hospitals that meet requirements for payment of emergency services. Note: CMS requires patients to be transferred to hospitals that are either participating in Medicare, or meet the requirements at 42 CFR 482.2 "Provision of emergency services by nonparticipating hospitals."</p> <p data-bbox="930 1224 2055 1299">EP 13 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center periodically provides the local hospital with written notice of its operations and patient population served.</p> | |

| CFR Number §416.41(b)(1) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.41(b)(1) TAG: Q-0042</p> <p>(1) The ASC must have an effective procedure for the immediate transfer, to a hospital, of patients requiring emergency medical care beyond the capabilities of the ASC.</p> | | <p>PC.04.01.01 The organization follows a process that addresses the patient’s need for continuing care, treatment, or services after discharge or transfer.</p> <p>EP 11 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center has procedures for immediately transferring a patient who requires emergency care that is beyond its capability.</p> <p>EP 12 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Patients are transferred to local hospitals that meet requirements for payment of emergency services. Note: CMS requires patients to be transferred to hospitals that are either participating in Medicare, or meet the requirements at 42 CFR 482.2 “Provision of emergency services by nonparticipating hospitals.”</p> | |
| <p>§416.41(b)(2) TAG: Q-0042</p> <p>(2) This hospital must be a local, Medicare participating hospital or a local, nonparticipating hospital that meets the requirements for payment for emergency services under §482.2 of this chapter.</p> | | <p>PC.04.01.01 The organization follows a process that addresses the patient’s need for continuing care, treatment, or services after discharge or transfer.</p> <p>EP 12 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Patients are transferred to local hospitals that meet requirements for payment of emergency services. Note: CMS requires patients to be transferred to hospitals that are either participating in Medicare, or meet the requirements at 42 CFR 482.2 “Provision of emergency services by nonparticipating hospitals.”</p> | |
| <p>§416.41(b)(3) TAG: Q-0042</p> <p>(3) The ASC must periodically provide the local hospital with written notice of its operations and patient population served.</p> | | <p>PC.04.01.01 The organization follows a process that addresses the patient’s need for continuing care, treatment, or services after discharge or transfer.</p> <p>EP 12 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Patients are transferred to local hospitals that meet requirements for payment of emergency services. Note: CMS requires patients to be transferred to hospitals that are either participating in Medicare, or meet the requirements at 42 CFR 482.2 “Provision of emergency services by nonparticipating hospitals.”</p> <p>EP 13 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center periodically provides the local hospital with written notice of its operations and patient population served.</p> | |
| <p>§416.42 TAG: Q-0060</p> <p>§416.42 Condition for Coverage: Surgical Services</p> <p>Surgical procedures must be performed in a safe manner by qualified physicians who have been granted clinical privileges by the governing body of the ASC in accordance with approved policies and procedures of the ASC.</p> | | <p>EC.02.01.01 The organization manages safety and security risks.</p> <p>EP 8 The organization controls access to and from areas it identifies as security sensitive.</p> <p>EC.02.03.01 The organization manages fire risks.</p> <p>EP 11 Periodic evaluations, as determined by the organization, 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.</p> <p>EP 12 When flammable germicides or antiseptics are used during surgeries utilizing electrosurgery, cautery, or lasers, the following are required: - Nonflammable packaging - Unit-dose applicators - Preoperative "time-out" prior to the initiation of any surgical procedure to verify the following: - Application site is dry prior to draping and use of surgical equipment - Pooling of solution has not occurred or has been corrected - Solution-soaked materials have been removed from the operating room prior to draping and use of surgical devices (For full text, refer to NFPA 99-2012: 15.13)</p> <p>EC.02.04.03 The organization inspects, tests, and maintains medical equipment.</p> <p>EP 4 The organization conducts performance testing of and maintains all sterilizers. These activities are documented. (See also IC.02.02.01, EP 2)</p> <p>HR.02.01.03 The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.</p> | |

| CFR Number §416.42 | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | EP 33 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Surgical procedures are performed in a safe manner by qualified physicians who have been granted clinical privileges to do so by the ambulatory surgical center's governing body in accordance with approved policies and procedures. |
| | | IC.01.02.01 | Organization leaders allocate needed resources for infection prevention and control activities. |
| | | EP 3 | The organization provides equipment and supplies to support infection prevention and control activities. |
| | | IC.02.01.01 | The organization implements infection prevention and control activities. |
| | | EP 2 | The organization uses standard precautions, * including the use of personal protective equipment, to reduce the risk of infection. Note: Standard precautions are infection prevention and control measures to protect against possible exposure to infectious agents. These precautions are general and applicable to all patients. Footnote *: For further information regarding standard precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/infection-control/hcp/core-practices (Infection Control in Healthcare Settings). (See also EC.02.02.01, EP 3) |
| | | EP 6 | The organization minimizes the risk of infection when storing and disposing of infectious waste. (See also EC.02.02.01, EP 12) |
| | | IC.02.02.01 | The organization reduces the risk of infections associated with medical equipment, devices, and supplies. |
| | | EP 1 | The organization implements infection prevention and control activities when doing the following: Cleaning and performing low-level disinfection of medical equipment, devices, and supplies. * Note: Low-level disinfection is used for items such as stethoscopes and blood glucose meters. Additional cleaning and disinfecting is required for medical equipment, devices, and supplies used by patients who are isolated as part of implementing transmission-based precautions. Footnote *: For further information regarding cleaning and performing low-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/infectioncontrol/guidelines/disinfection/#r3 . |
| | | EP 2 | The organization implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. Note: Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as is the case with flexible endoscopes. (See also EC.02.04.03, EP 4) |
| | | EP 4 | The organization implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies. |
| | | EP 5 | When reprocessing single-use devices, the organization implements infection prevention and control activities that are consistent with regulatory and professional standards. |
| | | LD.04.01.11 | The organization makes space and equipment available as needed for the provision of care, treatment, or services. |
| | | EP 5 | The leaders provide for interior and exterior space, equipment, information systems, supplies, and other resources to meet the needs of the patient. |
| §416.42 | TAG: Q-0064 | EC.02.01.01 | The organization manages safety and security risks. |
| Standard level tag for §416.42 Condition for Coverage: Surgical Services | | EP 8 | The organization controls access to and from areas it identifies as security sensitive. |
| Surgical procedures must be performed in a safe manner by qualified physicians who have been granted clinical privileges by the governing body of the ASC in accordance with approved policies and procedures of the ASC. | | EC.02.04.03 | The organization inspects, tests, and maintains medical equipment. |
| | | EP 4 | The organization conducts performance testing of and maintains all sterilizers. These activities are documented. |

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| | | | (See also IC.02.02.01, EP 2) |
| | | HR.02.01.03 | The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently. |
| | | EP 33 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Surgical procedures are performed in a safe manner by qualified physicians who have been granted clinical privileges to do so by the ambulatory surgical center's governing body in accordance with approved policies and procedures. |
| | | IC.01.02.01 | Organization leaders allocate needed resources for infection prevention and control activities. |
| | | EP 3 | The organization provides equipment and supplies to support infection prevention and control activities. |
| | | IC.02.01.01 | The organization implements infection prevention and control activities. |
| | | EP 2 | The organization uses standard precautions, * including the use of personal protective equipment, to reduce the risk of infection. Note: Standard precautions are infection prevention and control measures to protect against possible exposure to infectious agents. These precautions are general and applicable to all patients. Footnote *: For further information regarding standard precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/infection-control/hcp/core-practices (Infection Control in Healthcare Settings). (See also EC.02.02.01, EP 3) |
| | | EP 6 | The organization minimizes the risk of infection when storing and disposing of infectious waste. (See also EC.02.02.01, EP 12) |
| | | IC.02.02.01 | The organization reduces the risk of infections associated with medical equipment, devices, and supplies. |
| | | EP 1 | The organization implements infection prevention and control activities when doing the following: Cleaning and performing low-level disinfection of medical equipment, devices, and supplies. * Note: Low-level disinfection is used for items such as stethoscopes and blood glucose meters. Additional cleaning and disinfecting is required for medical equipment, devices, and supplies used by patients who are isolated as part of implementing transmission-based precautions. Footnote *: For further information regarding cleaning and performing low-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/infectioncontrol/guidelines/disinfection/#r3 . |
| | | EP 2 | The organization implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. Note: Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as is the case with flexible endoscopes. (See also EC.02.04.03, EP 4) |
| | | EP 4 | The organization implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies. |
| | | EP 5 | When reprocessing single-use devices, the organization implements infection prevention and control activities that are consistent with regulatory and professional standards. |
| | | LD.04.01.01 | The organization complies with law and regulation. |
| | | EP 2 | The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations. |
| | | LD.04.01.11 | The organization makes space and equipment available as needed for the provision of care, treatment, or services. |
| | | EP 5 | The leaders provide for interior and exterior space, equipment, information systems, supplies, and other resources to meet the needs of the patient. |

| CFR Number §416.42(a) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| §416.42(a) TAG: Q-0061 §416.42(a) Standard: Anesthetic Risk and Evaluation | | | |
| §416.42(a)(1) TAG: Q-0061 (1) Immediately before surgery— | | | |
| §416.42(a)(1)(i) TAG: Q-0065 (i) A physician must examine the patient to evaluate the risk of the procedure to be performed; and | | PC.03.01.03 EP 16 | The organization provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: A physician examines the patient immediately before surgery to evaluate patient risk for the procedure to be performed. |
| §416.42(a)(1)(ii) TAG: Q-0061 (ii) A physician or anesthesiologist as defined at §410.69(b) of this chapter must examine the patient to evaluate the risk of anesthesia. | | PC.03.01.03 EP 9 | The organization provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: A physician or anesthesiologist (as defined by law and regulation) examines the patient immediately before surgery to evaluate the risks associated with moderate or deep sedation or anesthesia. |
| §416.42(a)(2) TAG: Q-0062 (2) Before discharge from the ASC, each patient must be evaluated by a physician or by an anesthesiologist as defined at §410.69(b) of this chapter, in accordance with applicable State health and safety laws, standards of practice, and ASC policy, for proper anesthesia recovery. | | PC.03.01.07 EP 1 EP 5 | The organization provides care to the patient after operative or other high-risk procedures and/or the administration of moderate or deep sedation or anesthesia. The organization 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. (See also RC.02.01.03, EP 8) For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Each patient is evaluated by a physician (as defined in section 1861(r) of the Social Security Act), or an anesthesiologist (as defined by law and regulation) for proper recovery before discharge from the ambulatory surgical center. |
| §416.42(b) TAG: Q-0063 §416.42(b) Standard: Administration of Anesthesia Anesthetics must be administered by only- | | | |

| CFR Number §416.42(b)(1) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| §416.42(b)(1) | TAG: Q-0063 | HR.02.01.03 | The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently. |
| (1) A qualified anesthesiologist, or | | EP 4 | All physicians and other licensed practitioners that provide care possess a current license, certification, or registration, as required by law and regulation. |
| | | EP 31 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Medical staff members are legally and professionally qualified for the positions to which they are appointed. |
| | | EP 32 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Medical staff members are legally and professionally qualified to perform the privileges granted. |
| | | EP 33 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Surgical procedures are performed in a safe manner by qualified physicians who have been granted clinical privileges to do so by the ambulatory surgical center's governing body in accordance with approved policies and procedures. |
| | | LS.01.01.01 | The organization designs and manages the physical environment to comply with the Life Safety Code. Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization. Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served. |
| | | EP 8 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization meets the provisions applicable to ambulatory health care occupancies, regardless of the number of patients served, in accordance with the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4). |
| | | PC.03.01.03 | The organization provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia. |
| | EP 12 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Anesthetics must be administered only by one of the following: a qualified anesthesiologist; a physician qualified to administer anesthesia; a certified registered nurse anesthetist or an anesthesiologist's assistant; or a supervised trainee in an approved education program. | |

| CFR Number §416.42(b)(2) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.42(b)(2) TAG: Q-0063</p> <p>(2) A physician qualified to administer anesthesia, a certified registered nurse anesthetist (CRNA) or an anesthesiologist's assistant as defined in §410.69(b) of this chapter, or a supervised trainee in an approved educational program. In those cases in which a non-physician administers the anesthesia, unless exempted in accordance with paragraph (c) of this section, the anesthetist must be under the supervision of the operating physician, and in the case of an anesthesiologist's assistant, under the supervision of an anesthesiologist.</p> | | <p>PC.03.01.03 The organization provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.</p> <p>EP 12 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Anesthetics must be administered only by one of the following: a qualified anesthesiologist; a physician qualified to administer anesthesia; a certified registered nurse anesthetist or an anesthesiologist's assistant; or a supervised trainee in an approved education program.</p> <p>EP 13 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: In cases in which a non-physician administers the anesthesia, the anesthetist (unless exempt) must be under the supervision of the operating physician and, in the case of an anesthesiologist's assistant, under the supervision of an anesthesiologist. Note: An ambulatory surgical center may be exempt from the requirement for physician supervision of certified registered nurse anesthetists (CRNAs) as described in paragraph (b)(2) of 42 CFR 416.42 if the state in which the ambulatory surgical center is located submits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by the governor, following consultation with the state's Boards of Medicine and Nursing, requesting exemption from physician supervision of CRNAs. The letter from the governor must attest that they have consulted with state Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the state and has concluded that it is in the best interests of the state's citizens to opt-out of the current physician supervision requirement, and that the opt-out is consistent with state law. The request for exemption and recognition of state laws as well as the withdrawal of the request may be submitted at any time, and they are effective upon submission.</p> | |
| <p>§416.42(c) TAG: Q-0063</p> <p>§416.42(c) Standard: State Exemption</p> | | | |
| <p>§416.42(c)(1) TAG: Q-0063</p> <p>(1) An ASC may be exempted from the requirement for physician supervision of CRNAs as described in paragraph (b)(2) of this section, if the State in which the ASC is located submits a letter to CMS signed by the Governor, following consultation with the State's Boards of Medicine and Nursing, requesting exemption from physician supervision of CRNAs. The letter from the Governor must attest that he or she has consulted with State Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the State and has concluded that it is in the best interests of the State's citizens to opt-out of the current physician supervision requirement, and that the opt-out is consistent with State law.</p> | | <p>PC.03.01.03 The organization provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.</p> <p>EP 13 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: In cases in which a non-physician administers the anesthesia, the anesthetist (unless exempt) must be under the supervision of the operating physician and, in the case of an anesthesiologist's assistant, under the supervision of an anesthesiologist. Note: An ambulatory surgical center may be exempt from the requirement for physician supervision of certified registered nurse anesthetists (CRNAs) as described in paragraph (b)(2) of 42 CFR 416.42 if the state in which the ambulatory surgical center is located submits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by the governor, following consultation with the state's Boards of Medicine and Nursing, requesting exemption from physician supervision of CRNAs. The letter from the governor must attest that they have consulted with state Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the state and has concluded that it is in the best interests of the state's citizens to opt-out of the current physician supervision requirement, and that the opt-out is consistent with state law. The request for exemption and recognition of state laws as well as the withdrawal of the request may be submitted at any time, and they are effective upon submission.</p> | |

| CFR Number §416.42(c)(2) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|--|-----------------------|---------------------------------------|--|
| §416.42(c)(2) | TAG: Q-0063 | PC.03.01.03 | The organization provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia. |
| (2) The request for exemption and recognition of State laws, and the withdrawal of the request may be submitted at any time, and is effective upon submission. | | EP 13 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: In cases in which a non-physician administers the anesthesia, the anesthetist (unless exempt) must be under the supervision of the operating physician and, in the case of an anesthesiologist's assistant, under the supervision of an anesthesiologist. Note: An ambulatory surgical center may be exempt from the requirement for physician supervision of certified registered nurse anesthetists (CRNAs) as described in paragraph (b)(2) of 42 CFR 416.42 if the state in which the ambulatory surgical center is located submits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by the governor, following consultation with the state's Boards of Medicine and Nursing, requesting exemption from physician supervision of CRNAs. The letter from the governor must attest that they have consulted with state Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the state and has concluded that it is in the best interests of the state's citizens to opt-out of the current physician supervision requirement, and that the opt-out is consistent with state law. The request for exemption and recognition of state laws as well as the withdrawal of the request may be submitted at any time, and they are effective upon submission. |

| CFR Number §416.43 | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|-----------------------|---------------------------------------|--|
| §416.43 | TAG: Q-0080 | LD.01.03.01 | Governance is ultimately accountable for the safety and quality of care, treatment, or services. |
| §416.43 Condition for Coverage: Quality Assessment and Performance Improvement | | EP 5 | Governance provides for the resources needed to maintain safe, quality care, treatment, or services. |
| The ASC must develop, implement and maintain an ongoing, data-driven quality assessment and performance improvement (QAPI) program. | | EP 6 | Governance works with other leaders to annually evaluate the organization's performance in relation to its mission, vision, and goals. |
| | | LD.03.02.01 | The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality. |
| | | EP 1 | Leaders set expectations for using data and information for the following: - Improving the safety and quality of care, treatment, or services - Creating a culture of safety and quality - Decision making that supports the safety and quality of care, treatment, or services - Identifying and responding to internal and external changes in the environment |
| | | LD.03.05.01 | Leaders manage change to improve the performance of the organization. |
| | | EP 2 | Structures for managing change and performance improvement do the following: - Foster the safety of the patient and the quality of care, treatment, or services - Support a culture of safety and quality - Adapt to changes in the environment |
| | | EP 3 | Leaders evaluate the effectiveness of processes for the management of change and performance improvement. |
| | | LD.03.07.01 | Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.) |
| | | EP 1 | Performance improvement occurs organizationwide. |
| | | EP 2 | As part of performance improvement, leaders do the following: - Set priorities for performance improvement activities and patient health outcomes - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities - Identify the frequency of data collection for performance improvement activities - Reprioritize performance improvement activities in response to changes in the internal or external environment (See also PI.01.01.01, EPs 2, 3, 5, 6, 7, 12, 13; PI.02.01.01, EP 1) |
| | | EP 18 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center develops an ongoing, data-driven quality assessment and performance improvement program. |
| | | EP 19 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center implements its quality assessment and performance improvement program. |
| | | EP 20 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center maintains its quality assessment and performance improvement program. |
| | | PI.03.01.01 | The organization compiles and analyzes data. |
| | | EP 4 | The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. |
| | | EP 8 | The organization uses the results of data analysis to identify improvement opportunities. |
| | | PI.04.01.01 | The organization improves performance. |
| | | EP 5 | The organization acts when it does not achieve or sustain planned improvements. (See also MM.09.01.03, EP 5) |

| CFR Number §416.43(a) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|--|-----------------------|---------------------------------------|---|
| <p>§416.43(a) TAG: Q-0081</p> <p>§416.43(a) Standard: Program Scope.</p> | | | |
| <p>§416.43(a)(1) TAG: Q-0081</p> <p>(1) The program must include, but not be limited to, an ongoing program that demonstrates measurable improvement in patient health outcomes, and improves patient safety by using quality indicators or performance measures associated with improved health outcomes and by the identification and reduction of medical errors.</p> | | | <p>LD.03.02.01 The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.</p> <p>EP 1 Leaders set expectations for using data and information for the following:</p> <ul style="list-style-type: none"> - Improving the safety and quality of care, treatment, or services - Creating a culture of safety and quality - Decision making that supports the safety and quality of care, treatment, or services - Identifying and responding to internal and external changes in the environment <p>LD.03.05.01 Leaders manage change to improve the performance of the organization.</p> <p>EP 1 The organization has a systematic approach to change and performance improvement.</p> <p>EP 2 Structures for managing change and performance improvement do the following:</p> <ul style="list-style-type: none"> - Foster the safety of the patient and the quality of care, treatment, or services - Support a culture of safety and quality - Adapt to changes in the environment <p>EP 3 Leaders evaluate the effectiveness of processes for the management of change and performance improvement.</p> <p>LD.03.07.01 Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)</p> <p>EP 1 Performance improvement occurs organizationwide.</p> <p>EP 2 As part of performance improvement, leaders do the following:</p> <ul style="list-style-type: none"> - Set priorities for performance improvement activities and patient health outcomes - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities - Identify the frequency of data collection for performance improvement activities - Reprioritize performance improvement activities in response to changes in the internal or external environment <p>(See also PI.01.01.01, EPs 2, 3, 5, 6, 7, 12, 13; PI.02.01.01, EP 1)</p> <p>PI.04.01.01 The organization improves performance.</p> <p>EP 2 The organization acts on improvement priorities. (See also MM.08.01.01, EP 6)</p> <p>EP 5 The organization acts when it does not achieve or sustain planned improvements. (See also MM.09.01.03, EP 5)</p> <p>EP 12 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization's quality assurance and performance improvement activities demonstrate the following:</p> <ul style="list-style-type: none"> - Measurable improvement in patient health outcomes - Improvements in patient safety by using quality indicators or performance measures associated with improved health outcomes - Improvements in patient safety through efforts to identify and reduce medical errors |
| <p>§416.43(a)(2) TAG: Q-0081</p> <p>(2) The ASC must measure, analyze, and track quality indicators, adverse patient events, infection control and other aspects of performance that includes care and services furnished in the ASC.</p> | | | <p>IC.01.05.01 The organization plans for preventing and controlling infections.</p> <p>EP 2 The organization plans infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection. These activities are documented.</p> <p>IC.02.01.01 The organization implements infection prevention and control activities.</p> |

| CFR Number §416.43(a)(2) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|-----------------------------|-----------------------|---------------------------------------|---|
| | | EP 1 | The organization implements its planned infection prevention and control activities and practices, including surveillance, to reduce the risk of infection. |
| | | IC.03.01.01 | The organization evaluates the effectiveness of its infection prevention and control activities. |
| | | EP 1 | The organization evaluates its infection prevention and control activities annually and whenever risks significantly change. The evaluation includes a review of the following: <ul style="list-style-type: none"> - The infection prevention and control prioritized risks - The infection prevention and control goals - Implementation of infection prevention and control activities - Outcomes of infection prevention and control activities (See also NPSG.07.01.01, EP 2) |
| | | EP 6 | Findings from the evaluation are communicated at least annually to the individuals or interdisciplinary group that manages the patient safety program. |
| | | EP 7 | The organization uses the findings of the evaluation when revising the prioritized risks, goals, and activities for preventing and controlling infection. |
| | | LD.03.07.01 | Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.) |
| | | EP 2 | As part of performance improvement, leaders do the following: <ul style="list-style-type: none"> - Set priorities for performance improvement activities and patient health outcomes - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities - Identify the frequency of data collection for performance improvement activities - Reprioritize performance improvement activities in response to changes in the internal or external environment (See also PI.01.01.01, EPs 2, 3, 5, 6, 7, 12, 13; PI.02.01.01, EP 1) |
| | | LD.03.09.01 | The organization has an organizationwide, integrated patient safety program. |
| | | EP 5 | The organization 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. |
| | | PI.01.01.01 | The organization collects data to monitor its performance. |
| | | EP 2 | The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.03.07.01, EP 2) |
| | | EP 3 | The organization collects data on the following: Operative or other procedures that place patients at risk of disability or death. (See also LD.03.07.01, EP 2) |
| | | EP 4 | The organization collects data on the following: Surgeries in which the postoperative diagnosis (clinical or pathological) was unexpected and could indicate that a clinically significant diagnostic error occurred. Note: The organization's medical staff determine which unexpected postoperative diagnoses are clinically significant. Examples may include but are not limited to the following: <ul style="list-style-type: none"> - 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. |
| | | EP 5 | The organization collects data on the following: Adverse events related to using moderate or deep sedation or anesthesia. (See also LD.03.07.01, EP 2) |
| | | EP 6 | The organization collects data on the following: The use of blood and blood components. |

| CFR Number §416.43(b) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | (See also LD.03.07.01, EP 2) | <p>EP 7 The organization collects data on the following: All confirmed transfusion reactions. (See also LD.03.07.01, EP 2)</p> <p>EP 12 The organization collects data on the following: Significant medication errors. (See also LD.03.07.01, EP 2; MM.08.01.01, EP 1)</p> <p>EP 14 The organization collects data on the following: Patient perception of the safety and quality of care, treatment, or services.</p> <p>PI.03.01.01 The organization compiles and analyzes data.</p> <p>EP 4 The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.</p> <p>EP 8 The organization uses the results of data analysis to identify improvement opportunities.</p> |
| §416.43(b) | TAG: Q-0082 | | |
| §416.43(b) Standard: Program Data | | | |
| §416.43(b)(1) | TAG: Q-0082 | LD.03.02.01 | The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality. |
| (1) The program must incorporate quality indicator data, including patient care and other relevant data regarding services furnished in the ASC. | | EP 1 | <p>Leaders set expectations for using data and information for the following:</p> <ul style="list-style-type: none"> - Improving the safety and quality of care, treatment, or services - Creating a culture of safety and quality - Decision making that supports the safety and quality of care, treatment, or services - Identifying and responding to internal and external changes in the environment <p>EP 2 Leaders evaluate how effectively data and information are used throughout the organization.</p> <p>PI.03.01.01 The organization compiles and analyzes data.</p> <p>EP 4 The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.</p> <p>EP 8 The organization uses the results of data analysis to identify improvement opportunities.</p> |
| §416.43(b)(2) | TAG: Q-0082 | | |
| (2) The ASC must use the data collected to – | | | |

| CFR Number §416.43(b)(2)(i) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|-----------------------|--|--|
| <p>§416.43(b)(2)(i) TAG: Q-0082</p> <p>(i) Monitor the effectiveness and safety of its services, and quality of its care.</p> | | <p>IC.01.03.01 The organization identifies risks for acquiring and transmitting infections.</p> <p>EP 3 The organization prioritizes the identified risks for acquiring and transmitting infections. These prioritized risks are documented. (See also IC.02.05.01, EP 2)</p> <p>LD.03.09.01 The organization has an organizationwide, integrated patient safety program.</p> <p>EP 8 To improve safety, the organization analyzes and uses information about system or process failures and, when conducted, the results of proactive risk assessments. (See also LD.03.08.01, EP 1)</p> <p>PI.03.01.01 The organization compiles and analyzes data.</p> <p>EP 4 The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.</p> <p>EP 8 The organization uses the results of data analysis to identify improvement opportunities.</p> <p>PI.04.01.01 The organization improves performance.</p> <p>EP 2 The organization acts on improvement priorities. (See also MM.08.01.01, EP 6)</p> <p>EP 5 The organization acts when it does not achieve or sustain planned improvements. (See also MM.09.01.03, EP 5)</p> | |
| <p>§416.43(b)(2)(ii) TAG: Q-0082</p> <p>(ii) Identify opportunities that could lead to improvements and changes in its patient care.</p> | | <p>PI.03.01.01 The organization compiles and analyzes data.</p> <p>EP 8 The organization uses the results of data analysis to identify improvement opportunities.</p> | |
| <p>§416.43(c) TAG: Q-0081</p> <p>§416.43(c) Standard: Program Activities</p> | | | |
| <p>§416.43(c) TAG: Q-0082</p> <p>§416.43(c) Standard: Program Activities</p> | | | |
| <p>§416.43(c)(1) TAG: Q-0081</p> <p>(1) The ASC must set priorities for its performance improvement activities that –</p> | | | |
| <p>§416.43(c)(1)(i) TAG: Q-0081</p> <p>(i) Focus on high risk, high volume, and problem-prone areas.</p> | | <p>LD.03.07.01 Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)</p> <p>EP 23 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Leaders establish priorities that consider the incidence, prevalence, and severity of high-volume, high-risk, or problem-prone areas found in performance improvement activities.</p> | |

| CFR Number §416.43(c)(1)(ii) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| §416.43(c)(1)(ii) | TAG: Q-0081 | LD.03.07.01 | Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.) |
| (ii) Consider incidence, prevalence and severity of problems in those areas. | | EP 2 | As part of performance improvement, leaders do the following: - Set priorities for performance improvement activities and patient health outcomes - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities - Identify the frequency of data collection for performance improvement activities - Reprioritize performance improvement activities in response to changes in the internal or external environment (See also PI.01.01.01, EPs 2, 3, 5, 6, 7, 12, 13; PI.02.01.01, EP 1) |
| | | EP 23 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Leaders establish priorities that consider the incidence, prevalence, and severity of high-volume, high-risk, or problem-prone areas found in performance improvement activities. |
| | | PI.01.01.01 | The organization collects data to monitor its performance. |
| | | EP 2 | The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.03.07.01, EP 2) |
| | | EP 3 | The organization collects data on the following: Operative or other procedures that place patients at risk of disability or death. (See also LD.03.07.01, EP 2) |
| | | EP 4 | The organization collects data on the following: Surgeries in which the postoperative diagnosis (clinical or pathological) was unexpected and could indicate that a clinically significant diagnostic error occurred. Note: The organization's medical staff determine which unexpected postoperative diagnoses are clinically significant. Examples may include but are not limited to the following: - A preoperative pathology or cytology report was interpreted as a malignancy, but no malignancy was found in the surgical specimen. - A patient underwent surgery for acute appendicitis, but the appendix was normal on the postsurgical pathology exam. - An operation was performed because of a presumed malignancy based on a radiology report, but no malignancy was found. |
| | | EP 5 | The organization collects data on the following: Adverse events related to using moderate or deep sedation or anesthesia. (See also LD.03.07.01, EP 2) |
| | | EP 6 | The organization collects data on the following: The use of blood and blood components. (See also LD.03.07.01, EP 2) |
| | | EP 7 | The organization collects data on the following: All confirmed transfusion reactions. (See also LD.03.07.01, EP 2) |
| | | EP 12 | The organization collects data on the following: Significant medication errors. (See also LD.03.07.01, EP 2; MM.08.01.01, EP 1) |
| | | EP 14 | The organization collects data on the following: Patient perception of the safety and quality of care, treatment, or services. |

| CFR Number §416.43(c)(1)(iii) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.43(c)(1)(iii) TAG: Q-0081</p> <p>(iii) Affect health outcomes, patient safety and quality of care.</p> | | <p>LD.03.07.01 Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)</p> <p>EP 2 As part of performance improvement, leaders do the following:</p> <ul style="list-style-type: none"> - Set priorities for performance improvement activities and patient health outcomes - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities - Identify the frequency of data collection for performance improvement activities - Reprioritize performance improvement activities in response to changes in the internal or external environment <p>(See also PI.01.01.01, EPs 2, 3, 5, 6, 7, 12, 13; PI.02.01.01, EP 1)</p> <p>EP 17 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center sets priorities for its performance improvement activities that affect health outcomes, patient safety, and quality of care.</p> | |
| <p>§416.43(c)(2) TAG: Q-0082</p> <p>(2) Performance improvement activities must track adverse patient events, examine their causes, implement improvements, and ensure that improvements are sustained over time.</p> | | <p>LD.03.09.01 The organization has an organizationwide, integrated patient safety program.</p> <p>EP 13 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization tracks adverse patient events, examines their causes, implements needed improvements, and makes certain improvements are sustained over time.</p> | |
| <p>§416.43(c)(3) TAG: Q-0082</p> <p>(3) The ASC must implement preventive strategies throughout the facility targeting adverse patient events and ensure that all staff are familiar with these strategies.</p> | | <p>PI.04.01.01 The organization improves performance.</p> <p>EP 10 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center implements preventive strategies throughout the facility targeting adverse patient events and makes certain that all staff are familiar with these strategies.</p> <p>(See also LD.03.09.01, EPs 2, 3, 4, 9)</p> | |
| <p>§416.43(d) TAG: Q-0083</p> <p>§416.43(d) Standard: Performance improvement projects.</p> | | | |
| <p>§416.43(d)(1) TAG: Q-0083</p> <p>(1) The number and scope of distinct improvement projects conducted annually must reflect the scope and complexity of the ASC's services and operations.</p> | | <p>PI.03.01.01 The organization compiles and analyzes data.</p> <p>EP 11 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The number and scope of distinct improvement projects conducted annually reflects the scope and complexity of the ambulatory surgical center's services and operations.</p> | |
| <p>§416.43(d)(2) TAG: Q-0083</p> <p>(2) The ASC must document the projects that are being conducted. The documentation, at a minimum, must include the reason(s) for implementing the project, and a description of the project's results.</p> | | <p>PI.01.01.01 The organization collects data to monitor its performance.</p> <p>EP 26 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center documents the improvement projects it is conducting. The documentation includes, at a minimum, the reason(s) for implementing the project and a description of the project's results.</p> | |
| <p>§416.43(e) TAG: Q-0084</p> <p>§416.43(e) Standard: Governing body responsibilities.</p> <p>The governing body must ensure that the QAPI program -</p> | | | |

| CFR Number §416.43(e)(1) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| §416.43(e)(1) | TAG: Q-0084 | LD.01.03.01 | Governance is ultimately accountable for the safety and quality of care, treatment, or services. |
| (1) Is defined, implemented, and maintained by the ASC. | | EP 22 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The governing body is responsible for the following: |
| | | | - Determining, implementing, and monitoring policies governing the organization's total operation and establishing expectations for safety throughout the organization |
| | | | - Defining, implementing, monitoring, and maintaining quality assurance and performance improvement activities |
| | | | - Addressing identified priorities for quality assurance and performance improvement activities |
| | | | - Evaluating the effectiveness of quality assurance and performance improvement activities |
| | | LD.03.05.01 | Leaders manage change to improve the performance of the organization. |
| | | EP 1 | The organization has a systematic approach to change and performance improvement. |
| | | EP 2 | Structures for managing change and performance improvement do the following: |
| | | | - Foster the safety of the patient and the quality of care, treatment, or services |
| | | | - Support a culture of safety and quality |
| | | | - Adapt to changes in the environment |
| | | EP 3 | Leaders evaluate the effectiveness of processes for the management of change and performance improvement. |
| | | LD.03.07.01 | Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.) |
| | | EP 1 | Performance improvement occurs organizationwide. |
| | | EP 2 | As part of performance improvement, leaders do the following: |
| | | | - Set priorities for performance improvement activities and patient health outcomes |
| | | | - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities |
| | | | - Identify the frequency of data collection for performance improvement activities |
| | | | - Reprioritize performance improvement activities in response to changes in the internal or external environment |
| | | | (See also PI.01.01.01, EPs 2, 3, 5, 6, 7, 12, 13; PI.02.01.01, EP 1) |
| | | EP 14 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The governing body makes certain that the quality assessment and performance improvement program is defined, implemented, and maintained. |

| CFR Number §416.43(e)(2) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| §416.43(e)(2) | TAG: Q-0084 | LD.01.03.01 | Governance is ultimately accountable for the safety and quality of care, treatment, or services. |
| (2) Addresses the ASC's priorities and that all improvements are evaluated for effectiveness. | | EP 22 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The governing body is responsible for the following: - Determining, implementing, and monitoring policies governing the organization's total operation and establishing expectations for safety throughout the organization - Defining, implementing, monitoring, and maintaining quality assurance and performance improvement activities - Addressing identified priorities for quality assurance and performance improvement activities - Evaluating the effectiveness of quality assurance and performance improvement activities |
| | | LD.03.03.01 | Leaders use organizationwide planning to establish structures and processes that focus on safety and quality. |
| | | EP 1 | Planning activities focus on the following: - Improving patient safety and health care quality - Supporting a culture of safety and quality - Adapting to changes in the environment |
| | | EP 2 | Planning is organizationwide, systematic, and involves designated individuals and information sources. |
| | | EP 3 | Leaders evaluate the effectiveness of planning activities. |
| | | LD.03.05.01 | Leaders manage change to improve the performance of the organization. |
| | | EP 1 | The organization has a systematic approach to change and performance improvement. |
| | | EP 2 | Structures for managing change and performance improvement do the following: - Foster the safety of the patient and the quality of care, treatment, or services - Support a culture of safety and quality - Adapt to changes in the environment |
| | | EP 3 | Leaders evaluate the effectiveness of processes for the management of change and performance improvement. |
| | | LD.03.07.01 | Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.) |
| EP 1 | Performance improvement occurs organizationwide. | | |
| EP 2 | As part of performance improvement, leaders do the following: - Set priorities for performance improvement activities and patient health outcomes - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities - Identify the frequency of data collection for performance improvement activities - Reprioritize performance improvement activities in response to changes in the internal or external environment (See also PI.01.01.01, EPs 2, 3, 5, 6, 7, 12, 13; PI.02.01.01, EP 1) | | |

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| <p>§416.43(e)(3) TAG: Q-0084</p> <p>(3) Specifies data collection methods, frequency, and details.</p> | | <p>LD.03.07.01 Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)</p> <p>EP 2 As part of performance improvement, leaders do the following:</p> <ul style="list-style-type: none"> - Set priorities for performance improvement activities and patient health outcomes - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities - Identify the frequency of data collection for performance improvement activities - Reprioritize performance improvement activities in response to changes in the internal or external environment <p>(See also PI.01.01.01, EPs 2, 3, 5, 6, 7, 12, 13; PI.02.01.01, EP 1)</p> <p>EP 16 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The governing body makes certain that the performance improvement data collection methods, frequency, and details are appropriate.</p> <p>PI.03.01.01 The organization compiles and analyzes data.</p> <p>EP 4 The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.</p> <p>EP 8 The organization uses the results of data analysis to identify improvement opportunities.</p> <p>PI.04.01.01 The organization improves performance.</p> <p>EP 2 The organization acts on improvement priorities. (See also MM.08.01.01, EP 6)</p> <p>EP 5 The organization acts when it does not achieve or sustain planned improvements. (See also MM.09.01.03, EP 5)</p> | |
| <p>§416.43(e)(4) TAG: Q-0084</p> <p>(4) Clearly establishes its expectations for safety.</p> | | <p>LD.01.03.01 Governance is ultimately accountable for the safety and quality of care, treatment, or services.</p> <p>EP 22 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The governing body is responsible for the following:</p> <ul style="list-style-type: none"> - Determining, implementing, and monitoring policies governing the organization's total operation and establishing expectations for safety throughout the organization - Defining, implementing, monitoring, and maintaining quality assurance and performance improvement activities - Addressing identified priorities for quality assurance and performance improvement activities - Evaluating the effectiveness of quality assurance and performance improvement activities <p>LD.03.03.01 Leaders use organizationwide planning to establish structures and processes that focus on safety and quality.</p> <p>EP 1 Planning activities focus on the following:</p> <ul style="list-style-type: none"> - Improving patient safety and health care quality - Supporting a culture of safety and quality - Adapting to changes in the environment <p>EP 2 Planning is organizationwide, systematic, and involves designated individuals and information sources.</p> <p>EP 3 Leaders evaluate the effectiveness of planning activities.</p> <p>LD.03.05.01 Leaders manage change to improve the performance of the organization.</p> <p>EP 1 The organization has a systematic approach to change and performance improvement.</p> <p>EP 2 Structures for managing change and performance improvement do the following:</p> <ul style="list-style-type: none"> - Foster the safety of the patient and the quality of care, treatment, or services - Support a culture of safety and quality - Adapt to changes in the environment | |

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| | | <p>EP 3 Leaders evaluate the effectiveness of processes for the management of change and performance improvement.</p> <p>LD.03.09.01 The organization has an organizationwide, integrated patient safety program.</p> <p>EP 1 The leaders implement an organizationwide patient safety program as follows: - One or more qualified individuals manage the safety program. - All departments, programs, and services within the organization participate in the safety program. - The scope of the safety program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as close calls ["near misses"] or good catches) to hazardous conditions and sentinel events.</p> <p>EP 2 As part of the safety program, the leaders create procedures for responding to system or process failures. Note: Responses might include continuing to provide care, treatment, or services to those affected, containing the risk, and preserving factual information for subsequent analysis. (See also PI.04.01.01, EP 10)</p> <p>EP 3 The leaders provide and encourage the use of systems for blame-free internal reporting of a system or process failure, or the results of a proactive risk assessment. Note: This EP is intended to minimize staff reluctance to report errors in order to help an organization understand the source and results of system and process failures. The EP does not conflict with holding individuals accountable for their blameworthy errors. (See also LD.03.08.01, EP 1; PI.04.01.01, EP 10)</p> <p>EP 4 The leaders define patient safety event and communicate this definition throughout the organization. Note: At a minimum, the organization's definition includes those events subject to review as described in the "Sentinel Event Policy" (SE) chapter of this manual. (See also PI.04.01.01, EP 10)</p> <p>EP 5 The organization 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.</p> <p>EP 6 The leaders make support systems available for staff who have been involved in an adverse or sentinel event. Note: Support systems recognize that conscientious health care workers who are involved in sentinel events 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.</p> <p>EP 8 To improve safety, the organization analyzes and uses information about system or process failures and, when conducted, the results of proactive risk assessments. (See also LD.03.08.01, EP 1)</p> | |
| <p>§416.43(e)(5) TAG: Q-0084</p> <p>(5) Adequately allocates sufficient staff, time, information systems and training to implement the QAPI program.</p> | | <p>LD.03.07.01 Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)</p> <p>EP 15 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The governing body makes certain that adequate staff, time, information systems, and training are allocated to the quality assessment and performance improvement program.</p> | |
| <p>§416.44 TAG: Q-0100</p> <p>§416.44 Conditions for Coverage: Environment</p> <p>The ASC must have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.</p> | | <p>EC.02.01.01 The organization manages safety and security risks.</p> <p>EP 5 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization maintains all grounds and equipment.</p> <p>EC.02.03.01 The organization manages fire risks.</p> <p>EP 1 The organization minimizes the potential for harm from fire, smoke, and other products of combustion.</p> <p>EP 9 The organization has a written fire response plan that describes the specific roles of staff during a fire,</p> | |

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| | | | <p>including when and how to sound fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, and how to evacuate to areas of refuge. Staff are periodically instructed on and kept informed of their duties under the plan. A copy of the plan is readily available with the telephone operator or security. Note: For full text, refer to NFPA 101-2012: 20/21.7.1; 7.2.</p> |
| | | EC.02.03.03 | The organization conducts fire drills. |
| | | EP 1 | <p>The organization 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 organization may use a coded announcement to notify staff instead of activating audible alarms. For full text, refer to NFPA 101-2012: 20/21: 7.1.7. Note 3: In leased or rented facilities, drills need be conducted only in areas of the building that the organization occupies. (See also LS.01.02.01, EP 11)</p> |
| | | EP 3 | <p>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. Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the organization may use a coded announcement to notify staff instead of activating audible alarms. Note 2: Fire drills vary by at least one hour for each shift from quarter to quarter, through four consecutive quarters. Note 3: For full text, refer to NFPA 101-2012: 20/21: 7.1; 7.1.7; 7.2; 7.3.</p> |
| | | EP 5 | The organization critiques fire drills. |
| | | EP 7 | <p>The organization 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: 20/21.7.1.6.</p> |
| | | EC.02.03.05 | <p>The organization maintains fire safety equipment and fire safety building features. Note: This standard does not require organizations to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.</p> |
| | | EP 1 | <p>The organization tests supervisory signal devices on the inventory in accordance with the following time frames: - 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 - Semiannually for valve supervisory switches - Annually for other supervisory initiating devices 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.</p> |
| | | EP 2 | <p>Every 6 months, the organization 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)</p> |

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| | | EP 3 | Every 12 months, the organization 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. |
| | | EP 4 | Every 12 months, the organization 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. |
| | | EP 5 | Every 12 months the organization 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. |
| | | EP 6 | For automatic sprinkler systems: The organization 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. |
| | | EP 9 | For automatic sprinkler systems: Every 12 months, the organization 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. |
| | | EP 10 | For automatic sprinkler systems: Every quarter, the organization inspects all fire department water supply connections. The results and completion dates are documented. Note: For additional guidance on performing tests, see NFPA 25-2011: 13.7; Table 13.1.1.2. |
| | | EP 11 | For automatic sprinkler systems: Every 12 months, the organization 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. |
| | | EP 12 | Every 5 years, the organization 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. |
| | | EP 14 | The organization tests automatic fire-extinguishing systems as follows: - Carbon dioxide systems every 12 months - Halon systems every 6 months - Other special systems per National Fire Protection Association standards and manufacturers’ recommendations. The results and completion dates are documented. Note 1: Discharge of the fire-extinguishing systems is not required. Note 2: For full text, refer to NFPA 12-2011: 4.8.3.2 (for carbon dioxide systems) and NFPA 12A-2009: 6.1 (for halon systems). Note 3: For full text, refer to NFPA 11-2010; NFPA 16-2011; NFPA 17-2009; NFPA 17A-2009 for other extinguishing systems. |
| | | EP 15 | At least monthly, the organization 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. |
| | | EP 16 | Every 12 months, the organization performs maintenance on portable fire extinguishers, including recharging. Individuals performing annual maintenance on extinguishers are certified. The results and completion dates are documented. Note 1: There are many ways to document the maintenance, such as using bar-coding equipment, using check marks on a tag, or using an inventory. Note 2: For additional guidance on maintaining fire extinguishers, see NFPA 10-2010: 7.1.2; 7.2.2; 7.2.4; |

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| | | 7.3.1. | |
| | | EP 17 | The organization 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. |
| | | EP 18 | The organization operates fire and smoke dampers one year after installation and then at least every four 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. |
| | | EP 19 | Every 12 months, the organization 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. |
| | | EP 20 | Every 12 months, the organization 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. |
| | | EP 25 | The organization 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 ambulatory surgical centers that elect to use The Joint Commission deemed status option: 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. |
| | | EP 28 | Documentation of maintenance, testing, and inspection activities for EC.02.03.05, EPs 1–20, 25 (including fire alarm and fire protection features) includes the following: - Name of the activity - Date of the activity - Inventory of devices, equipment, or other items - Required frequency of the activity - Name and contact information, including affiliation, of the person who performed the activity - NFPA standard(s) referenced for the activity - Results of the activity Note: For additional guidance on documenting activities, see NFPA 25-2011: 4.3; 4.4; NFPA 72-2010: 14.2.1; 14.2.2; 14.2.3; 14.2.4. |
| | | EC.02.04.01 | The organization manages medical equipment risks. |
| | | EP 2 | The organization maintains either a written inventory of all medical equipment or a written inventory of selected equipment categorized by physical risk associated with use (including all life-support equipment) and equipment incident history. The organization evaluates new types of equipment before initial use to determine whether they should be included in the inventory. For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: The organization maintains a written inventory of all medical equipment. |
| | | EP 3 | The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all medical equipment on the inventory. Various maintenance strategies may be used to ensure reliable performance (for example, predictive maintenance, reliability-centered maintenance, interval-based inspections, corrective maintenance, or metered maintenance). Defined intervals may be based on criteria such as manufacturers' recommendations, risk levels, and current organization experience. |

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| | | | For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all medical equipment on the inventory. These activities and frequencies must follow manufacturers' recommendations or other federal or state requirements. |
| | | EC.02.04.03 | The organization inspects, tests, and maintains medical equipment. |
| | | EP 1 | Before initial use of medical equipment on the medical equipment inventory, the organization performs safety, operational, and functional checks. |
| | | EP 2 | The organization inspects, tests, and maintains all high-risk equipment. These activities are documented. Note: High-risk equipment includes life-support equipment. |
| | | EP 3 | The organization inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented. |
| | | EP 4 | The organization conducts performance testing of and maintains all sterilizers. These activities are documented. (See also IC.02.02.01, EP 2) |
| | | EP 8 | Equipment listed for use in oxygen-enriched atmospheres is clearly and permanently labeled (withstands cleaning/disinfecting) as follows: - Oxygen-metering equipment, pressure-reducing regulators, humidifiers, and nebulizers are labeled with name of manufacturer or supplier. - Oxygen-metering equipment and pressure reducing regulators are labeled "OXYGEN-USE NO OIL." - Labels on flowmeters, pressure-reducing regulators, and oxygen-dispensing apparatuses designate the gases for which they are intended. - Cylinders and containers are labeled in accordance with Compressed Gas Association (CGA) C-7. (For full text, refer to NFPA 99-2012: 11.5.3.1) Note: Color coding is not utilized as the primary method of determining cylinder or container contents. |
| | | EP 10 | All occupancies containing hyperbaric facilities comply with construction, equipment, administration, and maintenance requirements of NFPA 99-2012: Chapter 14. |
| | | EP 19 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Emergency equipment is maintained by qualified staff. |
| | | EP 26 | The organization performs equipment maintenance on the anesthesia apparatus(es). An apparatus is tested at the final path to patient after any adjustment, modification, or repair. Before the apparatus is returned to service, each connection is checked to verify proper gas flow and an oxygen analyzer is used to verify oxygen concentration. Areas designated for servicing of oxygen equipment are clean and free of oil, grease, 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) |
| | | EP 27 | The organization meets NFPA 99-2012: Health Care Facilities Code requirements related to electrical equipment in the patient care vicinity. (For full text, refer to NFPA 99-2012: Chapter 10) Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendment (TIA) 12-5. |
| | | EC.02.05.01 | The organization manages risks associated with its utility systems. |
| | | EP 2 | New building systems and modifications to existing building systems are designed to meet the National Fire Protection Association's Categories 1-4 requirements. (For full text, refer to NFPA 99-2012: Chapter 4 for descriptions of the four categories related to gas, vacuum, electrical, and electrical equipment.) |
| | | EP 4 | The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all operating components of utility systems. Various maintenance strategies may be used to ensure reliable performance (for example, predictive maintenance, reliability-centered maintenance, interval-based inspections, corrective maintenance, or metered maintenance). Defined intervals may be based on criteria such as manufacturers' recommendations, risk levels, and current organization experience. For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: The organization identifies the activities and frequencies for |

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| | | | maintaining, inspecting, and testing for all operating components of utility systems. These activities and frequencies must follow manufacturers' recommendations or other federal or state requirements. |
| | | EP 5 | For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: The organization provides ventilation, temperature, and humidity levels in accordance with the levels established in the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) standards followed during initial construction or subsequent major renovations, alterations, or modernizations of the facility. |
| | | EP 7 | In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, filtration efficiencies, relative humidity, and temperature. For new health care facilities or altered, renovated, or modernized portions of existing ventilation systems or individual components (constructed or plans approved on or after July 5, 2016), heating, cooling, and ventilation are in accordance with NFPA 99-2012, which includes 2008 ASHRAE 170, or state design requirements if more stringent. Existing systems are in compliance with the ventilation standards that were in effect at the time the facility was constructed or last modified. Note: Areas designed for control of airborne contaminants include spaces such as all classes of operating rooms, special procedure rooms that require a sterile field, caesarean delivery rooms, rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, airborne infection isolation rooms, rooms for patients with pulmonary or laryngeal tuberculosis, bronchoscopy treatment rooms), patients in "protective environment" rooms (for example, rooms for patients receiving bone marrow transplants), laboratories, pharmacies, sterile supply/processing rooms, and other sterile spaces. |
| | | EP 10 | The organization has written procedures for responding to utility system disruptions. |
| | | EP 11 | The organization's procedures address shutting off the malfunctioning system and notifying staff in affected areas. |
| | | EP 12 | The organization's procedures address performing emergency clinical interventions during utility system disruptions. |
| | | EP 13 | The organization responds to utility system disruptions as described in its procedures. |
| | | 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) |
| | | EP 21 | Electrical distribution in the organization is based on the following categories: - 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. - Category 2: General care rooms served by a Type 1 or Type 2 EES in which electrical system failure is likely to cause minor injury to patients. - Category 3: Basic care rooms in which electrical system failure is not likely to cause injury to patients. Patient care rooms are required to have a Type 3 EES where the life safety branch has an alternate source of power that will be effective for 1 1/2 hours. (For full text, refer to NFPA 99-2012: 3.3.138; 6.3.2.2.10; 6.6.2.2.2; 6.6.3.1.1) |
| | | 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) |
| | | 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 |

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| | | | <p>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.</p> |
| | | EP 24 | <p>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)</p> |
| | | EP 25 | <p>Areas designated for administration of general anesthesia (specifically, inhaled anesthetics) using medical gases or vacuum are in accordance with NFPA 101-2012: 8.7 and NFPA 99-2012 as follows: - 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. - 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 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: 20/21.3.2.3; NFPA 99-2012: 5.1.4.8.7; 5.1.9.3)</p> |
| | | EP 26 | <p>Areas designated for administration of general anesthesia (specifically, inhaled anesthetics) using medical gases or vacuum are in accordance with NFPA 101-2012: 8.7 and NFPA 99-2012 as follows: The essential electrical system's (EES) critical branch supplies power for task illumination, fixed equipment, select receptacles, and select power circuits. The EES equipment system supplies power to the ventilation system. (For full text, refer to NFPA 101-2012: 20.21.3.2.3; NFPA 99-2012: 6.4.2.2.4.2)</p> |
| | | EP 27 | <p>Newly engineered smoke control systems are designed, installed, maintained, and tested per NFPA 92-2012. Existing smoke control systems are tested and maintained to established engineering principles unless specifically exempted by the authority having jurisdiction. Systems not meeting the performance requirements of the testing specified in NFPA 101-2012: 21.7.7.1 can be continued in operation only with the specific approval of the authority having jurisdiction. (For full text, refer to NFPA 101-2012: 20/21: 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.</p> |
| | | EC.02.05.03 The organization has a reliable emergency electrical power source. | |
| | | EP 1 | <p>For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: For facilities that were constructed, or had a change in occupancy type, or have undergone an electrical system upgrade since 1983, the organization has a Type 1 or Type 3 essential electrical system in accordance with NFPA 99, 2012 edition. This essential electrical system must be divided into three branches, including the life safety branch, critical branch, and equipment branch. Both the life safety branch and 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.</p> |
| | | EP 2 | <p>The organization provides emergency power within 10 seconds for the following: Alarm systems, as</p> |

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| | | | required by the Life Safety Code. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2; 6.4.4.1.1; NFPA 110-2010: 4.1; Table 4.1(b). |
| | | EP 3 | The organization provides emergency power within 10 seconds for the following: Exit route and exit sign illumination, as required by the Life Safety Code. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1.6; 6.4.2.2; NFPA 110-2010: 4.1; Table 4.1(b). |
| | | EP 4 | New buildings equipped with or requiring the use of life support systems (electro-mechanical or inhalation anesthetics) have illumination of means of egress, emergency lighting equipment, exit, and directional signs supplied by the life safety branch of the electrical system described in NFPA 99. (For full text, refer to NFPA 101-2012: 18.2.9.2; 18.2.10.5; NFPA 99-2012: 6.4.2.2) |
| | | EP 5 | The organization provides emergency power within 10 seconds for the following: Emergency communication systems, as required by the Life Safety Code. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.2.2; NFPA 110-2010: 4.1; Table 4.1(b). |
| | | EP 6 | The organization provides emergency power within 10 seconds for the following: Equipment that could cause patient harm when it fails, including life-support systems; blood, bone, and tissue storage systems; medical air compressors; and medical and surgical vacuum systems. Note: For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: See NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA 110-2010: 4.1; Table 4.1(b) for guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system). |
| | | EP 7 | The organization provides emergency power within 10 seconds for the following: Areas in which loss of power could result in patient harm, including operating rooms and recovery rooms. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA 110-2010: 4.1; Table 4.1(b). |
| | | EP 12 | Equipment designated to be powered by emergency power supply is energized by the organization's design. Staging of equipment startup is permissible. (For full text, refer to NFPA 99-2012: 6.4.2.2) |
| | | EC.02.05.05 | The organization inspects, tests, and maintains utility systems. Note: At times, maintenance is performed by an external service. In these cases, organizations are not required to possess maintenance documentation but must have access to such documentation during survey and as needed. |
| | | EP 3 | The organization inspects, tests, and maintains the following: Utility systems. The completion dates and test results are documented. |
| | | EC.02.05.07 | The organization inspects, tests, and maintains emergency power systems. Note: This standard does not require organizations to have the types of emergency power equipment discussed below. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply. |
| | | EP 1 | At least monthly, the organization 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) |
| | | EP 2 | Every 12 months, the organization 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) |
| | | EP 3 | The organization 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 organization performs an annual test at full |

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| | | | <p>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 organization 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.</p> |
| | | EP 5 | <p>At least monthly, the organization tests each emergency generator beginning with a cold start under load for at least 30 continuous minutes. The cooldown period is not part of the 30 continuous minutes. The test results and completion dates are documented. (For full text, refer to NFPA 99-2012: 6.4.4.1)</p> |
| | | EP 6 | <p>The monthly tests for diesel-powered emergency generators are conducted with a dynamic load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers' exhaust gas temperature. If the organization does not meet either the 30% of nameplate rating or the recommended exhaust gas temperature during any test in EC.02.05.07, EP 5, then it must test the emergency generator once every 12 months using supplemental (dynamic or static) loads of 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes, for a total of 1½ continuous hours. (For full text, refer to NFPA 99-2012: 6.4.4.1) Note: Tests for non-diesel-powered generators need only be conducted with available load.</p> |
| | | EP 9 | <p>At least once every 36 months, organizations with a generator providing emergency power test each emergency generator for a minimum of 4 continuous hours. The test results and completion dates are documented. Note: For additional guidance, see NFPA 110-2010, Chapter 8.</p> |
| | | EC.02.05.09 | <p>The organization inspects, tests, and maintains medical gas and vacuum systems. Note 1: This standard does not require organizations to have the medical gas and vacuum systems discussed below. However, if an organization has these types of systems, then the following inspection, testing, and maintenance requirements apply. Note 2: Piped medical gas systems include oxygen, nitrous oxide, medical air, carbon dioxide, helium, nitrogen, instrument air and mixtures thereof. Piped vacuum systems include both medical-surgical vacuum and waste anesthetic gas disposal (WAGD) systems.</p> |
| | | EP 7 | <p>In time frames defined by the organization, the organization 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)</p> |
| | | EP 10 | <p>The organization 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)</p> |
| | | EP 11 | <p>The organization 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)</p> |

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| | | EC.02.06.01 | The organization establishes and maintains a safe, sanitary, and functional environment. |
| | | EP 1 | Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, or services provided. |
| | | EP 7 | For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: The organization provides separate waiting and postanesthesia recovery areas. |
| | | EP 11 | Lighting is suitable for care, treatment, or services. |
| | | EP 20 | Areas used by patients are clean and sanitary. |
| | | EP 26 | The organization keeps furnishings and non-medical equipment safe and in good repair. Note: Examples of equipment include ice machines, refrigerators (not used for storage of medications or related supplies), and washing machines/dryers. Examples of furnishings include waiting room chairs and countertops. |
| | | EC.02.06.05 | The organization manages its space during demolition, renovation, or new construction. Note: These elements of performance are applicable to all occupancy types. |
| | | EP 1 | When planning for new, altered, or renovated space, the organization uses one of the following design criteria: - State rules and regulations - The most current edition of the Guidelines for Design and Construction of Outpatient Facilities published by the Facility Guidelines Institute When the above rules, regulations, and guidelines do not meet specific design needs, use other reputable standards and guidelines that provide equivalent design criteria. |
| | | HR.01.05.03 | Staff participate in ongoing education and training. |
| | | 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. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Staff participate in ongoing education and training with respect to their roles in the fire response plan. (For information on staff's roles in the fire response plan, see EC.02.03.01, EP 10.) |
| | | LD.04.01.11 | The organization makes space and equipment available as needed for the provision of care, treatment, or services. |
| | | EP 5 | The leaders provide for interior and exterior space, equipment, information systems, supplies, and other resources to meet the needs of the patient. |
| | | EP 8 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization's medical staff and governing body coordinate, develop, and revise policies and procedures that identify the types of emergency equipment required for use in operating rooms. (See also PC.02.01.09, EP 10) |
| | | LS.01.01.01 | The organization designs and manages the physical environment to comply with the Life Safety Code. Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization. Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served. |
| | | EP 1 | The organization assigns an individual(s) to assess compliance with the Life Safety Code and manage the Statement of Conditions (SOC) when addressing survey-related deficiencies. Note 1: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization complies with the 2012 Life Safety Code. |

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| | | | <p>Note 2: 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 an ambulatory surgical center.</p> |
| | | EP 2 | <p>In time frames defined by the organization, the organization performs a building assessment to determine compliance with the "Life Safety" (LS) chapter.</p> |
| | | EP 4 | <p>When the organization plans to resolve a deficiency through a Survey-Related Plan for Improvement (SPFI), the organization meets the 60-day time frame, which begins once the organization receives the final survey report.</p> <p>Note 1: If the corrective action will exceed the 60-day time frame, the organization must request a time-limited waiver within 30 days from the end of survey.</p> <p>Note 2: If there are alternative systems, methods, or devices considered equivalent, the organization may submit an equivalency request using its Statement of Conditions (SOC).</p> <p>Note 3: For further information on waiver and equivalency requests, see https://www.jointcommission.org/resources/patient-safety-topics/the-physical-environment/life-safety-code-information-and-resources/ and NFPA 101-2012: 1.4.</p> |
| | | LS.01.02.01 | <p>The organization protects occupants during periods when the Life Safety Code is not met or during periods of construction.</p> <p>Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization.</p> <p>Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served.</p> |
| | | EP 2 | <p>When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization 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)</p> |
| | | EP 3 | <p>When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Posts signage identifying the location of alternative exits to everyone affected.</p> |
| | | EP 4 | <p>When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Inspects exits in affected areas on a daily basis. The organization determines when these inspections are needed.</p> |
| | | EP 5 | <p>When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Provides temporary but equivalent fire alarm and detection systems for use when a fire system is impaired. The organization determines when these systems are needed.</p> |
| | | EP 6 | <p>When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Provides additional firefighting equipment. The organization determines when to provide this equipment.</p> |
| | | EP 7 | <p>When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the 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 organization determines when to use these partitions.</p> |
| | | EP 8 | <p>When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Increases surveillance of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices. The organization determines when to increase surveillance.</p> |

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| | | EP 9 | When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Enforces storage, housekeeping, and debris-removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level. The organization determines when these practices are needed. |
| | | EP 10 | When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Provides additional training to those who work in the organization on the use of firefighting equipment. The organization determines when to provide additional training. |
| | | EP 11 | When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Conducts one additional fire drill per quarter. The organization determines when these additional fire drills are needed. (See also EC.02.03.03, EP 1) |
| | | EP 12 | When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Inspects and tests temporary systems monthly. The completion date of the tests is documented. The organization determines when these inspections and tests are needed. |
| | | EP 13 | The organization conducts education to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety. The organization determines when this education is needed. |
| | | EP 14 | The organization trains those who work in the organization to compensate for impaired structural or compartmental fire safety features. The organization determines when this training is needed. Note: Compartmentalization is the concept of using various building components (for example, fire-rated walls and doors, smoke barriers, fire-rated floor slabs) to prevent the spread of fire and the products of combustion so as to provide a safe means of egress to an approved exit. The presence of these features varies, depending on the building occupancy classification. |
| | | LS.03.01.10 | Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat. Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization. Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served. Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system). |
| | | EP 1 | Buildings meet requirements for construction type and height. In Types I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. All new buildings contain approved automatic sprinkler systems. Existing buildings contain approved automatic sprinkler systems as required by the construction type. (For full text, refer to NFPA 101-2012: 20/21.1.6.1–20/21.1.6.6; 20/21.3.5) |
| | | 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) |
| | | EP 3 | When building rehabilitation occurs, the organization 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) |
| | | EP 4 | Ambulatory occupancies located in multioccupancy buildings are separated from health care occupancies |

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| | | | <p>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; 20/21.3.7.1) Note: Per Centers for Medicare & Medicaid Services' regulation, ambulatory surgical centers 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)</p> |
| | | EP 5 | <p>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)</p> |
| | | EP 6 | <p>The fire protection ratings for opening protectives in fire barriers and fire-rated smoke barriers are as follows: - Three hours in three-hour barriers - Ninety minutes in two-hour barriers - Forty-five minutes in one-hour barriers 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. - Twenty minutes in thirty-minute barriers (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) Note 1: Labels on fire door assemblies must be maintained in legible condition. Note 2: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-1.</p> |
| | | EP 7 | <p>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)</p> |
| | | EP 8 | <p>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)</p> |
| | | EP 9 | <p>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)</p> |
| | | EP 10 | <p>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)</p> |
| | | EP 11 | <p>The organization meets all other Life Safety Code requirements related to NFPA 101-2012: 20/21.1.</p> |

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| | | LS.03.01.20 | <p>The organization maintains the integrity of the means of egress.</p> <p>Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization.</p> <p>Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served.</p> <p>Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).</p> |
| | | 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) |
| | | 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) |
| | | EP 3 | 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) |
| | | 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) |
| | | 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 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) |
| | | 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) |
| | | 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) |
| | | 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: 20/21.2.4.2; 7.4; 38/39.2.4) |
| | | EP 9 | 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) |
| | | 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) |
| | | EP 11 | Nothing is stored in any exit enclosure. (For full text, refer to NFPA 101-2012: 20/21.2.1; 7.2.2.5) |
| | | EP 12 | Means of egress are automatically and 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: 20/21.2.8; 7.8) |

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| | | EP 13 | Illumination in the means of egress, including exit discharge, is arranged so that failure of any single lighting unit will not result in darkness (less than 0.2 foot-candles of illumination). 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: 20/21.2.8; 7.8.1.4) |
| | | EP 14 | Signs reading "NO EXIT" are posted on doors to stairs in areas that are not conforming exits and that may be mistaken for exits. (For full text, refer to NFPA 101-2012: 20/21.2.10; 7.10.8.3) |
| | | EP 15 | Exit signs are visible when the path to the exit is not readily apparent. Signs are adequately lit and have letters that are 4 or more inches high or 6 inches high if externally lit. (See NFPA 101-2012: 20/21.2.10; 7.10.5) |
| | | EP 16 | New buildings equipped with or requiring the use of life support systems (electro-mechanical or inhalation anesthetics) have illumination for the following: means of egress, emergency lighting equipment, exit, and directional signs supplied by the life safety branch of the electrical system described in NFPA 99-2012. (For full text, refer to NFPA 101-2012: 20.2.9.2; NFPA 99-2012: 6.4.2.2.3) |
| | | EP 17 | The organization meets all other Life Safety Code means of egress requirements related to NFPA 101-2012: 20/21.2. |
| | | LS.03.01.30 | <p>The organization provides and maintains building features to protect individuals from the hazards of fire and smoke.</p> <p>Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization.</p> <p>Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served.</p> <p>Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).</p> |
| | | EP 1 | In new construction, vertical openings, including exit stairs, are enclosed by one-hour fire-rated walls when connecting three or fewer floors and two-hour fire-rated walls when connecting four or more floors. Existing vertical openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated construction. (For full text, refer to NFPA 101-2012: 20/21.3.1; 8.6; 8.6.5; 38/39.3.1) 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. |
| | | EP 2 | 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) |
| | | 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) |
| | | 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) |
| | | 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) |
| | | 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) |
| | | EP 8 | Newly installed interior floor finishes in exits and enclosed corridors have a Class I or II radiant flux rating. |

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| | | | (For full text, refer to NFPA 101-2012: 20/21.3.3; 10.2.7) |
| | | EP 9 | In new construction, openings in vision panels or doors are permitted without protection provided the openings are installed at or below one half the distance from the floor to the room ceiling and do not exceed 20 square inches. In rooms protected throughout by an approved automatic sprinkler system, the aggregate area of openings is limited to 80 square inches. In existing construction, openings are not 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. |
| | | EP 10 | In new construction, corridors that provide access to exits are separated from other areas by one-hour fire-rated barriers unless otherwise permitted by NFPA 101-2012: 38.3.6.1. Note: For existing construction, there are no requirements. (For full text, refer to NFPA 101-2012: 20.3.6.2; 38.3.6.1) |
| | | EP 12 | At least two smoke compartments are provided for every story unless one of the following conditions are met: - Facility is less than 5,000 square feet and protected by an approved smoke detection system - Facility is less than 10,000 square feet and protected by an approved, supervised 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) |
| | | EP 13 | Smoke barriers extend from the floor slab to the upper floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), continuously from exterior wall to exterior wall. All penetrations are sealed. New smoke barriers are constructed of one-hour fire-rated materials. (For full text, refer to NFPA 101-2012: 20/21.3.7.5; 20/21.3.7.6) |
| | | EP 14 | 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) |
| | | 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) |
| | | EP 16 | Doors in smoke barriers are constructed of 1 3/4 inch or thicker solid-bonded wood 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) |
| | | EP 17 | The organization meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2012: 20/21.3. |

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| | | LS.03.01.34 | <p>The organization provides and maintains fire alarm systems. Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization. Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served. Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).</p> |
| | | 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. |
| | | 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) |
| | | 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; 9.6.2.5) |
| | | EP 4 | For new buildings, occupant notification is provided automatically in accordance with NFPA 101-2012: 9.6.3 by audible and visual signals. Positive alarm sequence in accordance with 9.6.3.4 is permitted in buildings protected throughout by a sprinkler system. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. 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) |
| | | EP 5 | For existing buildings, occupant notification is provided automatically in accordance with NFPA 101-2012: 9.6.3 by audible and visual signals. Positive alarm sequence in accordance with 9.6.3.4 is permitted in buildings protected throughout by a sprinkler system. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. (For full text, refer to NFPA 101-2012: 21.3.4.3; 9.6.4; 9.7.1.1(1)) |
| | | EP 6 | Activation of the required fire alarm control functions occurs automatically and is provided with an alternative power supply in accordance with NFPA 72-2010. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; 9.6.1; 9.6.5) |
| | | EP 7 | The fire alarm signal automatically transmits to one of the following: - An auxiliary fire alarm system - Central station fire alarm system - A proprietary supervising station fire alarm system - A remote supervising station fire alarm system (For full text, refer to NFPA 101-2012: 20/21.3.4.3.2; NFPA 101-2012: 9.6.4) |
| | | EP 8 | The remote ancillary annunciator panel is in a location approved by the local fire department or its equivalent. (For full text, refer to NFPA 101-2012: 20/21.3.4.3, 9.6.3) |
| | | EP 9 | The fire alarm system contains an audible and visual evacuation signal throughout the building and provides occupant notification without delay. (For full text, refer to NFPA 101-2012: 20/21.3.4.3, 9.6.3) |
| | | EP 10 | The organization meets all other Life Safety Code fire alarm requirements related to NFPA 101-2012: |

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| | | 20.3.4/21.3.4. | |
| | | LS.03.01.35 | <p>The organization provides and maintains equipment for extinguishing fires. Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization. Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served. Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).</p> |
| | | EP 1 | For new construction, the fire alarm system monitors the components of any required approved automatic sprinkler system. (For full text, refer to NFPA 101-2012: 20/21.3.5.2; 9.7.1.1) |
| | | EP 2 | The fire alarm system is connected to water flow alarms of any required automatic sprinkler system. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; 20/21.3.5; 9.7.1.1) |
| | | EP 3 | Piping supports for approved automatic sprinkler systems are not damaged or loose. (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) |
| | | EP 4 | Approved automatic sprinkler systems piping is not used to support any other item. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; NFPA 25-2011: 5.2.2; NFPA 13-2010: 8.5.5.2; 8.5.5.3) |
| | | EP 5 | Sprinkler heads are not damaged and are free from corrosion, foreign materials, and paint. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; NFPA 25-2011: 5.2.1; 5.2.2; NFPA 13-2010: 6.2.6.2; 6.2.7.1) |
| | | EP 6 | There is 18 inches or more of open space maintained below a sprinkler deflector to the top of storage. Note: Perimeter wall shelving may extend up to the ceiling when not located directly below a sprinkler head. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; NFPA 25-2011: 5.2.1; 5.2.2; NFPA 13-2010: 8.5.5; 8.5.6) |
| | | 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 in a cabinet or secured on a hanger made for the extinguisher, and are at least four inches off the floor. Those fire extinguishers that are 40 pounds or less are installed so the top is not more than 5 feet above the floor. (For full text, refer to NFPA 101-2012: 20/21.3.5.3; 9.7.4.1; NFPA 10-2010: 6.1.3; 6.2.1) |
| | | EP 11 | The organization meets all other Life Safety Code extinguishing requirements related to NFPA 101-2012: 20/21.3.5. |
| | | LS.03.01.40 | <p>The organization provides and maintains special features to protect individuals from the hazards of fire and smoke. Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization. Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served. Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).</p> |
| | | EP 1 | Windowless buildings or portions of windowless buildings meet the requirements of NFPA 101-2012: 20/21.4; 11.7. |
| | | EP 2 | Existing high-rise buildings have approved automatic sprinkler systems that meet the requirements of |

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| | | | NFPA 101-2012: 20/21.4; 11.8; 9.7.1.1(1), or they have an engineered life safety system complying with NFPA 101-2012: 39.4.2.1(2). New high-rise buildings comply with NFPA 101-2012: 11.8. (For full text, refer to NFPA 101-2012: 20/21.4; 11.8; 39.4.2.1) |
| | | EP 3 | The organization meets all other Life Safety Code extinguishing requirements related to NFPA 101-2012: 20/21.3.5. |
| | | LS.03.01.50 | <p>The organization provides and maintains building services to protect individuals from the hazards of fire and smoke.</p> <p>Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization.</p> <p>Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served.</p> <p>Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).</p> |
| | | EP 1 | Equipment using gas or related 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: 20/21.5.1; 9.1.1) |
| | | EP 2 | Heating, ventilation, and air conditioning comply with NFPA 101-2012: 9.2 and are installed in accordance with the manufacturers' specifications. (For full text, refer to NFPA 101-2012: 20/21.5.2.1; 9.2) |
| | | EP 3 | <p>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: 20/21.5.2.2)</p> <p>Note: If fuel fired, the heating device is designed as follows:</p> <ul style="list-style-type: none"> - Chimney or vent connected - Takes air for combustion from outside - Combustion system that is separate from occupied area atmosphere |
| | | EP 4 | <p>A suspended unit heater(s) is permitted provided the following conditions are met:</p> <ul style="list-style-type: none"> - 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 experiences excessive temperature or ignition failure <p>(For full text, refer to NFPA 101-2012: 20/21.5.2.2)</p> |
| | | EP 5 | <p>New elevators are equipped with all of the following:</p> <ul style="list-style-type: none"> - Firefighters service key recall and smoke detector automatic recall - Firefighters service emergency in-car key operation - Machine room smoke detectors - Elevator lobby smoke detectors <p>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)</p> |
| | | EP 6 | Escalators, dumbwaiters, and moving walks comply with the provisions of 9.4. All existing escalators, dumbwaiters, and moving walks (including escalator emergency stop buttons and automatic skirt obstruction stop) conform to the requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. (For full text, refer to NFPA 101-2012: 20/21.5.3; 9.4.2) |
| | | EP 7 | The organization does not allow unvented fuel-fired heaters. (For full text, refer to NFPA 101-2012: 20/21.5.2.2) |

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| | | EP 8 | All heating appliances are provided with safety features to stop the flow of fuel and turn off the appliance during times of excessive temperatures or ignition failure. (For full text, refer to NFPA 101-2012: 20/21.5.2.2) |
| | | EP 9 | Waste chutes are installed per NFPA 101-2012: 9.5 and meet the following requirements: - Walls, partitions, and inlet openings meet the requirements of NFPA 101-2012: 8.3. - Doors of chutes open to a room designed exclusively for accessing the chute opening. - 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. |
| | | EP 10 | The organization meets all other Life Safety Code building service requirements related to NFPA 101-2012: 20/21.5. |
| | | LS.03.01.70 | The organization provides and maintains operating features that conform to fire and smoke prevention requirements. Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization. Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served. Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system). |
| | | EP 3 | 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. |
| | | 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: 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) |
| | | EP 5 | The organization prohibits all combustible decorations unless they meet the criteria of NFPA 101-2012: 20/21.7.5.4. |
| | | EP 7 | When installed, new engineered smoke control systems are tested in accordance with NFPA 92-2012, 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: 20/21.7.7) |
| | | EP 8 | Portable space heaters are prohibited in smoke compartments containing staff sleeping rooms and patient treatment areas. Non-sleeping rooms occupied by staff and employee areas separated from the corridor are permitted to have portable space heaters that contain heating elements not exceeding 212°F. (For full text, refer to NFPA 101-2012: 20/21.7.8) |
| | | EP 9 | The organization meets all other Life Safety Code operating feature requirements related to NFPA 101-2012: 20/21.7. |
| | | PC.02.01.09 | The organization plans for and responds to life-threatening emergencies. |
| | | EP 4 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Staff trained in emergency equipment use and cardiopulmonary resuscitation are available whenever a patient is in the |

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| | | | <p>ambulatory surgical center. (See also HR.01.02.05, EP 13)</p> <p>EP 9 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Emergency equipment is immediately available for use when needed to respond to emergencies.</p> <p>EP 10 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The types of emergency equipment available are appropriate for the organization's patient population and types of procedures performed. (See also LD.04.01.11, EP 8)</p> |

| §416.44(a) TAG: Q-0101 | EC.02.04.01 The organization manages medical equipment risks. | | | | |
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| <p>§416.44 Standard: Physical Environment</p> <p>(a) The ASC must provide a functional and sanitary environment for the provision of surgical services.</p> | <p>EP 2 The organization maintains either a written inventory of all medical equipment or a written inventory of selected equipment categorized by physical risk associated with use (including all life-support equipment) and equipment incident history. The organization evaluates new types of equipment before initial use to determine whether they should be included in the inventory.</p> <p>For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: The organization maintains a written inventory of all medical equipment.</p> <p>EP 3 The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all medical equipment on the inventory. Various maintenance strategies may be used to ensure reliable performance (for example, predictive maintenance, reliability-centered maintenance, interval-based inspections, corrective maintenance, or metered maintenance). Defined intervals may be based on criteria such as manufacturers' recommendations, risk levels, and current organization experience.</p> <p>For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all medical equipment on the inventory. These activities and frequencies must follow manufacturers' recommendations or other federal or state requirements.</p> <tr> <th data-bbox="930 846 2047 886">EC.02.04.03 The organization inspects, tests, and maintains medical equipment.</th> <td data-bbox="930 889 2047 1138"> <p>EP 1 Before initial use of medical equipment on the medical equipment inventory, the organization performs safety, operational, and functional checks.</p> <p>EP 2 The organization inspects, tests, and maintains all high-risk equipment. These activities are documented. Note: High-risk equipment includes life-support equipment.</p> <p>EP 3 The organization inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented.</p> <p>EP 4 The organization conducts performance testing of and maintains all sterilizers. These activities are documented. (See also IC.02.02.01, EP 2)</p> <tr> <th data-bbox="930 1141 2047 1182">EC.02.05.01 The organization manages risks associated with its utility systems.</th> <td data-bbox="930 1185 2047 1481"> <p>EP 4 The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all operating components of utility systems. Various maintenance strategies may be used to ensure reliable performance (for example, predictive maintenance, reliability-centered maintenance, interval-based inspections, corrective maintenance, or metered maintenance). Defined intervals may be based on criteria such as manufacturers' recommendations, risk levels, and current organization experience.</p> <p>For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all operating components of utility systems. These activities and frequencies must follow manufacturers' recommendations or other federal or state requirements.</p> <p>EP 7 In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, filtration efficiencies, relative humidity, and temperature. For new health care facilities or altered, renovated, or modernized</p> </td> </tr> </td></tr> | EC.02.04.03 The organization inspects, tests, and maintains medical equipment. | <p>EP 1 Before initial use of medical equipment on the medical equipment inventory, the organization performs safety, operational, and functional checks.</p> <p>EP 2 The organization inspects, tests, and maintains all high-risk equipment. These activities are documented. Note: High-risk equipment includes life-support equipment.</p> <p>EP 3 The organization inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented.</p> <p>EP 4 The organization conducts performance testing of and maintains all sterilizers. These activities are documented. (See also IC.02.02.01, EP 2)</p> <tr> <th data-bbox="930 1141 2047 1182">EC.02.05.01 The organization manages risks associated with its utility systems.</th> <td data-bbox="930 1185 2047 1481"> <p>EP 4 The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all operating components of utility systems. Various maintenance strategies may be used to ensure reliable performance (for example, predictive maintenance, reliability-centered maintenance, interval-based inspections, corrective maintenance, or metered maintenance). Defined intervals may be based on criteria such as manufacturers' recommendations, risk levels, and current organization experience.</p> <p>For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all operating components of utility systems. These activities and frequencies must follow manufacturers' recommendations or other federal or state requirements.</p> <p>EP 7 In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, filtration efficiencies, relative humidity, and temperature. 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| EC.02.04.03 The organization inspects, tests, and maintains medical equipment. | <p>EP 1 Before initial use of medical equipment on the medical equipment inventory, the organization performs safety, operational, and functional checks.</p> <p>EP 2 The organization inspects, tests, and maintains all high-risk equipment. These activities are documented. Note: High-risk equipment includes life-support equipment.</p> <p>EP 3 The organization inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented.</p> <p>EP 4 The organization conducts performance testing of and maintains all sterilizers. These activities are documented. (See also IC.02.02.01, EP 2)</p> <tr> <th data-bbox="930 1141 2047 1182">EC.02.05.01 The organization manages risks associated with its utility systems.</th> <td data-bbox="930 1185 2047 1481"> <p>EP 4 The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all operating components of utility systems. Various maintenance strategies may be used to ensure reliable performance (for example, predictive maintenance, reliability-centered maintenance, interval-based inspections, corrective maintenance, or metered maintenance). Defined intervals may be based on criteria such as manufacturers' recommendations, risk levels, and current organization experience.</p> <p>For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all operating components of utility systems. These activities and frequencies must follow manufacturers' recommendations or other federal or state requirements.</p> <p>EP 7 In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, filtration efficiencies, relative humidity, and temperature. For new health care facilities or altered, renovated, or modernized</p> </td> </tr> | EC.02.05.01 The organization manages risks associated with its utility systems. | <p>EP 4 The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all operating components of utility systems. Various maintenance strategies may be used to ensure reliable performance (for example, predictive maintenance, reliability-centered maintenance, interval-based inspections, corrective maintenance, or metered maintenance). Defined intervals may be based on criteria such as manufacturers' recommendations, risk levels, and current organization experience.</p> <p>For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all operating components of utility systems. These activities and frequencies must follow manufacturers' recommendations or other federal or state requirements.</p> <p>EP 7 In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, filtration efficiencies, relative humidity, and temperature. For new health care facilities or altered, renovated, or modernized</p> | | |
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| | | | <p>portions of existing ventilation systems or individual components (constructed or plans approved on or after July 5, 2016), heating, cooling, and ventilation are in accordance with NFPA 99-2012, which includes 2008 ASHRAE 170, or state design requirements if more stringent. Existing systems are in compliance with the ventilation standards that were in effect at the time the facility was constructed or last modified.</p> <p>Note: Areas designed for control of airborne contaminants include spaces such as all classes of operating rooms, special procedure rooms that require a sterile field, caesarean delivery rooms, rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, airborne infection isolation rooms, rooms for patients with pulmonary or laryngeal tuberculosis, bronchoscopy treatment rooms), patients in "protective environment" rooms (for example, rooms for patients receiving bone marrow transplants), laboratories, pharmacies, sterile supply/processing rooms, and other sterile spaces.</p> |
| | | EP 10 | The organization has written procedures for responding to utility system disruptions. |
| | | EP 11 | The organization's procedures address shutting off the malfunctioning system and notifying staff in affected areas. |
| | | EP 12 | The organization's procedures address performing emergency clinical interventions during utility system disruptions. |
| | | EP 13 | The organization responds to utility system disruptions as described in its procedures. |
| | | EP 23 | <p>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)</p> <p>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.</p> <p>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.</p> <p>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.</p> |
| | | EP 24 | Extension cords are not used as a substitute for fixed wiring in a building. Extension cords used temporarily are removed immediately upon completion of the intended purpose. (For full text, refer to NFPA 99-2012: 10.2.3.6; 10.2.4; NFPA 70-2011: 400-8; 590.3(D); Tentative Interim Amendment [TIA] 12-5) |
| | | EC.02.05.03 | The organization has a reliable emergency electrical power source. |
| | | EP 4 | New buildings equipped with or requiring the use of life support systems (electro-mechanical or inhalation anesthetics) have illumination of means of egress, emergency lighting equipment, exit, and directional signs supplied by the life safety branch of the electrical system described in NFPA 99. (For full text, refer to NFPA 101-2012: 18.2.9.2; 18.2.10.5; NFPA 99-2012: 6.4.2.2) |
| | | EP 6 | <p>The organization provides emergency power within 10 seconds for the following: Equipment that could cause patient harm when it fails, including life-support systems; blood, bone, and tissue storage systems; medical air compressors; and medical and surgical vacuum systems.</p> <p>Note: For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: See NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA 110-2010: 4.1; Table 4.1(b) for guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system).</p> |
| | | EP 7 | The organization provides emergency power within 10 seconds for the following: Areas in which loss of power could result in patient harm, including operating rooms and recovery rooms. |

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| | | | Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA 110-2010: 4.1; Table 4.1(b). |
| | | EP 12 | Equipment designated to be powered by emergency power supply is energized by the organization's design. Staging of equipment startup is permissible. (For full text, refer to NFPA 99-2012: 6.4.2.2) |
| | | EC.02.05.05 | The organization inspects, tests, and maintains utility systems. Note: At times, maintenance is performed by an external service. In these cases, organizations are not required to possess maintenance documentation but must have access to such documentation during survey and as needed. |
| | | EP 3 | The organization inspects, tests, and maintains the following: Utility systems. The completion dates and test results are documented. |
| | | EC.02.05.07 | The organization inspects, tests, and maintains emergency power systems. Note: This standard does not require organizations to have the types of emergency power equipment discussed below. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply. |
| | | EP 1 | At least monthly, the organization 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) |
| | | EP 2 | Every 12 months, the organization 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) |
| | | EP 3 | The organization 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 organization 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 organization 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. |
| | | EP 5 | At least monthly, the organization tests each emergency generator beginning with a cold start under load for at least 30 continuous minutes. The cooldown period is not part of the 30 continuous minutes. The test results and completion dates are documented. (For full text, refer to NFPA 99-2012: 6.4.4.1) |
| | | EP 9 | At least once every 36 months, organizations with a generator providing emergency power test each emergency generator for a minimum of 4 continuous hours. The test results and completion dates are documented. Note: For additional guidance, see NFPA 110-2010, Chapter 8. |

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| | | <p>EC.02.05.09 The organization inspects, tests, and maintains medical gas and vacuum systems. Note 1: This standard does not require organizations to have the medical gas and vacuum systems discussed below. However, if an organization has these types of systems, then the following inspection, testing, and maintenance requirements apply. Note 2: Piped medical gas systems include oxygen, nitrous oxide, medical air, carbon dioxide, helium, nitrogen, instrument air and mixtures thereof. Piped vacuum systems include both medical-surgical vacuum and waste anesthetic gas disposal (WAGD) systems.</p> <p>EP 7 In time frames defined by the organization, the organization 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)</p> <p>EP 10 The organization 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)</p> <p>EC.02.06.01 The organization establishes and maintains a safe, sanitary, and functional environment.</p> <p>EP 1 Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, or services provided.</p> | |
| <p>§416.44(a)(1) TAG: Q-0101</p> <p>(1) Each operating room must be designed and equipped so that the types of surgery conducted can be performed in a manner that protects the lives and assures the physical safety of all individuals in the area.</p> | | <p>EC.02.04.03 The organization inspects, tests, and maintains medical equipment.</p> <p>EP 2 The organization inspects, tests, and maintains all high-risk equipment. These activities are documented. Note: High-risk equipment includes life-support equipment.</p> <p>EP 3 The organization inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented.</p> <p>EP 4 The organization conducts performance testing of and maintains all sterilizers. These activities are documented. (See also IC.02.02.01, EP 2)</p> <p>EP 8 Equipment listed for use in oxygen-enriched atmospheres is clearly and permanently labeled (withstands cleaning/disinfecting) as follows: - Oxygen-metering equipment, pressure-reducing regulators, humidifiers, and nebulizers are labeled with name of manufacturer or supplier. - Oxygen-metering equipment and pressure reducing regulators are labeled "OXYGEN-USE NO OIL." - Labels on flowmeters, pressure-reducing regulators, and oxygen-dispensing apparatuses designate the gases for which they are intended. - Cylinders and containers are labeled in accordance with Compressed Gas Association (CGA) C-7. (For full text, refer to NFPA 99-2012: 11.5.3.1) Note: Color coding is not utilized as the primary method of determining cylinder or container contents.</p> <p>EP 10 All occupancies containing hyperbaric facilities comply with construction, equipment, administration, and maintenance requirements of NFPA 99-2012: Chapter 14.</p> <p>EP 26 The organization performs equipment maintenance on the anesthesia apparatus(es). An apparatus is tested at the final path to patient after any adjustment, modification, or repair. Before the apparatus is returned to service, each connection is checked to verify proper gas flow and an oxygen analyzer is used to verify oxygen concentration. Areas designated for servicing of oxygen equipment are clean and free of oil, grease, 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)</p> <p>EP 27 The organization meets NFPA 99-2012: Health Care Facilities Code requirements related to electrical equipment in the patient care vicinity. (For full text, refer to NFPA 99-2012: Chapter 10) Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The</p> | |

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| | | | organization meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendment (TIA) 12-5. |
| | | EC.02.05.01 | The organization manages risks associated with its utility systems. |
| | | EP 2 | New building systems and modifications to existing building systems are designed to meet the National Fire Protection Association's Categories 1–4 requirements. (For full text, refer to NFPA 99-2012: Chapter 4 for descriptions of the four categories related to gas, vacuum, electrical, and electrical equipment.) |
| | | EP 4 | The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all operating components of utility systems. Various maintenance strategies may be used to ensure reliable performance (for example, predictive maintenance, reliability-centered maintenance, interval-based inspections, corrective maintenance, or metered maintenance). Defined intervals may be based on criteria such as manufacturers' recommendations, risk levels, and current organization experience. For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all operating components of utility systems. These activities and frequencies must follow manufacturers' recommendations or other federal or state requirements. |
| | | EP 5 | For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: The organization provides ventilation, temperature, and humidity levels in accordance with the levels established in the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) standards followed during initial construction or subsequent major renovations, alterations, or modernizations of the facility. |
| | | 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) |
| | | EP 21 | Electrical distribution in the organization is based on the following categories: - 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. - Category 2: General care rooms served by a Type 1 or Type 2 EES in which electrical system failure is likely to cause minor injury to patients. - Category 3: Basic care rooms in which electrical system failure is not likely to cause injury to patients. Patient care rooms are required to have a Type 3 EES where the life safety branch has an alternate source of power that will be effective for 1 1/2 hours. (For full text, refer to NFPA 99-2012: 3.3.138; 6.3.2.2.10; 6.6.2.2.2; 6.6.3.1.1) |
| | | 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) |
| | | EP 25 | Areas designated for administration of general anesthesia (specifically, inhaled anesthetics) using medical gases or vacuum are in accordance with NFPA 101-2012: 8.7 and NFPA 99-2012 as follows: - 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. - 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 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. |

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| | | | (For full text, refer to NFPA 101-2012: 20/21.3.2.3; NFPA 99-2012: 5.1.4.8.7; 5.1.9.3) |
| | | EP 26 | Areas designated for administration of general anesthesia (specifically, inhaled anesthetics) using medical gases or vacuum are in accordance with NFPA 101-2012: 8.7 and NFPA 99-2012 as follows: The essential electrical system's (EES) critical branch supplies power for task illumination, fixed equipment, select receptacles, and select power circuits. The EES equipment system supplies power to the ventilation system. (For full text, refer to NFPA 101-2012: 20.21.3.2.3; NFPA 99-2012: 6.4.2.2.4.2) |
| | | EP 27 | Newly engineered smoke control systems are designed, installed, maintained, and tested per NFPA 92-2012. Existing smoke control systems are tested and maintained to established engineering principles unless specifically exempted by the authority having jurisdiction. Systems not meeting the performance requirements of the testing specified in NFPA 101-2012: 21.7.7.1 can be continued in operation only with the specific approval of the authority having jurisdiction. (For full text, refer to NFPA 101-2012: 20/21: 7.7; NFPA 92-2012) Note: The smoke plume created by the thermal destruction of tissue by cauterizing equipment and lasers is addressed at Standard EC.02.02.01, EP 9. |
| | | EC.02.05.05 | The organization inspects, tests, and maintains utility systems. Note: At times, maintenance is performed by an external service. In these cases, organizations are not required to possess maintenance documentation but must have access to such documentation during survey and as needed. |
| | | EP 3 | The organization inspects, tests, and maintains the following: Utility systems. The completion dates and test results are documented. |
| | | EC.02.06.01 | The organization establishes and maintains a safe, sanitary, and functional environment. |
| | | EP 11 | Lighting is suitable for care, treatment, or services. |
| | | EC.02.06.05 | The organization manages its space during demolition, renovation, or new construction. Note: These elements of performance are applicable to all occupancy types. |
| | | EP 1 | When planning for new, altered, or renovated space, the organization uses one of the following design criteria: - State rules and regulations - The most current edition of the Guidelines for Design and Construction of Outpatient Facilities published by the Facility Guidelines Institute When the above rules, regulations, and guidelines do not meet specific design needs, use other reputable standards and guidelines that provide equivalent design criteria. |
| | | LD.04.01.11 | The organization makes space and equipment available as needed for the provision of care, treatment, or services. |
| | | EP 5 | The leaders provide for interior and exterior space, equipment, information systems, supplies, and other resources to meet the needs of the patient. |
| | | EP 8 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization's medical staff and governing body coordinate, develop, and revise policies and procedures that identify the types of emergency equipment required for use in operating rooms. (See also PC.02.01.09, EP 10) |
| §416.44(a)(2) | TAG: Q-0102 | EC.02.06.01 | The organization establishes and maintains a safe, sanitary, and functional environment. |
| (2) The ASC must have a separate recovery room and waiting area. | | EP 7 | For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: The organization provides separate waiting and postanesthesia recovery areas. |
| §416.44(b) | TAG: Q-0104 | EC.02.03.01 | The organization manages fire risks. |
| §416.44(b) Standard: Safety From Fire | | EP 1 | The organization minimizes the potential for harm from fire, smoke, and other products of combustion. |
| | | EP 9 | The organization has a written fire response plan that describes the specific roles of staff during a fire, |

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| | | | including when and how to sound fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, and how to evacuate to areas of refuge. Staff are periodically instructed on and kept informed of their duties under the plan. A copy of the plan is readily available with the telephone operator or security. Note: For full text, refer to NFPA 101-2012: 20/21.7.1; 7.2. |
| | | EC.02.03.03 | The organization conducts fire drills. |
| | | EP 1 | The organization 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 organization may use a coded announcement to notify staff instead of activating audible alarms. For full text, refer to NFPA 101-2012: 20/21: 7.1.7. Note 3: In leased or rented facilities, drills need be conducted only in areas of the building that the organization occupies. (See also LS.01.02.01, EP 11) |
| | | EP 3 | 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. Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the organization may use a coded announcement to notify staff instead of activating audible alarms. Note 2: Fire drills vary by at least one hour for each shift from quarter to quarter, through four consecutive quarters. Note 3: For full text, refer to NFPA 101-2012: 20/21: 7.1; 7.1.7; 7.2; 7.3. |
| | | EP 5 | The organization critiques fire drills. |
| | | EC.02.03.05 | The organization maintains fire safety equipment and fire safety building features. Note: This standard does not require organizations to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply. |
| | | EP 1 | The organization tests supervisory signal devices on the inventory in accordance with the following time frames: - 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 - Semiannually for valve supervisory switches - Annually for other supervisory initiating devices 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. |
| | | EP 2 | Every 6 months, the organization 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) |
| | | EP 3 | Every 12 months, the organization 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. |
| | | EP 4 | Every 12 months, the organization 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. |

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| | | EP 5 | Every 12 months the organization 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. |
| | | EP 6 | For automatic sprinkler systems: The organization 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. |
| | | EP 9 | For automatic sprinkler systems: Every 12 months, the organization 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. |
| | | EP 10 | For automatic sprinkler systems: Every quarter, the organization inspects all fire department water supply connections. The results and completion dates are documented. Note: For additional guidance on performing tests, see NFPA 25-2011: 13.7; Table 13.1.1.2. |
| | | EP 11 | For automatic sprinkler systems: Every 12 months, the organization 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. |
| | | EP 12 | Every 5 years, the organization 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. |
| | | EP 14 | The organization tests automatic fire-extinguishing systems as follows: - Carbon dioxide systems every 12 months - Halon systems every 6 months - Other special systems per National Fire Protection Association standards and manufacturers’ recommendations. The results and completion dates are documented. Note 1: Discharge of the fire-extinguishing systems is not required. Note 2: For full text, refer to NFPA 12-2011: 4.8.3.2 (for carbon dioxide systems) and NFPA 12A-2009: 6.1 (for halon systems). Note 3: For full text, refer to NFPA 11-2010; NFPA 16-2011; NFPA 17-2009; NFPA 17A-2009 for other extinguishing systems. |
| | | EP 15 | At least monthly, the organization 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. |
| | | EP 16 | Every 12 months, the organization performs maintenance on portable fire extinguishers, including recharging. Individuals performing annual maintenance on extinguishers are certified. The results and completion dates are documented. Note 1: There are many ways to document the maintenance, such as using bar-coding equipment, using check marks on a tag, or using an inventory. Note 2: For additional guidance on maintaining fire extinguishers, see NFPA 10-2010: 7.1.2; 7.2.2; 7.2.4; 7.3.1. |
| | | EP 17 | The organization 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. |
| | | EP 18 | The organization operates fire and smoke dampers one year after installation and then at least every four |

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| | | | <p>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.</p> |
| | | EP 19 | <p>Every 12 months, the organization 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.</p> |
| | | EP 20 | <p>Every 12 months, the organization 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.</p> |
| | | EP 25 | <p>The organization 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 ambulatory surgical centers that elect to use The Joint Commission deemed status option: 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.</p> |
| | | EP 28 | <p>Documentation of maintenance, testing, and inspection activities for EC.02.03.05, EPs 1–20, 25 (including fire alarm and fire protection features) includes the following:</p> <ul style="list-style-type: none"> - Name of the activity - Date of the activity - Inventory of devices, equipment, or other items - Required frequency of the activity - Name and contact information, including affiliation, of the person who performed the activity - NFPA standard(s) referenced for the activity - Results of the activity <p>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.</p> |

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| <p>(1) Except as otherwise provided in this section, the ASC must meet the provisions applicable to Ambulatory Health Care Occupancies, regardless of the number of patients served, and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4).</p> | <p>The organization designs and manages the physical environment to comply with the Life Safety Code. Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization. Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served.</p> <p>EP 1 The organization assigns an individual(s) to assess compliance with the Life Safety Code and manage the Statement of Conditions (SOC) when addressing survey-related deficiencies. Note 1: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization complies with the 2012 Life Safety Code. Note 2: 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 an ambulatory surgical center.</p> <p>EP 2 In time frames defined by the organization, the organization performs a building assessment to determine compliance with the "Life Safety" (LS) chapter.</p> <p>EP 4 When the organization plans to resolve a deficiency through a Survey-Related Plan for Improvement (SPFI), the organization meets the 60-day time frame, which begins once the organization receives the final survey report.</p> |

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| | | | <p>Note 1: If the corrective action will exceed the 60-day time frame, the organization must request a time-limited waiver within 30 days from the end of survey.</p> <p>Note 2: If there are alternative systems, methods, or devices considered equivalent, the organization may submit an equivalency request using its Statement of Conditions (SOC).</p> <p>Note 3: For further information on waiver and equivalency requests, see https://www.jointcommission.org/resources/patient-safety-topics/the-physical-environment/life-safety-code-information-and-resources/ and NFPA 101-2012: 1.4.</p> |
| | | EP 8 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization meets the provisions applicable to ambulatory health care occupancies, regardless of the number of patients served, in accordance with the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4). |
| | | LS.01.02.01 | <p>The organization protects occupants during periods when the Life Safety Code is not met or during periods of construction.</p> <p>Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization.</p> <p>Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served.</p> |
| | | EP 1 | <p>The organization has a written interim life safety measures (ILSM) policy that covers situations when Life Safety Code deficiencies cannot be immediately corrected or during periods of construction. The policy includes criteria for evaluating when and to what extent the organization implements LS.01.02.01, EPs 2–15, to compensate for increased life safety risk. The criteria include the assessment process to determine when interim life safety measures are implemented.</p> <p>Note: For any Life Safety Code (LSC) deficiency that cannot be immediately corrected during survey, the organization identifies which ILSMs in its policy will be implemented until the issue is corrected.</p> |
| | | EP 2 | When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization 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) |
| | | EP 3 | When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Posts signage identifying the location of alternative exits to everyone affected. |
| | | EP 4 | When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Inspects exits in affected areas on a daily basis. The organization determines when these inspections are needed. |
| | | EP 5 | When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Provides temporary but equivalent fire alarm and detection systems for use when a fire system is impaired. The organization determines when these systems are needed. |
| | | EP 6 | When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Provides additional firefighting equipment. The organization determines when to provide this equipment. |
| | | EP 7 | When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the 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 organization determines when to use these partitions. |
| | | EP 8 | When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or |

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| | | | during periods of construction, the organization does the following: Increases surveillance of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices. The organization determines when to increase surveillance. |
| | | EP 9 | When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Enforces storage, housekeeping, and debris-removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level. The organization determines when these practices are needed. |
| | | EP 10 | When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Provides additional training to those who work in the organization on the use of firefighting equipment. The organization determines when to provide additional training. |
| | | EP 11 | When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Conducts one additional fire drill per quarter. The organization determines when these additional fire drills are needed. (See also EC.02.03.03, EP 1) |
| | | EP 12 | When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Inspects and tests temporary systems monthly. The completion date of the tests is documented. The organization determines when these inspections and tests are needed. |
| | | EP 13 | The organization conducts education to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety. The organization determines when this education is needed. |
| | | EP 14 | The organization trains those who work in the organization to compensate for impaired structural or compartmental fire safety features. The organization determines when this training is needed. Note: Compartmentalization is the concept of using various building components (for example, fire-rated walls and doors, smoke barriers, fire-rated floor slabs) to prevent the spread of fire and the products of combustion so as to provide a safe means of egress to an approved exit. The presence of these features varies, depending on the building occupancy classification. |
| | | EP 15 | The organization's policy allows the use of other ILSMs not addressed in EPs 2–14. Note: The "other" ILSMs used are documented by selecting "other" and annotating the associated text box in the organization's Survey-Related Plan for Improvement (SPFI) within the Statement of Conditions™ (SOC). |
| | | LS.03.01.10 | Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat. Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization. Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served. Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system). |
| | | EP 1 | Buildings meet requirements for construction type and height. In Types I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. All new buildings contain approved automatic sprinkler systems. Existing buildings contain approved automatic sprinkler systems as required by the construction type. (For full text, refer to NFPA 101-2012: 20/21.1.6.1–20/21.1.6.6; 20/21.3.5) |
| | | EP 2 | Interior nonbearing walls in Types I or II construction are constructed of noncombustible or limited- |

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| | | | 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) |
| | | EP 3 | When building rehabilitation occurs, the organization 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) |
| | | 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; 20/21.3.7.1) Note: Per Centers for Medicare & Medicaid Services' regulation, ambulatory surgical centers 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) |
| | | EP 5 | 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) |
| | | EP 6 | The fire protection ratings for opening protectives in fire barriers and fire-rated smoke barriers are as follows: - Three hours in three-hour barriers - Ninety minutes in two-hour barriers - Forty-five minutes in one-hour barriers 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. - Twenty minutes in thirty-minute barriers (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) Note 1: Labels on fire door assemblies must be maintained in legible condition. Note 2: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-1. |
| | | 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) |
| | | 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) |
| | | 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) |
| | | 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) |
| | | EP 11 | The organization meets all other Life Safety Code requirements related to NFPA 101-2012: 20/21.1. |

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| | | LS.03.01.20 | <p>The organization maintains the integrity of the means of egress.</p> <p>Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization.</p> <p>Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served.</p> <p>Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).</p> |
| | | 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) |
| | | 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) |
| | | EP 3 | 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) |
| | | 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) |
| | | 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 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) |
| | | 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) |
| | | 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) |
| | | 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: 20/21.2.4.2; 7.4; 38/39.2.4) |
| | | EP 9 | 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) |
| | | 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) |
| | | EP 11 | Nothing is stored in any exit enclosure. (For full text, refer to NFPA 101-2012: 20/21.2.1; 7.2.2.5) |
| | | EP 12 | Means of egress are automatically and 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: 20/21.2.8; 7.8) |

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| | | EP 13 | Illumination in the means of egress, including exit discharge, is arranged so that failure of any single lighting unit will not result in darkness (less than 0.2 foot-candles of illumination). 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: 20/21.2.8; 7.8.1.4) |
| | | EP 14 | Signs reading "NO EXIT" are posted on doors to stairs in areas that are not conforming exits and that may be mistaken for exits. (For full text, refer to NFPA 101-2012: 20/21.2.10; 7.10.8.3) |
| | | EP 15 | Exit signs are visible when the path to the exit is not readily apparent. Signs are adequately lit and have letters that are 4 or more inches high or 6 inches high if externally lit. (See NFPA 101-2012: 20/21.2.10; 7.10.5) |
| | | EP 16 | New buildings equipped with or requiring the use of life support systems (electro-mechanical or inhalation anesthetics) have illumination for the following: means of egress, emergency lighting equipment, exit, and directional signs supplied by the life safety branch of the electrical system described in NFPA 99-2012. (For full text, refer to NFPA 101-2012: 20.2.9.2; NFPA 99-2012: 6.4.2.2.3) |
| | | EP 17 | The organization meets all other Life Safety Code means of egress requirements related to NFPA 101-2012: 20/21.2. |
| | | LS.03.01.30 | <p>The organization provides and maintains building features to protect individuals from the hazards of fire and smoke.</p> <p>Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization.</p> <p>Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served.</p> <p>Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).</p> |
| | | EP 1 | In new construction, vertical openings, including exit stairs, are enclosed by one-hour fire-rated walls when connecting three or fewer floors and two-hour fire-rated walls when connecting four or more floors. Existing vertical openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated construction. (For full text, refer to NFPA 101-2012: 20/21.3.1; 8.6; 8.6.5; 38/39.3.1) 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. |
| | | EP 2 | 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) |
| | | 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) |
| | | 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) |
| | | 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) |
| | | 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) |
| | | EP 8 | Newly installed interior floor finishes in exits and enclosed corridors have a Class I or II radiant flux rating. |

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| | | | (For full text, refer to NFPA 101-2012: 20/21.3.3; 10.2.7) |
| | | EP 9 | In new construction, openings in vision panels or doors are permitted without protection provided the openings are installed at or below one half the distance from the floor to the room ceiling and do not exceed 20 square inches. In rooms protected throughout by an approved automatic sprinkler system, the aggregate area of openings is limited to 80 square inches. In existing construction, openings are not 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. |
| | | EP 10 | In new construction, corridors that provide access to exits are separated from other areas by one-hour fire-rated barriers unless otherwise permitted by NFPA 101-2012: 38.3.6.1. Note: For existing construction, there are no requirements. (For full text, refer to NFPA 101-2012: 20.3.6.2; 38.3.6.1) |
| | | EP 12 | At least two smoke compartments are provided for every story unless one of the following conditions are met: - Facility is less than 5,000 square feet and protected by an approved smoke detection system - Facility is less than 10,000 square feet and protected by an approved, supervised 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) |
| | | EP 13 | Smoke barriers extend from the floor slab to the upper floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), continuously from exterior wall to exterior wall. All penetrations are sealed. New smoke barriers are constructed of one-hour fire-rated materials. (For full text, refer to NFPA 101-2012: 20/21.3.7.5; 20/21.3.7.6) |
| | | EP 14 | 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) |
| | | 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) |
| | | EP 16 | Doors in smoke barriers are constructed of 1 3/4 inch or thicker solid-bonded wood 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) |
| | | EP 17 | The organization meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2012: 20/21.3. |

| CFR Number §416.44(b)(1) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | LS.03.01.34 | <p>The organization provides and maintains fire alarm systems.</p> <p>Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization.</p> <p>Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served.</p> <p>Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).</p> |
| | | 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. |
| | | 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) |
| | | 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; 9.6.2.5) |
| | | EP 4 | For new buildings, occupant notification is provided automatically in accordance with NFPA 101-2012: 9.6.3 by audible and visual signals. Positive alarm sequence in accordance with 9.6.3.4 is permitted in buildings protected throughout by a sprinkler system. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. 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) |
| | | EP 5 | For existing buildings, occupant notification is provided automatically in accordance with NFPA 101-2012: 9.6.3 by audible and visual signals. Positive alarm sequence in accordance with 9.6.3.4 is permitted in buildings protected throughout by a sprinkler system. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. (For full text, refer to NFPA 101-2012: 21.3.4.3; 9.6.4; 9.7.1.1(1)) |
| | | EP 6 | Activation of the required fire alarm control functions occurs automatically and is provided with an alternative power supply in accordance with NFPA 72-2010. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; 9.6.1; 9.6.5) |
| | | EP 7 | The fire alarm signal automatically transmits to one of the following: - An auxiliary fire alarm system - Central station fire alarm system - A proprietary supervising station fire alarm system - A remote supervising station fire alarm system (For full text, refer to NFPA 101-2012: 20/21.3.4.3.2; NFPA 101-2012: 9.6.4) |
| | | EP 8 | The remote ancillary annunciator panel is in a location approved by the local fire department or its equivalent. (For full text, refer to NFPA 101-2012: 20/21.3.4.3, 9.6.3) |
| | | EP 9 | The fire alarm system contains an audible and visual evacuation signal throughout the building and provides occupant notification without delay. (For full text, refer to NFPA 101-2012: 20/21.3.4.3, 9.6.3) |
| | | EP 10 | The organization meets all other Life Safety Code fire alarm requirements related to NFPA 101-2012: |

| CFR Number §416.44(b)(1) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | 20.3.4/21.3.4. | |
| | | LS.03.01.35 | <p>The organization provides and maintains equipment for extinguishing fires.</p> <p>Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization.</p> <p>Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served.</p> <p>Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).</p> |
| | | EP 1 | For new construction, the fire alarm system monitors the components of any required approved automatic sprinkler system. (For full text, refer to NFPA 101-2012: 20/21.3.5.2; 9.7.1.1) |
| | | EP 2 | The fire alarm system is connected to water flow alarms of any required automatic sprinkler system. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; 20/21.3.5; 9.7.1.1) |
| | | EP 3 | Piping supports for approved automatic sprinkler systems are not damaged or loose. (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) |
| | | EP 4 | Approved automatic sprinkler systems piping is not used to support any other item. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; NFPA 25-2011: 5.2.2; NFPA 13-2010: 8.5.5.2; 8.5.5.3) |
| | | EP 5 | Sprinkler heads are not damaged and are free from corrosion, foreign materials, and paint. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; NFPA 25-2011: 5.2.1; 5.2.2; NFPA 13-2010: 6.2.6.2; 6.2.7.1) |
| | | EP 6 | There is 18 inches or more of open space maintained below a sprinkler deflector to the top of storage. Note: Perimeter wall shelving may extend up to the ceiling when not located directly below a sprinkler head. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; NFPA 25-2011: 5.2.1; 5.2.2; NFPA 13-2010: 8.5.5; 8.5.6) |
| | | 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 in a cabinet or secured on a hanger made for the extinguisher, and are at least four inches off the floor. Those fire extinguishers that are 40 pounds or less are installed so the top is not more than 5 feet above the floor. (For full text, refer to NFPA 101-2012: 20/21.3.5.3; 9.7.4.1; NFPA 10-2010: 6.1.3; 6.2.1) |
| | | EP 11 | The organization meets all other Life Safety Code extinguishing requirements related to NFPA 101-2012: 20/21.3.5. |
| | | LS.03.01.40 | <p>The organization provides and maintains special features to protect individuals from the hazards of fire and smoke.</p> <p>Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization.</p> <p>Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served.</p> <p>Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).</p> |
| | | EP 1 | Windowless buildings or portions of windowless buildings meet the requirements of NFPA 101-2012: 20/21.4; 11.7. |
| | | EP 2 | Existing high-rise buildings have approved automatic sprinkler systems that meet the requirements of |

| CFR Number §416.44(b)(1) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | | NFPA 101-2012: 20/21.4; 11.8; 9.7.1.1(1), or they have an engineered life safety system complying with NFPA 101-2012: 39.4.2.1(2). New high-rise buildings comply with NFPA 101-2012: 11.8. (For full text, refer to NFPA 101-2012: 20/21.4; 11.8; 39.4.2.1) |
| | | EP 3 | The organization meets all other Life Safety Code extinguishing requirements related to NFPA 101-2012: 20/21.3.5. |
| | | LS.03.01.50 | <p>The organization provides and maintains building services to protect individuals from the hazards of fire and smoke.</p> <p>Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization.</p> <p>Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served.</p> <p>Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).</p> |
| | | EP 1 | Equipment using gas or related 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: 20/21.5.1; 9.1.1) |
| | | EP 2 | Heating, ventilation, and air conditioning comply with NFPA 101-2012: 9.2 and are installed in accordance with the manufacturers' specifications. (For full text, refer to NFPA 101-2012: 20/21.5.2.1; 9.2) |
| | | EP 3 | <p>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: 20/21.5.2.2)</p> <p>Note: If fuel fired, the heating device is designed as follows:</p> <ul style="list-style-type: none"> - Chimney or vent connected - Takes air for combustion from outside - Combustion system that is separate from occupied area atmosphere |
| | | EP 4 | <p>A suspended unit heater(s) is permitted provided the following conditions are met:</p> <ul style="list-style-type: none"> - 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 experiences excessive temperature or ignition failure <p>(For full text, refer to NFPA 101-2012: 20/21.5.2.2)</p> |
| | | EP 5 | <p>New elevators are equipped with all of the following:</p> <ul style="list-style-type: none"> - Firefighters service key recall and smoke detector automatic recall - Firefighters service emergency in-car key operation - Machine room smoke detectors - Elevator lobby smoke detectors <p>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)</p> |
| | | EP 6 | Escalators, dumbwaiters, and moving walks comply with the provisions of 9.4. All existing escalators, dumbwaiters, and moving walks (including escalator emergency stop buttons and automatic skirt obstruction stop) conform to the requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. (For full text, refer to NFPA 101-2012: 20/21.5.3; 9.4.2) |
| | | EP 7 | The organization does not allow unvented fuel-fired heaters. (For full text, refer to NFPA 101-2012: 20/21.5.2.2) |

| CFR Number §416.44(b)(1) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | EP 8 | All heating appliances are provided with safety features to stop the flow of fuel and turn off the appliance during times of excessive temperatures or ignition failure. (For full text, refer to NFPA 101-2012: 20/21.5.2.2) |
| | | EP 9 | Waste chutes are installed per NFPA 101-2012: 9.5 and meet the following requirements: - Walls, partitions, and inlet openings meet the requirements of NFPA 101-2012: 8.3. - Doors of chutes open to a room designed exclusively for accessing the chute opening. - 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. |
| | | EP 10 | The organization meets all other Life Safety Code building service requirements related to NFPA 101-2012: 20/21.5. |
| | | LS.03.01.70 | The organization provides and maintains operating features that conform to fire and smoke prevention requirements. Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization. Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served. Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system). |
| | | EP 3 | 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. |
| | | 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: 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) |
| | | EP 5 | The organization prohibits all combustible decorations unless they meet the criteria of NFPA 101-2012: 20/21.7.5.4. |
| | | EP 7 | When installed, new engineered smoke control systems are tested in accordance with NFPA 92-2012, 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: 20/21.7.7) |
| | | EP 8 | Portable space heaters are prohibited in smoke compartments containing staff sleeping rooms and patient treatment areas. Non-sleeping rooms occupied by staff and employee areas separated from the corridor are permitted to have portable space heaters that contain heating elements not exceeding 212°F. (For full text, refer to NFPA 101-2012: 20/21.7.8) |
| | | EP 9 | The organization meets all other Life Safety Code operating feature requirements related to NFPA 101-2012: 20/21.7. |

| CFR Number §416.44(b)(2) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.44(b)(2) TAG: Q-0104</p> <p>(2) In consideration of a recommendation by the State survey agency or Accrediting Organization or at the discretion of the Secretary, may waive, for periods deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hardship upon an ASC, but only if the waiver will not adversely affect the health and safety of the patients.</p> | | <p>LS.01.01.01 The organization designs and manages the physical environment to comply with the Life Safety Code. Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization. Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served.</p> <p>EP 2 In time frames defined by the organization, the organization performs a building assessment to determine compliance with the “Life Safety” (LS) chapter.</p> <p>EP 4 When the organization plans to resolve a deficiency through a Survey-Related Plan for Improvement (SPFI), the organization meets the 60-day time frame, which begins once the organization receives the final survey report. Note 1: If the corrective action will exceed the 60-day time frame, the organization must request a time-limited waiver within 30 days from the end of survey. Note 2: If there are alternative systems, methods, or devices considered equivalent, the organization may submit an equivalency request using its Statement of Conditions (SOC). Note 3: For further information on waiver and equivalency requests, see https://www.jointcommission.org/resources/patient-safety-topics/the-physical-environment/life-safety-code-information-and-resources/ and NFPA 101-2012: 1.4.</p> | |
| <p>§416.44(b)(3) TAG: Q-0104</p> <p>(3) The provisions of the Life Safety Code do not apply in a State if CMS finds that a fire and safety code imposed by State law adequately protects patients in an ASC.</p> | | <p>LS.01.01.01 The organization designs and manages the physical environment to comply with the Life Safety Code. Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization. Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served.</p> <p>EP 1 The organization assigns an individual(s) to assess compliance with the Life Safety Code and manage the Statement of Conditions (SOC) when addressing survey-related deficiencies. Note 1: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization complies with the 2012 Life Safety Code. Note 2: 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 an ambulatory surgical center.</p> | |

| CFR Number §416.44(b)(4) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p data-bbox="37 154 443 178">§416.44(b)(4) TAG: Q-0105</p> <p data-bbox="37 191 903 240">(4) An ASC may place alcohol-based hand rub dispensers in its facility if the dispensers are installed in a manner that adequately protects against inappropriate access.</p> | | <p data-bbox="930 154 1060 175">LS.03.01.30</p> <p data-bbox="1144 154 2043 203">The organization provides and maintains building features to protect individuals from the hazards of fire and smoke.</p> <p data-bbox="1144 203 2043 297">Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization.</p> <p data-bbox="1144 297 2043 368">Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served.</p> <p data-bbox="1144 368 2043 462">Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).</p> <p data-bbox="930 475 989 496">EP 5</p> <p data-bbox="1024 475 2043 524">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:</p> <ul data-bbox="1024 524 2043 808" style="list-style-type: none"> - Corridor is at least six feet wide. - ABHR does not exceed 95% alcohol. - Maximum individual dispenser capacity is 0.32 gallons of fluid (0.53 gallons in suites) or 18 ounces of NFPA Level 1–classified aerosols. - Dispensers have a minimum of four feet of horizontal spacing between them. - Dispensers are not installed within one inch of an ignition source. - If floor is carpeted, the building is fully sprinkler protected. - Operation of the dispenser complies with NFPA 101-2012: 20/21.3.2.6(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. | |
| <p data-bbox="37 828 443 852">§416.44(b)(5) TAG: Q-0106</p> <p data-bbox="37 865 800 889">(5) When a sprinkler system is shut down for more than 10 hours, the ASC must:</p> | | <p data-bbox="930 828 1060 849">LS.01.02.01</p> <p data-bbox="1144 828 2043 876">The organization protects occupants during periods when the Life Safety Code is not met or during periods of construction.</p> <p data-bbox="1144 876 2043 971">Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization.</p> <p data-bbox="1144 971 2043 1042">Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served.</p> <p data-bbox="930 1055 989 1076">EP 2</p> <p data-bbox="1024 1055 2043 1198">When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization 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)</p> | |

| CFR Number §416.44(b)(5)(i) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.44(b)(5)(i) TAG: Q-0106</p> <p>(i) Evacuate the building or portion of the building affected by the system outage until the system is back in service, or</p> | | <p>LS.01.02.01</p> <p>The organization protects occupants during periods when the Life Safety Code is not met or during periods of construction. Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization. Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served.</p> <p>EP 2 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization 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)</p> | |
| <p>§416.44(b)(5)(ii) TAG: Q-0106</p> <p>(ii) Establish a fire watch until the system is back in service.</p> | | <p>LS.01.02.01</p> <p>The organization protects occupants during periods when the Life Safety Code is not met or during periods of construction. Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization. Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served.</p> <p>EP 2 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization 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)</p> | |
| <p>§416.44(b)(6) TAG: Q-0107</p> <p>(6) Beginning July 5, 2017, an ASC must be in compliance with Chapter 21.3.2.1, Doors to hazardous areas.</p> | | <p>LS.03.01.30</p> <p>The organization provides and maintains building features to protect individuals from the hazards of fire and smoke. Note 1: This standard applies to sites of care where four or more patients at the same time are provided anesthesia, outpatient, or emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization. Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served. Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).</p> <p>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)</p> | |
| <p>§416.44(c) TAG: Q-0108</p> | | <p>EC.01.01.01</p> <p>The organization plans activities to minimize risks in the environment of care. Note 1: One or more persons can be assigned to manage risks associated with the management plans described in this standard. Note 2: For ambulatory surgical centers that elect to use The Joint Commission deemed</p> | |

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| <p>§416.44(c) Standard: Building Safety.</p> <p>Except as otherwise provided in this section, the ASC must meet the applicable provisions and must proceed in accordance with the 2012 edition of the Health Care Facilities Code (NFPA 99, and Tentative Interim Amendments TIA 12–2, TIA 12–3, TIA 12–4, TIA 12–5 and TIA 12–6).</p> | | | <p>status option: The organization complies with the 2012 edition of NFPA 99: Health Care Facilities Code. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply. Note 3: For further information on waiver and equivalency requests, see https://www.jointcommission.org/resources/patient-safety-topics/the-physical-environment/life-safety-code-information-and-resources/ and NFPA 99-2012: 1.4.</p> |
| | | <p>EP 1</p> | <p>Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results. Note: Deficiencies include injuries, problems, or use errors.</p> |
| | | <p>EP 9</p> | <p>The organization has a written plan for managing the following: Utility systems. Note: In circumstances where the program or service is located in a business occupancy not owned by the accredited organization, the plan may only need to address how routine service and maintenance for their utility systems are obtained.</p> |
| | | <p>EP 12</p> | <p>For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization complies with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.</p> |
| | | <p>EC.02.03.01</p> | <p>The organization manages fire risks.</p> |
| | | <p>EP 13</p> | <p>The organization meets all other Health Care Facilities Code fire protection requirements, as related to NFPA 99-2012: Chapter 15.</p> |
| | | <p>EC.02.03.05</p> | <p>The organization maintains fire safety equipment and fire safety building features. Note: This standard does not require organizations to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.</p> |
| | | <p>EP 27</p> | <p>Elevators with firefighters' emergency operations are tested monthly. The test completion dates and results are documented. (For full text, refer to NFPA 101-2012: 9.4.3; 9.4.6)</p> |
| | | <p>EC.02.04.03</p> | <p>The organization inspects, tests, and maintains medical equipment.</p> |
| | | <p>EP 27</p> | <p>The organization meets NFPA 99-2012: Health Care Facilities Code requirements related to electrical equipment in the patient care vicinity. (For full text, refer to NFPA 99-2012: Chapter 10) Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendment (TIA) 12-5.</p> |
| | | <p>EC.02.05.01</p> | <p>The organization manages risks associated with its utility systems.</p> |
| | | <p>EP 18</p> | <p>Medical gas storage rooms and transfer and manifold rooms comply with NFPA 99-2012: 9.3.7.</p> |
| | | <p>EP 19</p> | <p>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)</p> |
| | | <p>EC.02.05.05</p> | <p>The organization inspects, tests, and maintains utility systems. Note: At times, maintenance is performed by an external service. In these cases, organizations are not required to possess maintenance documentation but must have access to such documentation during survey and as needed.</p> |
| | | <p>EP 7</p> | <p>Line isolation monitors (LIM), if installed, are tested at least monthly by actuating the LIM test switch per NFPA 99-2012: 6.3.2.6.3.6, which activates both visual and audible alarms. For LIM circuits with automated self-testing, a manual test is performed at least annually. LIM circuits are tested per NFPA 99-2012: 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. (For full text, refer to NFPA 99-2012: 6.3.2; 6.3.3; 6.3.4)</p> |
| | | <p>EP 8</p> | <p>The organization meets NFPA 99-2012: Health Care Facilities Code requirements related to electrical</p> |

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| | | | <p>systems and heating, ventilation, and air conditioning (HVAC). (For full text, refer to NFPA 99-2012: Chapters 6 and 9)</p> <p>Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendments (TIAs) 12-2 and 12-3.</p> |
| | | EC.02.05.09 | <p>The organization inspects, tests, and maintains medical gas and vacuum systems.</p> <p>Note 1: This standard does not require organizations to have the medical gas and vacuum systems discussed below. However, if an organization has these types of systems, then the following inspection, testing, and maintenance requirements apply.</p> <p>Note 2: Piped medical gas systems include oxygen, nitrous oxide, medical air, carbon dioxide, helium, nitrogen, instrument air and mixtures thereof. Piped vacuum systems include both medical-surgical vacuum and waste anesthetic gas disposal (WAGD) systems.</p> |
| | | EP 1 | <p>Medical gas, medical air, surgical vacuum, waste anesthetic gas disposal (WAGD), and air supply systems are designated as follows:</p> <ul style="list-style-type: none"> - 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. <p>Deep sedation and general anesthesia are not administered when using Category 3 medical gas systems.</p> <p>- Category 4: Systems in which failure would have no impact on patient care.</p> <p>(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)</p> |
| | | EP 2 | <p>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)</p> |
| | | EP 3 | <p>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.</p> |
| | | EP 4 | <p>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)</p> |
| | | EP 5 | <p>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.</p> |
| | | EP 6 | <p>When the organization uses cylinders with an integral pressure gauge, a threshold pressure considered empty is established when the volume of stored gases is as follows:</p> <ul style="list-style-type: none"> - 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. - When less than 301 cubic feet in a single smoke compartment, individual cylinders 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. <p>(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)</p> |
| | | EP 13 | <p>At no time is transfilling done in any patient care room. A designated area is used away from any section of the organization where patients are housed, treated, or 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</p> |

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| | | 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) | <p>EP 14 The organization 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 ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendments (TIAs) 12-4 and 12-6.</p> <p>EC.03.01.01 Staff are familiar with their roles and responsibilities relative to the environment of care.</p> <p>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.</p> |
| <p>§416.44(c)(1) TAG: Q-0108</p> <p>(1) Chapters 7, 8, 12, and 13 of the adopted Health Care Facilities Code do not apply to an ASC.</p> | | <p>EC.01.01.01</p> | <p>The organization plans activities to minimize risks in the environment of care. Note 1: One or more persons can be assigned to manage risks associated with the management plans described in this standard. Note 2: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization complies with the 2012 edition of NFPA 99: Health Care Facilities Code. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply. Note 3: For further information on waiver and equivalency requests, see https://www.jointcommission.org/resources/patient-safety-topics/the-physical-environment/life-safety-code-information-and-resources/ and NFPA 99-2012: 1.4.</p> <p>EP 1 Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results. Note: Deficiencies include injuries, problems, or use errors.</p> |
| <p>§416.44(c)(2) TAG: Q-0108</p> <p>(2) If application of the Health Care Facilities Code required under paragraph (c) of this section would result in unreasonable hardship for the ASC, CMS may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.</p> | | <p>EC.01.01.01</p> | <p>The organization plans activities to minimize risks in the environment of care. Note 1: One or more persons can be assigned to manage risks associated with the management plans described in this standard. Note 2: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization complies with the 2012 edition of NFPA 99: Health Care Facilities Code. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply. Note 3: For further information on waiver and equivalency requests, see https://www.jointcommission.org/resources/patient-safety-topics/the-physical-environment/life-safety-code-information-and-resources/ and NFPA 99-2012: 1.4.</p> <p>EP 1 Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results. Note: Deficiencies include injuries, problems, or use errors.</p> |
| <p>§416.44(d) TAG: Q-0109</p> <p>§416.44(d) Standard: Emergency Equipment</p> <p>The ASC medical staff and governing body of the ASC coordinates, develops, and revises ASC policies and procedures to specify the types of emergency equipment required for use in the ASC's operating room. The equipment must meet the following requirements:</p> | | <p>LD.04.01.11</p> | <p>The organization makes space and equipment available as needed for the provision of care, treatment, or services.</p> <p>EP 8 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization's medical staff and governing body coordinate, develop, and revise policies and procedures that identify the types of emergency equipment required for use in operating rooms. (See also PC.02.01.09, EP 10)</p> |
| <p>§416.44(d)(1) TAG: Q-0109</p> <p>(1) Be immediately available for use during emergency situations.</p> | | <p>PC.02.01.09</p> | <p>The organization plans for and responds to life-threatening emergencies.</p> <p>EP 9 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Emergency equipment is immediately available for use when needed to respond to emergencies.</p> |

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| <p>§416.44(d)(2) TAG: Q-0109</p> <p>(2) Be appropriate for the facility's patient population.</p> | | <p>PC.02.01.09 The organization plans for and responds to life-threatening emergencies.</p> <p>EP 10 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The types of emergency equipment available are appropriate for the organization's patient population and types of procedures performed. (See also LD.04.01.11, EP 8)</p> | |
| <p>§416.44(d)(3) TAG: Q-0109</p> <p>(3) Be maintained by appropriate personnel.</p> | | <p>EC.02.04.03 The organization inspects, tests, and maintains medical equipment.</p> <p>EP 19 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Emergency equipment is maintained by qualified staff.</p> | |
| <p>§416.44(e) TAG: Q-0110</p> <p>§416.44(e) Standard: Emergency Personnel</p> <p>Personnel trained in the use of emergency equipment and in cardiopulmonary resuscitation must be available whenever there is a patient in the ASC.</p> | | <p>PC.02.01.09 The organization plans for and responds to life-threatening emergencies.</p> <p>EP 4 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Staff trained in emergency equipment use and cardiopulmonary resuscitation are available whenever a patient is in the ambulatory surgical center. (See also HR.01.02.05, EP 13)</p> | |
| <p>§416.44(f) TAG: Q-0111</p> <p>§416.44(f) The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.</p> | | | |
| <p>§416.44(f)(1) TAG: Q-0111</p> <p>(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000.</p> | | | |
| <p>§416.44(f)(1)(i) TAG: Q-0111</p> <p>(i) NFPA 99, Standards for Health Care Facilities Code of the National Fire Protection Association 99, 2012 edition, issued August 11, 2011.</p> | | | |
| <p>§416.44(f)(1)(ii) TAG: Q-0111</p> <p>(ii) TIA 12-2 to NFPA 99, issued August 11, 2011.</p> | | | |
| <p>§416.44(f)(1)(iii) TAG: Q-0111</p> <p>(iii) TIA 12-3 to NFPA 99, issued August 9, 2012.</p> | | | |

| CFR Number §416.44(f)(1)(iv) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| §416.44(f)(1)(iv) TAG: Q-0111 | (iv) TIA 12-4 to NFPA 99, issued March 7, 2013. | | |
| §416.44(f)(1)(v) TAG: Q-0111 | (v) TIA 12-5 to NFPA 99, issued August 1, 2013. | | |
| §416.44(f)(1)(vi) TAG: Q-0111 | (vi) TIA 12-6 to NFPA 99, issued March 3, 2014. | | |
| §416.44(f)(1)(vii) TAG: Q-0111 | (vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011; | | |
| §416.44(f)(1)(viii) TAG: Q-0111 | (viii) TIA 12-1 to NFPA 101, issued August 11, 2011. | | |
| §416.44(f)(1)(ix) TAG: Q-0111 | (ix) TIA 12-2 to NFPA 101, issued October 30, 2012. | | |
| §416.44(f)(1)(x) TAG: Q-0111 | (x) TIA 12-3 to NFPA 101, issued October 22, 2013. | | |
| §416.44(f)(1)(xi) TAG: Q-0111 | (xi) TIA 12-4 to NFPA 101, issued October 22, 2013. | | |
| §416.44(f)(2) TAG: Q-0111 | (2) [Reserved] | | |
| §416.45 TAG: Q-0120 | §416.45 Condition for Coverage: Medical Staff | HR.02.01.03 | The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently. |
| | The medical staff of the ASC must be accountable to the governing body. | EP 34 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Medical staff are accountable to the governing body. |

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| <p>§416.45(a) TAG: Q-0121</p> <p>§416.45(a) Standard: Membership and Clinical Privileges</p> <p>Members of the medical staff must be legally and professionally qualified for the positions to which they are appointed and for the performance of privileges granted. The ASC grants privileges in accordance with recommendations from qualified medical personnel.</p> | | <p>HR.02.01.03 The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.</p> <p>EP 6 Before granting initial, renewed, or revised privileges to a physician or other licensed practitioner, the organization's leadership documents current evidence, which includes peer and/or faculty recommendations, of the individual's ability to perform the privileges requested.</p> <p>EP 31 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Medical staff members are legally and professionally qualified for the positions to which they are appointed.</p> <p>EP 32 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Medical staff members are legally and professionally qualified to perform the privileges granted.</p> | |
| <p>§416.45(b) TAG: Q-0122</p> <p>§416.45(b) Standard: Reappraisals</p> <p>Medical staff privileges must be periodically reappraised by the ASC. The scope of procedures performed in the ASC must be periodically reviewed and amended as appropriate.</p> | | <p>HR.02.01.03 The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.</p> <p>EP 1 The organization follows a process, approved by its leaders, to grant initial, renewed, or revised privileges and to deny privileges.</p> <p>EP 21 The organization grants initial, renewed, or revised privileges for three years or for the period required by law and regulation if shorter.</p> <p>LD.04.03.01 The organization provides services that meet patient needs.</p> <p>EP 25 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center reviews and amends the scope of procedures that the organization can perform, according to a time frame determined by the organization.</p> | |
| <p>§416.45(c) TAG: Q-0123</p> <p>§416.45(c) Standard: Other Practitioners</p> <p>If the ASC assigns patient care responsibilities to practitioners other than physicians, it must have established policies and procedures, approved by the governing body, for overseeing and evaluating their clinical activities.</p> | | <p>HR.01.06.01 Staff are competent to perform their responsibilities.</p> <p>EP 1 The organization defines the competencies it requires of its staff who provide patient care, treatment, or services.</p> <p>EP 5 Staff competence is initially assessed and documented as part of orientation.</p> <p>EP 6 Staff competence is assessed and documented once every three years, or more frequently as required by organization policy or in accordance with law and regulation.</p> <p>HR.01.07.01 The organization evaluates staff performance.</p> <p>EP 1 The organization evaluates staff based on performance expectations that reflect their job responsibilities.</p> <p>EP 2 The organization evaluates staff performance once every three years, or more frequently as required by organization policy or in accordance with law and regulation. This evaluation is documented.</p> <p>HR.02.01.03 The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.</p> <p>EP 1 The organization follows a process, approved by its leaders, to grant initial, renewed, or revised privileges and to deny privileges.</p> <p>EP 2 Before granting initial privileges, the organization verifies the identity of the individual seeking privileges by viewing a valid picture identification issued by a state or federal agency (for example, a driver's license or passport).</p> <p>EP 6 Before granting initial, renewed, or revised privileges to a physician or other licensed practitioner, the organization's leadership documents current evidence, which includes peer and/or faculty recommendations, of the individual's ability to perform the privileges requested.</p> <p>EP 7 Before granting renewed or revised privileges to a physician or other licensed practitioner, the organization does the following: - Reviews information from any of its performance improvement activities pertaining to professional performance, judgment, and clinical or technical skills. - Evaluates the results of any peer review of the individual's clinical performance.</p> | |

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| | | | <p>- Reviews any clinical performance in the organization that is outside acceptable standards.</p> <p>EP 10 Before granting initial, renewed, revised, or temporary privileges to a physician or other licensed practitioner, leadership evaluates the following: The applicant's written statement that no health problems exist that could affect their ability to perform the requested privileges. Note: Organizations should consider the applicability of the Americans with Disabilities Act to their credentialing and privileging activities, and, if applicable, review their policies and procedures. In addition, federal entities are required to comply with the Rehabilitation Act of 1974.</p> <p>EP 11 Before granting initial, renewed, or revised privileges to a physician or other licensed practitioner, leadership evaluates the following: - Any challenges to licensure or registration Note: The challenges addressed here are those that are in the process of an active investigation by the state licensing board. - Any voluntary and involuntary relinquishment of license or registration - Any voluntary and involuntary termination of medical staff membership at another organization. - Any voluntary or involuntary limitation, reduction, or loss of clinical privileges - Any professional liability actions that resulted in a final judgment against the applicant - Information from the National Practitioner Data Bank - Whether the requested privileges are consistent with the population served by the organization - Whether the requested privileges are consistent with the site-specific care, treatment, or services provided by the organization</p> <p>EP 19 Before granting renewed or revised privileges to a physician or other licensed practitioner, the organization confirms the practitioner's adherence to organization policies, procedures, rules, and regulations.</p> <p>EP 20 The organization uses current, written privileging information as the basis for granting or denying all privileges for physicians and other licensed practitioners.</p> <p>EP 21 The organization grants initial, renewed, or revised privileges for three years or for the period required by law and regulation if shorter.</p> <p>EP 24 The organization notifies the requesting physician or other licensed practitioner about the decision to grant, renew, or deny requested privileges. The notification may be in either written or electronic format.</p> <p>EP 25 The scope and content of patient services provided by a physician or other licensed practitioner is limited to the granted initial, renewed, or revised privileges.</p> <p>LD.04.01.07 The organization has policies and procedures that guide and support patient care, treatment, or services.</p> <p>EP 10 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization establishes policies and procedures approved by the governing body for overseeing and evaluating the clinical activities of nonphysician practitioners who are assigned patient care responsibilities.</p> |
| <p>§416.46 TAG: Q-0140</p> <p>§416.46 Condition for Coverage: Nursing Service</p> <p>The nursing services of the ASC must be directed and staffed to assure that the nursing needs of all patients are met.</p> | | <p>HR.01.02.05 The organization has the necessary staff to support the care, treatment, or services it provides.</p> <p>EP 10 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization directs and staffs nursing services to meet patient needs.</p> | |

| CFR Number §416.46(a) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.46(a) TAG: Q-0141</p> <p>§416.46(a) Standard: Organization and Staffing</p> <p>Patient care responsibilities must be delineated for all nursing service personnel. Nursing services must be provided in accordance with recognized standards of practice. There must be a registered nurse available for emergency treatment whenever there is a patient in the ASC.</p> | | <p>HR.01.02.05 The organization has the necessary staff to support the care, treatment, or services it provides.</p> <p>EP 10 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization directs and staffs nursing services to meet patient needs.</p> <p>EP 11 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization delineates patient care, treatment, or service responsibilities for all nursing personnel.</p> <p>EP 12 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Nursing services follow recognized standards of practice.</p> <p>EP 13 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: A registered nurse is available to provide emergency treatment whenever a patient is present in the organization. Note: Available refers to on the premises and sufficiently free from other duties, allowing the registered nurse to respond rapidly to emergency situations. (See also PC.02.01.09, EP 4)</p> <p>PC.02.01.09 The organization plans for and responds to life-threatening emergencies.</p> <p>EP 4 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Staff trained in emergency equipment use and cardiopulmonary resuscitation are available whenever a patient is in the ambulatory surgical center. (See also HR.01.02.05, EP 13)</p> | |
| <p>§416.47 TAG: Q-0160</p> <p>§416.47 Condition for Coverage: Medical Records</p> <p>The ASC must maintain complete, comprehensive, and accurate medical records to ensure adequate patient care.</p> | | <p>RC.01.01.01 The organization maintains complete and accurate clinical records.</p> <p>EP 1 The organization defines the components of a complete clinical record.</p> <p>EP 5 The clinical record includes the following: - Information needed to support the patient's diagnosis and condition - Information needed to justify the patient's care, treatment, or services - Information that documents the course and result of the patient's care, treatment, or services - Information about the patient's care, treatment, or services that promotes continuity of care among providers Note: For organizations that elect The Joint Commission Primary Care Medical Home option: This requirement refers to care provided by both internal and external providers.</p> <p>EP 9 When needed to provide care, summaries of care, treatment, or services are forwarded to other care providers.</p> <p>RC.01.04.01 The organization audits its clinical records.</p> <p>EP 1 According to a time frame it defines, the organization reviews its clinical records to confirm that the required information is present, accurate, legible, authenticated, and completed on time.</p> <p>RC.01.05.01 The organization retains its clinical records.</p> <p>EP 1 The retention time of the clinical record is determined by its use and organization policy, in accordance with law and regulation. Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The Centers for Medicare & Medicaid Services requires the ambulatory surgical center to retain the original or legally reproduced medical record for at least five years, including applicable films, scans, and other images.</p> | |

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| <p>§416.47(a) TAG: Q-0161</p> <p>§416.47(a) Standard: Organization</p> <p>The ASC must develop and maintain a system for the proper collection, storage, and use of patient records.</p> | | <p>IM.02.02.03 The organization retrieves, disseminates, and transmits health information in useful formats.</p> <p>EP 2 The organization's storage and retrieval systems make health information accessible when needed for patient care, treatment, or services. (See also IC.01.02.01, EP 1)</p> <p>RC.01.04.01 The organization audits its clinical records.</p> <p>EP 1 According to a time frame it defines, the organization reviews its clinical records to confirm that the required information is present, accurate, legible, authenticated, and completed on time.</p> <p>RC.01.05.01 The organization retains its clinical records.</p> <p>EP 1 The retention time of the clinical record is determined by its use and organization policy, in accordance with law and regulation. Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The Centers for Medicare & Medicaid Services requires the ambulatory surgical center to retain the original or legally reproduced medical record for at least five years, including applicable films, scans, and other images.</p> | |
| <p>§416.47(b) TAG: Q-0162</p> <p>§416.47(b) Standard: Form and Content of Record</p> <p>The ASC must maintain a medical record for each patient. Every record must be accurate, legible, and promptly completed. Medical records must include at least the following:</p> | | <p>RC.01.01.01 The organization maintains complete and accurate clinical records.</p> <p>EP 5 The clinical record includes the following: <ul style="list-style-type: none"> - Information needed to support the patient's diagnosis and condition - Information needed to justify the patient's care, treatment, or services - Information that documents the course and result of the patient's care, treatment, or services - Information about the patient's care, treatment, or services that promotes continuity of care among providers Note: For organizations that elect The Joint Commission Primary Care Medical Home option: This requirement refers to care provided by both internal and external providers.</p> <p>RC.01.04.01 The organization audits its clinical records.</p> <p>EP 1 According to a time frame it defines, the organization reviews its clinical records to confirm that the required information is present, accurate, legible, authenticated, and completed on time.</p> | |
| <p>§416.47(b)(1) TAG: Q-0162</p> <p>(1) Patient identification;</p> | | <p>RC.02.01.01 The clinical record contains information that reflects the patient's care, treatment, or services.</p> <p>EP 1 The clinical record contains the following demographic information: <ul style="list-style-type: none"> - The patient's name, address, phone number, and date of birth and the name of any legally authorized representative - The patient's sex, height, and weight - The legal status of any patient receiving behavioral health care services - The patient's language and communication needs Note: If the patient is a minor, is incapacitated, or has a designated advocate, the communication needs of the parent or legal guardian, surrogate decision-maker, or legally authorized representative are documented in the clinical record.</p> | |
| <p>§416.47(b)(2) TAG: Q-0162</p> <p>(2) Significant medical history and results of physical examination (as applicable);</p> | | <p>RC.02.01.01 The clinical record contains information that reflects the patient's care, treatment, or services.</p> <p>EP 30 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The clinical record contains any significant medical history and results of physical examination, as applicable.</p> | |

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| <p>§416.47(b)(3) TAG: Q-0162</p> <p>(3) Pre-operative diagnostic studies (entered before surgery), if performed;</p> | | <p>RC.02.01.03 The patient's clinical record contains documentation on any operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia.</p> <p>EP 4 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The patient's clinical record contains the results of preoperative diagnostic studies. The results are included in the patient's clinical record prior to the start of the surgical procedure.</p> | |
| <p>§416.47(b)(4) TAG: Q-0162</p> <p>(4) Findings and techniques of the operation including a pathologist's report on all tissues removed during surgery, except those exempted by the governing body;</p> | | <p>RC.02.01.03 The patient's clinical record contains documentation on any operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia.</p> <p>EP 6 The operative or other high-risk procedure report includes the following information:</p> <ul style="list-style-type: none"> - The name(s) of the physician(s) 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 | |
| <p>§416.47(b)(5) TAG: Q-0162</p> <p>(5) Any allergies and abnormal drug reactions;</p> | | <p>RC.02.01.01 The clinical record contains information that reflects the patient's care, treatment, or services.</p> <p>EP 2 The clinical record contains the following clinical information:</p> <ul style="list-style-type: none"> - The patient's initial diagnosis, diagnostic impression(s), or condition(s) - Any findings of assessments and reassessments - Any allergies to food - Any allergies to medications - Any conclusions or impressions drawn from the patient's medical history and physical examination - Any diagnoses or conditions established during the patient's course of care, treatment, or services - Any consultation reports - Any progress notes - Any medications ordered or prescribed - Any medications administered, including the strength, dose, route, date and time of administration Note 1: When rapid titration of a medication is necessary, the organization defines in policy the urgent/emergent situations in which block charting would be an acceptable form of documentation. Note 2: For the definition and a further explanation of block charting, refer to the Glossary. - Any access site for medication, administration devices used, and rate of administration - The patient's response to any medication administered - Any adverse drug reactions - Plans for care and any revisions to the plan for care - Orders for diagnostic and therapeutic tests and procedures and their results <p>(See also PC.01.02.01, EP 1; PC.03.01.03, EPs 1, 8)</p> | |
| <p>§416.47(b)(6) TAG: Q-0162</p> <p>(6) Entries related to anesthesia administration;</p> | | <p>RC.02.01.03 The patient's clinical record contains documentation on any operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia.</p> <p>EP 1 The organization documents in the patient's clinical record any operative or other high-risk procedure and/or the administration of moderate or deep sedation or anesthesia.</p> <p>EP 8 The clinical record contains the following postoperative information:</p> <ul style="list-style-type: none"> - 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 <p>(See also PC.03.01.05, EP 1; PC.03.01.07, EP 1)</p> | |

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| <p>§416.47(b)(7) TAG: Q-0162</p> <p>(7) Documentation of properly executed informed patient consent; and,</p> | | <p>RC.02.01.01 The clinical record contains information that reflects the patient's care, treatment, or services.</p> <p>EP 4 As needed to provide care, treatment, or services, the clinical record contains the following additional information:</p> <ul style="list-style-type: none"> - Any advance directives Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization documents in a prominent place in the clinical record whether or not the patient has advance directives in place. - Any informed consent - Any documentation of clinical research interventions distinct from entries related to regular patient care, treatment, or services - Any records of communication with the patient, such as telephone calls or e-mail - Any referrals or communications made to internal or external care providers and community agencies - Any patient-generated information <p>(See also RI.01.03.05, EP 4)</p> <p>RI.01.03.01 The organization honors the patient's right to give or withhold informed consent.</p> <p>EP 1 The organization follows a written policy on informed consent that describes the following:</p> <ul style="list-style-type: none"> - The specific care, treatment, or services that require informed consent - The licensed practitioner permitted to conduct the informed consent discussion in accordance with law and regulation - When a surrogate decision-maker may give informed consent <p>(See also RI.01.02.01, EP 2)</p> <p>EP 2 The informed consent process includes a discussion about the following:</p> <ul style="list-style-type: none"> - The patient's proposed care, treatment, or services. - Potential benefits, risks, and side effects of the patient's proposed care, treatment, or services; the likelihood of the patient achieving their goals; and any potential problems that might occur during recuperation. - Reasonable alternatives to the patient's proposed care, treatment, or services. The discussion encompasses risks, benefits, and side effects related to the alternatives and the risks related to not receiving the proposed care, treatment, or services. <p>Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization informs the patient or, as appropriate, the patient's representative or surrogate decision-maker of their right to make informed decisions regarding the patient's care.</p> | |
| <p>§416.47(b)(8) TAG: Q-0162</p> <p>(8) Discharge diagnosis.</p> | | <p>RC.02.01.03 The patient's clinical record contains documentation on any operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia.</p> <p>EP 12 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The clinical record contains the discharge diagnosis.</p> | |
| <p>§416.48 TAG: Q-0180</p> <p>§416.48 Condition for Coverage: Pharmaceutical Services</p> <p>The ASC must provide drugs and biologicals in a safe and effective manner, in accordance with accepted professional practice, and under the direction of an individual designated responsible for pharmaceutical services.</p> | | <p>LD.04.01.01 The organization complies with law and regulation.</p> <p>EP 2 The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations.</p> <p>MM.01.01.01 The organization plans its medication management processes.</p> <p>EP 3 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: One individual is designated as responsible for pharmaceutical services.</p> <p>MM.03.01.01 The organization safely stores medications.</p> <p>EP 2 The organization stores medications according to the manufacturers' recommendations. Note: This element of performance is also applicable to sample medications.</p> <p>EP 3 The organization stores controlled (scheduled) medications to prevent diversion, in accordance with law and regulation.</p> | |

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| | | | Note: This element of performance is also applicable to sample medications. |
| | | EP 6 | The organization 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. |
| | | 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. |
| | | EP 9 | The organization keeps concentrated electrolytes present in patient care areas only when patient safety necessitates their immediate use, and precautions are used to prevent inadvertent administration. (See also MM.01.01.03, EP 2) |
| | | MM.05.01.07 | The organization safely prepares medications. Note: This standard is applicable to all organizations that prepare medications for administration. |
| | | EP 3 | During preparation, staff visually inspect the medication for particulates, discoloration, or other loss of integrity. |
| | | MM.05.01.09 | Medications are labeled. Note: This standard is applicable to all organizations that prepare and administer medications. |
| | | EP 1 | Medication containers are labeled whenever medications are prepared but not immediately administered. Note 1: An organization that exclusively uses a single medication in a patient care area can draw up or prepare multiple doses for later use as long as the medication is segregated and secured from all other medications in the organization (for example, a vaccine, flu shot) and the container holding the individual doses is labeled. Note 2: An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process. Note 3: This element of performance is also applicable to sample medications. |
| | | EP 3 | All medications prepared in the organization are correctly labeled with the following: - Medication name, strength, and amount (if not apparent from the container) Note: This is also applicable to sample medications. - Expiration date when not used within 24 hours - Expiration date and time when expiration occurs in less than 24 hours - The date prepared and the diluent for all compounded intravenous admixtures and parenteral nutrition formulas |
| | | EP 7 | When preparing individualized medications for multiple patients, the label also includes the following: - The patient's name - The location where the medication is to be delivered - Directions for use and applicable accessory and cautionary instructions (See also NPSG.01.01.01, EP 1) |
| | | EP 10 | When an individualized medication(s) is prepared by someone other than the person administering the medication, the label includes the following: - The patient's name - The location where the medication is to be delivered - Directions for use and applicable accessory and cautionary instructions (See also NPSG.01.01.01, EP 1) |
| | | MM.05.01.11 | The organization safely dispenses medications. |
| | | EP 2 | The organization dispenses medications and maintains clinical records in accordance with law and regulation, licensure, and professional standards of practice. Note 1: Dispensing practices and recordkeeping include antidiversion strategies. Note 2: This element of performance is also applicable to sample medications. |

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| §416.48(a) | TAG: Q-0181 | MM.01.01.01 | The organization plans its medication management processes. |
| §416.48(a) Standard: Administration of Drugs | | EP 4 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Medications are prepared and administered in accordance with organizational policies and established standards of practice. |
| Drugs must be prepared and administered according to established policies and acceptable standards of practice | | MM.03.01.01 | The organization safely stores medications. |
| | | EP 2 | The organization stores medications according to the manufacturers' recommendations. Note: This element of performance is also applicable to sample medications. |
| | | MM.05.01.07 | The organization safely prepares medications. Note: This standard is applicable to all organizations that prepare medications for administration. |
| | | EP 2 | Staff use clean or sterile techniques and maintain clean, uncluttered, and functionally separate areas for product preparation to avoid contamination of medications. |
| | | EP 3 | During preparation, staff visually inspect the medication for particulates, discoloration, or other loss of integrity. |
| | | MM.05.01.09 | Medications are labeled. Note: This standard is applicable to all organizations that prepare and administer medications. |
| | | EP 1 | Medication containers are labeled whenever medications are prepared but not immediately administered. Note 1: An organization that exclusively uses a single medication in a patient care area can draw up or prepare multiple doses for later use as long as the medication is segregated and secured from all other medications in the organization (for example, a vaccine, flu shot) and the container holding the individual doses is labeled. Note 2: An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process. Note 3: This element of performance is also applicable to sample medications. |
| | | EP 3 | All medications prepared in the organization are correctly labeled with the following: - Medication name, strength, and amount (if not apparent from the container) Note: This is also applicable to sample medications. - Expiration date when not used within 24 hours - Expiration date and time when expiration occurs in less than 24 hours - The date prepared and the diluent for all compounded intravenous admixtures and parenteral nutrition formulas |
| | | MM.06.01.01 | The organization safely administers medications. |
| | | EP 1 | Only authorized clinical staff administer medications. The organization 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. |
| | | 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, or services Note 1: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The Centers for Medicare & Medicaid Services require ambulatory surgical centers to use single dose (single-use) medication vials for only one patient. Note 2: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The |

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| | | | Centers for Medicare & Medicaid Services require ambulatory surgical centers to date multi-dose injectable medications that are used for more than one patient when they are opened, and discard them within 28 days of opening or according to the manufacturer's recommendations, whichever is more stringent. (See also MM.03.01.05, EP 2) |
| §416.48(a)(1) TAG: Q-0182 §416.48(a) Standard: Administration of Drugs (1) Adverse reactions must be reported to the physician responsible for the patient and must be documented in the record. | | MM.07.01.03 The organization responds to actual or potential adverse drug events, significant adverse drug reactions, and medication errors. EP 4 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: All adverse drug events are reported to the physician (as defined in section 1861(r) of the Social Security Act) responsible for the patient and are documented in the clinical record. | |
| §416.48(a)(2) TAG: Q-0183 §416.48(a) Standard: Administration of Drugs (2) Blood and blood products must be administered only by physicians or registered nurses. | | PC.02.01.07 The organization safely administers blood and blood component(s). EP 12 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Only physicians or registered nurses administer blood and blood component(s). | |
| §416.48(a)(3) TAG: Q-0184 §416.48(a) Standard: Administration of Drugs (3) Orders given orally for drugs and biologicals must be followed by a written order and signed by the prescribing physician. | | MM.04.01.01 Medication orders are clear and accurate. EP 12 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Orders given verbally for medications and biologicals are followed by a written order signed by the prescribing physician. | |
| §416.49 TAG: Q-0200 §416.49 Condition for Coverage: Laboratory and Radiology Services. | | LD.04.01.01 The organization complies with law and regulation. EP 1 The organization is licensed, is certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, or services for which the organization is seeking accreditation from The Joint Commission. 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. Note 2: For more information on how to obtain a CLIA certificate, see http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_Certificate_International_Laboratories.html . (See also WT.01.01.01, EP 1; WT.04.01.01, EP 1) EP 2 The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations. | |

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| §416.49(a) TAG: Q-0201 | | LD.04.01.01 | The organization complies with law and regulation. |
| §416.49(a) Standard: Laboratory Services. | | EP 1 | The organization is licensed, is certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, or services for which the organization is seeking accreditation from The Joint Commission. 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. Note 2: For more information on how to obtain a CLIA certificate, see http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_Certificate_International_Laboratories.html . (See also WT.01.01.01, EP 1; WT.04.01.01, EP 1) |
| If the ASC performs laboratory services, it must meet the requirements of part 493 of this chapter. If the ASC does not provide its own laboratory services, it must have procedures for obtaining routine and emergency laboratory services from a certified laboratory in accordance with Part 493 of this chapter. The referral laboratory must be certified in the appropriate specialties and subspecialties of service to perform the referred tests in accordance with the requirements of Part 493 of this chapter. | | EP 2 | The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations. |
| | | EP 15 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization complies with part 493 of the Code of Federal Regulations. Note: Part 493 of the Code of Federal Regulations requires organizations who perform laboratory testing to maintain compliance with the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88). |
| | | EP 19 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Organizations that do not provide their own laboratory services have procedures for obtaining routine and emergency laboratory services from a certified laboratory in accordance with part 493 of the Code of Federal Regulations. The referral laboratory is certified in the associated specialties and subspecialties needed to perform tests ordered. |
| | | LD.04.03.09 | Care, treatment, or services provided through contractual agreement are provided safely and effectively. |
| | | EP 4 | Leaders monitor contracted services by establishing expectations for the performance of the contracted services. Note: When the organization contracts with another accredited organization for patient care, treatment, or services to be provided off site, it can do the following: - Verify that all physicians and licensed practitioners who will be providing patient care, treatment, or 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. |
| | | EP 5 | Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted services. Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it. |
| | | EP 10 | Reference and contract laboratory services meet the federal regulations for clinical laboratories and maintain evidence of the same. |
| §416.49(b) TAG: Q-0202 | | | |
| §416.49(b) Standard: Radiologic Services. | | | |
| §416.49(b)(1) TAG: Q-0202 | | EC.01.01.01 | The organization plans activities to minimize risks in the environment of care. Note 1: One or more persons can be assigned to manage risks associated with the management plans described in this standard. Note 2: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization complies with the 2012 edition of NFPA 99: Health Care Facilities Code. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply. Note 3: For further information on waiver and equivalency requests, see https://www.jointcommission.org/resources/patient-safety-topics/the-physical- |
| (1) Radiologic services may only be provided when integral to procedures offered by the ASC ... | | | |

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| | | | environment/life-safety-code-information-and-resources/ and NFPA 99-2012: 1.4. |
| | | EP 6 | The organization has a written plan for managing the following: Hazardous materials and waste. |
| | | EC.02.01.01 | The organization manages safety and security risks. |
| | | EP 1 | The organization 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 organization'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. |
| | | EP 3 | The organization takes action to minimize identified safety and security risks in the physical environment. |
| | | EC.02.02.01 | The organization manages risks related to hazardous materials and waste. |
| | | EP 3 | The organization has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures. (See also IC.02.01.01, EP 2) |
| | | EP 6 | The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of radioactive materials. |
| | | EP 7 | The organization minimizes risks associated with the selection and use of 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. |
| | | EP 14 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center checks radiology staff, according to time frames it defines, for radiation exposure, using exposure meters or badge tests. The dates of the checks and amount of exposure are documented. |
| | | EP 15 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The radiologic services, including ionizing radiology procedures, are free from hazards for patients and staff. |
| | | HR.01.01.01 | The organization defines and verifies staff qualifications. |
| | | EP 1 | The organization defines staff qualifications specific to their job responsibilities. Note: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). (See also IC.01.01.01, EP 3) |
| | | HR.01.06.01 | Staff are competent to perform their responsibilities. |
| | | EP 1 | The organization defines the competencies it requires of its staff who provide patient care, treatment, or services. |
| | | HR.02.01.03 | The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently. |
| | | EP 4 | All physicians and other licensed practitioners that provide care possess a current license, certification, or registration, as required by law and regulation. |
| | | EP 11 | Before granting initial, renewed, or revised privileges to a physician or other licensed practitioner, leadership evaluates the following: - Any challenges to licensure or registration Note: The challenges addressed here are those that are in the process of an active investigation by the state licensing board. - Any voluntary and involuntary relinquishment of license or registration - Any voluntary and involuntary termination of medical staff membership at another organization. - Any voluntary or involuntary limitation, reduction, or loss of clinical privileges - Any professional liability actions that resulted in a final judgment against the applicant |

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| | | | <ul style="list-style-type: none"> - Information from the National Practitioner Data Bank - Whether the requested privileges are consistent with the population served by the organization - Whether the requested privileges are consistent with the site-specific care, treatment, or services provided by the organization |
| | | LD.04.01.01 | The organization complies with law and regulation. |
| | | EP 2 | The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations. |
| | | PC.02.01.03 | The organization provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation. |
| | | EP 1 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Radiologic services are provided based on orders from licensed practitioners with clinical privileges in accordance with professional standards of practice, or from other practitioners authorized by the medical staff and the governing body, consistent with state law. |
| | | PC.02.02.01 | The organization coordinates the patient's care, treatment, or services based on the patient's needs. |
| | | EP 15 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Radiologic services may only be provided when they are integral to procedures offered by the ambulatory surgical center. |
| | | RC.01.02.01 | Entries in the clinical record are authenticated. |
| | | EP 4 | <p>Entries in the clinical record are authenticated by the author. Information introduced into the clinical record through transcription or dictation is authenticated by the author.</p> <p>Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key.</p> <p>Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or organization policy. For electronic records, electronic signatures will be date-stamped.</p> |
| | | EP 5 | The individual identified by the signature stamp or method of electronic authentication is the only individual who uses it. |
| | | RC.01.05.01 | The organization retains its clinical records. |
| | | EP 1 | <p>The retention time of the clinical record is determined by its use and organization policy, in accordance with law and regulation.</p> <p>Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The Centers for Medicare & Medicaid Services requires the ambulatory surgical center to retain the original or legally reproduced medical record for at least five years, including applicable films, scans, and other images.</p> |
| | | RC.02.01.01 | The clinical record contains information that reflects the patient's care, treatment, or services. |
| | | EP 2 | <p>The clinical record contains the following clinical information:</p> <ul style="list-style-type: none"> - The patient's initial diagnosis, diagnostic impression(s), or condition(s) - Any findings of assessments and reassessments - Any allergies to food - Any allergies to medications - Any conclusions or impressions drawn from the patient's medical history and physical examination - Any diagnoses or conditions established during the patient's course of care, treatment, or services - Any consultation reports - Any progress notes - Any medications ordered or prescribed - Any medications administered, including the strength, dose, route, date and time of administration <p>Note 1: When rapid titration of a medication is necessary, the organization defines in policy the</p> |

| CFR Number §416.49(b)(1) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | | <p>urgent/emergent situations in which block charting would be an acceptable form of documentation. Note 2: For the definition and a further explanation of block charting, refer to the Glossary.</p> <ul style="list-style-type: none"> - Any access site for medication, administration devices used, and rate of administration - The patient's response to any medication administered - Any adverse drug reactions - Plans for care and any revisions to the plan for care - Orders for diagnostic and therapeutic tests and procedures and their results <p>(See also PC.01.02.01, EP 1; PC.03.01.03, EPs 1, 8)</p> |
| <p>§416.49(b)(1) TAG: Q-0203</p> <p>... must meet the requirements specified in § 482.26(b), (c)(2), and (d)(2) of this chapter.</p> | | <p>EC.01.01.01</p> <p>The organization plans activities to minimize risks in the environment of care. Note 1: One or more persons can be assigned to manage risks associated with the management plans described in this standard. Note 2: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization complies with the 2012 edition of NFPA 99: Health Care Facilities Code. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply. Note 3: For further information on waiver and equivalency requests, see https://www.jointcommission.org/resources/patient-safety-topics/the-physical-environment/life-safety-code-information-and-resources/ and NFPA 99-2012: 1.4.</p> <p>EP 6 The organization has a written plan for managing the following: Hazardous materials and waste.</p> <p>EC.02.01.01</p> <p>The organization manages safety and security risks.</p> <p>EP 1 The organization 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 organization'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.</p> <p>EP 3 The organization takes action to minimize identified safety and security risks in the physical environment.</p> <p>EC.02.02.01</p> <p>The organization manages risks related to hazardous materials and waste.</p> <p>EP 3 The organization has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures. (See also IC.02.01.01, EP 2)</p> <p>EP 6 The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of radioactive materials.</p> <p>EP 7 The organization minimizes risks associated with the selection and use of 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.</p> <p>EP 14 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center checks radiology staff, according to time frames it defines, for radiation exposure, using exposure meters or badge tests. The dates of the checks and amount of exposure are documented.</p> <p>EP 15 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The radiologic services, including ionizing radiology procedures, are free from hazards for patients and staff.</p> <p>HR.01.01.01</p> <p>The organization defines and verifies staff qualifications.</p> <p>EP 1 The organization defines staff qualifications specific to their job responsibilities. Note: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). (See also IC.01.01.01, EP 3)</p> | |

| CFR Number §416.49(b)(1) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | HR.01.06.01 | Staff are competent to perform their responsibilities. |
| | | EP 1 | The organization defines the competencies it requires of its staff who provide patient care, treatment, or services. |
| | | HR.02.01.03 | The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently. |
| | | EP 4 | All physicians and other licensed practitioners that provide care possess a current license, certification, or registration, as required by law and regulation. |
| | | EP 11 | Before granting initial, renewed, or revised privileges to a physician or other licensed practitioner, leadership evaluates the following: - Any challenges to licensure or registration Note: The challenges addressed here are those that are in the process of an active investigation by the state licensing board. - Any voluntary and involuntary relinquishment of license or registration - Any voluntary and involuntary termination of medical staff membership at another organization. - Any voluntary or involuntary limitation, reduction, or loss of clinical privileges - Any professional liability actions that resulted in a final judgment against the applicant - Information from the National Practitioner Data Bank - Whether the requested privileges are consistent with the population served by the organization - Whether the requested privileges are consistent with the site-specific care, treatment, or services provided by the organization |
| | | LD.04.01.01 | The organization complies with law and regulation. |
| | | EP 2 | The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations. |
| | | PC.02.01.03 | The organization provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation. |
| | | EP 1 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Radiologic services are provided based on orders from licensed practitioners with clinical privileges in accordance with professional standards of practice, or from other practitioners authorized by the medical staff and the governing body, consistent with state law. |
| | | PC.02.02.01 | The organization coordinates the patient's care, treatment, or services based on the patient's needs. |
| | | EP 15 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Radiologic services may only be provided when they are integral to procedures offered by the ambulatory surgical center. |
| | | RC.01.02.01 | Entries in the clinical record are authenticated. |
| | | EP 4 | Entries in the clinical record are authenticated by the author. Information introduced into the clinical record through transcription or dictation is authenticated by the author. Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key. Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or organization policy. For electronic records, electronic signatures will be date-stamped. |
| | | EP 5 | The individual identified by the signature stamp or method of electronic authentication is the only individual who uses it. |
| | | RC.01.05.01 | The organization retains its clinical records. |
| | | EP 1 | The retention time of the clinical record is determined by its use and organization policy, in accordance with law and regulation. Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The |

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| | | | <p>Centers for Medicare & Medicaid Services requires the ambulatory surgical center to retain the original or legally reproduced medical record for at least five years, including applicable films, scans, and other images.</p> <p>RC.02.01.01 The clinical record contains information that reflects the patient's care, treatment, or services.</p> <p>EP 2 The clinical record contains the following clinical information:</p> <ul style="list-style-type: none"> - The patient's initial diagnosis, diagnostic impression(s), or condition(s) - Any findings of assessments and reassessments - Any allergies to food - Any allergies to medications - Any conclusions or impressions drawn from the patient's medical history and physical examination - Any diagnoses or conditions established during the patient's course of care, treatment, or services - Any consultation reports - Any progress notes - Any medications ordered or prescribed - Any medications administered, including the strength, dose, route, date and time of administration <p>Note 1: When rapid titration of a medication is necessary, the organization defines in policy the urgent/emergent situations in which block charting would be an acceptable form of documentation. Note 2: For the definition and a further explanation of block charting, refer to the Glossary.</p> <ul style="list-style-type: none"> - Any access site for medication, administration devices used, and rate of administration - The patient's response to any medication administered - Any adverse drug reactions - Plans for care and any revisions to the plan for care - Orders for diagnostic and therapeutic tests and procedures and their results <p>(See also PC.01.02.01, EP 1; PC.03.01.03, EPs 1, 8)</p> |
| <p>§416.49(b)(2) TAG: Q-0204</p> <p>(2) If radiologic services are utilized, the governing body must appoint an individual qualified in accordance with State law and ASC policies who is responsible for assuring all radiologic services are provided in accordance with the requirements of this section.</p> | | | <p>EC.02.01.01 The organization manages safety and security risks.</p> <p>EP 8 The organization controls access to and from areas it identifies as security sensitive.</p> <p>EC.02.02.01 The organization manages risks related to hazardous materials and waste.</p> <p>EP 4 The organization implements its procedures in response to hazardous material and waste spills or exposures.</p> <p>EP 5 The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.</p> <p>EP 6 The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of radioactive materials.</p> <p>EP 8 The organization minimizes risks associated with disposing of hazardous medications. (See also MM.01.01.03, EP 2)</p> <p>EP 11 For managing hazardous materials and waste, the organization has the permits, licenses, manifests, and safety data sheets required by law and regulation.</p> <p>EP 12 The organization 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. (See also IC.02.01.01, EP 6)</p> <p>EP 14 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center checks radiology staff, according to time frames it defines, for radiation exposure, using exposure meters or badge tests. The dates of the checks and amount of exposure are</p> |

| CFR Number §416.49(b)(2) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | | documented. |
| | | EP 15 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The radiologic services, including ionizing radiology procedures, are free from hazards for patients and staff. |
| | | EC.02.04.03 | The organization inspects, tests, and maintains medical equipment. |
| | | EP 1 | Before initial use of medical equipment on the medical equipment inventory, the organization performs safety, operational, and functional checks. |
| | | EP 3 | The organization inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented. |
| | | HR.02.01.03 | The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently. |
| | | EP 4 | All physicians and other licensed practitioners that provide care possess a current license, certification, or registration, as required by law and regulation. |
| | | EP 11 | Before granting initial, renewed, or revised privileges to a physician or other licensed practitioner, leadership evaluates the following: - Any challenges to licensure or registration Note: The challenges addressed here are those that are in the process of an active investigation by the state licensing board. - Any voluntary and involuntary relinquishment of license or registration - Any voluntary and involuntary termination of medical staff membership at another organization. - Any voluntary or involuntary limitation, reduction, or loss of clinical privileges - Any professional liability actions that resulted in a final judgment against the applicant - Information from the National Practitioner Data Bank - Whether the requested privileges are consistent with the population served by the organization - Whether the requested privileges are consistent with the site-specific care, treatment, or services provided by the organization |
| | | LD.01.03.01 | Governance is ultimately accountable for the safety and quality of care, treatment, or services. |
| | | EP 3 | Governance approves the organization's written scope of services. |
| | | LD.04.01.01 | The organization complies with law and regulation. |
| | | EP 2 | The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations. |
| | | LD.04.01.05 | The organization effectively manages its programs, services, or sites. |
| | | EP 13 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: If radiologic services are provided by the ambulatory surgical center, the governing body must appoint an individual qualified in accordance with state law and organizational policies who is responsible for making certain that all radiologic services are provided in accordance with law and regulation. Note: The Joint Commission elements of performance that relate to laws and regulations for radiologic services are outlined in the ambulatory surgical center crosswalk on E-dition. |
| | | LD.04.01.07 | The organization has policies and procedures that guide and support patient care, treatment, or services. |
| | | EP 1 | Leaders review, approve, and manage the implementation of policies and procedures that guide and support patient care, treatment, or services. |
| | | PC.02.01.03 | The organization provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation. |
| | | EP 1 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Radiologic services are provided based on orders from licensed practitioners with clinical privileges in accordance with professional standards of practice, or from other practitioners authorized by the medical staff and the |

| CFR Number §416.49(b)(2) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | | <p>governing body, consistent with state law.</p> <p>RC.01.05.01 The organization retains its clinical records.</p> <p>EP 1 The retention time of the clinical record is determined by its use and organization policy, in accordance with law and regulation. Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The Centers for Medicare & Medicaid Services requires the ambulatory surgical center to retain the original or legally reproduced medical record for at least five years, including applicable films, scans, and other images.</p> |
| <p>§416.50 TAG: Q-0219</p> <p>§416.50 Condition for coverage - Patient Rights</p> <p>The ASC must inform the patient or the patient's representative or surrogate of the patient's rights and must protect and promote the exercise of these rights, as set forth in this section. The ASC must also post the written notice of patient rights in a place or places within the ASC likely to be noticed by patients waiting for treatment or by the patient's representative or surrogate, if applicable.</p> | | | <p>RI.01.01.01 The organization respects patient rights.</p> <p>EP 1 The organization has written policies on patient rights.</p> <p>EP 2 Information about patient rights is available to the patient. Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization informs the patient or, as appropriate, the patient's representative or surrogate decision-maker of the patient's rights. (See also RI.01.01.03, EPs 1, 2, 3)</p> <p>EP 4 The organization treats the patient in a dignified and respectful manner that supports the patient's dignity.</p> <p>EP 5 The organization respects the patient's right to and need for effective communication. (See also RI.01.01.03, EPs 1, 2, 3)</p> <p>EP 6 The organization respects the patient's cultural and personal values, beliefs, and preferences.</p> <p>EP 7 The organization respects the patient's right to privacy. Note: This element of performance (EP) addresses a patient's personal privacy. For EPs addressing the privacy of a patient's health information, please refer to Standard IM.02.01.01. (See also IM.02.01.01, EPs 1, 3, 4)</p> <p>EP 10 The organization allows the patient to access, request amendment to, and obtain information on disclosures of the patient's health information, in accordance with law and regulation.</p> <p>RI.01.01.03 The organization respects the patient's right to receive information in a manner the patient understands.</p> <p>EP 5 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center posts a copy of its notice of patient rights in a location where it is likely to be noticed by patients. The notice of rights includes contact information for reporting complaints to the state agency and the website for the Office of the Medicare Beneficiary Ombudsman.</p> <p>RI.01.02.01 The organization respects the patient's right to participate in decisions about their care, treatment, or services.</p> <p>EP 1 The organization involves the patient in making decisions about their care, treatment, or services.</p> <p>EP 4 The organization respects the right of the patient or surrogate decision-maker to refuse care, treatment, or services in accordance with law and regulation.</p> |

| CFR Number §416.50 (standard level citation) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.50 (standard level citation) TAG: Q-0220</p> <p>The ASC must also post the written notice of patient rights in a place or places within the ASC likely to be noticed by patients waiting for treatment or by the patient's representative or surrogate, if applicable.</p> | <p>RI.01.01.01</p> | <p>The organization respects patient rights.</p> | |
| | <p>EP 1</p> | <p>The organization has written policies on patient rights.</p> | |
| | <p>EP 2</p> | <p>Information about patient rights is available to the patient. Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization informs the patient or, as appropriate, the patient's representative or surrogate decision-maker of the patient's rights. (See also RI.01.01.03, EPs 1, 2, 3)</p> | |
| | <p>EP 4</p> | <p>The organization treats the patient in a dignified and respectful manner that supports the patient's dignity.</p> | |
| | <p>EP 5</p> | <p>The organization respects the patient's right to and need for effective communication. (See also RI.01.01.03, EPs 1, 2, 3)</p> | |
| | <p>EP 6</p> | <p>The organization respects the patient's cultural and personal values, beliefs, and preferences.</p> | |
| | <p>EP 7</p> | <p>The organization respects the patient's right to privacy. Note: This element of performance (EP) addresses a patient's personal privacy. For EPs addressing the privacy of a patient's health information, please refer to Standard IM.02.01.01. (See also IM.02.01.01, EPs 1, 3, 4)</p> | |
| | <p>EP 10</p> | <p>The organization allows the patient to access, request amendment to, and obtain information on disclosures of the patient's health information, in accordance with law and regulation.</p> | |
| | <p>RI.01.01.03</p> | <p>The organization respects the patient's right to receive information in a manner the patient understands.</p> | |
| | <p>EP 5</p> | <p>For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center posts a copy of its notice of patient rights in a location where it is likely to be noticed by patients. The notice of rights includes contact information for reporting complaints to the state agency and the website for the Office of the Medicare Beneficiary Ombudsman.</p> | |
| | <p>RI.01.02.01</p> | <p>The organization respects the patient's right to participate in decisions about their care, treatment, or services.</p> | |
| | <p>EP 1</p> | <p>The organization involves the patient in making decisions about their care, treatment, or services.</p> | |
| | <p>EP 4</p> | <p>The organization respects the right of the patient or surrogate decision-maker to refuse care, treatment, or services in accordance with law and regulation.</p> | |

| CFR Number §416.50(a) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.50(a) TAG: Q-0221</p> <p>Standard: Notice of Rights</p> <p>An ASC must, prior to the start of the surgical procedure, provide the patient, the patient's representative, or the patient's surrogate with verbal and written notice of the patient's rights in a language and manner that ensures the patient, the representative, or the surrogate understand all of the patient's rights as set forth in this section. The ASC's notice of rights must include the address and telephone number of the State agency to which patients may report complaints, as well as the Web site for the Office of the Medicare Beneficiary Ombudsman.</p> | | <p>RI.01.01.03 The organization respects the patient's right to receive information in a manner the patient understands.</p> <p>EP 1 The organization provides information in a manner tailored to the patient's age, language, and ability to understand. (See also RI.01.01.01, EPs 2, 5)</p> <p>EP 2 The organization provides interpreting and translation services, as necessary. Note: For organizations that elect The Joint Commission Primary Care Medical Home option: Language interpreting options may include trained bilingual staff, contract interpreting services, or employed language interpreters. These options may be provided in person or via telephone or video. The documents translated, and the languages into which they are translated, are dependent on the organization's patient population. (See also RI.01.01.01, EPs 2, 5)</p> <p>EP 3 The organization communicates with the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs. (See also RI.01.01.01, EPs 2, 5)</p> <p>EP 4 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center provides the patient or the patient's surrogate decision-maker with verbal and written notice of the patient's rights prior to the start of the surgical procedure in a language and manner that the patient or their surrogate decision-maker understands.</p> <p>EP 5 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center posts a copy of its notice of patient rights in a location where it is likely to be noticed by patients. The notice of rights includes contact information for reporting complaints to the state agency and the website for the Office of the Medicare Beneficiary Ombudsman.</p> <p>RI.01.02.01 The organization respects the patient's right to participate in decisions about their care, treatment, or services.</p> <p>EP 8 The organization involves the patient's family in care, treatment, or services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.</p> | |
| <p>§416.50(b) TAG: Q-0223</p> <p>Standard: Disclosure of physician financial interest or ownership.</p> <p>The ASC must disclose, in accordance with Part 420 of this subchapter, and where applicable, provide a list of physicians who have financial interest or ownership in the ASC facility. Disclosure of information must be in writing.</p> | | <p>LD.04.02.01 The leaders address any conflict of interest that affects or has the potential to affect the safety or quality of care, treatment, or services.</p> <p>EP 2 The leaders follow a written policy that defines situations that represent a conflict of interest, the need to disclose the conflicts, and how the organization will address these conflicts of interest.</p> <p>EP 6 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center discloses, where applicable, physician financial interests or ownership in the facility in accordance with 42 CFR Part 420. This disclosure information is in writing.</p> | |
| <p>§416.50(c) TAG: Q-0224</p> <p>Standard: Advance Directives.</p> <p>The ASC must comply with the following requirements:</p> | | | |

| CFR Number §416.50(c)(1) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.50(c)(1) TAG: Q-0224</p> <p>(1) Provide the patient or, as appropriate, the patient's representative prior to the start of the surgical procedure with written information concerning its policies on advance directives, including a description of applicable State health and safety laws and, if requested, official State advance directive forms.</p> | | <p>RI.01.05.01 The organization addresses patient decisions about care, treatment, or services received at the end of life.</p> <p>EP 1 The organization follows written policies on advance directives that specify whether the organization will honor advance directives. The organization communicates its policies on advance directives to patients upon request.</p> <p>EP 7 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Prior to the start of the surgical procedure the ambulatory surgical center provides the patient or the patient's surrogate decision-maker with written information concerning its policies on advance directives, including a description of applicable state health and safety laws and, if requested, official state advance directive forms.</p> <p>EP 10 Upon request, the organization shares with the patient possible sources of help in formulating advance directives.</p> | |
| <p>§416.50(c)(2) TAG: Q-0224</p> <p>(2) Inform the patient or, as appropriate, the patient's representative of the patient's rights to make informed decisions regarding the patient's care.</p> | | <p>RI.01.03.01 The organization honors the patient's right to give or withhold informed consent.</p> <p>EP 1 The organization follows a written policy on informed consent that describes the following:</p> <ul style="list-style-type: none"> - The specific care, treatment, or services that require informed consent - The licensed practitioner permitted to conduct the informed consent discussion in accordance with law and regulation - When a surrogate decision-maker may give informed consent <p>(See also RI.01.02.01, EP 2)</p> <p>EP 2 The informed consent process includes a discussion about the following:</p> <ul style="list-style-type: none"> - The patient's proposed care, treatment, or services. - Potential benefits, risks, and side effects of the patient's proposed care, treatment, or services; the likelihood of the patient achieving their goals; and any potential problems that might occur during recuperation. - Reasonable alternatives to the patient's proposed care, treatment, or services. The discussion encompasses risks, benefits, and side effects related to the alternatives and the risks related to not receiving the proposed care, treatment, or services. <p>Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization informs the patient or, as appropriate, the patient's representative or surrogate decision-maker of their right to make informed decisions regarding the patient's care.</p> | |
| <p>§416.50(c)(3) TAG: Q-0224</p> <p>(3) Document in a prominent part of the patient's current medical record, whether or not the individual has executed an advance directive.</p> | | <p>RC.02.01.01 The clinical record contains information that reflects the patient's care, treatment, or services.</p> <p>EP 4 As needed to provide care, treatment, or services, the clinical record contains the following additional information:</p> <ul style="list-style-type: none"> - Any advance directives <p>Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization documents in a prominent place in the clinical record whether or not the patient has advance directives in place.</p> <ul style="list-style-type: none"> - Any informed consent - Any documentation of clinical research interventions distinct from entries related to regular patient care, treatment, or services - Any records of communication with the patient, such as telephone calls or e-mail - Any referrals or communications made to internal or external care providers and community agencies - Any patient-generated information <p>(See also RI.01.03.05, EP 4)</p> | |

| CFR Number §416.50(d) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.50(d) TAG: Q-0225</p> <p>Standard: Submission and investigation of grievances.</p> <p>The ASC must establish a grievance procedure for documenting the existence, submission, investigation, and disposition of a patient's written or verbal grievance to the ASC. The following criteria must be met:</p> | | <p>RI.01.07.01 The patient and their family have the right to have complaints reviewed by the organization.</p> <p>EP 1 The organization establishes a complaint resolution process and informs the patient and the patient's family about it.</p> <p>EP 4 The organization reviews and, when possible, resolves complaints from the patient and the patient's family.</p> <p>EP 21 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center establishes a written procedure for documenting the existence, submission, investigation, and disposition of a patient's written or verbal grievance(s).</p> | |
| <p>§416.50(d)(1) TAG: Q-0226</p> <p>(1) All alleged violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse, must be fully documented.</p> | | <p>RI.01.07.01 The patient and their family have the right to have complaints reviewed by the organization.</p> <p>EP 23 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: All alleged violations or grievances related to, but not limited to, mistreatment, neglect or verbal, mental, sexual or physical abuse, are fully documented.</p> | |
| <p>§416.50(d)(2) TAG: Q-0226</p> <p>(2) All allegations must be immediately reported to a person in authority in the ASC.</p> | | <p>RI.01.07.01 The patient and their family have the right to have complaints reviewed by the organization.</p> <p>EP 22 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: All allegations, violations, or grievances related to, but not limited to, mistreatment, neglect or verbal, mental, sexual or physical abuse, are immediately reported to a person in authority in the ambulatory surgical center.</p> | |
| <p>§416.50(d)(3) TAG: Q-0226</p> <p>(3) Only substantiated allegations must be reported to the State authority or the local authority, or both.</p> | | <p>RI.01.07.01 The patient and their family have the right to have complaints reviewed by the organization.</p> <p>EP 24 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Substantiated allegations related to, but not limited to, mistreatment, neglect or verbal, mental, sexual or physical abuse, are reported to the state authority or the local authority, or both.</p> | |
| <p>§416.50(d)(4) TAG: Q-0225</p> <p>(4) The grievance process must specify timeframes for review of the grievance and the provisions of a response.</p> | | <p>RI.01.07.01 The patient and their family have the right to have complaints reviewed by the organization.</p> <p>EP 25 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The grievance process specifies time frames for review of the grievance and the provision of a response.</p> | |
| <p>§416.50(d)(5) TAG: Q-0225</p> <p>(5) The ASC, in responding to the grievance, must investigate all grievances made by a patient or the patient's representative, or the patient's surrogate regarding treatment or care that is (or fails to be) furnished.</p> | | <p>RI.01.07.01 The patient and their family have the right to have complaints reviewed by the organization.</p> <p>EP 26 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center, in responding to the grievance, investigates all grievances made by a patient or the patient's representative regarding treatment or care that is (or fails to be) furnished.</p> | |
| <p>§416.50(d)(6) TAG: Q-0225</p> <p>(6) The ASC must document how the grievance was addressed, as well as provide the patient, the patient's representative, or the patient's surrogate with written notice of its decision. The decision must contain the name of an ASC contact person, the steps taken to investigate the grievance, the result of the grievance process and the date the grievance process was completed.</p> | | <p>RI.01.07.01 The patient and their family have the right to have complaints reviewed by the organization.</p> <p>EP 27 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center documents how the grievance was addressed and provides the patient with written notice of its decision. The decision contains the name of an ambulatory surgical center contact person, the steps taken to investigate the grievance, the results of the grievance process, and the date the grievance process was completed.</p> | |
| <p>§416.50(e) TAG: Q-0227</p> <p>Standard: Exercise of rights and respect for property and person.</p> | | | |

| CFR Number §416.50(e)(1) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| §416.50(e)(1) TAG: Q-0227 (1) The patient has the right to the following: | | | |
| §416.50(e)(1)(i) TAG: Q-0227 (i) Be free from any act of discrimination or reprisal. | | RI.01.07.01 The patient and their family have the right to have complaints reviewed by the organization. EP 10 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The patient has the right to exercise their rights without being subject to coercion, discrimination, reprisal, or interruption of care that could adversely affect the patient. | |
| §416.50(e)(1)(ii) TAG: Q-0228 (ii) Voice grievances regarding treatment or care that is (or fails to be) provided. | | RI.01.07.01 The patient and their family have the right to have complaints reviewed by the organization. EP 11 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The patient has the right to voice grievances regarding treatment or care that are (or fail to be) furnished. | |
| §416.50(e)(1)(iii) TAG: Q-0229 (iii) Be fully informed about a treatment or procedure and the expected outcome before it is performed. | | RI.01.03.01 The organization honors the patient's right to give or withhold informed consent. EP 1 The organization follows a written policy on informed consent that describes the following: - The specific care, treatment, or services that require informed consent - The licensed practitioner permitted to conduct the informed consent discussion in accordance with law and regulation - When a surrogate decision-maker may give informed consent (See also RI.01.02.01, EP 2) EP 2 The informed consent process includes a discussion about the following: - The patient's proposed care, treatment, or services. - Potential benefits, risks, and side effects of the patient's proposed care, treatment, or services; the likelihood of the patient achieving their goals; and any potential problems that might occur during recuperation. - Reasonable alternatives to the patient's proposed care, treatment, or services. The discussion encompasses risks, benefits, and side effects related to the alternatives and the risks related to not receiving the proposed care, treatment, or services. Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization informs the patient or, as appropriate, the patient's representative or surrogate decision-maker of their right to make informed decisions regarding the patient's care. EP 15 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Informed consent is obtained before a treatment or procedure is performed. | |

| CFR Number §416.50(e)(2) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.50(e)(2) TAG: Q-0230</p> <p>(2) If a patient is adjudged incompetent under applicable State laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.</p> | | <p>RI.01.02.01 The organization respects the patient's right to participate in decisions about their care, treatment, or services.</p> <p>EP 1 The organization involves the patient in making decisions about their care, treatment, or services.</p> <p>EP 2 When a patient is unable to make decisions about their care, treatment, or services, the organization involves a surrogate decision-maker in making these decisions. Note 1: If a patient is adjudged incompetent under applicable state laws by a court of proper jurisdiction, the person appointed under state law to act on the patient's behalf exercises the rights of the patient. If a state court has not adjudged a patient incompetent, any legal representative or surrogate decision-maker designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law. Note 2: See the Glossary for a definition of surrogate decision-maker. (See also RI.01.03.01, EP 1)</p> <p>EP 4 The organization respects the right of the patient or surrogate decision-maker to refuse care, treatment, or services in accordance with law and regulation.</p> <p>EP 8 The organization involves the patient's family in care, treatment, or services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.</p> <p>EP 20 The organization provides the patient or surrogate decision-maker with the information about the following: - Outcomes of care, treatment, or services that the patient needs in order to participate in current and future health care decisions - Unanticipated outcomes of the patient's care, treatment, or services that are sentinel events as defined by The Joint Commission (Refer to the Glossary for a definition of sentinel event.)</p> <p>RI.01.03.01 The organization honors the patient's right to give or withhold informed consent.</p> <p>EP 1 The organization follows a written policy on informed consent that describes the following: - The specific care, treatment, or services that require informed consent - The licensed practitioner permitted to conduct the informed consent discussion in accordance with law and regulation - When a surrogate decision-maker may give informed consent (See also RI.01.02.01, EP 2)</p> | |
| <p>§416.50(e)(3) TAG: Q-0230</p> <p>(3) If a State court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.</p> | | <p>RI.01.02.01 The organization respects the patient's right to participate in decisions about their care, treatment, or services.</p> <p>EP 2 When a patient is unable to make decisions about their care, treatment, or services, the organization involves a surrogate decision-maker in making these decisions. Note 1: If a patient is adjudged incompetent under applicable state laws by a court of proper jurisdiction, the person appointed under state law to act on the patient's behalf exercises the rights of the patient. If a state court has not adjudged a patient incompetent, any legal representative or surrogate decision-maker designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law. Note 2: See the Glossary for a definition of surrogate decision-maker. (See also RI.01.03.01, EP 1)</p> <p>EP 8 The organization involves the patient's family in care, treatment, or services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.</p> <p>RI.01.03.01 The organization honors the patient's right to give or withhold informed consent.</p> <p>EP 1 The organization follows a written policy on informed consent that describes the following: - The specific care, treatment, or services that require informed consent - The licensed practitioner permitted to conduct the informed consent discussion in accordance with law and regulation - When a surrogate decision-maker may give informed consent (See also RI.01.02.01, EP 2)</p> | |

| CFR Number §416.50(f) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| §416.50(f) TAG: Q-0231 §416.50(c) Standard: Privacy and Safety. The patient has the right to – | | | |
| §416.50(f)(1) TAG: Q-0231 (1) Personal privacy. | | RI.01.01.01 The organization respects patient rights. EP 7 The organization respects the patient’s right to privacy. Note: This element of performance (EP) addresses a patient’s personal privacy. For EPs addressing the privacy of a patient’s health information, please refer to Standard IM.02.01.01. (See also IM.02.01.01, EPs 1, 3, 4) | |
| §416.50(f)(2) TAG: Q-0232 (2) Receive care in a safe setting. | | RI.01.01.01 The organization respects patient rights. EP 13 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization respects the patient’s right to receive care in a safe setting. | |
| §416.50(f)(3) TAG: Q-0233 (3) Be free from all forms of abuse or harassment. | | RI.01.06.03 The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse. EP 6 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization respects the patient’s right to be free from all forms of abuse or harassment. | |
| §416.50(g) TAG: Q-0234 Standard: Confidentiality of Clinical Records The ASC must comply with the Department’s rules for the privacy and security of individually identifiable health information, as specified at 45 CFR parts 160 and 164. | | IM.02.01.01 The organization protects the privacy of health information. EP 1 The organization follows a written policy addressing the privacy of health information. Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. (See also RI.01.01.01, EP 7) EP 3 The organization uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7) EP 4 The organization discloses health information only as authorized by the patient or as otherwise consistent with law and regulation. Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. (See also RI.01.01.01, EP 7) | IM.02.01.03 The organization maintains the security and integrity of health information. EP 1 The organization follows a written policy that addresses the security of health information, including access, use, and disclosure. Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. EP 5 The organization protects against unauthorized access, use, and disclosure of health information. Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. |

| CFR Number §416.51 | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| §416.51 | TAG: Q-0240 | HR.01.05.03 | Staff participate in ongoing education and training. |
| §416.51 Condition for Coverage – Infection control | | 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. |
| The ASC must maintain an infection control program that seeks to minimize infections and communicable diseases. | | | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Staff participate in ongoing education and training with respect to their roles in the fire response plan. (For information on staff's roles in the fire response plan, see EC.02.03.01, EP 10.) |
| | | IC.01.01.01 | The organization identifies the individual(s) responsible for infection prevention and control. |
| | | EP 3 | The organization assigns responsibility for the management of infection prevention and control activities. (See also HR.01.01.01, EP 1; LD.03.06.01, EP 2) |
| | | EP 5 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The infection control program is under the direction of a designated and qualified professional who has training in infection control. |
| | | IC.01.02.01 | Organization leaders allocate needed resources for infection prevention and control activities. |
| | | EP 1 | The organization provides access to information needed to support infection prevention and control activities. (See also IM.02.02.03, EP 2) |
| | | EP 2 | The organization provides for laboratory resources when needed to support infection prevention and control activities. |
| | | EP 3 | The organization provides equipment and supplies to support infection prevention and control activities. |
| | | IC.01.04.01 | Based on the identified risks, the organization sets goals to minimize the possibility of transmitting infections. |
| | | | Note: See NPSG.07.01.01 for hand hygiene guidelines. |
| | | EP 1 | The organization's written infection prevention and control goals include the following: - Addressing its prioritized risks - Limiting unprotected exposure to pathogens - Limiting the transmission of infections associated with procedures - Limiting the transmission of infections associated with the use of medical equipment, devices, and supplies - Improving compliance with hand hygiene guidelines (See also NPSG.07.01.01, EP 1) |
| | | IC.01.05.01 | The organization plans for preventing and controlling infections. |
| | | EP 1 | When developing infection prevention and control activities, the organization uses evidence-based national guidelines or, in the absence of such guidelines, expert consensus. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization considers, selects, and implements nationally recognized infection control program guidelines. |
| | | EP 2 | The organization plans infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection. These activities are documented. |
| | | EP 5 | The organization describes, in writing, the method for investigating outbreaks of infectious disease within the organization. (See also IC.02.01.01, EP 5) |
| | | EP 6 | Everyone who works in the organization has responsibilities for preventing and controlling infection. |
| | | EP 9 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization plans infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection and communicable diseases. These activities are documented. |

| CFR Number §416.51 | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | IC.02.01.01 | The organization implements infection prevention and control activities. |
| | | EP 1 | The organization implements its planned infection prevention and control activities and practices, including surveillance, to reduce the risk of infection. |
| | | EP 2 | The organization uses standard precautions, * including the use of personal protective equipment, to reduce the risk of infection. Note: Standard precautions are infection prevention and control measures to protect against possible exposure to infectious agents. These precautions are general and applicable to all patients. Footnote *: For further information regarding standard precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/infection-control/hcp/core-practices (Infection Control in Healthcare Settings). (See also EC.02.02.01, EP 3) |
| | | EP 3 | The organization implements transmission-based precautions in response to the pathogens that are suspected or identified within the organization's service setting and community. Note 1: Transmission-based precautions are infection prevention and control measures to protect against exposure to a suspected or identified pathogen. These precautions are specific and based on the way the pathogen is transmitted. Categories include contact, droplet, airborne, or a combination of these precautions. Note 2: For further information regarding transmission-based precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/hai/ (Infection Control in Healthcare Settings). |
| | | EP 5 | The organization investigates outbreaks of infectious disease within the organization. (See also IC.01.05.01, EP 5) |
| | | EP 6 | The organization minimizes the risk of infection when storing and disposing of infectious waste. (See also EC.02.02.01, EP 12) |
| | | EP 7 | The organization implements its methods to communicate responsibilities for preventing and controlling infection to staff, visitors, patients, and families. Information for visitors, patients, and families includes hand and respiratory hygiene practices. Note: Information may be provided via different forms of media, such as posters or pamphlets. |
| | | EP 8 | The organization reports infection surveillance, prevention, and control information to the appropriate staff within the organization. |
| | | EP 9 | The organization reports infection surveillance, prevention, and control information to local, state, and federal public health authorities in accordance with law and regulation. |
| | | EP 10 | When the organization becomes aware that it transferred a patient who has an infection requiring monitoring, treatment, and/or isolation, it informs the receiving organization. |
| | | EP 11 | When the organization becomes aware that it received a patient from another organization who has an infection requiring action, and the infection was not communicated by the referring organization, it informs the referring organization. Note: Infections requiring action include those that require isolation and/or public health reporting or those that may aid in the referring organization's surveillance. |
| | | IC.03.01.01 | The organization evaluates the effectiveness of its infection prevention and control activities. |
| | | EP 1 | The organization evaluates its infection prevention and control activities annually and whenever risks significantly change. The evaluation includes a review of the following: - The infection prevention and control prioritized risks - The infection prevention and control goals - Implementation of infection prevention and control activities - Outcomes of infection prevention and control activities (See also NPSG.07.01.01, EP 2) |
| | | EP 6 | Findings from the evaluation are communicated at least annually to the individuals or interdisciplinary |

| CFR Number §416.51 | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | | group that manages the patient safety program. |
| | | EP 7 | The organization uses the findings of the evaluation when revising the prioritized risks, goals, and activities for preventing and controlling infection. |
| §416.51(a) TAG: Q-0241 | | EC.02.02.01 The organization manages risks related to hazardous materials and waste. | |
| §416.51(a) Standard: Sanitary environment | | EP 3 The organization has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures. (See also IC.02.01.01, EP 2) | |
| The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice. | | EC.02.04.03 The organization inspects, tests, and maintains medical equipment. | |
| | | EP 4 The organization conducts performance testing of and maintains all sterilizers. These activities are documented. (See also IC.02.02.01, EP 2) | |
| | | EC.02.05.01 The organization manages risks associated with its utility systems. | |
| | | EP 7 In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, filtration efficiencies, relative humidity, and temperature. For new health care facilities or altered, renovated, or modernized portions of existing ventilation systems or individual components (constructed or plans approved on or after July 5, 2016), heating, cooling, and ventilation are in accordance with NFPA 99-2012, which includes 2008 ASHRAE 170, or state design requirements if more stringent. Existing systems are in compliance with the ventilation standards that were in effect at the time the facility was constructed or last modified. Note: Areas designed for control of airborne contaminants include spaces such as all classes of operating rooms, special procedure rooms that require a sterile field, caesarean delivery rooms, rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, airborne infection isolation rooms, rooms for patients with pulmonary or laryngeal tuberculosis, bronchoscopy treatment rooms), patients in "protective environment" rooms (for example, rooms for patients receiving bone marrow transplants), laboratories, pharmacies, sterile supply/processing rooms, and other sterile spaces. | |
| | | EP 10 The organization has written procedures for responding to utility system disruptions. | |
| | | EP 11 The organization's procedures address shutting off the malfunctioning system and notifying staff in affected areas. | |
| | | EP 12 The organization's procedures address performing emergency clinical interventions during utility system disruptions. | |
| | | EP 13 The organization responds to utility system disruptions as described in its procedures. | |
| | | EC.02.05.05 The organization inspects, tests, and maintains utility systems. Note: At times, maintenance is performed by an external service. In these cases, organizations are not required to possess maintenance documentation but must have access to such documentation during survey and as needed. | |
| | | EP 3 The organization inspects, tests, and maintains the following: Utility systems. The completion dates and test results are documented. | |
| | | EC.02.06.01 The organization establishes and maintains a safe, sanitary, and functional environment. | |
| | | EP 1 Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, or services provided. | |
| | | EP 11 Lighting is suitable for care, treatment, or services. | |
| | | EP 20 Areas used by patients are clean and sanitary. | |
| | | EP 26 The organization keeps furnishings and non-medical equipment safe and in good repair. Note: Examples of equipment include ice machines, refrigerators (not used for storage of medications or related supplies), and washing machines/dryers. Examples of furnishings include waiting room chairs and | |

| CFR Number §416.51(a) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | | countertops. |
| | | EC.04.01.01 | The organization collects information to monitor conditions in the environment. |
| | | EP 1 | The organization develops and implements a process(es) for continually monitoring, internally reporting, and investigating the following: <ul style="list-style-type: none"> - Problems and incidents related to risks addressed in the environment of care management plans - Injuries to patients or others within the organization's facilities - Occupational illnesses and staff injuries - Incidents of damage to its property or the property of others Note 1: All the incidents and issues listed above may be reported to staff in quality assessment, improvement, or other functions. A summary of such incidents may also be shared with the person designated to coordinate safety management activities. Note 2: Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve care, treatment, or services, or to prevent similar incidents, are not lost as a result of following the legal process. |
| | | IC.01.02.01 | Organization leaders allocate needed resources for infection prevention and control activities. |
| | | EP 3 | The organization provides equipment and supplies to support infection prevention and control activities. |
| | | IC.02.01.01 | The organization implements infection prevention and control activities. |
| | | EP 1 | The organization implements its planned infection prevention and control activities and practices, including surveillance, to reduce the risk of infection. |
| | | EP 2 | The organization uses standard precautions, * including the use of personal protective equipment, to reduce the risk of infection. Note: Standard precautions are infection prevention and control measures to protect against possible exposure to infectious agents. These precautions are general and applicable to all patients. Footnote *: For further information regarding standard precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/infection-control/hcp/core-practices (Infection Control in Healthcare Settings). (See also EC.02.02.01, EP 3) |
| | | IC.02.02.01 | The organization reduces the risk of infections associated with medical equipment, devices, and supplies. |
| | | EP 1 | The organization implements infection prevention and control activities when doing the following: Cleaning and performing low-level disinfection of medical equipment, devices, and supplies. * Note: Low-level disinfection is used for items such as stethoscopes and blood glucose meters. Additional cleaning and disinfecting is required for medical equipment, devices, and supplies used by patients who are isolated as part of implementing transmission-based precautions. Footnote *: For further information regarding cleaning and performing low-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/infectioncontrol/guidelines/disinfection/#r3 . |
| | | EP 2 | The organization implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. Note: Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as is the case with flexible endoscopes. (See also EC.02.04.03, EP 4) |
| | | EP 3 | The organization implements infection prevention and control activities when doing the following: Disposing of medical equipment, devices, and supplies. |
| | | EP 4 | The organization implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies. |
| | | EP 5 | When reprocessing single-use devices, the organization implements infection prevention and control |

| CFR Number §416.51(a) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | activities that are consistent with regulatory and professional standards. | |
| §416.51(b) | TAG: Q-0242 | HR.01.04.01 | The organization provides orientation to staff. |
| <p>§416.51(b) Standard: Infection control program.</p> <p>The ASC must maintain an ongoing program designed to prevent, control, and investigate infections and communicable diseases. In addition, the infection control and prevention program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines. [...]</p> | | <p>EP 3 The organization orients staff on the following:</p> <ul style="list-style-type: none"> - Relevant policies and procedures - Their specific job duties, including those related to infection prevention and control and assessing and managing pain - Sensitivity to cultural diversity based on their job duties and responsibilities - 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 <p>Completion of this orientation is documented.</p> | |
| | | HR.01.05.03 | Staff participate in ongoing education and training. |
| | | <p>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.</p> <p>For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Staff participate in ongoing education and training with respect to their roles in the fire response plan. (For information on staff's roles in the fire response plan, see EC.02.03.01, EP 10.)</p> | |
| | | HR.02.02.01 | The organization provides orientation to physicians and other licensed practitioners. |
| | | <p>EP 3 The organization orients physicians and other licensed practitioners on the following:</p> <ul style="list-style-type: none"> - Relevant policies and procedures - Their specific responsibilities, including those related to infection prevention and control and assessing and managing pain - Sensitivity to cultural diversity based on their specific responsibilities <p>Completion of this orientation is documented.</p> | |
| | | IC.01.04.01 | Based on the identified risks, the organization sets goals to minimize the possibility of transmitting infections. Note: See NPSG.07.01.01 for hand hygiene guidelines. |
| | | <p>EP 1 The organization's written infection prevention and control goals include the following:</p> <ul style="list-style-type: none"> - Addressing its prioritized risks - Limiting unprotected exposure to pathogens - Limiting the transmission of infections associated with procedures - Limiting the transmission of infections associated with the use of medical equipment, devices, and supplies - Improving compliance with hand hygiene guidelines <p>(See also NPSG.07.01.01, EP 1)</p> | |
| | | IC.01.05.01 | The organization plans for preventing and controlling infections. |
| | | <p>EP 1 When developing infection prevention and control activities, the organization uses evidence-based national guidelines or, in the absence of such guidelines, expert consensus.</p> <p>For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization considers, selects, and implements nationally recognized infection control program guidelines.</p> | |
| | | <p>EP 2 The organization plans infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection. These activities are documented.</p> | |
| | | <p>EP 5 The organization describes, in writing, the method for investigating outbreaks of infectious disease within the organization.</p> <p>(See also IC.02.01.01, EP 5)</p> | |
| | | <p>EP 6 Everyone who works in the organization has responsibilities for preventing and controlling infection.</p> | |
| | | <p>EP 9 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization plans infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection and communicable diseases. These activities are documented.</p> | |

| CFR Number §416.51(b) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | IC.02.01.01 | The organization implements infection prevention and control activities. |
| | | EP 1 | The organization implements its planned infection prevention and control activities and practices, including surveillance, to reduce the risk of infection. |
| | | EP 2 | The organization uses standard precautions, * including the use of personal protective equipment, to reduce the risk of infection. Note: Standard precautions are infection prevention and control measures to protect against possible exposure to infectious agents. These precautions are general and applicable to all patients. Footnote *: For further information regarding standard precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/infection-control/hcp/core-practices (Infection Control in Healthcare Settings). (See also EC.02.02.01, EP 3) |
| | | EP 3 | The organization implements transmission-based precautions in response to the pathogens that are suspected or identified within the organization's service setting and community. Note 1: Transmission-based precautions are infection prevention and control measures to protect against exposure to a suspected or identified pathogen. These precautions are specific and based on the way the pathogen is transmitted. Categories include contact, droplet, airborne, or a combination of these precautions. Note 2: For further information regarding transmission-based precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/hai/ (Infection Control in Healthcare Settings). |
| | | EP 5 | The organization investigates outbreaks of infectious disease within the organization. (See also IC.01.05.01, EP 5) |
| | | EP 6 | The organization minimizes the risk of infection when storing and disposing of infectious waste. (See also EC.02.02.01, EP 12) |
| | | EP 7 | The organization implements its methods to communicate responsibilities for preventing and controlling infection to staff, visitors, patients, and families. Information for visitors, patients, and families includes hand and respiratory hygiene practices. Note: Information may be provided via different forms of media, such as posters or pamphlets. |
| | | EP 8 | The organization reports infection surveillance, prevention, and control information to the appropriate staff within the organization. |
| | | EP 9 | The organization reports infection surveillance, prevention, and control information to local, state, and federal public health authorities in accordance with law and regulation. |
| | | EP 10 | When the organization becomes aware that it transferred a patient who has an infection requiring monitoring, treatment, and/or isolation, it informs the receiving organization. |
| | | EP 11 | When the organization becomes aware that it received a patient from another organization who has an infection requiring action, and the infection was not communicated by the referring organization, it informs the referring organization. Note: Infections requiring action include those that require isolation and/or public health reporting or those that may aid in the referring organization's surveillance. |
| | | IC.03.01.01 | The organization evaluates the effectiveness of its infection prevention and control activities. |
| | | EP 1 | The organization evaluates its infection prevention and control activities annually and whenever risks significantly change. The evaluation includes a review of the following: - The infection prevention and control prioritized risks - The infection prevention and control goals - Implementation of infection prevention and control activities - Outcomes of infection prevention and control activities (See also NPSG.07.01.01, EP 2) |
| | | EP 6 | Findings from the evaluation are communicated at least annually to the individuals or interdisciplinary |

| CFR Number §416.51(b) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | | <p>group that manages the patient safety program.</p> <p>EP 7 The organization uses the findings of the evaluation when revising the prioritized risks, goals, and activities for preventing and controlling infection.</p> |
| <p>§416.51(b)(1) TAG: Q-0243</p> <p>(1) Under the direction of a designated and qualified professional who has training in infection control;</p> | | <p>IC.01.01.01 The organization identifies the individual(s) responsible for infection prevention and control.</p> <p>EP 5 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The infection control program is under the direction of a designated and qualified professional who has training in infection control.</p> | |
| <p>§416.51(b)(2) TAG: Q-0244</p> <p>(2) An integral part of the ASC's quality assessment and performance improvement program; and</p> | | <p>LD.03.07.01 Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)</p> <p>EP 13 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The infection control program is an integral part of the ambulatory surgical center's quality assessment and performance improvement program.</p> | |
| <p>§416.51(b)(3) TAG: Q-0245</p> <p>(3) Responsible for providing a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement.</p> | | <p>HR.01.04.01 The organization provides orientation to staff.</p> <p>EP 3 The organization orients staff on the following: - Relevant policies and procedures - Their specific job duties, including those related to infection prevention and control and assessing and managing pain - Sensitivity to cultural diversity based on their job duties and responsibilities - 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 Completion of this orientation is documented.</p> <p>HR.01.05.03 Staff participate in ongoing education and training.</p> <p>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. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Staff participate in ongoing education and training with respect to their roles in the fire response plan. (For information on staff's roles in the fire response plan, see EC.02.03.01, EP 10.)</p> <p>HR.02.02.01 The organization provides orientation to physicians and other licensed practitioners.</p> <p>EP 3 The organization orients physicians and other licensed practitioners on the following: - Relevant policies and procedures - Their specific responsibilities, including those related to infection prevention and control and assessing and managing pain - Sensitivity to cultural diversity based on their specific responsibilities Completion of this orientation is documented.</p> <p>IC.01.05.01 The organization plans for preventing and controlling infections.</p> <p>EP 1 When developing infection prevention and control activities, the organization uses evidence-based national guidelines or, in the absence of such guidelines, expert consensus. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization considers, selects, and implements nationally recognized infection control program guidelines.</p> <p>EP 2 The organization plans infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection. These activities are documented.</p> <p>EP 5 The organization describes, in writing, the method for investigating outbreaks of infectious disease within the organization. (See also IC.02.01.01, EP 5)</p> | |

| CFR Number §416.51(b)(3) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | EP 6 | Everyone who works in the organization has responsibilities for preventing and controlling infection. |
| | | EP 11 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The infection control program includes a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement. |
| | | IC.01.06.01 | The organization prepares to respond to an influx of potentially infectious patients. |
| | | EP 2 | The organization obtains current clinical and epidemiological information from its resources regarding new infections that could cause an influx of potentially infectious patients. |
| | | EP 3 | The organization has a method for communicating critical information to staff about emerging infections that could cause an influx of potentially infectious patients. |
| | | EP 4 | The organization describes, in writing, how it will respond to an influx of potentially infectious patients. Note: One acceptable response is to decide not to accept patients. |
| | | IC.02.01.01 | The organization implements infection prevention and control activities. |
| | | EP 1 | The organization implements its planned infection prevention and control activities and practices, including surveillance, to reduce the risk of infection. |
| | | EP 2 | The organization uses standard precautions, * including the use of personal protective equipment, to reduce the risk of infection. Note: Standard precautions are infection prevention and control measures to protect against possible exposure to infectious agents. These precautions are general and applicable to all patients. Footnote *: For further information regarding standard precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/infection-control/hcp/core-practices (Infection Control in Healthcare Settings). (See also EC.02.02.01, EP 3) |
| | | EP 3 | The organization implements transmission-based precautions in response to the pathogens that are suspected or identified within the organization's service setting and community. Note 1: Transmission-based precautions are infection prevention and control measures to protect against exposure to a suspected or identified pathogen. These precautions are specific and based on the way the pathogen is transmitted. Categories include contact, droplet, airborne, or a combination of these precautions. Note 2: For further information regarding transmission-based precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/hai/ (Infection Control in Healthcare Settings). |
| | | EP 5 | The organization investigates outbreaks of infectious disease within the organization. (See also IC.01.05.01, EP 5) |
| | | EP 6 | The organization minimizes the risk of infection when storing and disposing of infectious waste. (See also EC.02.02.01, EP 12) |
| | | EP 7 | The organization implements its methods to communicate responsibilities for preventing and controlling infection to staff, visitors, patients, and families. Information for visitors, patients, and families includes hand and respiratory hygiene practices. Note: Information may be provided via different forms of media, such as posters or pamphlets. |
| | | EP 8 | The organization reports infection surveillance, prevention, and control information to the appropriate staff within the organization. |
| | | EP 9 | The organization reports infection surveillance, prevention, and control information to local, state, and federal public health authorities in accordance with law and regulation. |
| | | EP 10 | When the organization becomes aware that it transferred a patient who has an infection requiring monitoring, treatment, and/or isolation, it informs the receiving organization. |
| | | EP 11 | When the organization becomes aware that it received a patient from another organization who has an infection requiring action, and the infection was not communicated by the referring organization, it informs |

| CFR Number §416.51(b)(3) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | <p>the referring organization. Note: Infections requiring action include those that require isolation and/or public health reporting or those that may aid in the referring organization's surveillance.</p> | <p>IC.03.01.01 The organization evaluates the effectiveness of its infection prevention and control activities.</p> <p>EP 1 The organization evaluates its infection prevention and control activities annually and whenever risks significantly change. The evaluation includes a review of the following: - The infection prevention and control prioritized risks - The infection prevention and control goals - Implementation of infection prevention and control activities - Outcomes of infection prevention and control activities (See also NPSG.07.01.01, EP 2)</p> <p>EP 6 Findings from the evaluation are communicated at least annually to the individuals or interdisciplinary group that manages the patient safety program.</p> <p>EP 7 The organization uses the findings of the evaluation when revising the prioritized risks, goals, and activities for preventing and controlling infection.</p> |
| <p>§416.52 TAG: Q-0260</p> <p>§416.52 Conditions for Coverage: Patient Admission, Assessment and Discharge</p> <p>The ASC must ensure each patient has the appropriate pre-surgical and post-surgical assessments completed and that all elements of the discharge requirements are completed.</p> | | <p>PC.03.01.03 The organization provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.</p> | <p>EP 17 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center completes the appropriate presurgical assessments for each patient, including all elements required for discharge.</p> <p>PC.03.01.07 The organization provides care to the patient after operative or other high-risk procedures and/or the administration of moderate or deep sedation or anesthesia.</p> <p>EP 9 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center completes the appropriate postsurgical assessments for each patient, including all elements required for discharge.</p> |
| <p>§416.52(a) TAG: Q-0261</p> <p>§416.52(a) Standard: Patient assessment and admission.</p> | | | |
| <p>§416.52(a)(1) TAG: Q-0261</p> <p>(1) The ASC must develop and maintain a policy that identifies those patients who require a medical history and physical examination prior to surgery. The policy must—</p> | | <p>PC.03.01.03 The organization provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.</p> | <p>EP 19 The organization develops and maintains a policy that identifies those patients who require a medical history and physical examination prior to surgery. The policy is based on nationally recognized guidelines and standards of practice and applicable state and local health and safety laws, and the policy addresses the following: - The time frame for medical history and physical examination to be completed prior to surgery - Patient-specific factors that include the patient's age, diagnosis, the type and number of procedures scheduled to be performed on the same surgery date, known comorbidities, and the planned anesthesia level</p> |

| CFR Number §416.52(a)(1)(i) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.52(a)(1)(i) TAG: Q-0261</p> <p>(i) Include the timeframe for medical history and physical examination to be completed prior to surgery.</p> | | <p>PC.03.01.03 The organization provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.</p> <p>EP 19 The organization develops and maintains a policy that identifies those patients who require a medical history and physical examination prior to surgery. The policy is based on nationally recognized guidelines and standards of practice and applicable state and local health and safety laws, and the policy addresses the following:</p> <ul style="list-style-type: none"> - The time frame for medical history and physical examination to be completed prior to surgery - Patient-specific factors that include the patient's age, diagnosis, the type and number of procedures scheduled to be performed on the same surgery date, known comorbidities, and the planned anesthesia level | |
| <p>§416.52(a)(1)(ii) TAG: Q-0261</p> <p>(ii) Address, but is not limited to, the following factors: Patient age, diagnosis, the type and number of procedures scheduled to be performed on the same surgery date, known comorbidities, and the planned anesthesia level.</p> | | <p>PC.03.01.03 The organization provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.</p> <p>EP 19 The organization develops and maintains a policy that identifies those patients who require a medical history and physical examination prior to surgery. The policy is based on nationally recognized guidelines and standards of practice and applicable state and local health and safety laws, and the policy addresses the following:</p> <ul style="list-style-type: none"> - The time frame for medical history and physical examination to be completed prior to surgery - Patient-specific factors that include the patient's age, diagnosis, the type and number of procedures scheduled to be performed on the same surgery date, known comorbidities, and the planned anesthesia level | |
| <p>§416.52(a)(1)(iii) TAG: Q-0261</p> <p>(iii) Be based on any applicable nationally recognized standards of practice and guidelines, and any applicable State and local health and safety laws.</p> | | <p>PC.03.01.03 The organization provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.</p> <p>EP 19 The organization develops and maintains a policy that identifies those patients who require a medical history and physical examination prior to surgery. The policy is based on nationally recognized guidelines and standards of practice and applicable state and local health and safety laws, and the policy addresses the following:</p> <ul style="list-style-type: none"> - The time frame for medical history and physical examination to be completed prior to surgery - Patient-specific factors that include the patient's age, diagnosis, the type and number of procedures scheduled to be performed on the same surgery date, known comorbidities, and the planned anesthesia level | |

| CFR Number §416.52(a)(2) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.52(a)(2) TAG: Q-0262</p> <p>(2) Upon admission, each patient must have a pre-surgical assessment completed by a physician who will be performing the surgery or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and ASC policy.</p> | | <p>PC.03.01.03 The organization provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.</p> <p>EP 1 Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered: The organization conducts a presedation or preanesthesia patient assessment. (See also RC.02.01.01, EP 2)</p> <p>EP 8 The organization reevaluates the patient immediately before administering moderate or deep sedation or anesthesia. (See also RC.02.01.01, EP 2)</p> <p>EP 9 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: A physician or anesthetist (as defined by law and regulation) examines the patient immediately before surgery to evaluate the risks associated with moderate or deep sedation or anesthesia.</p> <p>EP 10 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization records into the patient's clinical record the results of any preoperative diagnostic studies performed to evaluate the patient's risks associated with anesthesia.</p> <p>EP 15 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Each patient has a presurgical assessment completed upon admission by a physician or other qualified licensed practitioner, in accordance with applicable state health and safety laws, standards of practice, and organization policy. This assessment includes documentation of any allergies to drugs and biologicals.</p> | |
| <p>§416.52(a)(3) TAG: Q-0262</p> <p>The pre-surgical assessment must include documentation of any allergies to drugs and biologicals.</p> | | <p>PC.03.01.03 The organization provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.</p> <p>EP 15 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Each patient has a presurgical assessment completed upon admission by a physician or other qualified licensed practitioner, in accordance with applicable state health and safety laws, standards of practice, and organization policy. This assessment includes documentation of any allergies to drugs and biologicals.</p> | |
| <p>§416.52(a)(4) TAG: Q-0263</p> <p>(4) The patient's medical history and physical examination (if any) must be placed in the patient's medical record prior to the surgical procedure.</p> | | <p>RC.02.01.03 The patient's clinical record contains documentation on any operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia.</p> <p>EP 13 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The patient's medical history and physical assessment (if any) is placed in the patient's medical record prior to the surgical procedure.</p> | |
| <p>§416.52(b) TAG: Q-0264</p> <p>§416.52(b) Standard: Post-surgical assessment.</p> | | | |
| <p>§416.52(b)(1) TAG: Q-0264</p> <p>(1) The patient's post-surgical condition must be assessed and documented in the medical record by a physician, other qualified practitioner, or a registered nurse with, at a minimum, post-operative care experience in accordance with applicable State health and safety laws, standards of practice, and ASC policy.</p> | | <p>RC.02.01.03 The patient's clinical record contains documentation on any operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia.</p> <p>EP 14 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The patient's postsurgical condition is assessed and documented in the medical record by a physician, other qualified licensed practitioner, or registered nurse with, at a minimum, postoperative care experience, in accordance with applicable state health and safety laws, standards of practice, and organizational policy.</p> | |
| <p>§416.52(b)(2) TAG: Q-0264</p> <p>(2) Post-surgical needs must be addressed and included in the discharge notes.</p> | | <p>PC.04.01.05 Before the organization discharges or transfers a patient, it informs and educates the patient about their follow-up care, treatment, or services.</p> <p>EP 10 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The patient's postsurgical needs are addressed and included in the discharge notes.</p> | |

| CFR Number §416.52(c) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| §416.52(c) TAG: Q-0265 §416.52(c) Standard: Discharge. The ASC must - | | | |
| §416.52(c)(1) TAG: Q-0265 (1) Provide each patient with written discharge instructions and overnight supplies. When appropriate, make a followup appointment with the physician, and ensure that all patients are informed, either in advance of their surgical procedure or prior to leaving the ASC, of their prescriptions, post-operative instructions and physician contact information for followup care. | | | PC.04.01.05 Before the organization discharges or transfers a patient, it informs and educates the patient about their follow-up care, treatment, or services. EP 9 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center informs all patients of their prescriptions, postoperative instructions, and physician contact information for follow-up care either in advance of their surgical procedure or prior to leaving the ambulatory surgical center. EP 11 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center provides each patient with written discharge instructions and overnight supplies. EP 12 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center provides each patient with a follow-up appointment with a physician, as necessary. |
| §416.52(c)(2) TAG: Q-0266 (2) Ensure each patient has a discharge order, signed by the physician who performed the surgery or procedure in accordance with applicable State health and safety laws, standards of practice, and ASC policy. | | | PC.04.01.05 Before the organization discharges or transfers a patient, it informs and educates the patient about their follow-up care, treatment, or services. EP 13 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Each patient has a discharge order signed by the physician who performed the surgery or procedure, in accordance with applicable state health and safety laws, standards of practice, and organization policy. RC.02.01.03 The patient's clinical record contains documentation on any operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia. EP 6 The operative or other high-risk procedure report includes the following information: - The name(s) of the physician(s) 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 EP 11 The postoperative documentation contains the name of the physician or other licensed practitioner responsible for discharge. EP 12 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The clinical record contains the discharge diagnosis. EP 14 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The patient's postsurgical condition is assessed and documented in the medical record by a physician, other qualified licensed practitioner, or registered nurse with, at a minimum, postoperative care experience, in accordance with applicable state health and safety laws, standards of practice, and organizational policy. |
| §416.52(c)(3) TAG: Q-0267 (3) Ensure all patients are discharged in the company of a responsible adult, except those patients exempted by the attending physician. | | | PC.04.01.05 Before the organization discharges or transfers a patient, it informs and educates the patient about their follow-up care, treatment, or services. EP 14 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Patients are discharged from the ambulatory surgical center in the company of a responsible adult, unless the patient is exempted from this requirement by the attending physician. |

| CFR Number §416.54 | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.54 TAG: E-0001</p> <p>§416.54 Condition for Coverage: Emergency Preparedness.</p> <p>The Ambulatory Surgical Center (ASC) must comply with all applicable Federal, State, and local emergency preparedness requirements. The ASC must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:</p> | | <p>EM.09.01.01 The organization has a comprehensive emergency management program that utilizes an all-hazards approach.</p> <p>EP 1 The organization has a written comprehensive emergency management program that utilizes an all-hazards approach. The program includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> - Leadership structure and program accountability - Hazard vulnerability analysis - Mitigation and preparedness activities - Emergency operations plan and policies and procedures - Education and training - Exercises and testing - Continuity of operations plan - Disaster recovery - Program evaluation <p>EP 3 The organization complies with all applicable federal, state, and local emergency preparedness laws and regulations.</p> | |
| <p>§416.54(a) TAG: E-0004</p> <p>(a) Emergency plan. The ASC must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:</p> | | <p>EM.12.01.01 The organization develops an emergency operations plan (EOP) based on an all-hazards approach.</p> <p>Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency operations plan.</p> <p>Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 1 The organization has a written all-hazards emergency operations plan (EOP) with supporting policies and procedures that provides guidance to staff and volunteers on actions to take during emergency or disaster incidents. The EOP and policies and procedures include but are not limited to the following:</p> <ul style="list-style-type: none"> - Communications plan - Maintaining, expanding, decreasing, or closing operations - Sheltering in place - Evacuating - Safety and security <p>Note: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, the system's EOP addresses policies and procedures specific to each organization's needs.</p> <p>EM.17.01.01 The organization evaluates and revises its emergency operations plan.</p> <p>EP 3 The organization reviews and makes necessary updates to the following items every two years, or more frequently if necessary:</p> <ul style="list-style-type: none"> - Hazard vulnerability analysis - Emergency operations plan, policies, and procedures - Communications plan <p>Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: In addition to the above, the organization reviews and updates the continuity of operations plan and the training and testing program.</p> | |

| CFR Number §416.54(a)(1) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.54(a)(1) TAG: E-0006</p> <p>(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.</p> | | <p>EM.11.01.01 The organization conducts a hazard vulnerability analysis utilizing an all-hazards approach.</p> <p>EP 1 The organization conducts a hazard vulnerability analysis (HVA) using an all-hazards approach that includes identifying hazards that could occur at the organization and in the community where the organization is located. The HVA findings are documented. Note: If the organization has multiple sites, then separate HVAs are only required if the sites are in different geographic locations, have different hazards or threats, or the patient population and services offered are unique to this facility. The findings are documented.</p> <p>EP 2 The organization's hazard vulnerability analysis includes but is not limited to the following: - Natural hazards (such as flooding, wildfires) - Human-caused hazards (such as bomb threats or cyber/information technology crimes) - Technological hazards (such as utility or information technology outages) - Hazardous materials (such as radiological, nuclear, chemical) - Emerging infectious diseases (such as the Ebola, Zika, or SARS-CoV-2 viruses)</p> | |
| <p>§416.54(a)(2) TAG: E-0006</p> <p>(2) Include strategies for addressing emergency events identified by the risk assessment.</p> | | <p>EM.11.01.01 The organization conducts a hazard vulnerability analysis utilizing an all-hazards approach.</p> <p>EP 3 The organization evaluates and prioritizes the findings of the hazard vulnerability analysis to determine which hazards present the highest likelihood of occurring and the impacts those hazards will have on the operating status of the organization and its ability to provide services. The findings are documented.</p> <p>EP 4 The organization uses its prioritized hazards from the hazard vulnerability analysis to identify and implement mitigation and preparedness actions to increase the resilience of the organization and help reduce disruption of essential services or functions. Note: Mitigation activities may include reviewing agreements with other health care facilities, establishing an alternative meeting place in the event the organization is not accessible, reviewing supplies on hand and vendor alternatives, and planning how to protect medical records and back up electronic records.</p> | |

| CFR Number §416.54(a)(3) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.54(a)(3) TAG: E-0007</p> <p>(3) Address patient population, including, but not limited to, the type of services the ASC has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.</p> | | <p>EM.12.01.01 The organization develops an emergency operations plan (EOP) based on an all-hazards approach. Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency operations plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 2 The organization's emergency operations plan identifies the patient population(s) that it will serve and the types of services it would have the ability to provide in an emergency or disaster event.</p> <p>EM.13.01.01 The organization has a continuity of operations plan. Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a continuity of operations plan.</p> <p>EP 1 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization has a written continuity of operations plan (COOP) that is developed with the participation of key executive leaders, business and finance leaders, and other leaders as determined by the organization. These key leaders identify and prioritize the services and functions that are considered essential or critical for maintaining operations. Note: The COOP provides guidance on how the organization will continue to perform its essential business functions to deliver essential or critical services. Essential business functions to consider include administrative/vital records, information technology, financial services, security systems, communications/telecommunications, and building operations to support essential and critical services that cannot be deferred during an emergency; these activities must be performed continuously or resumed quickly following a disruption.</p> <p>EP 3 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization has a written order of succession plan that identifies who is authorized to assume a particular leadership or management role when that person(s) is unable to fulfill their function or perform their duties.</p> <p>EP 4 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization has a written delegation of authority plan that provides the individual(s) with the legal authorization to act on behalf of the organization for specified purposes and to carry out specific duties. Note: Delegations of authority are an essential part of an organization's continuity program and should be sufficiently detailed to make certain the organization can perform its essential functions. Delegations of authority will specify a particular function that an individual is authorized to perform and includes restrictions and limitations associated with that authority.</p> | |
| <p>§416.54(a)(4) TAG: E-0009</p> <p>(4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.</p> | | <p>EM.12.01.01 The organization develops an emergency operations plan (EOP) based on an all-hazards approach. Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency operations plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 6 The organization's emergency operations plan includes a process for cooperating and collaborating with other health care organizations, relevant community partners (such as fire, police, local incident command, public health departments), and relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff).</p> | |

| CFR Number §416.54(b) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.54(b) TAG: E-0013</p> <p>(b) Policies and procedures. The ASC must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years. At a minimum, the policies and procedures must address the following:</p> | | <p>EM.12.01.01 The organization develops an emergency operations plan (EOP) based on an all-hazards approach. Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency operations plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 1 The organization has a written all-hazards emergency operations plan (EOP) with supporting policies and procedures that provides guidance to staff and volunteers on actions to take during emergency or disaster incidents. The EOP and policies and procedures include but are not limited to the following: - Communications plan - Maintaining, expanding, decreasing, or closing operations - Sheltering in place - Evacuating - Safety and security Note: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, the system's EOP addresses policies and procedures specific to each organization's needs.</p> <p>EM.17.01.01 The organization evaluates and revises its emergency operations plan.</p> <p>EP 3 The organization reviews and makes necessary updates to the following items every two years, or more frequently if necessary: - Hazard vulnerability analysis - Emergency operations plan, policies, and procedures - Communications plan Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: In addition to the above, the organization reviews and updates the continuity of operations plan and the training and testing program.</p> | |
| <p>§416.54(b)(1) TAG: E-0018</p> <p>(1) A system to track the location of on-duty staff and sheltered patients in the ASC's care during an emergency. If on-duty staff or sheltered patients are relocated during the emergency, the ASC must document the specific name and location of the receiving facility or other location.</p> | | <p>EM.12.02.07 The organization has a plan for safety and security measures to take during an emergency or disaster incident. Note1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for safety and security. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 2 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization's plan for safety and security measures includes a system to track the location of its on-duty staff and patients when sheltered in place, relocated, or evacuated. If on-duty staff and patients are relocated during an emergency, the organization documents the specific name and location of the receiving facility or evacuation location. Note: Examples of systems used for tracking purposes include the use of established technology or tracking systems or taking head counts at defined intervals.</p> | |

| CFR Number §416.54(b)(2) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|--|-----------------------|---|--|
| <p data-bbox="37 152 417 178">§416.54(b)(2) TAG: E-0020</p> <p data-bbox="37 191 417 217">(2) Safe evacuation from the ASC, which includes the following:</p> | | <p data-bbox="930 152 1310 321">EM.12.01.01 The organization develops an emergency operations plan (EOP) based on an all-hazards approach. Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency operations plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p data-bbox="930 329 1310 475">EP 3 The organization's emergency operations plan includes written procedures for when and how it will shelter in place or evacuate (partial or complete) its staff, volunteers, and patients. Note 1: Safe evacuation includes consideration of care, treatment, and service needs of evacuees, staff responsibilities, and transportation. Note 2: This requirement does not apply to those providing telehealth services from their private residential locations.</p> <p data-bbox="930 483 1310 652">EM.12.02.07 The organization has a plan for safety and security measures to take during an emergency or disaster incident. Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for safety and security. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p data-bbox="930 660 1310 829">EP 2 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization's plan for safety and security measures includes a system to track the location of its on-duty staff and patients when sheltered in place, relocated, or evacuated. If on-duty staff and patients are relocated during an emergency, the organization documents the specific name and location of the receiving facility or evacuation location. Note: Examples of systems used for tracking purposes include the use of established technology or tracking systems or taking head counts at defined intervals.</p> | |
| <p data-bbox="37 850 417 876">§416.54(b)(2)(i) TAG: E-0020</p> <p data-bbox="37 889 417 915">(i) Consideration of care and treatment needs of evacuees.</p> | | <p data-bbox="930 850 1310 1019">EM.12.01.01 The organization develops an emergency operations plan (EOP) based on an all-hazards approach. Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency operations plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p data-bbox="930 1027 1310 1174">EP 3 The organization's emergency operations plan includes written procedures for when and how it will shelter in place or evacuate (partial or complete) its staff, volunteers, and patients. Note 1: Safe evacuation includes consideration of care, treatment, and service needs of evacuees, staff responsibilities, and transportation. Note 2: This requirement does not apply to those providing telehealth services from their private residential locations.</p> | |

| CFR Number §416.54(b)(2)(ii) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.54(b)(2)(ii) TAG: E-0020</p> <p>(ii) Staff responsibilities.</p> | | <p>EM.12.01.01 The organization develops an emergency operations plan (EOP) based on an all-hazards approach. Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency operations plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 3 The organization's emergency operations plan includes written procedures for when and how it will shelter in place or evacuate (partial or complete) its staff, volunteers, and patients. Note 1: Safe evacuation includes consideration of care, treatment, and service needs of evacuees, staff responsibilities, and transportation. Note 2: This requirement does not apply to those providing telehealth services from their private residential locations.</p> | |
| <p>§416.54(b)(2)(iii) TAG: E-0020</p> <p>(iii) Transportation.</p> | | <p>EM.12.01.01 The organization develops an emergency operations plan (EOP) based on an all-hazards approach. Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency operations plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 3 The organization's emergency operations plan includes written procedures for when and how it will shelter in place or evacuate (partial or complete) its staff, volunteers, and patients. Note 1: Safe evacuation includes consideration of care, treatment, and service needs of evacuees, staff responsibilities, and transportation. Note 2: This requirement does not apply to those providing telehealth services from their private residential locations.</p> | |
| <p>§416.54(b)(2)(iv) TAG: E-0020</p> <p>(iv) Identification of evacuation location(s).</p> | | <p>EM.12.02.07 The organization has a plan for safety and security measures to take during an emergency or disaster incident. Note1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for safety and security. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 2 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization's plan for safety and security measures includes a system to track the location of its on-duty staff and patients when sheltered in place, relocated, or evacuated. If on-duty staff and patients are relocated during an emergency, the organization documents the specific name and location of the receiving facility or evacuation location. Note: Examples of systems used for tracking purposes include the use of established technology or tracking systems or taking head counts at defined intervals.</p> | |

| CFR Number §416.54(b)(2)(v) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.54(b)(2)(v) TAG: E-0020</p> <p>(v) Primary and alternate means of communication with external sources of assistance.</p> | | <p>EM.12.02.01 The organization has a communications plan that addresses how it will communicate during an emergency. Note 1: The organization considers prioritized hazards identified as part of its hazard vulnerability analysis when developing a communications plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 6 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization'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 how and when alternate/backup communication methods are used. Note: Examples of alternate/backup communication systems include amateur radios, portable radios, text-based notifications, cell and satellite phones, and reverse 911 notification systems.</p> | |
| <p>§416.54(b)(3) TAG: E-0022</p> <p>(3) A means to shelter in place for patients, staff, and volunteers who remain in the ASC.</p> | | <p>EM.12.01.01 The organization develops an emergency operations plan (EOP) based on an all-hazards approach. Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency operations plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 3 The organization's emergency operations plan includes written procedures for when and how it will shelter in place or evacuate (partial or complete) its staff, volunteers, and patients. Note 1: Safe evacuation includes consideration of care, treatment, and service needs of evacuees, staff responsibilities, and transportation. Note 2: This requirement does not apply to those providing telehealth services from their private residential locations.</p> | |
| <p>§416.54(b)(4) TAG: E-0023</p> <p>(4) A system of medical documentation that does the following:</p> | | | |
| <p>§416.54(b)(4)(i) TAG: E-0023</p> <p>(i) Preserves patient information.</p> | | <p>IM.01.01.03 The organization plans for continuity of its information management processes.</p> <p>EP 1 The organization follows a written plan for managing interruptions to its information processes (paper-based, electronic, or a mix of paper-based and electronic).</p> <p>EP 2 The organization's plan for managing interruptions to information processes addresses the following: - Scheduled and unscheduled interruptions of electronic information systems - Training for staff on alternative procedures to follow when electronic information systems are unavailable - Backup of electronic information systems (See also IM.03.01.01, EP 1)</p> | |

| CFR Number §416.54(b)(4)(ii) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.54(b)(4)(ii) TAG: E-0023</p> <p>(ii) Protects confidentiality of patient information.</p> | | <p>IM.02.01.01 The organization protects the privacy of health information.</p> <p>EP 1 The organization follows a written policy addressing the privacy of health information. Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. (See also RI.01.01.01, EP 7)</p> <p>EP 4 The organization discloses health information only as authorized by the patient or as otherwise consistent with law and regulation. Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. (See also RI.01.01.01, EP 7)</p> | |
| <p>§416.54(b)(4)(iii) TAG: E-0023</p> <p>(iii) Secures and maintains the availability of records.</p> | | <p>IM.02.01.03 The organization maintains the security and integrity of health information.</p> <p>EP 1 The organization follows a written policy that addresses the security of health information, including access, use, and disclosure. Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules.</p> <p>EP 5 The organization protects against unauthorized access, use, and disclosure of health information. Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules.</p> | |
| <p>§416.54(b)(5) TAG: E-0024</p> <p>(5) The use of volunteers in an emergency and other staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.</p> | | <p>EM.12.02.03 The organization has a staffing plan for managing all staff and volunteers during an emergency or disaster incident. Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a staffing plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 1 The organization develops a staffing plan for managing all staff and volunteers based on the settings and services provided to meet patient care needs during an emergency or disaster incident or during a patient surge. The plan includes the following: - Methods for contacting off-duty staff - Acquisition of staff from its other health care facilities - Use of volunteer staffing, such as staffing agencies, and those deployed as part of the disaster medical assistance teams Note: If the organization determines that it will never use volunteers during disasters, this is documented in its plan.</p> <p>EP 2 The organization's staffing plan addresses the management of all staff and volunteers as follows: - Reporting processes - Roles and responsibilities for essential functions - Integration of staffing agencies, volunteer staffing, or deployed medical assistance teams into assigned roles and responsibilities (as applicable)</p> | |

| CFR Number §416.54(b)(6) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.54(b)(6) TAG: E-0026</p> <p>(6) The role of the ASC under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.</p> | | <p>EM.12.01.01 The organization develops an emergency operations plan (EOP) based on an all-hazards approach. Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency operations plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 9 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization must develop and implement emergency preparedness policies and procedures that address the role of the ambulatory surgical center 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 management officials. Note 1: This element of performance is applicable only to ambulatory surgical centers that receive Medicare, Medicaid, or Children’s Health Insurance Program reimbursement. Note 2: For more information on 1135 waivers, visit https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Resources/Waivers-and-flexibilities and https://www.cms.gov/about-cms/agency-information/emergency/downloads/consolidated_medicare_ffs_emergency_qsas.pdf.</p> | |
| <p>§416.54(c) TAG: E-0029</p> <p>(c) Communication plan. The ASC must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least every 2 years. The communication plan must include all of the following:</p> | | <p>EM.09.01.01 The organization has a comprehensive emergency management program that utilizes an all-hazards approach.</p> <p>EP 3 The organization complies with all applicable federal, state, and local emergency preparedness laws and regulations.</p> <p>EM.12.01.01 The organization develops an emergency operations plan (EOP) based on an all-hazards approach. Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency operations plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 1 The organization has a written all-hazards emergency operations plan (EOP) with supporting policies and procedures that provides guidance to staff and volunteers on actions to take during emergency or disaster incidents. The EOP and policies and procedures include but are not limited to the following: - Communications plan - Maintaining, expanding, decreasing, or closing operations - Sheltering in place - Evacuating - Safety and security Note: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, the system’s EOP addresses policies and procedures specific to each organization’s needs.</p> <p>EM.17.01.01 The organization evaluates and revises its emergency operations plan.</p> <p>EP 3 The organization reviews and makes necessary updates to the following items every two years, or more frequently if necessary: - Hazard vulnerability analysis - Emergency operations plan, policies, and procedures - Communications plan Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: In addition to the above, the organization reviews and updates the continuity of operations plan and the training and testing program.</p> | |

| CFR Number §416.54(c)(1) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| §416.54(c)(1) TAG: E-0030 (1) Names and contact information for the following: | | | |
| §416.54(c)(1)(i) TAG: E-0030 (i) Staff. | | EM.12.02.01 The organization has a communications plan that addresses how it will communicate during an emergency. Note 1: The organization considers prioritized hazards identified as part of its hazard vulnerability analysis when developing a communications plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations. | EP 1 The organization maintains a contact list of individuals and entities that are to be notified in response to an emergency or disaster incident. The list of contacts includes the following, based on the settings and services provided: <ul style="list-style-type: none"> - Staff - Physicians and other licensed practitioners - Volunteers - Other health care organizations - Entities providing services under arrangement, including suppliers of essential services, equipment, and supplies - Relevant community partners (such as fire, police, local incident command, public health departments) - Relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff) - Other sources of assistance (such as health care coalitions) Note: The type of emergency will determine what organizations/individuals need to be contacted to assist with the emergency or disaster incident. |
| §416.54(c)(1)(ii) TAG: E-0030 (ii) Entities providing services under arrangement. | | EM.12.02.01 The organization has a communications plan that addresses how it will communicate during an emergency. Note 1: The organization considers prioritized hazards identified as part of its hazard vulnerability analysis when developing a communications plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations. | EP 1 The organization maintains a contact list of individuals and entities that are to be notified in response to an emergency or disaster incident. The list of contacts includes the following, based on the settings and services provided: <ul style="list-style-type: none"> - Staff - Physicians and other licensed practitioners - Volunteers - Other health care organizations - Entities providing services under arrangement, including suppliers of essential services, equipment, and supplies - Relevant community partners (such as fire, police, local incident command, public health departments) - Relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff) - Other sources of assistance (such as health care coalitions) Note: The type of emergency will determine what organizations/individuals need to be contacted to assist with the emergency or disaster incident. |

| CFR Number §416.54(c)(1)(iii) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.54(c)(1)(iii) TAG: E-0030</p> <p>(iii) Patients' physicians.</p> | | <p>EM.12.02.01 The organization has a communications plan that addresses how it will communicate during an emergency. Note 1: The organization considers prioritized hazards identified as part of its hazard vulnerability analysis when developing a communications plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 1 The organization maintains a contact list of individuals and entities that are to be notified in response to an emergency or disaster incident. The list of contacts includes the following, based on the settings and services provided:</p> <ul style="list-style-type: none"> - Staff - Physicians and other licensed practitioners - Volunteers - Other health care organizations - Entities providing services under arrangement, including suppliers of essential services, equipment, and supplies - Relevant community partners (such as fire, police, local incident command, public health departments) - Relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff) - Other sources of assistance (such as health care coalitions) <p>Note: The type of emergency will determine what organizations/individuals need to be contacted to assist with the emergency or disaster incident.</p> | |
| <p>§416.54(c)(1)(iv) TAG: E-0030</p> <p>(iv) Volunteers.</p> | | <p>EM.12.02.01 The organization has a communications plan that addresses how it will communicate during an emergency. Note 1: The organization considers prioritized hazards identified as part of its hazard vulnerability analysis when developing a communications plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 1 The organization maintains a contact list of individuals and entities that are to be notified in response to an emergency or disaster incident. The list of contacts includes the following, based on the settings and services provided:</p> <ul style="list-style-type: none"> - Staff - Physicians and other licensed practitioners - Volunteers - Other health care organizations - Entities providing services under arrangement, including suppliers of essential services, equipment, and supplies - Relevant community partners (such as fire, police, local incident command, public health departments) - Relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff) - Other sources of assistance (such as health care coalitions) <p>Note: The type of emergency will determine what organizations/individuals need to be contacted to assist with the emergency or disaster incident.</p> | |
| <p>§416.54(c)(2) TAG: E-0031</p> <p>(2) Contact information for the following:</p> | | | |

| CFR Number §416.54(c)(2)(i) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.54(c)(2)(i) TAG: E-0031</p> <p>(i) Federal, State, tribal, regional, and local emergency preparedness staff.</p> | | <p>EM.12.02.01 The organization has a communications plan that addresses how it will communicate during an emergency. Note 1: The organization considers prioritized hazards identified as part of its hazard vulnerability analysis when developing a communications plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 1 The organization maintains a contact list of individuals and entities that are to be notified in response to an emergency or disaster incident. The list of contacts includes the following, based on the settings and services provided:</p> <ul style="list-style-type: none"> - Staff - Physicians and other licensed practitioners - Volunteers - Other health care organizations - Entities providing services under arrangement, including suppliers of essential services, equipment, and supplies - Relevant community partners (such as fire, police, local incident command, public health departments) - Relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff) - Other sources of assistance (such as health care coalitions) <p>Note: The type of emergency will determine what organizations/individuals need to be contacted to assist with the emergency or disaster incident.</p> | |
| <p>§416.54(c)(2)(ii) TAG: E-0031</p> <p>(ii) Other sources of assistance.</p> | | <p>EM.12.02.01 The organization has a communications plan that addresses how it will communicate during an emergency. Note 1: The organization considers prioritized hazards identified as part of its hazard vulnerability analysis when developing a communications plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 1 The organization maintains a contact list of individuals and entities that are to be notified in response to an emergency or disaster incident. The list of contacts includes the following, based on the settings and services provided:</p> <ul style="list-style-type: none"> - Staff - Physicians and other licensed practitioners - Volunteers - Other health care organizations - Entities providing services under arrangement, including suppliers of essential services, equipment, and supplies - Relevant community partners (such as fire, police, local incident command, public health departments) - Relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff) - Other sources of assistance (such as health care coalitions) <p>Note: The type of emergency will determine what organizations/individuals need to be contacted to assist with the emergency or disaster incident.</p> | |
| <p>§416.54(c)(3) TAG: E-0032</p> <p>(3) Primary and alternate means for communicating with the following:</p> | | | |

| CFR Number §416.54(c)(3)(i) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.54(c)(3)(i) TAG: E-0032</p> <p>(i) ASC's staff.</p> | | <p>EM.12.02.01 The organization has a communications plan that addresses how it will communicate during an emergency. Note 1: The organization considers prioritized hazards identified as part of its hazard vulnerability analysis when developing a communications plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 6 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization'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 how and when alternate/backup communication methods are used. Note: Examples of alternate/backup communication systems include amateur radios, portable radios, text-based notifications, cell and satellite phones, and reverse 911 notification systems.</p> | |
| <p>§416.54(c)(3)(ii) TAG: E-0032</p> <p>(ii) Federal, State, tribal, regional, and local emergency management agencies.</p> | | <p>EM.12.02.01 The organization has a communications plan that addresses how it will communicate during an emergency. Note 1: The organization considers prioritized hazards identified as part of its hazard vulnerability analysis when developing a communications plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 6 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization'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 how and when alternate/backup communication methods are used. Note: Examples of alternate/backup communication systems include amateur radios, portable radios, text-based notifications, cell and satellite phones, and reverse 911 notification systems.</p> | |

| CFR Number §416.54(c)(4) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.54(c)(4) TAG: E-0033</p> <p>(4) A method for sharing information and medical documentation for patients under the ASC's care, as necessary, with other health care providers to maintain the continuity of care.</p> | | <p>EM.12.02.01 The organization has a communications plan that addresses how it will communicate during an emergency. Note 1: The organization considers prioritized hazards identified as part of its hazard vulnerability analysis when developing a communications plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 5 In the event of an emergency or evacuation, the organization's communications plan includes a method for sharing and/or releasing location information and medical documentation for patients under the organization'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: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The sharing and releasing of patient information is consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4).</p> <p>EM.12.02.05 The organization has a plan for providing patient care and clinical support during an emergency or disaster incident. Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for patient care and clinical support. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 1 The organization's plan for providing patient care and clinical support includes written procedures on how it will share patient care information and medical documentation and how it will provide transportation to other health care facilities if patients require ongoing medical attention that the organization can no longer provide during an emergency or disaster incident. Note: The sharing of patient care information and medical documentation is in accordance with law and regulation.</p> | |
| <p>§416.54(c)(5) TAG: E-0033</p> <p>(5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii).</p> | | <p>EM.12.02.01 The organization has a communications plan that addresses how it will communicate during an emergency. Note 1: The organization considers prioritized hazards identified as part of its hazard vulnerability analysis when developing a communications plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 5 In the event of an emergency or evacuation, the organization's communications plan includes a method for sharing and/or releasing location information and medical documentation for patients under the organization'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: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The sharing and releasing of patient information is consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4).</p> | |

| CFR Number §416.54(c)(6) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.54(c)(6) TAG: E-0033</p> <p>(6) A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4).</p> | | <p>EM.12.02.01</p> <p>The organization has a communications plan that addresses how it will communicate during an emergency. Note 1: The organization considers prioritized hazards identified as part of its hazard vulnerability analysis when developing a communications plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 5</p> <p>In the event of an emergency or evacuation, the organization's communications plan includes a method for sharing and/or releasing location information and medical documentation for patients under the organization's care to the following individuals or entities, in accordance with law and regulation:</p> <ul style="list-style-type: none"> - Patient's family, representative, or others involved in the care of the patient - Disaster relief organizations and relevant authorities - Other health care providers <p>Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The sharing and releasing of patient information is consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4).</p> | |
| <p>§416.54(c)(7) TAG: E-0034</p> <p>(7) A means of providing information about the ASC's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.</p> | | <p>EM.12.02.01</p> <p>The organization has a communications plan that addresses how it will communicate during an emergency. Note 1: The organization considers prioritized hazards identified as part of its hazard vulnerability analysis when developing a communications plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> <p>EP 3</p> <p>For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The communications plan describes how the organization will communicate with and report information about its needs, available occupancy, and ability to provide assistance to relevant authorities. Note: Examples of what an organization may need to report to relevant authorities include but are not limited to shortages in personal protective equipment, staffing shortages, evacuation or transfer of patients, and temporary loss of part or all of the organization's function.</p> | |

| CFR Number §416.54(d) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| §416.54(d) | TAG: E-0036 | EM.15.01.01 | <p>The organization provides emergency management education and training. Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing education and training.</p> |
| <p>(d) Training and testing. The ASC must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years.</p> | | <p>EP 1 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization has a written education and training program in emergency management that is based on the prioritized risks identified as part of its hazard vulnerability analysis, emergency operations plan, communication plan, and policies and procedures. Note: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, the system's education and training program includes information specific to each organization.</p> | |
| | | <p>EM.16.01.01 The organization conducts exercises to test its emergency operations plan and response procedures. Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing emergency exercises.</p> | |
| | | <p>EP 1 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization describes in writing a plan for when and how it will conduct annual testing of its emergency operations plan (EOP). The planned exercises are based on the following:</p> <ul style="list-style-type: none"> - Likely emergencies or disaster scenarios - EOP and policies and procedures - After-action reports (AAR) and improvement plans - Six critical areas (communications, staffing, patient care and clinical support, safety and security, resources and assets, utilities) <p>Note: The planned exercises should attempt to stress the limits of its emergency response procedures to assess how prepared the organization may be if a real event or disaster were to occur based on past experiences.</p> | |
| | | <p>EM.17.01.01 The organization evaluates and revises its emergency operations plan.</p> | |
| | | <p>EP 3 The organization reviews and makes necessary updates to the following items every two years, or more frequently if necessary:</p> <ul style="list-style-type: none"> - Hazard vulnerability analysis - Emergency operations plan, policies, and procedures - Communications plan <p>Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: In addition to the above, the organization reviews and updates the continuity of operations plan and the training and testing program.</p> | |
| §416.54(d)(1) | TAG: E-0037 | | |
| (1) Training program. The ASC must do all of the following: | | | |

| CFR Number §416.54(d)(1)(i) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.54(d)(1)(i) TAG: E-0037</p> <p>(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, and volunteers, consistent with their expected roles.</p> | | <p>EM.15.01.01 The organization provides emergency management education and training. Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing education and training.</p> <p>EP 2 The organization provides initial and ongoing education and training in emergency management to all new and existing staff, individuals providing services under arrangement, and volunteers that are consistent with their roles and responsibilities in an emergency. The education and training include (as applicable to the service/setting) but are not limited to the following:</p> <ul style="list-style-type: none"> - Activation and deactivation of the emergency operations plan - Communications plan - Emergency response policies and procedures - Evacuation, shelter-in-place, lockdown - Where and how to obtain resources and supplies for emergencies (such as procedure manuals or equipment) <p>Documentation is required.</p> | |
| <p>§416.54(d)(1)(ii) TAG: E-0037</p> <p>(ii) Provide emergency preparedness training at least every 2 years.</p> | | <p>EM.15.01.01 The organization provides emergency management education and training. Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing education and training.</p> <p>EP 3 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization provides education and training to all staff, individuals providing services under arrangement, and volunteers that are consistent with their roles and responsibilities in an emergency:</p> <ul style="list-style-type: none"> - At least every two years - When roles or responsibilities change - When there are significant revisions to the emergency operations plan, policies, and/or procedures - When procedural changes are made during an emergency or disaster incident requiring just-in-time education and training <p>Documentation is required.</p> <p>Note 1: Staff demonstrate knowledge of emergency procedures through participation in drills and exercises, as well as post-training tests, participation in instructor-led feedback (for example, questions and answers), or other methods determined and documented by the organization.</p> <p>Note 2: Organizations are not required to retrain staff on the entire emergency operations plan but can choose to provide education and training specific to the new or revised elements of the emergency management program.</p> | |

| CFR Number §416.54(d)(1)(iii) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| §416.54(d)(1)(iii) TAG: E-0037 (iii) Maintain documentation of all emergency preparedness training. | | EM.15.01.01 | The organization provides emergency management education and training. Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing education and training. |
| | | EP 2 | The organization provides initial and ongoing education and training in emergency management to all new and existing staff, individuals providing services under arrangement, and volunteers that are consistent with their roles and responsibilities in an emergency. The education and training include (as applicable to the service/setting) but are not limited to the following: <ul style="list-style-type: none"> - Activation and deactivation of the emergency operations plan - Communications plan - Emergency response policies and procedures - Evacuation, shelter-in-place, lockdown - Where and how to obtain resources and supplies for emergencies (such as procedure manuals or equipment) Documentation is required. |
| | | EP 3 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization provides education and training to all staff, individuals providing services under arrangement, and volunteers that are consistent with their roles and responsibilities in an emergency: <ul style="list-style-type: none"> - At least every two years - When roles or responsibilities change - When there are significant revisions to the emergency operations plan, policies, and/or procedures - When procedural changes are made during an emergency or disaster incident requiring just-in-time education and training Documentation is required. Note 1: Staff demonstrate knowledge of emergency procedures through participation in drills and exercises, as well as post-training tests, participation in instructor-led feedback (for example, questions and answers), or other methods determined and documented by the organization. Note 2: Organizations are not required to retrain staff on the entire emergency operations plan but can choose to provide education and training specific to the new or revised elements of the emergency management program. |

| CFR Number §416.54(d)(1)(iv) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.54(d)(1)(iv) TAG: E-0037</p> <p>(iv) Demonstrate staff knowledge of emergency procedures.</p> | | <p>EM.15.01.01 The organization provides emergency management education and training. Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing education and training.</p> <p>EP 2 The organization provides initial and ongoing education and training in emergency management to all new and existing staff, individuals providing services under arrangement, and volunteers that are consistent with their roles and responsibilities in an emergency. The education and training include (as applicable to the service/setting) but are not limited to the following:</p> <ul style="list-style-type: none"> - Activation and deactivation of the emergency operations plan - Communications plan - Emergency response policies and procedures - Evacuation, shelter-in-place, lockdown - Where and how to obtain resources and supplies for emergencies (such as procedure manuals or equipment) <p>Documentation is required.</p> <p>EP 3 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization provides education and training to all staff, individuals providing services under arrangement, and volunteers that are consistent with their roles and responsibilities in an emergency:</p> <ul style="list-style-type: none"> - At least every two years - When roles or responsibilities change - When there are significant revisions to the emergency operations plan, policies, and/or procedures - When procedural changes are made during an emergency or disaster incident requiring just-in-time education and training <p>Documentation is required.</p> <p>Note 1: Staff demonstrate knowledge of emergency procedures through participation in drills and exercises, as well as post-training tests, participation in instructor-led feedback (for example, questions and answers), or other methods determined and documented by the organization.</p> <p>Note 2: Organizations are not required to retrain staff on the entire emergency operations plan but can choose to provide education and training specific to the new or revised elements of the emergency management program.</p> | |
| <p>§416.54(d)(1)(v) TAG: E-0037</p> <p>(v) If the emergency preparedness policies and procedures are significantly updated, the ASC must conduct training on the updated policies and procedures.</p> | | <p>EM.15.01.01 The organization provides emergency management education and training. Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing education and training.</p> <p>EP 3 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization provides education and training to all staff, individuals providing services under arrangement, and volunteers that are consistent with their roles and responsibilities in an emergency:</p> <ul style="list-style-type: none"> - At least every two years - When roles or responsibilities change - When there are significant revisions to the emergency operations plan, policies, and/or procedures - When procedural changes are made during an emergency or disaster incident requiring just-in-time education and training <p>Documentation is required.</p> <p>Note 1: Staff demonstrate knowledge of emergency procedures through participation in drills and exercises, as well as post-training tests, participation in instructor-led feedback (for example, questions and answers), or other methods determined and documented by the organization.</p> <p>Note 2: Organizations are not required to retrain staff on the entire emergency operations plan but can choose to provide education and training specific to the new or revised elements of the emergency management program.</p> | |

| CFR Number §416.54(d)(2) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.54(d)(2) TAG: E-0039</p> <p>(2) Testing. The ASC must conduct exercises to test the emergency plan at least annually. The ASC must do the following:</p> | | <p>EM.16.01.01 The organization conducts exercises to test its emergency operations plan and response procedures. Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing emergency exercises.</p> <p>EP 4 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization is required to conduct one exercise per year to test the emergency operations plan. One year, the annual exercise must consist of an operations-based exercise as follows:</p> <ul style="list-style-type: none"> - Full-scale, community-based exercise; or - Functional, facility-based exercise when a community-based exercise is not possible <p>The other year, the annual exercise must consist of either an operations-based (as described above) or discussion-based exercise as follows:</p> <ul style="list-style-type: none"> - Mock disaster drill; or - Tabletop, seminar, or workshop that is led by a facilitator and includes a group discussion using narrated, clinically relevant emergency scenarios and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan <p>Exercises and actual emergency or disaster incidents are documented.</p> <p>Note 1: The organization would be exempt from conducting a full-scale, community-based exercise or a functional, facility-based exercise at its next annual exercise if it experiences an actual emergency or disaster incident. An exemption only applies if the organization provides documentation that it activated its emergency operations plan. This exemption excludes mock disaster drills, tabletops, seminars, or workshops.</p> <p>Note 2: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, each organization may choose to conduct its own exercise or participate in the system's regional exercise.</p> <p>Note 3: See the Glossary for the definitions of operations-based and discussion-based exercise.</p> | |
| <p>§416.54(d)(2)(i) TAG: E-0039</p> <p>(i) Participate in a full-scale exercise that is community-based every 2 years; or</p> | | <p>EM.16.01.01 The organization conducts exercises to test its emergency operations plan and response procedures. Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing emergency exercises.</p> <p>EP 4 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization is required to conduct one exercise per year to test the emergency operations plan. One year, the annual exercise must consist of an operations-based exercise as follows:</p> <ul style="list-style-type: none"> - Full-scale, community-based exercise; or - Functional, facility-based exercise when a community-based exercise is not possible <p>The other year, the annual exercise must consist of either an operations-based (as described above) or discussion-based exercise as follows:</p> <ul style="list-style-type: none"> - Mock disaster drill; or - Tabletop, seminar, or workshop that is led by a facilitator and includes a group discussion using narrated, clinically relevant emergency scenarios and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan <p>Exercises and actual emergency or disaster incidents are documented.</p> <p>Note 1: The organization would be exempt from conducting a full-scale, community-based exercise or a functional, facility-based exercise at its next annual exercise if it experiences an actual emergency or disaster incident. An exemption only applies if the organization provides documentation that it activated its emergency operations plan. This exemption excludes mock disaster drills, tabletops, seminars, or workshops.</p> <p>Note 2: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, each organization may choose to conduct its own exercise or participate in the system's regional exercise.</p> <p>Note 3: See the Glossary for the definitions of operations-based and discussion-based exercise.</p> | |

| CFR Number §416.54(d)(2)(i)(A) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.54(d)(2)(i)(A) TAG: E-0039</p> <p>(A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or</p> | | <p>EM.16.01.01 The organization conducts exercises to test its emergency operations plan and response procedures. Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing emergency exercises.</p> <p>EP 4 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization is required to conduct one exercise per year to test the emergency operations plan. One year, the annual exercise must consist of an operations-based exercise as follows:</p> <ul style="list-style-type: none"> - Full-scale, community-based exercise; or - Functional, facility-based exercise when a community-based exercise is not possible <p>The other year, the annual exercise must consist of either an operations-based (as described above) or discussion-based exercise as follows:</p> <ul style="list-style-type: none"> - Mock disaster drill; or - Tabletop, seminar, or workshop that is led by a facilitator and includes a group discussion using narrated, clinically relevant emergency scenarios and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan <p>Exercises and actual emergency or disaster incidents are documented.</p> <p>Note 1: The organization would be exempt from conducting a full-scale, community-based exercise or a functional, facility-based exercise at its next annual exercise if it experiences an actual emergency or disaster incident. An exemption only applies if the organization provides documentation that it activated its emergency operations plan. This exemption excludes mock disaster drills, tabletops, seminars, or workshops.</p> <p>Note 2: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, each organization may choose to conduct its own exercise or participate in the system's regional exercise.</p> <p>Note 3: See the Glossary for the definitions of operations-based and discussion-based exercise.</p> | |
| <p>§416.54(d)(2)(i)(B) TAG: E-0039</p> <p>(B) If the ASC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ASC is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the emergency event.</p> | | <p>EM.16.01.01 The organization conducts exercises to test its emergency operations plan and response procedures. Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing emergency exercises.</p> <p>EP 4 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization is required to conduct one exercise per year to test the emergency operations plan. One year, the annual exercise must consist of an operations-based exercise as follows:</p> <ul style="list-style-type: none"> - Full-scale, community-based exercise; or - Functional, facility-based exercise when a community-based exercise is not possible <p>The other year, the annual exercise must consist of either an operations-based (as described above) or discussion-based exercise as follows:</p> <ul style="list-style-type: none"> - Mock disaster drill; or - Tabletop, seminar, or workshop that is led by a facilitator and includes a group discussion using narrated, clinically relevant emergency scenarios and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan <p>Exercises and actual emergency or disaster incidents are documented.</p> <p>Note 1: The organization would be exempt from conducting a full-scale, community-based exercise or a functional, facility-based exercise at its next annual exercise if it experiences an actual emergency or disaster incident. An exemption only applies if the organization provides documentation that it activated its emergency operations plan. This exemption excludes mock disaster drills, tabletops, seminars, or workshops.</p> <p>Note 2: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, each organization may choose to conduct its own exercise or participate in the system's regional exercise.</p> <p>Note 3: See the Glossary for the definitions of operations-based and discussion-based exercise.</p> | |

| CFR Number §416.54(d)(2)(ii) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p data-bbox="37 154 417 178">§416.54(d)(2)(ii) TAG: E-0039</p> <p data-bbox="37 186 926 267">(ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:</p> | | <p data-bbox="930 154 1310 251">EM.16.01.01 The organization conducts exercises to test its emergency operations plan and response procedures. Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing emergency exercises.</p> <p data-bbox="930 259 1310 768">EP 4 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization is required to conduct one exercise per year to test the emergency operations plan. One year, the annual exercise must consist of an operations-based exercise as follows: - Full-scale, community-based exercise; or - Functional, facility-based exercise when a community-based exercise is not possible The other year, the annual exercise must consist of either an operations-based (as described above) or discussion-based exercise as follows: - Mock disaster drill; or - Tabletop, seminar, or workshop that is led by a facilitator and includes a group discussion using narrated, clinically relevant emergency scenarios and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan Exercises and actual emergency or disaster incidents are documented. Note 1: The organization would be exempt from conducting a full-scale, community-based exercise or a functional, facility-based exercise at its next annual exercise if it experiences an actual emergency or disaster incident. An exemption only applies if the organization provides documentation that it activated its emergency operations plan. This exemption excludes mock disaster drills, tabletops, seminars, or workshops. Note 2: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, each organization may choose to conduct its own exercise or participate in the system's regional exercise. Note 3: See the Glossary for the definitions of operations-based and discussion-based exercise.</p> | |
| <p data-bbox="37 779 417 803">§416.54(d)(2)(ii)(A) TAG: E-0039</p> <p data-bbox="37 812 926 868">(A) A second full-scale exercise that is community-based, or an individual, facility-based functional exercise; or</p> | | <p data-bbox="930 779 1310 876">EM.16.01.01 The organization conducts exercises to test its emergency operations plan and response procedures. Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing emergency exercises.</p> <p data-bbox="930 885 1310 1395">EP 4 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization is required to conduct one exercise per year to test the emergency operations plan. One year, the annual exercise must consist of an operations-based exercise as follows: - Full-scale, community-based exercise; or - Functional, facility-based exercise when a community-based exercise is not possible The other year, the annual exercise must consist of either an operations-based (as described above) or discussion-based exercise as follows: - Mock disaster drill; or - Tabletop, seminar, or workshop that is led by a facilitator and includes a group discussion using narrated, clinically relevant emergency scenarios and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan Exercises and actual emergency or disaster incidents are documented. Note 1: The organization would be exempt from conducting a full-scale, community-based exercise or a functional, facility-based exercise at its next annual exercise if it experiences an actual emergency or disaster incident. An exemption only applies if the organization provides documentation that it activated its emergency operations plan. This exemption excludes mock disaster drills, tabletops, seminars, or workshops. Note 2: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, each organization may choose to conduct its own exercise or participate in the system's regional exercise. Note 3: See the Glossary for the definitions of operations-based and discussion-based exercise.</p> | |

| CFR Number §416.54(d)(2)(ii)(B) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.54(d)(2)(ii)(B) TAG: E-0039</p> <p>(B) A mock disaster drill; or</p> | | <p>EM.16.01.01 The organization conducts exercises to test its emergency operations plan and response procedures. Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing emergency exercises.</p> <p>EP 4 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization is required to conduct one exercise per year to test the emergency operations plan. One year, the annual exercise must consist of an operations-based exercise as follows: - Full-scale, community-based exercise; or - Functional, facility-based exercise when a community-based exercise is not possible The other year, the annual exercise must consist of either an operations-based (as described above) or discussion-based exercise as follows: - Mock disaster drill; or - Tabletop, seminar, or workshop that is led by a facilitator and includes a group discussion using narrated, clinically relevant emergency scenarios and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan Exercises and actual emergency or disaster incidents are documented. Note 1: The organization would be exempt from conducting a full-scale, community-based exercise or a functional, facility-based exercise at its next annual exercise if it experiences an actual emergency or disaster incident. An exemption only applies if the organization provides documentation that it activated its emergency operations plan. This exemption excludes mock disaster drills, tabletops, seminars, or workshops. Note 2: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, each organization may choose to conduct its own exercise or participate in the system's regional exercise. Note 3: See the Glossary for the definitions of operations-based and discussion-based exercise.</p> | |
| <p>§416.54(d)(2)(ii)(C) TAG: E-0039</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> | | <p>EM.16.01.01 The organization conducts exercises to test its emergency operations plan and response procedures. Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing emergency exercises.</p> <p>EP 4 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization is required to conduct one exercise per year to test the emergency operations plan. One year, the annual exercise must consist of an operations-based exercise as follows: - Full-scale, community-based exercise; or - Functional, facility-based exercise when a community-based exercise is not possible The other year, the annual exercise must consist of either an operations-based (as described above) or discussion-based exercise as follows: - Mock disaster drill; or - Tabletop, seminar, or workshop that is led by a facilitator and includes a group discussion using narrated, clinically relevant emergency scenarios and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan Exercises and actual emergency or disaster incidents are documented. Note 1: The organization would be exempt from conducting a full-scale, community-based exercise or a functional, facility-based exercise at its next annual exercise if it experiences an actual emergency or disaster incident. An exemption only applies if the organization provides documentation that it activated its emergency operations plan. This exemption excludes mock disaster drills, tabletops, seminars, or workshops. Note 2: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, each organization may choose to conduct its own exercise or participate in the system's regional exercise. Note 3: See the Glossary for the definitions of operations-based and discussion-based exercise.</p> | |

| CFR Number §416.54(d)(2)(iii) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| §416.54(d)(2)(iii) TAG: E-0039 | | EM.17.01.01 | The organization evaluates and revises its emergency operations plan. |
| (iii) Analyze the ASC's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the ASC's emergency plan, as needed. | | <p>EP 1 The organization reviews and evaluates all exercises and actual emergency or disaster incidents. The organization reviews after-action reports (AARs), identifies opportunities for improvement, and recommends actions to take to improve its emergency operations plan, policies, and procedures. The AARs and improvement plans are documented.</p> <p>Note 1: An AAR provides a detailed critical summary or analysis of a planned exercise or actual emergency or disaster incident. The report summarizes what took place during the event, analyzes the actions taken by participants, and provides areas needing improvement.</p> <p>Note 2: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, the AARs and improvement plans may be developed at the system level.</p> <p>EP 3 The organization reviews and makes necessary updates to the following items every two years, or more frequently if necessary:</p> <ul style="list-style-type: none"> - Hazard vulnerability analysis - Emergency operations plan, policies, and procedures - Communications plan <p>Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: In addition to the above, the organization reviews and updates the continuity of operations plan and the training and testing program.</p> | |
| §416.54(e) TAG: E-0042 | | | |
| (e) Integrated healthcare systems. If an ASC is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the ASC may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must-- | | | |
| §416.54(e)(1) TAG: E-0042 | | EM.09.01.01 | The organization has a comprehensive emergency management program that utilizes an all-hazards approach. |
| (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program. | | <p>EP 2 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated emergency management program, and it chooses to participate in the program, the following must be demonstrated within the coordinated emergency management program:</p> <ul style="list-style-type: none"> - Each separately certified facility within the system actively participates in the development of the unified and integrated emergency management program - The program is developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient population, and services offered - Each separately certified facility is capable of actively using the unified and integrated emergency management program and is in compliance with the program - A documented community-based risk assessment utilizing an all-hazards approach - A documented individual, facility-based risk assessment utilizing an all-hazards approach for each separately certified facility within the health system - A unified and integrated emergency plan - Integrated policies and procedures - A coordinated communication plan - A training and testing program | |

| CFR Number §416.54(e)(2) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| <p>§416.54(e)(2) TAG: E-0042</p> <p>(2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.</p> | | <p>EM.09.01.01 The organization has a comprehensive emergency management program that utilizes an all-hazards approach.</p> <p>EP 2 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated emergency management program, and it chooses to participate in the program, the following must be demonstrated within the coordinated emergency management program:</p> <ul style="list-style-type: none"> - Each separately certified facility within the system actively participates in the development of the unified and integrated emergency management program - The program is developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient population, and services offered - Each separately certified facility is capable of actively using the unified and integrated emergency management program and is in compliance with the program - A documented community-based risk assessment utilizing an all-hazards approach - A documented individual, facility-based risk assessment utilizing an all-hazards approach for each separately certified facility within the health system - A unified and integrated emergency plan - Integrated policies and procedures - A coordinated communication plan - A training and testing program | |
| <p>§416.54(e)(3) TAG: E-0042</p> <p>(3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance.</p> | | <p>EM.09.01.01 The organization has a comprehensive emergency management program that utilizes an all-hazards approach.</p> <p>EP 2 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated emergency management program, and it chooses to participate in the program, the following must be demonstrated within the coordinated emergency management program:</p> <ul style="list-style-type: none"> - Each separately certified facility within the system actively participates in the development of the unified and integrated emergency management program - The program is developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient population, and services offered - Each separately certified facility is capable of actively using the unified and integrated emergency management program and is in compliance with the program - A documented community-based risk assessment utilizing an all-hazards approach - A documented individual, facility-based risk assessment utilizing an all-hazards approach for each separately certified facility within the health system - A unified and integrated emergency plan - Integrated policies and procedures - A coordinated communication plan - A training and testing program | |
| <p>§416.54(e)(4) TAG: E-0042</p> <p>(4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include the following:</p> | | <p>EM.09.01.01 The organization has a comprehensive emergency management program that utilizes an all-hazards approach.</p> <p>EP 2 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated emergency management program, and it chooses to participate in the program, the following must be demonstrated within the coordinated emergency management program:</p> <ul style="list-style-type: none"> - Each separately certified facility within the system actively participates in the development of the unified and integrated emergency management program - The program is developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient population, and services offered - Each separately certified facility is capable of actively using the unified and integrated emergency | |

| CFR Number §416.54(e)(4) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | | <ul style="list-style-type: none"> management program and is in compliance with the program - A documented community-based risk assessment utilizing an all-hazards approach - A documented individual, facility-based risk assessment utilizing an all-hazards approach for each separately certified facility within the health system - A unified and integrated emergency plan - Integrated policies and procedures - A coordinated communication plan - A training and testing program |
| | | EM.11.01.01 | The organization conducts a hazard vulnerability analysis utilizing an all-hazards approach. |
| | | EP 3 | The organization evaluates and prioritizes the findings of the hazard vulnerability analysis to determine which hazards present the highest likelihood of occurring and the impacts those hazards will have on the operating status of the organization and its ability to provide services. The findings are documented. |
| | | EP 4 | The organization uses its prioritized hazards from the hazard vulnerability analysis to identify and implement mitigation and preparedness actions to increase the resilience of the organization and help reduce disruption of essential services or functions. Note: Mitigation activities may include reviewing agreements with other health care facilities, establishing an alternative meeting place in the event the organization is not accessible, reviewing supplies on hand and vendor alternatives, and planning how to protect medical records and back up electronic records. |
| | | EM.12.01.01 | The organization develops an emergency operations plan (EOP) based on an all-hazards approach. Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency operations plan. Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations. |
| | | EP 2 | The organization's emergency operations plan identifies the patient population(s) that it will serve and the types of services it would have the ability to provide in an emergency or disaster event. |
| | | EP 6 | The organization's emergency operations plan includes a process for cooperating and collaborating with other health care organizations, relevant community partners (such as fire, police, local incident command, public health departments), and relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff). |
| | | EM.13.01.01 | The organization has a continuity of operations plan. Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a continuity of operations plan. |
| | | EP 1 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization has a written continuity of operations plan (COOP) that is developed with the participation of key executive leaders, business and finance leaders, and other leaders as determined by the organization. These key leaders identify and prioritize the services and functions that are considered essential or critical for maintaining operations. Note: The COOP provides guidance on how the organization will continue to perform its essential business functions to deliver essential or critical services. Essential business functions to consider include administrative/vital records, information technology, financial services, security systems, communications/telecommunications, and building operations to support essential and critical services that cannot be deferred during an emergency; these activities must be performed continuously or resumed quickly following a disruption. |
| | | EP 3 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization has a written order of succession plan that identifies who is authorized to assume a particular leadership or management role when that person(s) is unable to fulfill their function or perform their duties. |
| | | EP 4 | For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization has a written delegation of authority plan that provides the individual(s) with the legal |

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| | | | <p>authorization to act on behalf of the organization for specified purposes and to carry out specific duties. Note: Delegations of authority are an essential part of an organization's continuity program and should be sufficiently detailed to make certain the organization can perform its essential functions. Delegations of authority will specify a particular function that an individual is authorized to perform and includes restrictions and limitations associated with that authority.</p> |
| <p>§416.54(e)(4)(i) TAG: E-0042</p> <p>(i) A documented community-based risk assessment, utilizing an all-hazards approach.</p> | | <p>EM.09.01.01 The organization has a comprehensive emergency management program that utilizes an all-hazards approach.</p> <p>EP 2 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated emergency management program, and it chooses to participate in the program, the following must be demonstrated within the coordinated emergency management program:</p> <ul style="list-style-type: none"> - Each separately certified facility within the system actively participates in the development of the unified and integrated emergency management program - The program is developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient population, and services offered - Each separately certified facility is capable of actively using the unified and integrated emergency management program and is in compliance with the program - A documented community-based risk assessment utilizing an all-hazards approach - A documented individual, facility-based risk assessment utilizing an all-hazards approach for each separately certified facility within the health system - A unified and integrated emergency plan - Integrated policies and procedures - A coordinated communication plan - A training and testing program | |
| <p>§416.54(e)(4)(ii) TAG: E-0042</p> <p>(ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.</p> | | <p>EM.09.01.01 The organization has a comprehensive emergency management program that utilizes an all-hazards approach.</p> <p>EP 2 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated emergency management program, and it chooses to participate in the program, the following must be demonstrated within the coordinated emergency management program:</p> <ul style="list-style-type: none"> - Each separately certified facility within the system actively participates in the development of the unified and integrated emergency management program - The program is developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient population, and services offered - Each separately certified facility is capable of actively using the unified and integrated emergency management program and is in compliance with the program - A documented community-based risk assessment utilizing an all-hazards approach - A documented individual, facility-based risk assessment utilizing an all-hazards approach for each separately certified facility within the health system - A unified and integrated emergency plan - Integrated policies and procedures - A coordinated communication plan - A training and testing program | |
| <p>§416.54(e)(5) TAG: E-0042</p> <p>(5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.</p> | | <p>EM.09.01.01 The organization has a comprehensive emergency management program that utilizes an all-hazards approach.</p> <p>EP 2 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated emergency management program, and it chooses to participate in the program, the following must be demonstrated within the coordinated emergency management program:</p> | |

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| | | | <ul style="list-style-type: none"> - Each separately certified facility within the system actively participates in the development of the unified and integrated emergency management program - The program is developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient population, and services offered - Each separately certified facility is capable of actively using the unified and integrated emergency management program and is in compliance with the program - A documented community-based risk assessment utilizing an all-hazards approach - A documented individual, facility-based risk assessment utilizing an all-hazards approach for each separately certified facility within the health system - A unified and integrated emergency plan - Integrated policies and procedures - A coordinated communication plan - A training and testing program |
| | | EP 3 | The organization complies with all applicable federal, state, and local emergency preparedness laws and regulations. |
| | | EM.12.01.01 | <p>The organization develops an emergency operations plan (EOP) based on an all-hazards approach.</p> <p>Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency operations plan.</p> <p>Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.</p> |
| | | EP 1 | <p>The organization has a written all-hazards emergency operations plan (EOP) with supporting policies and procedures that provides guidance to staff and volunteers on actions to take during emergency or disaster incidents. The EOP and policies and procedures include but are not limited to the following:</p> <ul style="list-style-type: none"> - Communications plan - Maintaining, expanding, decreasing, or closing operations - Sheltering in place - Evacuating - Safety and security <p>Note: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, the system's EOP addresses policies and procedures specific to each organization's needs.</p> |
| | | EM.15.01.01 | <p>The organization provides emergency management education and training.</p> <p>Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing education and training.</p> |
| | | EP 1 | <p>For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization has a written education and training program in emergency management that is based on the prioritized risks identified as part of its hazard vulnerability analysis, emergency operations plan, communication plan, and policies and procedures.</p> <p>Note: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, the system's education and training program includes information specific to each organization.</p> |
| | | EM.16.01.01 | <p>The organization conducts exercises to test its emergency operations plan and response procedures.</p> <p>Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing emergency exercises.</p> |
| | | EP 1 | <p>For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization describes in writing a plan for when and how it will conduct annual testing of its emergency operations plan (EOP). The planned exercises are based on the following:</p> <ul style="list-style-type: none"> - Likely emergencies or disaster scenarios - EOP and policies and procedures - After-action reports (AAR) and improvement plans |

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| | | | <p>- Six critical areas (communications, staffing, patient care and clinical support, safety and security, resources and assets, utilities) Note: The planned exercises should attempt to stress the limits of its emergency response procedures to assess how prepared the organization may be if a real event or disaster were to occur based on past experiences.</p> <p>EM.17.01.01 The organization evaluates and revises its emergency operations plan.</p> <p>EP 3 The organization reviews and makes necessary updates to the following items every two years, or more frequently if necessary: - Hazard vulnerability analysis - Emergency operations plan, policies, and procedures - Communications plan Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: In addition to the above, the organization reviews and updates the continuity of operations plan and the training and testing program.</p> |