

Hospital Crosswalk

Medicare Hospital Requirements to 2016 Joint Commission Hospital Standards & EPs

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.11	TAG: A-0020		
	§482.11 Condition of Participation: Compliance with Federal, State and Local Laws		
§482.11(a)	TAG: A-0021	LD.04.01.01	The hospital complies with law and regulation.
	(a) The hospital must be in compliance with applicable Federal laws related to the health and safety of patients.	EP 2	The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.
§482.11(b)	TAG: A-0022		
	(b) The hospital must be--		
§482.11(b)(1)	TAG: A-0022	LD.04.01.01	The hospital complies with law and regulation.
	(1) Licensed; or	EP 1	The hospital is licensed, is certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, or services for which the hospital is seeking accreditation from The Joint Commission. Note: 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. (See also WT.01.01.01, EP 1; WT.04.01.01, EP 1) Footnote *: 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 .
§482.11(b)(2)	TAG: A-0022	LD.04.01.01	The hospital complies with law and regulation.
	(2) Approved as meeting standards for licensing established by the agency of the State or locality responsible for licensing hospitals.	EP 1	The hospital is licensed, is certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, or services for which the hospital is seeking accreditation from The Joint Commission. Note: 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. (See also WT.01.01.01, EP 1; WT.04.01.01, EP 1) Footnote *: 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 .
§482.11(c)	TAG: A-0023	HR.01.02.05	The hospital verifies staff qualifications.
	(c) The hospital must assure that personnel are licensed or meet other applicable standards that are required by State or local laws.		

CFR Number §482.11(c)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 1	When law or regulation requires care providers to be currently licensed, certified, or registered to practice their professions, the hospital both verifies these credentials with the primary source and documents this verification when a provider is hired and when his or her credentials are renewed. (See also HR.01.02.07, EP 2) Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented. Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source. Note 3: An external organization (for example, a credentials verification organization [CVO]) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary.
		EP 3	The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.
		MS.06.01.03	The hospital collects information regarding each practitioner's current license status, training, experience, competence, and ability to perform the requested privilege.
		EP 6	The credentialing process requires that the hospital verifies in writing and from the primary source whenever feasible, or from a credentials verification organization (CVO), the following information: - The applicant's current licensure at the time of initial granting, renewal, and revision of privileges, and at the time of license expiration - The applicant's relevant training - The applicant's current competence (See also PC.03.01.01, EP 1)
		MS.06.01.05	The decision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is an objective, evidence-based process.
		EP 1	All licensed independent practitioners that provide care, treatment, and services possess a current license, certification, or registration, as required by law and regulation.
		EP 2	The hospital, based on recommendations by the organized medical staff and approval by the governing body, establishes criteria that determine a practitioner's ability to provide patient care, treatment, and services within the scope of the privilege(s) requested. Evaluation of all of the following are included in the criteria: - Current licensure and/or certification, as appropriate, verified with the primary source - The applicant's specific relevant training, verified with the primary source - Evidence of physical ability to perform the requested privilege - Data from professional practice review by an organization(s) that currently privileges the applicant (if available) - Peer and/or faculty recommendation - When renewing privileges, review of the practitioner's performance within the hospital
		EP 8	Peer recommendation includes written information regarding the practitioner's current: - Medical/clinical knowledge - Technical and clinical skills - Clinical judgment - Interpersonal skills - Communication skills - Professionalism Note: Peer recommendation may be in the form of written documentation reflecting informed opinions on each applicant's scope and level of performance, or a written peer evaluation of practitioner-specific data collected from various sources for the purpose of validating current competence.

CFR Number §482.12	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.12</p> <p>§482.12 Condition of Participation: Governing Body</p> <p>There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body.</p>	<p>TAG: A-0043</p>	<p>LD.01.01.01</p> <p>EP 1</p> <p>EP 2</p> <p>LD.01.03.01</p> <p>EP 1</p> <p>EP 2</p>	<p>The hospital has a leadership structure.</p> <p>The hospital identifies those responsible for governance.</p> <p>The governing body identifies those responsible for planning, management, and operational activities.</p> <p>The governing body is ultimately accountable for the safety and quality of care, treatment, and services.</p> <p>The governing body defines in writing its responsibilities.</p> <p>The governing body provides for organization management and planning.</p>
<p>§482.12(a)</p> <p>§482.12(a) Standard: Medical Staff.</p> <p>The governing body must:</p>	<p>TAG: A-0044</p>		
<p>§482.12(a)(1)</p> <p>[The governing body must:]</p> <p>(1) Determine, in accordance with State law, which categories of practitioners are eligible candidates for appointment to the medical staff;</p>	<p>TAG: A-0045</p>	<p>MS.01.01.01</p> <p>EP 2</p> <p>EP 3</p> <p>EP 7</p> <p>EP 12</p>	<p>Medical staff bylaws address self-governance and accountability to the governing body.</p> <p>The organized medical staff adopts and amends medical staff bylaws. Adoption or amendment of medical staff bylaws cannot be delegated. After adoption or amendment by the organized medical staff, the proposed bylaws are submitted to the governing body for action. Bylaws become effective only upon governing body approval. (See the “Leadership” (LD) chapter for requirements regarding the governing body’s authority and conflict management processes. See Element of Performance 17 for information on which medical staff members are eligible to vote.)</p> <p>Every requirement set forth in Elements of Performance 12 through 36 is in the medical staff bylaws. These requirements may have associated details, some of which may be extensive; such details may reside in the medical staff bylaws, rules and regulations, or policies. The organized medical staff adopts what constitutes the associated details, where they reside, and whether their adoption can be delegated. Adoption of associated details that reside in medical staff bylaws cannot be delegated. For those Elements of Performance 12 through 36 that require a process, the medical staff bylaws include at a minimum the basic steps, as determined by the organized medical staff and approved by the governing body, required for implementation of the requirement. The organized medical staff submits its proposals to the governing body for action. Proposals become effective only upon governing body approval. (See the “Leadership” (LD) chapter for requirements regarding the governing body’s authority and conflict management processes.)</p> <p>Note: If an organization is found to be out of compliance with this Element of Performance, the citation will occur at the appropriate Element(s) of Performance 12 through 36.</p> <p>The governing body upholds the medical staff bylaws, rules and regulations, and policies that have been approved by the governing body.</p> <p>The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The structure of the medical staff.</p>

CFR Number §482.12(a)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 13 The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: Qualifications for appointment to the medical staff. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff must be composed of doctors of medicine or osteopathy. In accordance with state law, including scope of practice laws, the medical staff may also include other categories of physicians as listed at 482.12(c)(1) and nonphysician practitioners who are determined to be eligible for appointment by the governing body.</p> <p>EP 27 The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The process for appointment and re-appointment to membership on the medical staff.</p>	
<p>§482.12(a)(2)</p> <p>[The governing body must:]</p> <p>(2) Appoint members of the medical staff after considering the recommendations of the existing members of the medical staff;</p>	<p>TAG: A-0046</p>	<p>MS.02.01.01 There is a medical staff executive committee.</p> <p>EP 8 The medical staff executive committee makes recommendations, as defined in the medical staff bylaws, directly to the governing body on, at least, all of the following: Medical staff membership.</p> <p>MS.06.01.07 The organized medical staff reviews and analyzes all relevant information regarding each requesting practitioner’s current licensure status, training, experience, current competence, and ability to perform the requested privilege.</p> <p>EP 8 The governing body or delegated governing body committee has final authority for granting, renewing, or denying privileges.</p> <p>MS.07.01.01 The organized medical staff provides oversight for the quality of care, treatment, and services by recommending members for appointment to the medical staff.</p> <p>EP 5 Membership is recommended by the medical staff and granted by the governing body.</p>	
<p>§482.12(a)(3)</p> <p>[The governing body must:]</p> <p>(3) Assure that the medical staff has bylaws;</p>	<p>TAG: A-0047</p>	<p>MS.01.01.01 Medical staff bylaws address self-governance and accountability to the governing body.</p> <p>EP 1 The organized medical staff develops medical staff bylaws, rules and regulations, and policies.</p> <p>EP 2 The organized medical staff adopts and amends medical staff bylaws. Adoption or amendment of medical staff bylaws cannot be delegated. After adoption or amendment by the organized medical staff, the proposed bylaws are submitted to the governing body for action. Bylaws become effective only upon governing body approval. (See the “Leadership” (LD) chapter for requirements regarding the governing body’s authority and conflict management processes. See Element of Performance 17 for information on which medical staff members are eligible to vote.)</p> <p>EP 3 Every requirement set forth in Elements of Performance 12 through 36 is in the medical staff bylaws. These requirements may have associated details, some of which may be extensive; such details may reside in the medical staff bylaws, rules and regulations, or policies. The organized medical staff adopts what constitutes the associated details, where they reside, and whether their adoption can be delegated. Adoption of associated details that reside in medical staff bylaws cannot be delegated. For those Elements of Performance 12 through 36 that require a process, the medical staff bylaws include at a minimum the basic steps, as determined by the organized medical staff and approved by the governing body, required for implementation of the requirement. The organized medical staff submits its proposals to the governing body for action. Proposals become effective only upon governing body approval. (See the “Leadership” (LD) chapter for requirements regarding the governing body’s authority and conflict management processes.) Note: If an organization is found to be out of compliance with this Element of Performance, the citation will occur at the appropriate Element(s) of Performance 12 through 36.</p>	

CFR Number §482.12(a)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 7	The governing body upholds the medical staff bylaws, rules and regulations, and policies that have been approved by the governing body.
§482.12(a)(4)	TAG: A-0048 [The governing body must:] (4) Approve medical staff bylaws and other medical staff rules and regulations;	MS.01.01.01	Medical staff bylaws address self-governance and accountability to the governing body.
		EP 2	The organized medical staff adopts and amends medical staff bylaws. Adoption or amendment of medical staff bylaws cannot be delegated. After adoption or amendment by the organized medical staff, the proposed bylaws are submitted to the governing body for action. Bylaws become effective only upon governing body approval. (See the "Leadership" (LD) chapter for requirements regarding the governing body's authority and conflict management processes. See Element of Performance 17 for information on which medical staff members are eligible to vote.)
		EP 3	Every requirement set forth in Elements of Performance 12 through 36 is in the medical staff bylaws. These requirements may have associated details, some of which may be extensive; such details may reside in the medical staff bylaws, rules and regulations, or policies. The organized medical staff adopts what constitutes the associated details, where they reside, and whether their adoption can be delegated. Adoption of associated details that reside in medical staff bylaws cannot be delegated. For those Elements of Performance 12 through 36 that require a process, the medical staff bylaws include at a minimum the basic steps, as determined by the organized medical staff and approved by the governing body, required for implementation of the requirement. The organized medical staff submits its proposals to the governing body for action. Proposals become effective only upon governing body approval. (See the "Leadership" (LD) chapter for requirements regarding the governing body's authority and conflict management processes.) Note: If an organization is found to be out of compliance with this Element of Performance, the citation will occur at the appropriate Element(s) of Performance 12 through 36.
§482.12(a)(5)	TAG: A-0049 [The governing body must:] (5) Ensure that the medical staff is accountable to the governing body for the quality of care provided to patients;	LD.01.05.01	The hospital has an organized medical staff that is accountable to the governing body.
		EP 5	The organized medical staff oversees the quality of care, treatment and services provided by those individuals with clinical privileges.
		EP 6	The organized medical staff is accountable to the governing body.
§482.12(a)(6)	TAG: A-0050 [The governing body must:] (6) Ensure the criteria for selection are individual character, competence, training, experience, and judgment; and	MS.06.01.03	The hospital collects information regarding each practitioner's current license status, training, experience, competence, and ability to perform the requested privilege.
		EP 6	The credentialing process requires that the hospital verifies in writing and from the primary source whenever feasible, or from a credentials verification organization (CVO), the following information: - The applicant's current licensure at the time of initial granting, renewal, and revision of privileges, and at the time of license expiration - The applicant's relevant training - The applicant's current competence (See also PC.03.01.01, EP 1)

CFR Number §482.12(a)(6)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>MS.06.01.05 The decision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is an objective, evidence-based process.</p>	<p>EP 2 The hospital, based on recommendations by the organized medical staff and approval by the governing body, establishes criteria that determine a practitioner's ability to provide patient care, treatment, and services within the scope of the privilege(s) requested. Evaluation of all of the following are included in the criteria:</p> <ul style="list-style-type: none"> - Current licensure and/or certification, as appropriate, verified with the primary source - The applicant's specific relevant training, verified with the primary source - Evidence of physical ability to perform the requested privilege - Data from professional practice review by an organization(s) that currently privileges the applicant (if available) - Peer and/or faculty recommendation - When renewing privileges, review of the practitioner's performance within the hospital <p>EP 7 The hospital queries the National Practitioner Data Bank (NPDB) when clinical privileges are initially granted, at the time of renewal of privileges, and when a new privilege(s) is requested.</p> <p>EP 8 Peer recommendation includes written information regarding the practitioner's current:</p> <ul style="list-style-type: none"> - Medical/clinical knowledge - Technical and clinical skills - Clinical judgment - Interpersonal skills - Communication skills - Professionalism <p>Note: Peer recommendation may be in the form of written documentation reflecting informed opinions on each applicant's scope and level of performance, or a written peer evaluation of practitioner-specific data collected from various sources for the purpose of validating current competence.</p> <p>EP 9 Before recommending privileges, the organized medical staff also evaluates the following:</p> <ul style="list-style-type: none"> - Challenges to any licensure or registration - Voluntary and involuntary relinquishment of any license or registration - Voluntary and involuntary termination of medical staff membership - Voluntary and involuntary limitation, reduction, or loss of clinical privileges - Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant - Documentation as to the applicant's health status - Relevant practitioner-specific data as compared to aggregate data, when available - Morbidity and mortality data, when available
<p>§482.12(a)(7)</p> <p>[The governing body must:]</p> <p>(7) Ensure that under no circumstances is the accordance of staff membership or professional privileges in the hospital dependent solely upon certification, fellowship or membership in a specialty body or society.</p>	<p>TAG: A-0051</p>	<p>MS.06.01.07 The organized medical staff reviews and analyzes all relevant information regarding each requesting practitioner's current licensure status, training, experience, current competence, and ability to perform the requested privilege.</p>	<p>EP 2 The hospital, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a requested privilege. Note: Medical staff membership and professional privileges are not dependent solely upon certification, fellowship, or membership in a specialty body or society.</p>

CFR Number §482.12(a)(7)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		MS.07.01.01	The organized medical staff provides oversight for the quality of care, treatment, and services by recommending members for appointment to the medical staff.
		EP 1	The organized medical staff develops criteria for medical staff membership. Note: Medical staff membership and professional privileges are not dependent solely upon certification, fellowship, or membership in a specialty body or society.
§482.12(a)(8)		LD.04.03.09	Care, treatment, and services provided through contractual agreement are provided safely and effectively.
(8) Ensure that, when telemedicine services are furnished to the hospital's patients through an agreement with a distant-site hospital, the agreement is written and that it specifies that it is the responsibility of the governing body of the distant-site hospital to meet the requirements in paragraphs (a)(1) through (a)(7) of this section with regard to the distant-site hospital's physicians and practitioners providing telemedicine services. The governing body of the hospital whose patients are receiving the telemedicine services may, in accordance with §482.22(a)(3) of this part, grant privileges based on its medical staff recommendations that rely on information provided by the distant-site hospital.		EP 2	The hospital describes, in writing, the nature and scope of services provided through contractual agreements.
		EP 4	Leaders monitor contracted services by establishing expectations for the performance of the contracted services. Note 1: In most cases, each licensed independent practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following the process described in the "Medical Staff" (MS) chapter. Note 2: For hospitals that do not use Joint Commission accreditation for deemed status purposes: When the hospital contracts with another accredited organization for patient care, treatment, and services to be provided off site, it can do the following: - Verify that all licensed independent practitioners who will be providing patient care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges. - Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their privileges. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The leaders who monitor the contracted services are the governing body.
		EP 23	For hospitals that use Joint Commission accreditation for deemed status purposes: When telemedicine services are furnished to the hospital's patients, the originating site has a written agreement with the distant site that specifies the following: - The distant site is a contractor of services to the hospital. - The distant site furnishes services in a manner that permits the originating site to be in compliance with the Medicare Conditions of Participation - The originating site makes certain through the written agreement that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). (See also MS.13.01.01, EP 1) Note: For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A. If the originating site chooses to use the credentialing and privileging decision of the distant-site telemedicine provider, then the following requirements apply: - The governing body of the distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the "Medical Staff" (MS) chapter (Standards MS.06.01.01 through MS.06.01.13). - The governing body of the originating site grants privileges to a distant site licensed independent practitioner based on the originating site's medical staff recommendations, which rely on information provided by the distant site.
§482.12(a)(9)		LD.04.03.09	Care, treatment, and services provided through contractual agreement are provided safely and effectively.
(9) Ensure that when telemedicine services are furnished to the hospital's patients through an agreement with a distant-site telemedicine entity, the written agreement specifies that			

CFR Number §482.12(a)(9)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
	<p>the distant-site telemedicine entity is a contractor of services to the hospital and as such, in accordance with §482.12(e), furnishes the contracted services in a manner that permits the hospital to comply with all applicable conditions of participation for the contracted services, including, but not limited to, the requirements in paragraphs (a)(1) through (a)(7) of this section with regard to the distant-site telemedicine entity's physicians and practitioners providing telemedicine services. The governing body of the hospital whose patients are receiving the telemedicine services may, in accordance with §482.22(a)(4) of this part, grant privileges to physicians and practitioners employed by the distant-site telemedicine entity based on such hospital's medical staff recommendations; such staff recommendations may rely on information provided by the distant-site telemedicine entity.</p>	<p>EP 2 The hospital describes, in writing, the nature and scope of services provided through contractual agreements.</p> <p>EP 3 Designated leaders approve contractual agreements.</p> <p>EP 4 Leaders monitor contracted services by establishing expectations for the performance of the contracted services. Note 1: In most cases, each licensed independent practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following the process described in the "Medical Staff" (MS) chapter. Note 2: For hospitals that do not use Joint Commission accreditation for deemed status purposes: When the hospital contracts with another accredited organization for patient care, treatment, and services to be provided off site, it can do the following: - Verify that all licensed independent practitioners who will be providing patient care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges. - Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their privileges. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The leaders who monitor the contracted services are the governing body.</p> <p>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>EP 6 Leaders monitor contracted services by evaluating these services in relation to the hospital's expectations.</p> <p>EP 23 For hospitals that use Joint Commission accreditation for deemed status purposes: When telemedicine services are furnished to the hospital's patients, the originating site has a written agreement with the distant site that specifies the following: - The distant site is a contractor of services to the hospital. - The distant site furnishes services in a manner that permits the originating site to be in compliance with the Medicare Conditions of Participation - The originating site makes certain through the written agreement that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). (See also MS.13.01.01, EP 1) Note: For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A. If the originating site chooses to use the credentialing and privileging decision of the distant-site telemedicine provider, then the following requirements apply: - The governing body of the distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the "Medical Staff" (MS) chapter (Standards MS.06.01.01 through MS.06.01.13). - The governing body of the originating site grants privileges to a distant site licensed independent practitioner based on the originating site's medical staff recommendations, which rely on information provided by the distant site.</p>	
§482.12(a)(10)	TAG: A-0053	LD.01.03.01	The governing body is ultimately accountable for the safety and quality of care, treatment, and services.
[The governing body must:]			

CFR Number §482.12(a)(10)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
	(10) Consult directly with the individual assigned the responsibility for the organization and conduct of the hospital's medical staff, or his or her designee. At a minimum, this direct consultation must occur periodically throughout the fiscal or calendar year and include discussion of matters related to the quality of medical care provided to patients of the hospital. For a multi-hospital system using a single governing body, the single multihospital system governing body must consult directly with the individual responsible for the organized medical staff (or his or her designee) of each hospital within its system in addition to the other requirements of this paragraph (a).	EP 8	The governing body provides the organized medical staff with the opportunity to participate in governance.
		EP 9	The governing body provides the organized medical staff with the opportunity to be represented at governing body meetings (through attendance and voice) by one or more of its members, as selected by the organized medical staff.
		EP 10	Organized medical staff members are eligible for full membership in the hospital's governing body, unless legally prohibited.
		LD.02.03.01	The governing body, senior managers, and leaders of the organized medical staff regularly communicate with one another on issues of safety and quality.
		EP 1	Leaders discuss issues that affect the hospital and the population(s) it serves, including the following: - Performance improvement activities - Reported safety and quality issues - Proposed solutions and their impact on the hospital's resources - Reports on key quality measures and safety indicators - Safety and quality issues specific to the population served - Input from the population(s) served (See also NR.01.01.01, EP 3)
		EP 2	The hospital establishes time frames for the discussion of issues that affect the hospital and the population(s) it serves.
		LD.03.02.01	The hospital 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 to improve the safety and quality of care, treatment, and services.
		LD.03.03.01	Leaders use hospitalwide planning to establish structures and processes that focus on safety and quality.
		EP 7	Leaders evaluate the effectiveness of planning activities.
		LD.03.05.01	Leaders implement changes in existing processes to improve the performance of the hospital.
		EP 1	Structures for managing change and performance improvements exist that foster the safety of the patient and the quality of care, treatment, and services.
		EP 7	Leaders evaluate the effectiveness of processes for the management of change and performance improvement. (See also PI.02.01.01, EP 13)
§482.12(b)	TAG: A-0057	LD.01.03.01	The governing body is ultimately accountable for the safety and quality of care, treatment, and services.
§482.12(b) Standard: Chief Executive Officer	The governing body must appoint a chief executive officer who is responsible for managing the hospital.	EP 4	The governing body selects the chief executive responsible for managing the hospital.

CFR Number §482.12(c)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.12(c) §482.12(c) Standard: Care of Patients In accordance with hospital policy, the governing body must ensure that the following requirements are met:	TAG: A-0063		
§482.12(c)(1) [...the governing body must ensure that the following requirements are met:] (1) Every Medicare patient is under the care of:	TAG: A-0064		
§482.12(c)(1)(i) (i) A doctor of medicine or osteopathy. (This provision is not to be construed to limit the authority of a doctor of medicine or osteopathy to delegate tasks to other qualified health care personnel to the extent recognized under State law or a State's regulatory mechanism.);	TAG: A-0064	MS.03.01.03	The management and coordination of each patient's care, treatment, and services is the responsibility of a practitioner with appropriate privileges. EP 1 Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient's care, treatment, and services. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary). EP 3 A patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy manages and coordinates the care of any Medicare patient's psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.
§482.12(c)(1)(ii) (ii) A doctor of dental surgery or dental medicine who is legally authorized to practice dentistry by the State and who is acting within the scope of his or her license;	TAG: A-0064	MS.03.01.03	The management and coordination of each patient's care, treatment, and services is the responsibility of a practitioner with appropriate privileges. EP 1 Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient's care, treatment, and services. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary). EP 3 A patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy manages and coordinates the care of any Medicare patient's psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.
§482.12(c)(1)(iii) (iii) A doctor of podiatric medicine, but only with respect to functions which he or she is legally authorized by the State to perform;	TAG: A-0064	MS.03.01.03	The management and coordination of each patient's care, treatment, and services is the responsibility of a practitioner with appropriate privileges. EP 1 Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient's care, treatment, and services. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).

CFR Number §482.12(c)(1)(iii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 3	A patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy manages and coordinates the care of any Medicare patient's psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.
§482.12(c)(1)(iv)	TAG: A-0064	MS.03.01.03	The management and coordination of each patient's care, treatment, and services is the responsibility of a practitioner with appropriate privileges.
(iv) A doctor of optometry who is legally authorized to practice optometry by the State in which he or she practices;		EP 1	Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient's care, treatment, and services. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).
		EP 3	A patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy manages and coordinates the care of any Medicare patient's psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.
§482.12(c)(1)(v)	TAG: A-0064	MS.03.01.03	The management and coordination of each patient's care, treatment, and services is the responsibility of a practitioner with appropriate privileges.
(v) A chiropractor who is licensed by the State or legally authorized to perform the services of a chiropractor, but only with respect to treatment by means of manual manipulation of the spine to correct a subluxation demonstrated by x-ray to exist; and		EP 1	Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient's care, treatment, and services. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).
		EP 3	A patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy manages and coordinates the care of any Medicare patient's psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.
§482.12(c)(1)(vi)	TAG: A-0064	MS.03.01.03	The management and coordination of each patient's care, treatment, and services is the responsibility of a practitioner with appropriate privileges.
(vi) A clinical psychologist as defined in §410.71 of this chapter, but only with respect to clinical psychologist services as defined in §410.71 of this chapter and only to the extent permitted by State law.		EP 1	Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient's care, treatment, and services. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).
		EP 3	A patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy manages and coordinates the care of any Medicare patient's psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.
§482.12(c)(2)	TAG: A-0065	MS.03.01.01	The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.
[...the governing body must ensure that the following requirements are met:] (2) Patients are admitted to the hospital only on the recommendation of a licensed		EP 2	Practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.

CFR Number §482.12(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
	practitioner permitted by the State to admit patients to a hospital.	MS.03.01.03	<p>The management and coordination of each patient’s care, treatment, and services is the responsibility of a practitioner with appropriate privileges.</p> <p>EP 1 Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient’s care, treatment, and services. Note: The definition of “physician” is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p> <p>EP 3 A patient’s general medical condition is managed and coordinated by a doctor of medicine or osteopathy. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy manages and coordinates the care of any Medicare patient’s psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.</p> <p>EP 13 For hospitals that use Joint Commission accreditation for deemed status purposes: Patients are admitted to the hospital only on the decision of a licensed practitioner permitted by the state to admit patients to a hospital.</p>
§482.12(c)(2) continued	<p>TAG: A-0066</p> <p>[...the governing body must ensure that the following requirements are met:]</p> <p>(2) continued If a Medicare patient is admitted by a practitioner not specified in paragraph (c)(1) of this section, that patient is under the care of a doctor of medicine or osteopathy.</p>	MS.03.01.03	<p>The management and coordination of each patient’s care, treatment, and services is the responsibility of a practitioner with appropriate privileges.</p> <p>EP 1 Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient’s care, treatment, and services. Note: The definition of “physician” is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p> <p>EP 3 A patient’s general medical condition is managed and coordinated by a doctor of medicine or osteopathy. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy manages and coordinates the care of any Medicare patient’s psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.</p>
§482.12(c)(3)	<p>TAG: A-0067</p> <p>[...the governing body must ensure that the following requirements are met:]</p> <p>(3) A doctor of medicine or osteopathy is on duty or on call at all times.</p>	MS.03.01.03	<p>The management and coordination of each patient’s care, treatment, and services is the responsibility of a practitioner with appropriate privileges.</p> <p>EP 12 For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy is on duty or on call at all times.</p>
§482.12(c)(4)	<p>TAG: A-0068</p> <p>[...the governing body must ensure that the following requirements are met:]</p> <p>(4) A doctor of medicine or osteopathy is responsible for the care of each Medicare patient with respect to any medical or psychiatric problem that--</p>	MS.03.01.03	<p>The management and coordination of each patient’s care, treatment, and services is the responsibility of a practitioner with appropriate privileges.</p> <p>EP 1 Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient’s care, treatment, and services. Note: The definition of “physician” is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p> <p>EP 3 A patient’s general medical condition is managed and coordinated by a doctor of medicine or osteopathy. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy manages and coordinates the care of any Medicare patient’s psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.</p>

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.12(c)(4)(i)	TAG: A-0068	MS.03.01.03	The management and coordination of each patient's care, treatment, and services is the responsibility of a practitioner with appropriate privileges.
(i) Is present on admission or develops during hospitalization; and		EP 1	Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient's care, treatment, and services. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).
		EP 3	A patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy manages and coordinates the care of any Medicare patient's psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.
§482.12(c)(4)(ii)	TAG: A-0068	MS.03.01.03	The management and coordination of each patient's care, treatment, and services is the responsibility of a practitioner with appropriate privileges.
(ii) Is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor; or clinical psychologist, as that scope is--		EP 1	Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient's care, treatment, and services. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).
		EP 3	A patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy manages and coordinates the care of any Medicare patient's psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.
§482.12(c)(4)(ii)(A)	TAG: A-0068	MS.03.01.01	The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.
(A) Defined by the medical staff;		EP 2	Practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.
		MS.03.01.03	The management and coordination of each patient's care, treatment, and services is the responsibility of a practitioner with appropriate privileges.
		EP 1	Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient's care, treatment, and services. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).
		EP 3	A patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy manages and coordinates the care of any Medicare patient's psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.
§482.12(c)(4)(ii)(B)	TAG: A-0068	MS.03.01.03	The management and coordination of each patient's care, treatment, and services is the responsibility of a practitioner with appropriate privileges.
(B) Permitted by State law; and			

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.12(c)(4)(ii)(B)		<p>EP 1 Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient's care, treatment, and services. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p> <p>EP 3 A patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy manages and coordinates the care of any Medicare patient's psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.</p>	
§482.12(c)(4)(ii)(C)	<p>TAG: A-0068</p> <p>(C) Limited, under paragraph (c)(1)(v) of this section, with respect to chiropractors.</p>	<p>MS.03.01.03</p>	<p>The management and coordination of each patient's care, treatment, and services is the responsibility of a practitioner with appropriate privileges.</p> <p>EP 1 Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient's care, treatment, and services. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p> <p>EP 3 A patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy manages and coordinates the care of any Medicare patient's psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.</p>
§482.12(d)	<p>TAG: A-0073</p> <p>§482.12(d) Standard: Institutional Plan and Budget</p> <p>The institution must have an overall institutional plan that meets the following conditions:</p>		
§482.12(d)(1)	<p>TAG: A-0073</p> <p>(1) The plan must include an annual operating budget that is prepared according to generally accepted accounting principles.</p>	<p>LD.04.01.03</p>	<p>The leaders develop an annual operating budget and, when needed, a long-term capital expenditure plan.</p> <p>EP 4 The governing body approves an annual operating budget and, when needed, a long-term capital expenditure plan.</p> <p>EP 6 An independent public accountant conducts an annual audit of the hospital's finances, unless otherwise provided by law.</p>
§482.12(d)(2)	<p>TAG: A-0073</p> <p>(2) The budget must include all anticipated income and expenses. This provision does not require that the budget identify item by item the components of each anticipated income or expense.</p>	<p>LD.04.01.03</p>	<p>The leaders develop an annual operating budget and, when needed, a long-term capital expenditure plan.</p> <p>EP 3 The operating budget reflects the hospital's goals and objectives.</p> <p>EP 4 The governing body approves an annual operating budget and, when needed, a long-term capital expenditure plan.</p>
§482.12(d)(3)	<p>TAG: A-0073</p> <p>(3) The plan must provide for capital expenditures for at least a 3-year period, including the year in which the operating budget specified in paragraph (d)(2) of this section is applicable.</p>	<p>LD.04.01.03</p>	<p>The leaders develop an annual operating budget and, when needed, a long-term capital expenditure plan.</p> <p>EP 3 The operating budget reflects the hospital's goals and objectives.</p>

CFR Number §482.12(d)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 4	The governing body approves an annual operating budget and, when needed, a long-term capital expenditure plan.
§482.12(d)(4)	TAG: A-0073	LD.04.01.03	The leaders develop an annual operating budget and, when needed, a long-term capital expenditure plan.
(4) The plan must include and identify in detail the objective of, and the anticipated sources of financing for, each anticipated capital expenditure in excess of \$600,000 (or a lesser amount that is established, in accordance with section 1122(g)(1) of the Act, by the State in which the hospital is located) that relates to any of the following:		EP 3	The operating budget reflects the hospital's goals and objectives.
		EP 4	The governing body approves an annual operating budget and, when needed, a long-term capital expenditure plan.
§482.12(d)(4)(i)	TAG: A-0073	LD.04.01.03	The leaders develop an annual operating budget and, when needed, a long-term capital expenditure plan.
(i) Acquisition of land;		EP 3	The operating budget reflects the hospital's goals and objectives.
		EP 4	The governing body approves an annual operating budget and, when needed, a long-term capital expenditure plan.
§482.12(d)(4)(ii)	TAG: A-0073	LD.04.01.03	The leaders develop an annual operating budget and, when needed, a long-term capital expenditure plan.
(ii) Improvement of land, buildings, and equipment; or		EP 3	The operating budget reflects the hospital's goals and objectives.
		EP 4	The governing body approves an annual operating budget and, when needed, a long-term capital expenditure plan.
§482.12(d)(4)(iii)	TAG: A-0073	LD.04.01.03	The leaders develop an annual operating budget and, when needed, a long-term capital expenditure plan.
(iii) The replacement, modernization, and expansion of buildings and equipment.		EP 3	The operating budget reflects the hospital's goals and objectives.
		EP 4	The governing body approves an annual operating budget and, when needed, a long-term capital expenditure plan.
§482.12(d)(5)	TAG: A-0074	LD.04.01.01	The hospital complies with law and regulation.
(5) The plan must be submitted for review to the planning agency designated in accordance with section 1122(b) of the Act, or if an agency is not designated, to the appropriate health planning agency in the State. (See part 100 of this title.)		EP 2	The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.
§482.12(d)(5) continued	TAG: A-0075	LD.04.01.01	The hospital complies with law and regulation.
(5) continued		EP 2	The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.
A capital expenditure is not subject to section 1122 review if 75 percent of the health care facility's patients who are expected to use the service for which the capital expenditure is made are individuals enrolled in a health maintenance organization (HMO) or competitive medical plan (CMP) that meets the requirements of section 1876(b) of the Act, and if the Department determines that the capital expenditure is for services and facilities that are needed by the HMO or CMP in order to operate efficiently and economically and that are not otherwise readily accessible to the HMO or CMP because--		LD.04.01.03	The leaders develop an annual operating budget and, when needed, a long-term capital expenditure plan.
		EP 3	The operating budget reflects the hospital's goals and objectives.

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.12(d)(5)(i)	TAG: A-0075	LD.04.01.01	The hospital complies with law and regulation.
(i) The facilities do not provide common services at the same site;		EP 2	The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.
		LD.04.01.03	The leaders develop an annual operating budget and, when needed, a long-term capital expenditure plan.
		EP 3	The operating budget reflects the hospital's goals and objectives.
§482.12(d)(5)(ii)	TAG: A-0075	LD.04.01.01	The hospital complies with law and regulation.
(ii) The facilities are not available under a contract of reasonable duration;		EP 2	The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.
		LD.04.01.03	The leaders develop an annual operating budget and, when needed, a long-term capital expenditure plan.
		EP 3	The operating budget reflects the hospital's goals and objectives.
§482.12(d)(5)(iii)	TAG: A-0075	LD.04.01.01	The hospital complies with law and regulation.
(iii) Full and equal medical staff privileges in the facilities are not available;		EP 2	The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.
		LD.04.01.03	The leaders develop an annual operating budget and, when needed, a long-term capital expenditure plan.
		EP 3	The operating budget reflects the hospital's goals and objectives.
§482.12(d)(5)(iv)	TAG: A-0075	LD.04.01.01	The hospital complies with law and regulation.
(iv) Arrangements with these facilities are not administratively feasible; or		EP 2	The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.
		LD.04.01.03	The leaders develop an annual operating budget and, when needed, a long-term capital expenditure plan.
		EP 3	The operating budget reflects the hospital's goals and objectives.
§482.12(d)(5)(v)	TAG: A-0075	LD.04.01.01	The hospital complies with law and regulation.
(v) The purchase of these services is more costly than if the HMO or CMP provided the services directly.		EP 2	The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.
		LD.04.01.03	The leaders develop an annual operating budget and, when needed, a long-term capital expenditure plan.
		EP 3	The operating budget reflects the hospital's goals and objectives.
§482.12(d)(6)	TAG: A-0076	LD.04.01.03	The leaders develop an annual operating budget and, when needed, a long-term capital expenditure plan.
(6) The plan must be reviewed and updated annually			

CFR Number §482.12(d)(6)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 4	The governing body approves an annual operating budget and, when needed, a long-term capital expenditure plan.
§482.12(d)(7)	TAG: A-0077		
	(7) The plan must be prepared--		
§482.12(d)(7)(i)	TAG: A-0077	LD.01.03.01	The governing body is ultimately accountable for the safety and quality of care, treatment, and services.
	(i) Under the direction of the governing body; and	EP 2	The governing body provides for organization management and planning.
§482.12(d)(7)(ii)	TAG: A-0077	LD.01.01.01	The hospital has a leadership structure.
	(ii) By a committee consisting of representatives of the governing body, the administrative staff, and the medical staff of the institution.	EP 2	The governing body identifies those responsible for planning, management, and operational activities.
		LD.01.03.01	The governing body is ultimately accountable for the safety and quality of care, treatment, and services.
		EP 8	The governing body provides the organized medical staff with the opportunity to participate in governance.
		LD.04.01.03	The leaders develop an annual operating budget and, when needed, a long-term capital expenditure plan.
		EP 1	Leaders solicit comments from those who work in the hospital when developing the operational and capital budgets. (See also NR.01.01.01, EP 3)
§482.12(e)	TAG: A-0083	LD.04.03.09	Care, treatment, and services provided through contractual agreement are provided safely and effectively.
	§482.12(e) Standard: Contracted Services	EP 2	The hospital describes, in writing, the nature and scope of services provided through contractual agreements.
	The governing body must be responsible for services furnished in the hospital whether or not they are furnished under contracts. The governing body must ensure that a contractor of services (including one for shared services and joint ventures) furnishes services that permit the hospital to comply with all applicable conditions of participation and standards for the contracted services.	EP 3	Designated leaders approve contractual agreements.
		EP 4	Leaders monitor contracted services by establishing expectations for the performance of the contracted services. Note 1: In most cases, each licensed independent practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following the process described in the "Medical Staff" (MS) chapter. Note 2: For hospitals that do not use Joint Commission accreditation for deemed status purposes: When the hospital contracts with another accredited organization for patient care, treatment, and services to be provided off site, it can do the following: - Verify that all licensed independent practitioners who will be providing patient care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges. - Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their privileges. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The leaders who monitor the contracted services are the governing body.

CFR Number §482.12(e)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		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 6	Leaders monitor contracted services by evaluating these services in relation to the hospital's expectations.
§482.12(e)(1)	TAG: A-0084	LD.01.03.01	The governing body is ultimately accountable for the safety and quality of care, treatment, and services.
(1) The governing body must ensure that the services performed under a contract are provided in a safe and effective manner.		EP 5	The governing body provides for the resources needed to maintain safe, quality care, treatment, and services. (See also NR.01.01.01, EP 3)
		LD.04.03.09	Care, treatment, and services provided through contractual agreement are provided safely and effectively.
		EP 6	Leaders monitor contracted services by evaluating these services in relation to the hospital's expectations.
		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.
§482.12(e)(2)	TAG: A-0085	LD.04.03.09	Care, treatment, and services provided through contractual agreement are provided safely and effectively.
(2) The hospital must maintain a list of all contracted services, including the scope and nature of the services provided.		EP 2	The hospital describes, in writing, the nature and scope of services provided through contractual agreements.
§482.12(f)	TAG: A-0091		
§482.12(f) Standard: Emergency Services			
§482.12(f)(1)	TAG: A-0092	LD.01.03.01	The governing body is ultimately accountable for the safety and quality of care, treatment, and services.
(1) If emergency services are provided at the hospital, the hospital must comply with the requirements of §482.55.		EP 3	The governing body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: If emergency services are provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.
		LD.04.01.01	The hospital complies with law and regulation.
		EP 2	The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.

CFR Number §482.12(f)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.12(f)(2)</p> <p>(2) If emergency services are not provided at the hospital, the governing body must assure that the medical staff has written policies and procedures for appraisal of emergencies, initial treatment, and referral when appropriate.</p>	<p>TAG: A-0093</p>	<p>MS.03.01.01</p>	<p>The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.</p> <p>EP 14 For hospitals that use Joint Commission accreditation for deemed status purposes: When emergency services are not provided at the hospital, the medical staff has written policies and procedures for appraisal of emergencies, initial treatment of patients, and referral of patients when needed.</p>
<p>§482.12(f)(3)</p> <p>(3) If emergency services are provided at the hospital but are not provided at one or more off-campus departments of the hospital, the governing body of the hospital must assure that the medical staff has written policies and procedures in effect with respect to the off-campus department(s) for appraisal of emergencies and referral when appropriate.</p>	<p>TAG: A-0094</p>	<p>MS.03.01.01</p>	<p>The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.</p> <p>EP 13 For hospitals that use Joint Commission accreditation for deemed status purposes: When emergency services are provided at the hospital but not at one or more off-campus locations, the medical staff has written policies and procedures for appraisal of emergencies, initial treatment, and referral of patients at the off-campus locations.</p>
<p>§482.13</p> <p>§482.13 Condition of Participation: Patient's Rights</p> <p>A hospital must protect and promote each patient's rights.</p>	<p>TAG: A-0115</p>	<p>RI.01.01.01</p>	<p>The hospital respects, protects, and promotes patient rights.</p> <p>EP 1 The hospital has written policies on patient rights. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's written policies address procedures regarding patient visitation rights, including any clinically necessary or reasonable restrictions or limitations.</p> <p>EP 2 The hospital informs the patient of his or her rights. (See also RI.01.01.03, EPs 1-3) Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs the patient (or support person, where appropriate) of his or her visitation rights. Visitation rights include the right to receive the visitors designated by the patient, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Also included is the right to withdraw or deny such consent at any time. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital makes sure that each patient, or his or her family, is informed of the patient's rights in advance of furnishing or discontinuing patient care whenever possible.</p> <p>EP 4 The hospital treats the patient in a dignified and respectful manner that supports his or her dignity.</p>
<p>§482.13(a)</p> <p>§482.13(a) Standard: Notice of Rights</p>	<p>TAG: A-0116</p>		
<p>§482.13(a)(1)</p> <p>(1) A hospital must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible.</p>	<p>TAG: A-0117</p>	<p>RI.01.01.01</p>	<p>The hospital respects, protects, and promotes patient rights.</p> <p>EP 1 The hospital has written policies on patient rights. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's written policies address procedures regarding patient visitation rights, including any clinically necessary or reasonable restrictions or limitations.</p>

CFR Number §482.13(a)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 2 The hospital informs the patient of his or her rights. (See also RI.01.01.03, EPs 1-3) Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs the patient (or support person, where appropriate) of his or her visitation rights. Visitation rights include the right to receive the visitors designated by the patient, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Also included is the right to withdraw or deny such consent at any time. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital makes sure that each patient, or his or her family, is informed of the patient's rights in advance of furnishing or discontinuing patient care whenever possible.</p>	<p>RI.01.02.01 The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This right is not to be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.</p> <p>EP 2 The hospital provides the patient with written information about the right to refuse care, treatment, and services.</p> <p>EP 6 When a patient is unable to make decisions about his or her care, treatment, and services, the hospital involves a surrogate decision-maker in making these decisions. (See also RI.01.03.01, EP 6)</p> <p>EP 8 The hospital involves the patient's family in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.</p>
<p>§482.13(a)(2)</p> <p>(2) The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance.</p>	<p>TAG: A-0118</p>	<p>RI.01.07.01 The patient and his or her family have the right to have complaints reviewed by the hospital.</p>	<p>EP 1 The hospital establishes a complaint resolution process. (See also LD.04.01.07, EP 1; MS.09.01.01, EP 1) Note: The governing body is responsible for the effective operation of the complaint resolution process unless it delegates this responsibility in writing to a complaint resolution committee.</p> <p>EP 2 The hospital informs the patient and his or her family about the complaint resolution process. (See also MS.09.01.01, EP 1)</p>
<p>§482.13(a)(2) continued</p> <p>(2) continued</p> <p>[The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance.]</p> <p>The hospital's governing body must approve and be responsible for the effective operation of the grievance process, and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee.</p>	<p>TAG: A-0119</p>	<p>RI.01.07.01 The patient and his or her family have the right to have complaints reviewed by the hospital.</p>	<p>EP 1 The hospital establishes a complaint resolution process. (See also LD.04.01.07, EP 1; MS.09.01.01, EP 1) Note: The governing body is responsible for the effective operation of the complaint resolution process unless it delegates this responsibility in writing to a complaint resolution committee.</p>
<p>§482.13(a)(2) continued</p> <p>(2) continued</p> <p>[The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance. The hospital's governing</p>	<p>TAG: A-0120</p>	<p>RI.01.07.01 The patient and his or her family have the right to have complaints reviewed by the hospital.</p>	<p>EP 20 For hospitals that use Joint Commission accreditation for deemed status purposes: The process for resolving complaints includes a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the quality improvement organization (QIO).</p>

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.13(a)(2)	<p>body must approve and be responsible for the effective operation of the grievance process, and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee.]</p> <p>The grievance process must include a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Utilization and Quality Control Quality Improvement Organization. At a minimum:</p>		
§482.13(a)(2)(i)	<p>TAG: A-0121</p> <p>[At a minimum:]</p> <p>(i) The hospital must establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital.</p>	<p>RI.01.01.03</p> <p>The hospital respects the patient's right to receive information in a manner he or she understands.</p> <p>EP 1 The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. (See also PC.02.01.21, EP 2; PC.04.01.05, EP 8; RI.01.01.01, EPs 2 and 5)</p> <p>RI.01.07.01</p> <p>The patient and his or her family have the right to have complaints reviewed by the hospital.</p> <p>EP 1 The hospital establishes a complaint resolution process. (See also LD.04.01.07, EP 1; MS.09.01.01, EP 1) Note: The governing body is responsible for the effective operation of the complaint resolution process unless it delegates this responsibility in writing to a complaint resolution committee.</p> <p>EP 2 The hospital informs the patient and his or her family about the complaint resolution process. (See also MS.09.01.01, EP 1)</p>	
§482.13(a)(2)(ii)	<p>TAG: A-0122</p> <p>[At a minimum:]</p> <p>(ii) The grievance process must specify time frames for review of the grievance and the provision of a response.</p>	<p>RI.01.07.01</p> <p>The patient and his or her family have the right to have complaints reviewed by the hospital.</p> <p>EP 19 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital determines time frames for complaint review and response.</p>	
§482.13(a)(2)(iii)	<p>TAG: A-0123</p> <p>[At a minimum:]</p> <p>(iii) In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.</p>	<p>RI.01.07.01</p> <p>The patient and his or her family have the right to have complaints reviewed by the hospital.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: In its resolution of complaints, the hospital provides the individual with a written notice of its decision, which contains the following:</p> <ul style="list-style-type: none"> - The name of the hospital contact person - The steps taken on behalf of the individual to investigate the complaint - The results of the process - The date of completion of the complaint process 	
§482.13(b)	<p>TAG: A-0129</p> <p>§482.13(b) Standard: Exercise of Rights</p>		
§482.13(b)(1)	<p>TAG: A-0130</p> <p>(1) The patient has the right to participate in the development and implementation of his or her plan of care.</p>	<p>RI.01.02.01</p> <p>The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services.</p> <p>Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This right is not to be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.</p>	

CFR Number §482.13(b)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 1 The hospital involves the patient in making decisions about his or her care, treatment, and services, including the right to have his or her family and physician promptly notified of his or her admission to the hospital.</p> <p>EP 6 When a patient is unable to make decisions about his or her care, treatment, and services, the hospital involves a surrogate decision-maker in making these decisions. (See also RI.01.03.01, EP 6)</p> <p>EP 8 The hospital involves the patient's family in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.</p>	
<p>§482.13(b)(2)</p> <p>(2) The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.</p>	<p>TAG: A-0131</p>	<p>RI.01.01.03</p> <p>EP 3</p> <p>RI.01.02.01</p>	<p>The hospital respects the patient's right to receive information in a manner he or she understands.</p> <p>The hospital provides information to the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs. (See also PC.02.01.21, EP 2; RI.01.01.01, EPs 2 and 5)</p> <p>The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This right is not to be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.</p>
		<p>EP 1</p> <p>EP 2</p> <p>EP 3</p> <p>EP 6</p> <p>EP 7</p> <p>EP 8</p> <p>EP 20</p> <p>EP 21</p>	<p>The hospital involves the patient in making decisions about his or her care, treatment, and services, including the right to have his or her family and physician promptly notified of his or her admission to the hospital.</p> <p>The hospital provides the patient with written information about the right to refuse care, treatment, and services.</p> <p>The hospital respects the patient's right to refuse care, treatment, and services, in accordance with law and regulation.</p> <p>When a patient is unable to make decisions about his or her care, treatment, and services, the hospital involves a surrogate decision-maker in making these decisions. (See also RI.01.03.01, EP 6)</p> <p>When a surrogate decision-maker is responsible for making care, treatment, and services decisions, the hospital respects the surrogate decision-maker's right to refuse care, treatment, and services on the patient's behalf, in accordance with law and regulation.</p> <p>The hospital involves the patient's family in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.</p> <p>The hospital provides the patient or surrogate decision-maker with the information about the outcomes of care, treatment, and services that the patient needs in order to participate in current and future health care decisions.</p> <p>The hospital informs the patient or surrogate decision-maker about unanticipated outcomes of care, treatment, and services that relate to sentinel events as defined by The Joint Commission. (Refer to the Glossary for a definition of sentinel event.)</p>

CFR Number §482.13(b)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		RI.01.03.01	The hospital honors the patient's right to give or withhold informed consent.
		EP 1	The hospital has a written policy on informed consent.
		EP 2	The hospital's written policy identifies the specific care, treatment, and services that require informed consent, in accordance with law and regulation.
		EP 3	The hospital's written policy describes circumstances that would allow for exceptions to obtaining informed consent.
		EP 4	The hospital's written policy describes the process used to obtain informed consent.
		EP 5	The hospital's written policy describes how informed consent is documented in the patient record. Note: Documentation may be recorded in a form, in progress notes, or elsewhere in the record.
		EP 6	The hospital's written policy describes when a surrogate decision-maker may give informed consent. (See also RI.01.02.01, EP 6)
		EP 7	The informed consent process includes a discussion about the patient's proposed care, treatment, and services.
		EP 9	The informed consent process includes a discussion about potential benefits, risks, and side effects of the patient's proposed care, treatment, and services; the likelihood of the patient achieving his or her goals; and any potential problems that might occur during recuperation.
		EP 11	The informed consent process includes a discussion about reasonable alternatives to the patient's proposed care, treatment, and services. The discussion encompasses risks, benefits, and side effects related to the alternatives and the risks related to not receiving the proposed care, treatment, and services.
		EP 13	Informed consent is obtained in accordance with the hospital's policy and processes and, except in emergencies, prior to surgery. (See also RC.02.01.01, EP 4)
		RI.01.05.01	The hospital addresses patient decisions about care, treatment, and services received at the end of life.
		EP 1	The hospital has written policies on advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services, in accordance with law and regulation.
		EP 5	The hospital implements its advance directive policies.
		EP 6	The hospital provides patients with written information about advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services.
		EP 13	The hospital honors advance directives, in accordance with law and regulation and the hospital's capabilities.
§482.13(b)(3)	TAG: A-0132	RI.01.05.01	The hospital addresses patient decisions about care, treatment, and services received at the end of life.
(3) The patient has the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives, in accordance with §489.100 of this part (Definition), §489.102 of this part (Requirements for providers), and §489.104 of this part (Effective dates).		EP 1	The hospital has written policies on advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services, in accordance with law and regulation.

CFR Number §482.13(b)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 4	For outpatient hospital settings: The hospital's written advance directive policies specify whether the hospital will honor advance directives. Note: It is up to the hospital to determine in which of its outpatient settings, if any, it will honor advance directives.
		EP 5	The hospital implements its advance directive policies.
		EP 6	The hospital provides patients with written information about advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services.
		EP 8	Upon admission, the hospital provides the patient with information on the extent to which the hospital is able, unable, or unwilling to honor advance directives.
		EP 9	The hospital documents whether or not the patient has an advance directive.
		EP 10	Upon request, the hospital refers the patient to resources for assistance in formulating advance directives.
		EP 11	Staff and licensed independent practitioners who are involved in the patient's care, treatment, and services are aware of whether or not the patient has an advance directive. (See also RC.02.01.01, EP 4)
		EP 12	The hospital honors the patient's right to formulate or review and revise his or her advance directives.
		EP 13	The hospital honors advance directives, in accordance with law and regulation and the hospital's capabilities.
		EP 17	The existence or lack of an advance directive does not determine the patient's right to access care, treatment, and services.
		EP 19	For outpatient hospital settings: The hospital communicates its policy on advance directives upon request or when warranted by the care, treatment, and services provided.
		EP 20	For outpatient hospital settings: Upon request, the hospital refers patients to resources for assistance with formulating advance directives.
§482.13(b)(4)	TAG: A-0133	RI.01.01.01	The hospital respects, protects, and promotes patient rights.
(4) The patient has the right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital.		EP 5	The hospital respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1)
		RI.01.02.01	The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This right is not to be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
		EP 1	The hospital involves the patient in making decisions about his or her care, treatment, and services, including the right to have his or her family and physician promptly notified of his or her admission to the hospital.
		EP 8	The hospital involves the patient's family in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.

CFR Number §482.13(c)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.13(c)	TAG: A-0142 §482.13(c) Standard: Privacy and Safety		
§482.13(c)(1)	TAG: A-0143 (1) The patient has the right to personal privacy.	RI.01.01.01	<p>The hospital respects, protects, and promotes patient rights.</p> <p>EP 7 The hospital respects the patient's right to privacy. (See also IM.02.01.01, EPs 1–5) Note 1: 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. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident's right to privacy includes privacy and confidentiality of his or her personal records and written communications, including the right to send and receive mail promptly.</p>
§482.13(c)(2)	TAG: A-0144 (2) The patient has the right to receive care in a safe setting.	EC.01.01.01	<p>The hospital plans activities to minimize risks in the environment of care. Note: One or more persons can be assigned to manage risks associated with the management plans described in this standard.</p> <p>EP 4 The hospital has a written plan for managing the following: The security of everyone who enters the hospital's facilities. (See also EC.04.01.01, EP 15)</p> <p>EC.02.01.01 The hospital manages safety and security risks.</p> <p>EP 1 The hospital identifies safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the hospital's facilities. (See also EC.04.01.01, EP 14) 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 hospital takes action to minimize or eliminate identified safety and security risks in the physical environment.</p> <p>EP 7 The hospital identifies individuals entering its facilities. Note: The hospital determines which of those individuals require identification and how to do so.</p> <p>EP 8 The hospital controls access to and from areas it identifies as security sensitive.</p> <p>EP 9 The hospital has written procedures to follow in the event of a security incident, including an infant or pediatric abduction.</p> <p>EP 10 When a security incident occurs, the hospital follows its identified procedures.</p>

CFR Number §482.13(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EC.04.01.01	The hospital collects information to monitor conditions in the environment.
		EP 1	<p>The hospital establishes a process(es) for continually monitoring, internally reporting, and investigating the following:</p> <ul style="list-style-type: none"> - Injuries to patients or others within the hospital's facilities - Occupational illnesses and staff injuries - Incidents of damage to its property or the property of others - Security incidents involving patients, staff, or others within its facilities - Hazardous materials and waste spills and exposures - Fire safety management problems, deficiencies, and failures - Medical or laboratory equipment management problems, failures, and use errors - Utility systems management problems, failures, or use errors <p>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.</p> <p>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.</p>
		EP 3	Based on its process(es), the hospital reports and investigates the following: Injuries to patients or others in the hospital's facilities. (See also EC.04.01.03, EP 1)
		EP 6	Based on its process(es), the hospital reports and investigates the following: Security incidents involving patients, staff, or others within its facilities. (See also EC.04.01.03, EP 1)
		IC.02.01.01	The hospital implements its infection prevention and control plan.
		EP 1	The hospital implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.
		RI.01.01.01	The hospital respects, protects, and promotes patient rights.
		EP 4	The hospital treats the patient in a dignified and respectful manner that supports his or her dignity.
		RI.01.06.03	The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.
		EP 1	<p>The hospital determines how it will protect the patient from neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, and services.</p> <p>Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital also determines how it will protect residents from corporal punishment and involuntary seclusion.</p>
§482.13(c)(3)	TAG: A-0145	RI.01.06.03	The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.
(3) The patient has the right to be free from all forms of abuse or harassment.		EP 1	<p>The hospital determines how it will protect the patient from neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, and services.</p> <p>Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital also determines how it will protect residents from corporal punishment and involuntary seclusion.</p>

CFR Number §482.13(c)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 2 The hospital evaluates all allegations, observations, and suspected cases of neglect, exploitation, and abuse that occur within the hospital. (See also PC.01.02.09, EP 1)</p> <p>EP 3 The hospital reports allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities based on its evaluation of the suspected events, or as required by law. (See also PC.01.02.09, EPs 6 and 7) Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Alleged violations of mistreatment, neglect, or abuse and misappropriation of resident property are reported immediately to the administrator of the hospital.</p>	
<p>§482.13(d)</p>	<p>TAG: A-0146</p>		
<p>§482.13(d) Standard: Confidentiality of Patient Records</p>			
<p>§482.13(d)(1)</p>	<p>TAG: A-0147</p>	<p>IM.02.01.01</p>	<p>The hospital protects the privacy of health information.</p>
<p>(1) The patient has the right to the confidentiality of his or her clinical records.</p>		<p>EP 1 The hospital has a written policy addressing the privacy of health information. (See also RI.01.01.01, EP 7)</p> <p>EP 3 The hospital uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)</p> <p>EP 4 The hospital discloses health information only as authorized by the patient or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7)</p>	<p>IM.02.01.03</p> <p>The hospital maintains the security and integrity of health information.</p> <p>EP 1 The hospital has a written policy that addresses the security of health information, including access, use, and disclosure.</p> <p>EP 2 The hospital has a written policy addressing the integrity of health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction.</p> <p>EP 3 The hospital has a written policy addressing the intentional destruction of health information.</p> <p>EP 4 The hospital has a written policy that defines when and by whom the removal of health information is permitted. Note: Removal refers to those actions that place health information outside the hospital's control.</p>
<p>§482.13(d)(2)</p>	<p>TAG: A-0148</p>	<p>RI.01.01.01</p>	<p>The hospital respects, protects, and promotes patient rights.</p>
<p>(2) The patient has the right to access information contained in his or her clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.</p>		<p>EP 10</p>	<p>The hospital allows the patient to access, request amendment to, and obtain information on disclosures of his or her health information, in accordance with law and regulation.</p>
<p>§482.13(e)</p>	<p>TAG: A-0154</p>	<p>PC.03.05.01</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses restraint or seclusion only when it can be clinically justified or when warranted by patient behavior that threatens the physical safety of the patient, staff, or others.</p>
<p>§482.13(e) Standard: Restraint or seclusion.</p> <p>All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient,</p>		<p>EP 1</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses restraint or seclusion only to protect the immediate physical safety of the patient, staff, or others.</p>

CFR Number §482.13(e)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
	a staff member, or others and must be discontinued at the earliest possible time.	<p>EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital does not use restraint or seclusion as a means of coercion, discipline, convenience, or staff retaliation.</p> <p>EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital discontinues restraint or seclusion at the earliest possible time, regardless of the scheduled expiration of the order.</p> <p>RI.01.06.03 The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.</p> <p>EP 1 The hospital determines how it will protect the patient from neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital also determines how it will protect residents from corporal punishment and involuntary seclusion.</p> <p>EP 2 The hospital evaluates all allegations, observations, and suspected cases of neglect, exploitation, and abuse that occur within the hospital. (See also PC.01.02.09, EP 1)</p> <p>EP 3 The hospital reports allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities based on its evaluation of the suspected events, or as required by law. (See also PC.01.02.09, EPs 6 and 7) Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Alleged violations of mistreatment, neglect, or abuse and misappropriation of resident property are reported immediately to the administrator of the hospital.</p>	
§482.13(e)(1)	TAG: A-0159		
(1) Definitions.			
§482.13(e)(1)(i)	TAG: A-0159		
(i) A restraint is—			
§482.13(e)(1)(i)(A)	TAG: A-0159	PC.03.05.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has written policies and procedures that guide the use of restraint or seclusion.
(A) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or			

CFR Number §482.13(e)(1)(i)(A)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 1</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's policies and procedures regarding restraint or seclusion include the following:</p> <ul style="list-style-type: none"> - Physician, clinical psychologist, and other authorized licensed independent practitioner training requirements - Staff training requirements - The determination of who has authority to order restraint and seclusion - The determination of who has authority to discontinue the use of restraint or seclusion - The determination of who can initiate the use of restraint or seclusion - The circumstances under which restraint or seclusion is discontinued - The requirement that restraint or seclusion is discontinued as soon as is safely possible - A definition of restraint in accordance with 42 CFR 482.13(e)(1)(i)(A–C) - A definition of seclusion in accordance with 42 CFR 482.13(e)(1)(ii) - A definition or description of what constitutes the use of medications as a restraint in accordance with 42 CFR 482.13(e)(1)(i)(B) - A determination of who can assess and monitor patients in restraint or seclusion - Time frames for assessing and monitoring patients in restraint or seclusion <p>Note 1: The definition of restraint per 42 CFR 482.13(e)(1)(i)(A–C) is as follows: 42 CFR 482.13(e)(1) Definitions. (i) A restraint is— (A) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or 42 CFR 482.13(e)(1)(i)(B) (A restraint is—) A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. 42 CFR 482.13(e)(1)(i)(C) A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).</p> <p>Note 2: The definition of seclusion per 42 CFR 482.13(e)(1)(ii) is as follows: Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may be used only for the management of violent or self-destructive behavior.</p> <p>Note 3: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p>
<p>§482.13(e)(1)(i)(B)</p>	<p>TAG: A-0160</p>	<p>PC.03.05.09</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has written policies and procedures that guide the use of restraint or seclusion.</p>
<p>(B) [A restraint is -] A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.</p>			

CFR Number §482.13(e)(1)(i)(B)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 1</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's policies and procedures regarding restraint or seclusion include the following:</p> <ul style="list-style-type: none"> - Physician, clinical psychologist, and other authorized licensed independent practitioner training requirements - Staff training requirements - The determination of who has authority to order restraint and seclusion - The determination of who has authority to discontinue the use of restraint or seclusion - The determination of who can initiate the use of restraint or seclusion - The circumstances under which restraint or seclusion is discontinued - The requirement that restraint or seclusion is discontinued as soon as is safely possible - A definition of restraint in accordance with 42 CFR 482.13(e)(1)(i)(A–C) - A definition of seclusion in accordance with 42 CFR 482.13(e)(1)(ii) - A definition or description of what constitutes the use of medications as a restraint in accordance with 42 CFR 482.13(e)(1)(i)(B) - A determination of who can assess and monitor patients in restraint or seclusion - Time frames for assessing and monitoring patients in restraint or seclusion <p>Note 1: The definition of restraint per 42 CFR 482.13(e)(1)(i)(A–C) is as follows: 42 CFR 482.13(e)(1) Definitions. (i) A restraint is— (A) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or 42 CFR 482.13(e)(1)(i)(B) (A restraint is—) A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. 42 CFR 482.13(e)(1)(i)(C) A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).</p> <p>Note 2: The definition of seclusion per 42 CFR 482.13(e)(1)(ii) is as follows: Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may be used only for the management of violent or self-destructive behavior.</p> <p>Note 3: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p>
<p>§482.13(e)(1)(i)(C)</p> <p>(C) A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).</p>	<p>TAG: A-0161</p>	<p>PC.03.05.09</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has written policies and procedures that guide the use of restraint or seclusion.</p>

CFR Number §482.13(e)(1)(i)(C)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 1</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's policies and procedures regarding restraint or seclusion include the following:</p> <ul style="list-style-type: none"> - Physician, clinical psychologist, and other authorized licensed independent practitioner training requirements - Staff training requirements - The determination of who has authority to order restraint and seclusion - The determination of who has authority to discontinue the use of restraint or seclusion - The determination of who can initiate the use of restraint or seclusion - The circumstances under which restraint or seclusion is discontinued - The requirement that restraint or seclusion is discontinued as soon as is safely possible - A definition of restraint in accordance with 42 CFR 482.13(e)(1)(i)(A–C) - A definition of seclusion in accordance with 42 CFR 482.13(e)(1)(ii) - A definition or description of what constitutes the use of medications as a restraint in accordance with 42 CFR 482.13(e)(1)(i)(B) - A determination of who can assess and monitor patients in restraint or seclusion - Time frames for assessing and monitoring patients in restraint or seclusion <p>Note 1: The definition of restraint per 42 CFR 482.13(e)(1)(i)(A–C) is as follows: 42 CFR 482.13(e)(1) Definitions. (i) A restraint is— (A) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or 42 CFR 482.13(e)(1)(i)(B) (A restraint is—) A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. 42 CFR 482.13(e)(1)(i)(C) A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).</p> <p>Note 2: The definition of seclusion per 42 CFR 482.13(e)(1)(ii) is as follows: Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may be used only for the management of violent or self-destructive behavior.</p> <p>Note 3: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p>
<p>§482.13(e)(1)(ii)</p>	<p>TAG: A-0162</p>	<p>PC.03.05.09</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has written policies and procedures that guide the use of restraint or seclusion.</p>
<p>(ii) Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior.</p>			

CFR Number §482.13(e)(1)(ii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's policies and procedures regarding restraint or seclusion include the following:</p> <ul style="list-style-type: none"> - Physician, clinical psychologist, and other authorized licensed independent practitioner training requirements - Staff training requirements - The determination of who has authority to order restraint and seclusion - The determination of who has authority to discontinue the use of restraint or seclusion - The determination of who can initiate the use of restraint or seclusion - The circumstances under which restraint or seclusion is discontinued - The requirement that restraint or seclusion is discontinued as soon as is safely possible - A definition of restraint in accordance with 42 CFR 482.13(e)(1)(i)(A–C) - A definition of seclusion in accordance with 42 CFR 482.13(e)(1)(ii) - A definition or description of what constitutes the use of medications as a restraint in accordance with 42 CFR 482.13(e)(1)(i)(B) - A determination of who can assess and monitor patients in restraint or seclusion - Time frames for assessing and monitoring patients in restraint or seclusion <p>Note 1: The definition of restraint per 42 CFR 482.13(e)(1)(i)(A–C) is as follows: 42 CFR 482.13(e)(1) Definitions. (i) A restraint is— (A) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or 42 CFR 482.13(e)(1)(i)(B) (A restraint is—) A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. 42 CFR 482.13(e)(1)(i)(C) A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).</p> <p>Note 2: The definition of seclusion per 42 CFR 482.13(e)(1)(ii) is as follows: Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may be used only for the management of violent or self-destructive behavior.</p> <p>Note 3: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p>	
<p>§482.13(e)(2)</p> <p>(2) Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient, a staff member, or others from harm.</p>	<p>TAG: A-0164</p>	<p>PC.03.05.01</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses restraint or seclusion only when it can be clinically justified or when warranted by patient behavior that threatens the physical safety of the patient, staff, or others.</p>
		<p>EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses restraint or seclusion only when less restrictive interventions are ineffective.</p> <p>EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses the least restrictive form of restraint or seclusion that protects the physical safety of the patient, staff, or others.</p>	
<p>§482.13(e)(3)</p> <p>(3) The type or technique of restraint or seclusion used must be the least restrictive intervention that will be effective to protect the patient, a staff member, or others from harm.</p>	<p>TAG: A-0165</p>	<p>PC.03.05.01</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses restraint or seclusion only when it can be clinically justified or when warranted by patient behavior that threatens the physical safety of the patient, staff, or others.</p>

CFR Number §482.13(e)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.13(e)(4) (4) The use of restraint or seclusion must be --	TAG: A-0166	EP 4	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses the least restrictive form of restraint or seclusion that protects the physical safety of the patient, staff, or others.
§482.13(e)(4)(i) (i) in accordance with a written modification to the patient's plan of care.	TAG: A-0166	PC.03.05.03	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses restraint or seclusion safely.
		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The use of restraint and seclusion is in accordance with a written modification to the patient's plan of care.
§482.13(e)(4)(ii) [The use of restraint or seclusion must be --] (ii) implemented in accordance with safe and appropriate restraint and seclusion techniques as determined by hospital policy in accordance with State law.	TAG: A-0167	PC.03.05.03	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses restraint or seclusion safely.
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements restraint or seclusion using safe techniques identified by the hospital's policies and procedures in accordance with law and regulation.
§482.13(e)(5) (5) The use of restraint or seclusion must be in accordance with the order of a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under §481.12(c) and authorized to order restraint or seclusion by hospital policy in accordance with State law.	TAG: A-0168	PC.03.05.05	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital initiates restraint or seclusion based on an individual order.
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: A physician, clinical psychologist, or other authorized licensed independent practitioner primarily responsible for the patient's ongoing care orders the use of restraint or seclusion in accordance with hospital policy and law and regulation. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).
§482.13(e)(6) (6) Orders for the use of restraint or seclusion must never be written as a standing order or on an as needed basis (PRN).	TAG: A-0169	PC.03.05.05	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital initiates restraint or seclusion based on an individual order.
		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital does not use standing orders or PRN (also known as "as needed") orders for restraint or seclusion.
§482.13(e)(7) (7) The attending physician must be consulted as soon as possible if the attending physician did not order the restraint or seclusion.	TAG: A-0170	PC.03.05.05	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital initiates restraint or seclusion based on an individual order.
		EP 3	For hospitals that use Joint Commission accreditation for deemed status purposes: The attending physician or clinical psychologist is consulted as soon as possible, in accordance with hospital policy, if he or she did not order the restraint or seclusion. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).
§482.13(e)(8) (8) Unless superseded by State law that is more restrictive --	TAG: A-0171		
§482.13(e)(8)(i) (i) Each order for restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff	TAG: A-0171	PC.03.05.05	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital initiates restraint or seclusion based on an individual order.

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.13(e)(8)(i)	member, or others may only be renewed in accordance with the following limits for up to a total of 24 hours:	EP 4	For hospitals that use Joint Commission accreditation for deemed status purposes: Unless state law is more restrictive, orders for the use of restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, staff, or others may be renewed within the following limits: - 4 hours for adults 18 years of age or older - 2 hours for children and adolescents 9 to 17 years of age - 1 hour for children under 9 years of age Orders may be renewed according to the time limits for a maximum of 24 consecutive hours.
§482.13(e)(8)(i)(A)	TAG: A-0171	PC.03.05.05	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital initiates restraint or seclusion based on an individual order.
(A) 4 hours for adults 18 years of age or older;		EP 4	For hospitals that use Joint Commission accreditation for deemed status purposes: Unless state law is more restrictive, orders for the use of restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, staff, or others may be renewed within the following limits: - 4 hours for adults 18 years of age or older - 2 hours for children and adolescents 9 to 17 years of age - 1 hour for children under 9 years of age Orders may be renewed according to the time limits for a maximum of 24 consecutive hours.
§482.13(e)(8)(i)(B)	TAG: A-0171	PC.03.05.05	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital initiates restraint or seclusion based on an individual order.
(B) 2 hours for children and adolescents 9 to 17 years of age; or		EP 4	For hospitals that use Joint Commission accreditation for deemed status purposes: Unless state law is more restrictive, orders for the use of restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, staff, or others may be renewed within the following limits: - 4 hours for adults 18 years of age or older - 2 hours for children and adolescents 9 to 17 years of age - 1 hour for children under 9 years of age Orders may be renewed according to the time limits for a maximum of 24 consecutive hours.
§482.13(e)(8)(i)(C)	TAG: A-0171	PC.03.05.05	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital initiates restraint or seclusion based on an individual order.
(C) 1 hour for children under 9 years of age; and		EP 4	For hospitals that use Joint Commission accreditation for deemed status purposes: Unless state law is more restrictive, orders for the use of restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, staff, or others may be renewed within the following limits: - 4 hours for adults 18 years of age or older - 2 hours for children and adolescents 9 to 17 years of age - 1 hour for children under 9 years of age Orders may be renewed according to the time limits for a maximum of 24 consecutive hours.
§482.13(e)(8)(ii)	TAG: A-0172	PC.03.05.05	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital initiates restraint or seclusion based on an individual order.
[Unless superseded by State law that is more restrictive --] (ii) After 24 hours, before writing a new order for the use of restraint or seclusion for the management of violent or self-destructive behavior, a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under §482.12(c) of this part and authorized to order restraint or seclusion by hospital policy in			

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.13(e)(8)(ii)			
	accordance with State law must see and assess the patient.	EP 5	For hospitals that use Joint Commission accreditation for deemed status purposes: Unless state law is more restrictive, every 24 hours, a physician, clinical psychologist, or other authorized licensed independent practitioner primarily responsible for the patient's ongoing care sees and evaluates the patient before writing a new order for restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, staff, or others in accordance with hospital policy and law and regulation. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).
§482.13(e)(8)(iii)	TAG: A-0173	PC.03.05.05	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital initiates restraint or seclusion based on an individual order.
	[Unless superseded by State law that is more restrictive --] (iii) Each order for restraint used to ensure the physical safety of the non-violent or non-self-destructive patient may be renewed as authorized by hospital policy.	EP 6	For hospitals that use Joint Commission accreditation for deemed status purposes: Orders for restraint used to protect the physical safety of the nonviolent or non-self-destructive patient are renewed in accordance with hospital policy.
§482.13(e)(9)	TAG: A-0174	PC.03.05.01	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses restraint or seclusion only when it can be clinically justified or when warranted by patient behavior that threatens the physical safety of the patient, staff, or others.
	(9) Restraint or seclusion must be discontinued at the earliest possible time, regardless of the length of time identified in the order.	EP 5	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital discontinues restraint or seclusion at the earliest possible time, regardless of the scheduled expiration of the order.
§482.13(e)(10)	TAG: A-0175	PC.03.05.07	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital monitors patients who are restrained or secluded.
	(10) The condition of the patient who is restrained or secluded must be monitored by a physician, other licensed independent practitioner or trained staff that have completed the training criteria specified in paragraph (f) of this section at an interval determined by hospital policy.	EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: Physicians, clinical psychologists, or other licensed independent practitioners or staff who have been trained in accordance with 42 CFR 482.13(f) monitor the condition of patients in restraint or seclusion. (See also PC.03.05.17, EP 3) Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).
§482.13(e)(11)	TAG: A-0176	PC.03.05.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has written policies and procedures that guide the use of restraint or seclusion.
	(11) Physician and other licensed independent practitioner training requirements must be specified in hospital policy. At a minimum, physicians and other licensed independent practitioners authorized to order restraint or seclusion by hospital policy in accordance with State law must have a working knowledge of hospital policy regarding the use of restraint or seclusion.		

CFR Number §482.13(e)(11)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's policies and procedures regarding restraint or seclusion include the following:</p> <ul style="list-style-type: none"> - Physician, clinical psychologist, and other authorized licensed independent practitioner training requirements - Staff training requirements - The determination of who has authority to order restraint and seclusion - The determination of who has authority to discontinue the use of restraint or seclusion - The determination of who can initiate the use of restraint or seclusion - The circumstances under which restraint or seclusion is discontinued - The requirement that restraint or seclusion is discontinued as soon as is safely possible - A definition of restraint in accordance with 42 CFR 482.13(e)(1)(i)(A–C) - A definition of seclusion in accordance with 42 CFR 482.13(e)(1)(ii) - A definition or description of what constitutes the use of medications as a restraint in accordance with 42 CFR 482.13(e)(1)(i)(B) - A determination of who can assess and monitor patients in restraint or seclusion - Time frames for assessing and monitoring patients in restraint or seclusion <p>Note 1: The definition of restraint per 42 CFR 482.13(e)(1)(i)(A–C) is as follows: 42 CFR 482.13(e)(1) Definitions. (i) A restraint is— (A) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or 42 CFR 482.13(e)(1)(i)(B) (A restraint is—) A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. 42 CFR 482.13(e)(1)(i)(C) A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).</p> <p>Note 2: The definition of seclusion per 42 CFR 482.13(e)(1)(ii) is as follows: Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may be used only for the management of violent or self-destructive behavior.</p> <p>Note 3: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p>	<p>EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: Physicians, clinical psychologists, and other licensed independent practitioners authorized to order restraint or seclusion (through hospital policy in accordance with law and regulation) have a working knowledge of the hospital policy regarding the use of restraint and seclusion.</p> <p>Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p>
<p>§482.13(e)(12)</p> <p>(12) When restraint or seclusion is used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others, the patient must be seen face-to-face within 1 hour after the initiation of the intervention --</p>	<p>TAG: A-0178</p>		
<p>§482.13(e)(12)(i)</p> <p>(i) By a --</p>	<p>TAG: A-0178</p>		

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.13(e)(12)(i)(A)	TAG: A-0178	PC.03.05.11	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital evaluates and reevaluates the patient who is restrained or secluded.
(A) Physician or other licensed independent practitioner; or		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: A physician, clinical psychologist, or other licensed independent practitioner responsible for the care of the patient evaluates the patient in-person within one hour of the initiation of restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others. A registered nurse or a physician assistant may conduct the in-person evaluation within one hour of the initiation of restraint or seclusion; this individual is trained in accordance with the requirements in PC.03.05.17, EP 3. Note 1: States may have statute or regulation requirements that are more restrictive than the requirements in this element of performance. Note 2: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).
§482.13(e)(12)(i)(B)	TAG: A-0178	PC.03.05.11	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital evaluates and reevaluates the patient who is restrained or secluded.
(B) Registered nurse or physician assistant who has been trained in accordance with the requirements specified in paragraph (f) of this section.		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: A physician, clinical psychologist, or other licensed independent practitioner responsible for the care of the patient evaluates the patient in-person within one hour of the initiation of restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others. A registered nurse or a physician assistant may conduct the in-person evaluation within one hour of the initiation of restraint or seclusion; this individual is trained in accordance with the requirements in PC.03.05.17, EP 3. Note 1: States may have statute or regulation requirements that are more restrictive than the requirements in this element of performance. Note 2: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).
§482.13(e)(12)(ii)	TAG: A-0179		
[the patient must be seen face-to-face within 1 hour after the initiation of the intervention --]			
(ii) To evaluate –		PC.03.05.11	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital evaluates and reevaluates the patient who is restrained or secluded.
§482.13(e)(12)(ii)(A)	TAG: A-0179	EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: When the in-person evaluation (performed within one hour of the initiation of restraint or seclusion) is done by a trained registered nurse or trained physician assistant, he or she consults with the attending physician, clinical psychologist, or other licensed independent practitioner responsible for the care of the patient as soon as possible after the evaluation, as determined by hospital policy. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).
(A) the patient's immediate situation;			

CFR Number §482.13(e)(12)(ii)(A)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 3	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The in-person evaluation, conducted within one hour of the initiation of restraint or seclusion for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others, includes the following:</p> <ul style="list-style-type: none"> - An evaluation of the patient's immediate situation - The patient's reaction to the intervention - The patient's medical and behavioral condition - The need to continue or terminate the restraint or seclusion
<p>§482.13(e)(12)(ii)(B)</p> <p>(B) The patient's reaction to the intervention;</p>	<p>TAG: A-0179</p>	<p>PC.03.05.11</p> <p>EP 2</p> <p>EP 3</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital evaluates and reevaluates the patient who is restrained or secluded.</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: When the in-person evaluation (performed within one hour of the initiation of restraint or seclusion) is done by a trained registered nurse or trained physician assistant, he or she consults with the attending physician, clinical psychologist, or other licensed independent practitioner responsible for the care of the patient as soon as possible after the evaluation, as determined by hospital policy. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The in-person evaluation, conducted within one hour of the initiation of restraint or seclusion for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others, includes the following:</p> <ul style="list-style-type: none"> - An evaluation of the patient's immediate situation - The patient's reaction to the intervention - The patient's medical and behavioral condition - The need to continue or terminate the restraint or seclusion
<p>§482.13(e)(12)(ii)(C)</p> <p>(C) The patient's medical and behavioral condition; and</p>	<p>TAG: A-0179</p>	<p>PC.03.05.11</p> <p>EP 2</p> <p>EP 3</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital evaluates and reevaluates the patient who is restrained or secluded.</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: When the in-person evaluation (performed within one hour of the initiation of restraint or seclusion) is done by a trained registered nurse or trained physician assistant, he or she consults with the attending physician, clinical psychologist, or other licensed independent practitioner responsible for the care of the patient as soon as possible after the evaluation, as determined by hospital policy. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The in-person evaluation, conducted within one hour of the initiation of restraint or seclusion for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others, includes the following:</p> <ul style="list-style-type: none"> - An evaluation of the patient's immediate situation - The patient's reaction to the intervention - The patient's medical and behavioral condition - The need to continue or terminate the restraint or seclusion
<p>§482.13(e)(12)(ii)(D)</p> <p>(D) The need to continue or terminate the restraint or seclusion.</p>	<p>TAG: A-0179</p>	<p>PC.03.05.11</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital evaluates and reevaluates the patient who is restrained or secluded.</p>

CFR Number §482.13(e)(12)(ii)(D)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: When the in-person evaluation (performed within one hour of the initiation of restraint or seclusion) is done by a trained registered nurse or trained physician assistant, he or she consults with the attending physician, clinical psychologist, or other licensed independent practitioner responsible for the care of the patient as soon as possible after the evaluation, as determined by hospital policy. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p> <p>EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: The in-person evaluation, conducted within one hour of the initiation of restraint or seclusion for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others, includes the following: - An evaluation of the patient's immediate situation - The patient's reaction to the intervention - The patient's medical and behavioral condition - The need to continue or terminate the restraint or seclusion</p>	
<p>§482.13(e)(13)</p> <p>(13) States are free to have requirements by statute or regulation that are more restrictive than those contained in paragraph (e)(12)(i) of this section.</p>	<p>TAG: A-0180</p>	<p>PC.03.05.11</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital evaluates and reevaluates the patient who is restrained or secluded.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: A physician, clinical psychologist, or other licensed independent practitioner responsible for the care of the patient evaluates the patient in-person within one hour of the initiation of restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others. A registered nurse or a physician assistant may conduct the in-person evaluation within one hour of the initiation of restraint or seclusion; this individual is trained in accordance with the requirements in PC.03.05.17, EP 3. Note 1: States may have statute or regulation requirements that are more restrictive than the requirements in this element of performance. Note 2: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p>
<p>§482.13(e)(14)</p> <p>(14) If the face-to-face evaluation specified in paragraph (e)(12) of this section is conducted by a trained registered nurse or physician assistant, the trained registered nurse or physician assistant must consult the attending physician or other licensed independent practitioner who is responsible for the care of the patient as specified under §482.12(c) as soon as possible after the completion of the 1 hour face-to-face evaluation.</p>	<p>TAG: A-0182</p>	<p>PC.03.05.11</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital evaluates and reevaluates the patient who is restrained or secluded.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: A physician, clinical psychologist, or other licensed independent practitioner responsible for the care of the patient evaluates the patient in-person within one hour of the initiation of restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others. A registered nurse or a physician assistant may conduct the in-person evaluation within one hour of the initiation of restraint or seclusion; this individual is trained in accordance with the requirements in PC.03.05.17, EP 3. Note 1: States may have statute or regulation requirements that are more restrictive than the requirements in this element of performance. Note 2: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p>

CFR Number §482.13(e)(14)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: When the in-person evaluation (performed within one hour of the initiation of restraint or seclusion) is done by a trained registered nurse or trained physician assistant, he or she consults with the attending physician, clinical psychologist, or other licensed independent practitioner responsible for the care of the patient as soon as possible after the evaluation, as determined by hospital policy. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).
§482.13(e)(15)	TAG: A-0183		
(15) All requirements specified under this paragraph are applicable to the simultaneous use of restraint and seclusion. Simultaneous restraint and seclusion use is only permitted if the patient is continually monitored –			
§482.13(e)(15)(i)	TAG: A-0183	PC.03.05.13	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital continually monitors patients who are simultaneously restrained and secluded.
(i) Face-to-face by an assigned, trained staff member; or			
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: The patient who is simultaneously restrained and secluded is continually monitored by trained staff either in-person or through the use of both video and audio equipment that is in close proximity to the patient. Note: In this element of performance "continually" means ongoing without interruption.
§482.13(e)(15)(ii)	TAG: A-0183	PC.03.05.13	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital continually monitors patients who are simultaneously restrained and secluded.
(ii) By trained staff using both video and audio equipment. This monitoring must be in close proximity to the patient.			
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: The patient who is simultaneously restrained and secluded is continually monitored by trained staff either in-person or through the use of both video and audio equipment that is in close proximity to the patient. Note: In this element of performance "continually" means ongoing without interruption.
§482.13(e)(16)	TAG: A-0184		
(16) When restraint or seclusion is used, there must be documentation in the patient's medical record of the following:			
§482.13(e)(16)(i)	TAG: A-0184	PC.03.05.15	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital documents the use of restraint or seclusion.
(i) The 1-hour face-to-face medical and behavioral evaluation if restraint or seclusion is used to manage violent or self-destructive behavior;			

CFR Number §482.13(e)(16)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of restraint and seclusion in the medical record includes the following: <ul style="list-style-type: none"> - Any in-person medical and behavioral evaluation for restraint or seclusion used to manage violent or self-destructive behavior - A description of the patient's behavior and the intervention used - Any alternatives or other less restrictive interventions attempted - The patient's condition or symptom(s) that warranted the use of the restraint or seclusion - The patient's response to the intervention(s) used, including the rationale for continued use of the intervention - Individual patient assessments and reassessments - The intervals for monitoring - Revisions to the plan of care - The patient's behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion - Injuries to the patient - Death associated with the use of restraint or seclusion - The identity of the physician, clinical psychologist, or other licensed independent practitioner who ordered the restraint or seclusion - Orders for restraint or seclusion - Notification of the use of restraint or seclusion to the attending physician - Consultations <p>Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p>	
§482.13(e)(16)(ii)	TAG: A-0185 [When restraint or seclusion is used, there must be documentation in the patient's medical record of the following:] (ii) A description of the patient's behavior and the intervention used.	PC.03.05.15	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital documents the use of restraint or seclusion.
		EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of restraint and seclusion in the medical record includes the following: <ul style="list-style-type: none"> - Any in-person medical and behavioral evaluation for restraint or seclusion used to manage violent or self-destructive behavior - A description of the patient's behavior and the intervention used - Any alternatives or other less restrictive interventions attempted - The patient's condition or symptom(s) that warranted the use of the restraint or seclusion - The patient's response to the intervention(s) used, including the rationale for continued use of the intervention - Individual patient assessments and reassessments - The intervals for monitoring - Revisions to the plan of care - The patient's behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion - Injuries to the patient - Death associated with the use of restraint or seclusion - The identity of the physician, clinical psychologist, or other licensed independent practitioner who ordered the restraint or seclusion - Orders for restraint or seclusion - Notification of the use of restraint or seclusion to the attending physician - Consultations <p>Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p>	

CFR Number §482.13(e)(16)(iii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.13(e)(16)(iii)</p> <p>[When restraint or seclusion is used, there must be documentation in the patient's medical record of the following:]</p> <p>(iii) Alternatives or other less restrictive interventions attempted (as applicable).</p>	<p>TAG: A-0186</p>	<p>PC.03.05.15</p> <p>EP 1</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital documents the use of restraint or seclusion.</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of restraint and seclusion in the medical record includes the following:</p> <ul style="list-style-type: none"> - Any in-person medical and behavioral evaluation for restraint or seclusion used to manage violent or self-destructive behavior - A description of the patient's behavior and the intervention used - Any alternatives or other less restrictive interventions attempted - The patient's condition or symptom(s) that warranted the use of the restraint or seclusion - The patient's response to the intervention(s) used, including the rationale for continued use of the intervention - Individual patient assessments and reassessments - The intervals for monitoring - Revisions to the plan of care - The patient's behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion - Injuries to the patient - Death associated with the use of restraint or seclusion - The identity of the physician, clinical psychologist, or other licensed independent practitioner who ordered the restraint or seclusion - Orders for restraint or seclusion - Notification of the use of restraint or seclusion to the attending physician - Consultations <p>Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p>
<p>§482.13(e)(16)(iv)</p> <p>[When restraint or seclusion is used, there must be documentation in the patient's medical record of the following:]</p> <p>(iv) The patient's condition or symptom(s) that warranted the use of the restraint or seclusion.</p>	<p>TAG: A-0187</p>	<p>PC.03.05.15</p> <p>EP 1</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital documents the use of restraint or seclusion.</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of restraint and seclusion in the medical record includes the following:</p> <ul style="list-style-type: none"> - Any in-person medical and behavioral evaluation for restraint or seclusion used to manage violent or self-destructive behavior - A description of the patient's behavior and the intervention used - Any alternatives or other less restrictive interventions attempted - The patient's condition or symptom(s) that warranted the use of the restraint or seclusion - The patient's response to the intervention(s) used, including the rationale for continued use of the intervention - Individual patient assessments and reassessments - The intervals for monitoring - Revisions to the plan of care - The patient's behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion - Injuries to the patient - Death associated with the use of restraint or seclusion - The identity of the physician, clinical psychologist, or other licensed independent practitioner who ordered the restraint or seclusion - Orders for restraint or seclusion - Notification of the use of restraint or seclusion to the attending physician - Consultations <p>Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p>

CFR Number §482.13(e)(16)(v)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.13(e)(16)(v)	TAG: A-0188 [When restraint or seclusion is used, there must be documentation in the patient's medical record of the following:] (v) The patient's response to the intervention(s) used, including the rationale for continued use of the intervention.	PC.03.05.15	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital documents the use of restraint or seclusion.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of restraint and seclusion in the medical record includes the following:</p> <ul style="list-style-type: none"> - Any in-person medical and behavioral evaluation for restraint or seclusion used to manage violent or self-destructive behavior - A description of the patient's behavior and the intervention used - Any alternatives or other less restrictive interventions attempted - The patient's condition or symptom(s) that warranted the use of the restraint or seclusion - The patient's response to the intervention(s) used, including the rationale for continued use of the intervention - Individual patient assessments and reassessments - The intervals for monitoring - Revisions to the plan of care - The patient's behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion - Injuries to the patient - Death associated with the use of restraint or seclusion - The identity of the physician, clinical psychologist, or other licensed independent practitioner who ordered the restraint or seclusion - Orders for restraint or seclusion - Notification of the use of restraint or seclusion to the attending physician - Consultations <p>Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p>
§482.13(f)	TAG: A-0194 §482.13(f) Standard: Restraint or seclusion: Staff training requirements. The patient has the right to safe implementation of restraint or seclusion by trained staff.	PC.03.05.03	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses restraint or seclusion safely.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements restraint or seclusion using safe techniques identified by the hospital's policies and procedures in accordance with law and regulation.</p>
§482.13(f)(1)	TAG: A-0196 (1) Training Intervals. Staff must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in restraint or seclusion –		
§482.13(f)(1)(i)	TAG: A-0196 (i) Before performing any of the actions specified in this paragraph;	PC.03.05.17	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital trains staff to safely implement the use of restraint or seclusion.</p> <p>EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital trains staff on the use of restraint and seclusion, and assesses their competence, at the following intervals:</p> <ul style="list-style-type: none"> - At orientation - Before participating in the use of restraint and seclusion - On a periodic basis thereafter
§482.13(f)(1)(ii)	TAG: A-0196 (ii) As part of orientation; and	PC.03.05.17	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital trains staff to safely implement the use of restraint or seclusion.</p>

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.13(f)(1)(ii)		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital trains staff on the use of restraint and seclusion, and assesses their competence, at the following intervals: - At orientation - Before participating in the use of restraint and seclusion - On a periodic basis thereafter
§482.13(f)(1)(iii)	TAG: A-0196	PC.03.05.17	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital trains staff to safely implement the use of restraint or seclusion.
(iii) Subsequently on a periodic basis consistent with hospital policy.		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital trains staff on the use of restraint and seclusion, and assesses their competence, at the following intervals: - At orientation - Before participating in the use of restraint and seclusion - On a periodic basis thereafter
§482.13(f)(2)	TAG: A-0199		
(2) Training Content. The hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the following:		PC.03.05.17	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital trains staff to safely implement the use of restraint or seclusion.
§482.13(f)(2)(i)	TAG: A-0199	EP 3	For hospitals that use Joint Commission accreditation for deemed status purposes: Based on the population served, staff education, training, and demonstrated knowledge focus on the following: - Strategies to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion - Use of nonphysical intervention skills - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary - Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including, but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the in-person evaluation conducted within one hour of initiation of restraint or seclusion - Use of first-aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification (See also PC.03.05.07, EP 1)
§482.13(f)(2)(ii)	TAG: A-0200	PC.03.05.17	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital trains staff to safely implement the use of restraint or seclusion.
[The hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the following:]	(ii) The use of nonphysical intervention skills.		

CFR Number §482.13(f)(2)(ii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 3	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: Based on the population served, staff education, training, and demonstrated knowledge focus on the following:</p> <ul style="list-style-type: none"> - Strategies to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion - Use of nonphysical intervention skills - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary - Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including, but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the in-person evaluation conducted within one hour of initiation of restraint or seclusion - Use of first-aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification <p>(See also PC.03.05.07, EP 1)</p>
<p>§482.13(f)(2)(iii)</p> <p style="text-align: right;">TAG: A-0201</p> <p>[The hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the following:]</p> <p>(iii) Choosing the least restrictive intervention based on an individualized assessment of the patient's medical, or behavioral status or condition.</p>		<p>PC.03.05.17</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital trains staff to safely implement the use of restraint or seclusion.</p> <p>EP 3</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: Based on the population served, staff education, training, and demonstrated knowledge focus on the following:</p> <ul style="list-style-type: none"> - Strategies to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion - Use of nonphysical intervention skills - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary - Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including, but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the in-person evaluation conducted within one hour of initiation of restraint or seclusion - Use of first-aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification <p>(See also PC.03.05.07, EP 1)</p>
<p>§482.13(f)(2)(iv)</p> <p style="text-align: right;">TAG: A-0202</p> <p>[The hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the following:]</p> <p>(iv) The safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia).</p>		<p>PC.03.05.17</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital trains staff to safely implement the use of restraint or seclusion.</p>	

CFR Number §482.13(f)(2)(iv)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 3	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: Based on the population served, staff education, training, and demonstrated knowledge focus on the following:</p> <ul style="list-style-type: none"> - Strategies to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion - Use of nonphysical intervention skills - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary - Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including, but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the in-person evaluation conducted within one hour of initiation of restraint or seclusion - Use of first-aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification <p>(See also PC.03.05.07, EP 1)</p>
<p>§482.13(f)(2)(v)</p> <p style="text-align: center;">TAG: A-0204</p> <p>[The hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the following:]</p> <p>(v) Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary.</p>		<p>PC.03.05.17</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital trains staff to safely implement the use of restraint or seclusion.</p> <p>EP 3</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: Based on the population served, staff education, training, and demonstrated knowledge focus on the following:</p> <ul style="list-style-type: none"> - Strategies to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion - Use of nonphysical intervention skills - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary - Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including, but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the in-person evaluation conducted within one hour of initiation of restraint or seclusion - Use of first-aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification <p>(See also PC.03.05.07, EP 1)</p>
<p>§482.13(f)(2)(vi)</p> <p style="text-align: center;">TAG: A-0205</p> <p>[The hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the following:]</p> <p>(vi) Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the 1-hour face-to-face evaluation.</p>		<p>PC.03.05.17</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital trains staff to safely implement the use of restraint or seclusion.</p>	

CFR Number §482.13(f)(2)(vi)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 3	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: Based on the population served, staff education, training, and demonstrated knowledge focus on the following:</p> <ul style="list-style-type: none"> - Strategies to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion - Use of nonphysical intervention skills - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary - Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including, but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the in-person evaluation conducted within one hour of initiation of restraint or seclusion - Use of first-aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification <p>(See also PC.03.05.07, EP 1)</p>
<p>§482.13(f)(2)(vii) TAG: A-0206</p> <p>[The hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the following:]</p> <p>(vii) The use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification.</p>		<p>PC.03.05.17</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital trains staff to safely implement the use of restraint or seclusion.</p> <p>EP 3</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: Based on the population served, staff education, training, and demonstrated knowledge focus on the following:</p> <ul style="list-style-type: none"> - Strategies to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion - Use of nonphysical intervention skills - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary - Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including, but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the in-person evaluation conducted within one hour of initiation of restraint or seclusion - Use of first-aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification <p>(See also PC.03.05.07, EP 1)</p>
<p>§482.13(f)(3) TAG: A-0207</p> <p>(3) Trainer Requirements. Individuals providing staff training must be qualified as evidenced by education, training, and experience in techniques used to address patients' behaviors.</p>		<p>PC.03.05.17</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital trains staff to safely implement the use of restraint or seclusion.</p> <p>EP 4</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: Individuals providing staff training in restraint or seclusion have education, training, and experience in the techniques used to address patient behaviors that necessitate the use of restraint or seclusion.</p>
<p>§482.13(f)(4) TAG: A-0208</p> <p>(4) Training Documentation. The hospital must document in the staff personnel records</p>		<p>PC.03.05.17</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital trains staff to safely implement the use of restraint or seclusion.</p>	

CFR Number §482.13(f)(4)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
	that the training and demonstration of competency were successfully completed.	EP 5	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital documents in staff records that restraint and seclusion training and demonstration of competence were completed.
§482.13(g)	TAG: A-0214 §482.13(g) Standard: Death Reporting Requirements: Hospitals must report deaths associated with the use of seclusion or restraint.	PC.03.05.19	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports deaths associated with the use of restraint and seclusion.
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports the following information to the Centers for Medicare & Medicaid Services (CMS) regarding deaths related to restraint or seclusion (this requirement does not apply to deaths related to the use of soft wrist restraints; for more information, refer to EP 3 in this standard): - Each death that occurs while a patient is in restraint or seclusion - Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion - Each death known to the hospital that occurs within one week after restraint or seclusion was used when it is reasonable to assume that the use of the restraint or seclusion contributed directly or indirectly to the patient's death. The types of restraints included in this reporting requirement are all restraints except soft wrist restraints. Note: In this element of performance "reasonable to assume" includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time or deaths related to chest compression, restriction of breathing, or asphyxiation.
§482.13(g)(1)	TAG: A-0214 (1) With the exception of deaths described under paragraph (g)(2) of this section, the hospital must report the following information to CMS by telephone, facsimile, or electronically, as determined by CMS, no later than the close of business on the next business day following knowledge of the patient's death:	PC.03.05.19	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports deaths associated with the use of restraint and seclusion.
		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The deaths addressed in PC.03.05.19, EP 1, are reported to the Centers for Medicare & Medicaid Services (CMS) by telephone, by facsimile, or electronically no later than the close of the next business day following knowledge of the patient's death. The date and time that the patient's death was reported is documented in the patient's medical record.
§482.13(g)(1)(i)	TAG: A-0214 (i) Each death that occurs while a patient is in restraint or seclusion.	PC.03.05.19	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports deaths associated with the use of restraint and seclusion.
§482.13(g)(1)(ii)	TAG: A-0214 (ii) Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion.	PC.03.05.19	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports deaths associated with the use of restraint and seclusion.

CFR Number §482.13(g)(1)(ii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 1	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports the following information to the Centers for Medicare & Medicaid Services (CMS) regarding deaths related to restraint or seclusion (this requirement does not apply to deaths related to the use of soft wrist restraints; for more information, refer to EP 3 in this standard):</p> <ul style="list-style-type: none"> - Each death that occurs while a patient is in restraint or seclusion - Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion - Each death known to the hospital that occurs within one week after restraint or seclusion was used when it is reasonable to assume that the use of the restraint or seclusion contributed directly or indirectly to the patient's death. The types of restraints included in this reporting requirement are all restraints except soft wrist restraints. <p>Note: In this element of performance "reasonable to assume" includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time or deaths related to chest compression, restriction of breathing, or asphyxiation.</p>
§482.13(g)(1)(iii)	TAG: A-0214 (iii) Each death known to the hospital that occurs within 1 week after restraint or seclusion where it is reasonable to assume that use of restraint or placement in seclusion contributed directly or indirectly to a patient's death, regardless of the type(s) of restraint used on the patient during this time. "Reasonable to assume" in this context includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time, or death related to chest compression, restriction of breathing, or asphyxiation.	PC.03.05.19	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports deaths associated with the use of restraint and seclusion.</p> <p>EP 1</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports the following information to the Centers for Medicare & Medicaid Services (CMS) regarding deaths related to restraint or seclusion (this requirement does not apply to deaths related to the use of soft wrist restraints; for more information, refer to EP 3 in this standard):</p> <ul style="list-style-type: none"> - Each death that occurs while a patient is in restraint or seclusion - Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion - Each death known to the hospital that occurs within one week after restraint or seclusion was used when it is reasonable to assume that the use of the restraint or seclusion contributed directly or indirectly to the patient's death. The types of restraints included in this reporting requirement are all restraints except soft wrist restraints. <p>Note: In this element of performance "reasonable to assume" includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time or deaths related to chest compression, restriction of breathing, or asphyxiation.</p>
§482.13(g)(2)	TAG: A-0214 (2) When no seclusion has been used and when the only restraints used on the patient are those applied exclusively to the patient's wrist(s), and which are composed solely of soft, non-rigid, cloth-like materials, the hospital staff must record in an internal log or other system, the following information:		
§482.13(g)(2)(i)	TAG: A-0214 (i) Any death that occurs while a patient is in such restraints.	PC.03.05.19	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports deaths associated with the use of restraint and seclusion.</p>

CFR Number §482.13(g)(2)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: When no seclusion has been used and when the only restraints used on the patient are wrist restraints composed solely of soft, non-rigid, cloth-like material, the hospital does the following:</p> <ul style="list-style-type: none"> - Records in a log or other system any death that occurs while a patient is in restraint. The information is recorded within seven days of the date of death of the patient. - Records in a log or other system any death that occurs within 24 hours after a patient has been removed from such restraints. The information is recorded within seven days of the date of death of the patient. - Documents in the patient record the date and time that the death was recorded in the log or other system - Documents in the log or other system the patient's name, date of birth, date of death, name of attending physician or other licensed independent practitioner responsible for the care of the patient, medical record number, and primary diagnosis(es) * - Makes the information in the log or other system available to CMS, either electronically or in writing, immediately upon request <p>Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).</p>	
<p>§482.13(g)(2)(ii)</p>	<p>TAG: A-0214</p>	<p>PC.03.05.19</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports deaths associated with the use of restraint and seclusion.</p>
<p>(ii) Any death that occurs within 24 hours after a patient has been removed from such restraints.</p>		<p>EP 3</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: When no seclusion has been used and when the only restraints used on the patient are wrist restraints composed solely of soft, non-rigid, cloth-like material, the hospital does the following:</p> <ul style="list-style-type: none"> - Records in a log or other system any death that occurs while a patient is in restraint. The information is recorded within seven days of the date of death of the patient. - Records in a log or other system any death that occurs within 24 hours after a patient has been removed from such restraints. The information is recorded within seven days of the date of death of the patient. - Documents in the patient record the date and time that the death was recorded in the log or other system - Documents in the log or other system the patient's name, date of birth, date of death, name of attending physician or other licensed independent practitioner responsible for the care of the patient, medical record number, and primary diagnosis(es) * - Makes the information in the log or other system available to CMS, either electronically or in writing, immediately upon request <p>Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).</p>
<p>§482.13(g)(3)</p>	<p>TAG: A-0214</p>		
<p>(3) The staff must document in the patient's medical record the date and time the death was:</p>		<p>PC.03.05.19</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports deaths associated with the use of restraint and seclusion.</p>
<p>(i) Reported to CMS for deaths described in paragraph (g)(1) of this section; or</p>		<p>EP 2</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The deaths addressed in PC.03.05.19, EP 1, are reported to the Centers for Medicare & Medicaid Services (CMS) by telephone, by facsimile, or electronically no later than the close of the next business day following knowledge of the patient's death. The date and time that the patient's death was reported is documented in the patient's medical record.</p>

CFR Number §482.13(g)(3)(ii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.13(g)(3)(ii)</p> <p>(ii) Recorded in the internal log or other system for deaths described in paragraph (g)(2) of this section.</p>	<p>TAG: A-0214</p>	<p>PC.03.05.19</p> <p>EP 3</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports deaths associated with the use of restraint and seclusion.</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: When no seclusion has been used and when the only restraints used on the patient are wrist restraints composed solely of soft, non-rigid, cloth-like material, the hospital does the following:</p> <ul style="list-style-type: none"> - Records in a log or other system any death that occurs while a patient is in restraint. The information is recorded within seven days of the date of death of the patient. - Records in a log or other system any death that occurs within 24 hours after a patient has been removed from such restraints. The information is recorded within seven days of the date of death of the patient. - Documents in the patient record the date and time that the death was recorded in the log or other system - Documents in the log or other system the patient's name, date of birth, date of death, name of attending physician or other licensed independent practitioner responsible for the care of the patient, medical record number, and primary diagnosis(es) * - Makes the information in the log or other system available to CMS, either electronically or in writing, immediately upon request <p>Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).</p>
<p>§482.13(g)(4)</p> <p>(4) For deaths described in paragraph (g)(2) of this section, entries into the internal log or other system must be documented as follows:</p>	<p>TAG: A-0214</p>		
<p>§482.13(g)(4)(i)</p> <p>(i) Each entry must be made not later than seven days after the date of death of the patient.</p>	<p>TAG: A-0214</p>	<p>PC.03.05.19</p> <p>EP 3</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports deaths associated with the use of restraint and seclusion.</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: When no seclusion has been used and when the only restraints used on the patient are wrist restraints composed solely of soft, non-rigid, cloth-like material, the hospital does the following:</p> <ul style="list-style-type: none"> - Records in a log or other system any death that occurs while a patient is in restraint. The information is recorded within seven days of the date of death of the patient. - Records in a log or other system any death that occurs within 24 hours after a patient has been removed from such restraints. The information is recorded within seven days of the date of death of the patient. - Documents in the patient record the date and time that the death was recorded in the log or other system - Documents in the log or other system the patient's name, date of birth, date of death, name of attending physician or other licensed independent practitioner responsible for the care of the patient, medical record number, and primary diagnosis(es) * - Makes the information in the log or other system available to CMS, either electronically or in writing, immediately upon request <p>Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).</p>
<p>§482.13(g)(4)(ii)</p> <p>(ii) Each entry must document the patient's name, date of birth, date of death, name of attending physician or other licensed independent practitioner who is responsible for the care of the patient as specified under §482.12(c), medical record number, and primary diagnosis(es).</p>	<p>TAG: A-0214</p>	<p>PC.03.05.19</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports deaths associated with the use of restraint and seclusion.</p>

CFR Number §482.13(g)(4)(ii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: When no seclusion has been used and when the only restraints used on the patient are wrist restraints composed solely of soft, non-rigid, cloth-like material, the hospital does the following:</p> <ul style="list-style-type: none"> - Records in a log or other system any death that occurs while a patient is in restraint. The information is recorded within seven days of the date of death of the patient. - Records in a log or other system any death that occurs within 24 hours after a patient has been removed from such restraints. The information is recorded within seven days of the date of death of the patient. - Documents in the patient record the date and time that the death was recorded in the log or other system - Documents in the log or other system the patient's name, date of birth, date of death, name of attending physician or other licensed independent practitioner responsible for the care of the patient, medical record number, and primary diagnosis(es) * - Makes the information in the log or other system available to CMS, either electronically or in writing, immediately upon request <p>Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).</p>	
<p>§482.13(g)(4)(iii)</p>	<p>TAG: A-0214</p>	<p>PC.03.05.19</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports deaths associated with the use of restraint and seclusion.</p>
<p>(iii) The information must be made available in either written or electronic form to CMS immediately upon request.</p>		<p>EP 3</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: When no seclusion has been used and when the only restraints used on the patient are wrist restraints composed solely of soft, non-rigid, cloth-like material, the hospital does the following:</p> <ul style="list-style-type: none"> - Records in a log or other system any death that occurs while a patient is in restraint. The information is recorded within seven days of the date of death of the patient. - Records in a log or other system any death that occurs within 24 hours after a patient has been removed from such restraints. The information is recorded within seven days of the date of death of the patient. - Documents in the patient record the date and time that the death was recorded in the log or other system - Documents in the log or other system the patient's name, date of birth, date of death, name of attending physician or other licensed independent practitioner responsible for the care of the patient, medical record number, and primary diagnosis(es) * - Makes the information in the log or other system available to CMS, either electronically or in writing, immediately upon request <p>Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).</p>
<p>§482.13(h)</p>		<p>RI.01.01.01</p>	<p>The hospital respects, protects, and promotes patient rights.</p>
<p>§482.13(h) Standard: Patient visitation rights. A hospital must have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reasons for the clinical restriction or limitation. A hospital must meet the following requirements:</p>		<p>EP 1</p>	<p>The hospital has written policies on patient rights. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's written policies address procedures regarding patient visitation rights, including any clinically necessary or reasonable restrictions or limitations.</p>
<p>§482.13(h)(1)</p>		<p>RI.01.01.01</p>	<p>The hospital respects, protects, and promotes patient rights.</p>
<p>(1) Inform each patient (or support person, where appropriate) of his or her visitation rights, including any clinical restriction or limitation on such rights, when he or she is informed of his or her other rights under this section.</p>			

CFR Number §482.13(h)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 2 The hospital informs the patient of his or her rights. (See also RI.01.01.03, EPs 1-3) Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs the patient (or support person, where appropriate) of his or her visitation rights. Visitation rights include the right to receive the visitors designated by the patient, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Also included is the right to withdraw or deny such consent at any time. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital makes sure that each patient, or his or her family, is informed of the patient's rights in advance of furnishing or discontinuing patient care whenever possible.</p>	
<p>§482.13(h)(2)</p> <p>(2) Inform each patient (or support person, where appropriate) of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.</p>		<p>RI.01.01.01 The hospital respects, protects, and promotes patient rights.</p> <p>EP 2 The hospital informs the patient of his or her rights. (See also RI.01.01.03, EPs 1-3) Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs the patient (or support person, where appropriate) of his or her visitation rights. Visitation rights include the right to receive the visitors designated by the patient, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Also included is the right to withdraw or deny such consent at any time. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital makes sure that each patient, or his or her family, is informed of the patient's rights in advance of furnishing or discontinuing patient care whenever possible.</p> <p>EP 28 The hospital allows a family member, friend, or other individual to be present with the patient for emotional support during the course of stay. Note: The hospital allows for the presence of a support individual of the patient's choice, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be the patient's surrogate decision-maker or legally authorized representative. (For more information on surrogate or family involvement in patient care, treatment, and services, refer to RI.01.02.01, EPs 6-8.)</p>	
<p>§482.13(h)(3)</p> <p>(3) Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.</p>		<p>RI.01.01.01 The hospital respects, protects, and promotes patient rights.</p> <p>EP 29 The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.</p>	
<p>§482.13(h)(4)</p> <p>(4) Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.</p>		<p>RI.01.01.01 The hospital respects, protects, and promotes patient rights.</p> <p>EP 28 The hospital allows a family member, friend, or other individual to be present with the patient for emotional support during the course of stay. Note: The hospital allows for the presence of a support individual of the patient's choice, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be the patient's surrogate decision-maker or legally authorized representative. (For more information on surrogate or family involvement in patient care, treatment, and services, refer to RI.01.02.01, EPs 6-8.)</p>	
<p>§482.21</p> <p>§482.21 Condition of Participation: Quality Assessment and Performance Improvement Program</p> <p>The hospital must develop, implement, and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. The hospital's governing body must ensure that the program reflects the complexity of the hospital's</p>	<p>TAG: A-0263</p>	<p>LD.01.03.01 The governing body is ultimately accountable for the safety and quality of care, treatment, and services.</p> <p>EP 21 For hospitals that use Joint Commission accreditation for deemed status purposes: The governing body is responsible for making sure that performance improvement activities reflect the complexity of the hospital's organization and services, involve all departments and services, and include services provided under contract. (For more information on contracted services, see Standard LD.04.03.09)</p>	

CFR Number §482.21	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS.		LD.03.02.01	The hospital 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 to improve the safety and quality of care, treatment, and services.
		LD.03.05.01	Leaders implement changes in existing processes to improve the performance of the hospital.
		EP 1	Structures for managing change and performance improvements exist that foster the safety of the patient and the quality of care, treatment, and services.
		EP 3	The hospital has a systematic approach to change and performance improvement.
		EP 5	The management of change and performance improvement supports both safety and quality throughout the hospital.
		EP 7	Leaders evaluate the effectiveness of processes for the management of change and performance improvement. (See also PI.02.01.01, EP 13)
		LD.04.03.09	Care, treatment, and services provided through contractual agreement are provided safely and effectively.
		EP 2	The hospital describes, in writing, the nature and scope of services provided through contractual agreements.
		EP 4	<p>Leaders monitor contracted services by establishing expectations for the performance of the contracted services.</p> <p>Note 1: In most cases, each licensed independent practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following the process described in the "Medical Staff" (MS) chapter.</p> <p>Note 2: For hospitals that do not use Joint Commission accreditation for deemed status purposes: When the hospital contracts with another accredited organization for patient care, treatment, and services to be provided off site, it can do the following:</p> <ul style="list-style-type: none"> - Verify that all licensed independent practitioners who will be providing patient care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges. - Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their privileges. <p>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The leaders who monitor the contracted services are the governing body.</p>
		EP 5	<p>Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted services.</p> <p>Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it.</p>
		EP 6	Leaders monitor contracted services by evaluating these services in relation to the hospital's expectations.

CFR Number §482.21	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 7	Leaders take steps to improve contracted services that do not meet expectations. Note: Examples of improvement efforts to consider include the following: - Increase monitoring of the contracted services. - Provide consultation or training to the contractor. - Renegotiate the contract terms. - Apply defined penalties. - Terminate the contract.
		LD.04.04.01	Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)
		EP 1	Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3)
		EP 2	Leaders give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities. (See also PI.01.01.01, EPs 4, 6-8, 11-12, and 14-15)
		EP 3	Leaders reprioritize performance improvement activities in response to changes in the internal or external environment.
		EP 4	Performance improvement occurs hospitalwide.
		LD.04.04.05	The hospital has an organizationwide, integrated patient safety program within its performance improvement activities.
		EP 1	The leaders implement a hospitalwide patient safety program.
		EP 3	The scope of the safety program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as near misses, close calls, or good catches) to hazardous conditions and sentinel events.
		EP 4	All departments, programs, and services within the hospital participate in the safety program.
		PI.02.01.01	The hospital compiles and analyzes data.
		EP 2	The hospital identifies the frequency for data analysis.
		EP 3	The hospital uses statistical tools and techniques to analyze and display data.
		EP 4	The hospital analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.
		EP 5	The hospital compares data with external sources, when available.
		EP 8	The hospital uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1)
		PI.03.01.01	The hospital improves performance on an ongoing basis.
		EP 2	The hospital takes action on improvement priorities. (See also MS.05.01.01, EPs 1-11)

CFR Number §482.21	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 3	The hospital evaluates actions to confirm that they resulted in improvements. (See also MS.05.01.01, EPs 1-11)
		EP 4	The hospital takes action when it does not achieve or sustain planned improvements. (See also MS.05.01.01, EPs 1-11)
§482.21(a)	TAG: A-0273		
§482.21(a) Standard: Program Scope			
§482.21(a)(1)	TAG: A-0286	LD.03.02.01	The hospital uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.
(1) The program must include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will improve health outcomes and identify and reduce medical errors.		EP 1	Leaders set expectations for using data and information to improve the safety and quality of care, treatment, and services.
		LD.03.05.01	Leaders implement changes in existing processes to improve the performance of the hospital.
		EP 1	Structures for managing change and performance improvements exist that foster the safety of the patient and the quality of care, treatment, and services.
		EP 3	The hospital has a systematic approach to change and performance improvement.
		EP 5	The management of change and performance improvement supports both safety and quality throughout the hospital.
		EP 7	Leaders evaluate the effectiveness of processes for the management of change and performance improvement. (See also PI.02.01.01, EP 13)
		LD.04.04.01	Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)
		EP 1	Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3)
		EP 4	Performance improvement occurs hospitalwide.
		LD.04.04.05	The hospital has an organizationwide, integrated patient safety program within its performance improvement activities.
		EP 3	The scope of the safety program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as near misses, close calls, or good catches) to hazardous conditions and sentinel events.
		EP 11	To improve safety and to reduce the risk of medical errors, the hospital analyzes and uses information about system or process failures and the results of proactive risk assessments. (See also LD.04.04.03, EP 3)
		LD.04.04.05	The hospital has an organizationwide, integrated patient safety program within its performance improvement activities.
§482.21(a)(2)	TAG: A-0286		
(2) The hospital must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital service and operations.			

CFR Number §482.21(a)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 8	The hospital conducts thorough and credible comprehensive systematic analyses (for example, root cause analyses) in response to sentinel events as described in the "Sentinel Events" (SE) chapter of this manual.
		PI.01.01.01	The hospital collects data to monitor its performance.
		EP 1	The leaders set priorities for data collection. (See also LD.04.04.01, EP 1)
		EP 2	The leaders identify the frequency for data collection. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The leaders that specify the frequency and detail of data collection is the governing body.
		EP 3	The hospital collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1)
		EP 4	The hospital collects data on the following: Operative or other procedures that place patients at risk of disability or death. (See also LD.04.04.01, EP 2; MS.05.01.01, EP 6)
		EP 5	The hospital collects data on the following: All significant discrepancies between preoperative and postoperative diagnoses, including pathologic diagnoses.
		EP 6	The hospital collects data on the following: Adverse events related to using moderate or deep sedation or anesthesia. (See also LD.04.04.01, EP 2)
		EP 7	The hospital collects data on the following: The use of blood and blood components. (See also LD.04.04.01, EP 2)
		EP 8	The hospital collects data on the following: All reported and confirmed transfusion reactions. (See also LD.04.04.01, EP 2; LD.04.04.05, EP 6)
		EP 11	The hospital collects data on the following: The results of resuscitation. (See also LD.04.04.01, EP 2)
		EP 14	The hospital collects data on the following: Significant medication errors. (See also LD.04.04.01, EP 2; MM.08.01.01, EP 1)
		EP 15	The hospital collects data on the following: Significant adverse drug reactions. (See also LD.04.04.01, EP 2; MM.08.01.01, EP 1)
		EP 16	The hospital collects data on the following: Patient perception of the safety and quality of care, treatment, or services.
		EP 30	The hospital considers collecting data on the following: - Staff opinions and needs - Staff perceptions of risk to individuals - Staff suggestions for improving patient safety - Staff willingness to report adverse events
		PI.02.01.01	The hospital compiles and analyzes data.
		EP 2	The hospital identifies the frequency for data analysis.
		EP 3	The hospital uses statistical tools and techniques to analyze and display data.

CFR Number §482.21(a)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 4	The hospital analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.
		EP 5	The hospital compares data with external sources, when available.
		EP 8	The hospital uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1)
§482.21(b)	TAG: A-0273		
§482.21(b) Standard: Program Data			
§482.21(b)(1)	TAG: A-0273	LD.03.02.01	The hospital 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 data, and other relevant data, for example, information submitted to, or received from, the hospital's Quality Improvement Organization.		EP 1	Leaders set expectations for using data and information to improve the safety and quality of care, treatment, and services.
		EP 3	The hospital uses processes to support systematic data and information use.
		EP 4	Leaders provide the resources needed for data and information use, including staff, equipment, and information systems.
		EP 5	The hospital uses data and information in decision making that supports the safety and quality of care, treatment, and services. (See also NR.02.01.01, EPs 3 and 6; PI.02.01.01, EP 8)
		EP 6	The hospital uses data and information to identify and respond to internal and external changes in the environment.
		EP 7	Leaders evaluate how effectively data and information are used throughout the hospital.
§482.21(b)(2)	TAG: A-0273		
(2) The hospital must use the data collected to--			
§482.21(b)(2)(i)	TAG: A-0273	LD.03.02.01	The hospital uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.
(i) Monitor the effectiveness and safety of services and quality of care; and		EP 1	Leaders set expectations for using data and information to improve the safety and quality of care, treatment, and services.
		EP 5	The hospital uses data and information in decision making that supports the safety and quality of care, treatment, and services. (See also NR.02.01.01, EPs 3 and 6; PI.02.01.01, EP 8)
		LD.04.04.05	The hospital has an organizationwide, integrated patient safety program within its performance improvement activities.
		EP 11	To improve safety and to reduce the risk of medical errors, the hospital analyzes and uses information about system or process failures and the results of proactive risk assessments. (See also LD.04.04.03, EP 3)

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.21(b)(2)(ii)	TAG: A-0283	LD.03.01.01	Leaders create and maintain a culture of safety and quality throughout the hospital.
[The hospital must use the data collected to--]		EP 2	Leaders prioritize and implement changes identified by the evaluation.
(ii) Identify opportunities for improvement and changes that will lead to improvement.		PI.02.01.01	The hospital compiles and analyzes data.
		EP 8	The hospital uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1)
§482.21(b)(3)	TAG: A-0273	PI.01.01.01	The hospital collects data to monitor its performance.
(3) The frequency and detail of data collection must be specified by the hospital's governing body.		EP 1	The leaders set priorities for data collection. (See also LD.04.04.01, EP 1)
		EP 2	The leaders identify the frequency for data collection. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The leaders that specify the frequency and detail of data collection is the governing body.
§482.21(c)	TAG: A-0283		
§482.21(c) Standard: Program Activities			
§482.21(c)(1)	TAG: A-0283		
(1) The hospital must set priorities for its performance improvement activities that--			
§482.21(c)(1)(i)	TAG: A-0283	LD.04.04.01	Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)
(i) Focus on high-risk, high-volume, or problem-prone areas;		EP 2	Leaders give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities. (See also PI.01.01.01, EPs 4, 6-8, 11-12, and 14-15)
§482.21(c)(1)(ii)	TAG: A-0283	PI.03.01.01	The hospital improves performance on an ongoing basis.
(ii) Consider the incidence, prevalence, and severity of problems in those areas; and		EP 1	Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8; MS.05.01.01, EPs 1-11)
§482.21(c)(1)(iii)	TAG: A-0283	LD.04.04.01	Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)
(iii) Affect health outcomes, patient safety, and quality of care.		EP 1	Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3)
		EP 3	Leaders reprioritize performance improvement activities in response to changes in the internal or external environment.
§482.21(c)(2)	TAG: A-0286	LD.04.04.03	New or modified services or processes are well designed.
(2) Performance improvement activities must track medical errors and adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospital.		EP 2	The hospital's design of new or modified services or processes incorporates the results of performance improvement activities.

CFR Number §482.21(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 3	The hospital's design of new or modified services or processes incorporates information about potential risks to patients. (See also LD.04.04.05, EPs 6, 10-11) Note: A proactive risk assessment is one of several ways to assess potential risks to patients. For suggested components, refer to the Proactive Risk Assessment section at the beginning of this chapter.
		EP 5	The hospital's design of new or modified services or processes incorporates information about sentinel events.
		LD.04.04.05	The hospital has an organizationwide, integrated patient safety program within its performance improvement activities.
		EP 3	The scope of the safety program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as near misses, close calls, or good catches) to hazardous conditions and sentinel events.
		EP 6	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. (See also LD.03.01.01, EP 8; LD.03.04.01, EP 5; LD.04.04.03, EP 3; PI.01.01.01, EP 8) 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.
		EP 7	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 in the "Sentinel Events" (SE) chapter of this manual. The definition may include any process variation that does not affect the outcome or result in an adverse event, but for which a recurrence carries significant chance of a serious adverse outcome or result in an adverse event, often referred to as a close call or near miss.
		EP 8	The hospital conducts thorough and credible comprehensive systematic analyses (for example, root cause analyses) in response to sentinel events as described in the "Sentinel Events" (SE) chapter of this manual.
		EP 10	At least every 18 months, the hospital selects one high-risk process and conducts a proactive risk assessment. (See also LD.04.04.03, EP 3) Note: For suggested components, refer to the Proactive Risk Assessment section at the beginning of this chapter.
		EP 11	To improve safety and to reduce the risk of medical errors, the hospital analyzes and uses information about system or process failures and the results of proactive risk assessments. (See also LD.04.04.03, EP 3)
		EP 12	The leaders disseminate lessons learned from comprehensive systematic analyses (for example, root cause analyses), system or process failures, and the results of proactive risk assessments to all staff who provide services for the specific situation. (See also LD.03.04.01, EP 5)
		EP 13	At least once a year, the leaders provide governance with written reports on the following: - All system or process failures - The number and type of sentinel events - Whether the patients and the families were informed of the event - All actions taken to improve safety, both proactively and in response to actual occurrences - For hospitals that use Joint Commission accreditation for deemed status purposes: The determined number of distinct improvement projects to be conducted annually - All results of the analyses related to the adequacy of staffing (See also PI.02.01.01, EP 14)

CFR Number §482.21(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.21(c)(3)	TAG: A-0283 (3) The hospital must take actions aimed at performance improvement and, after implementing those actions, the hospital must measure its success, and track performance to ensure that improvements are sustained.	PI.02.01.01	The hospital compiles and analyzes data.
		EP 4	The hospital analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.
		LD.03.05.01	Leaders implement changes in existing processes to improve the performance of the hospital.
		EP 7	Leaders evaluate the effectiveness of processes for the management of change and performance improvement. (See also PI.02.01.01, EP 13)
§482.21(d)	TAG: A-0297 §482.21(d) Standard: Performance Improvement Projects As part of its quality assessment and performance improvement program, the hospital must conduct performance improvement projects.	PI.03.01.01	The hospital improves performance on an ongoing basis.
		EP 2	The hospital takes action on improvement priorities. (See also MS.05.01.01, EPs 1-11)
		EP 3	The hospital evaluates actions to confirm that they resulted in improvements. (See also MS.05.01.01, EPs 1-11)
		EP 4	The hospital takes action when it does not achieve or sustain planned improvements. (See also MS.05.01.01, EPs 1-11)
§482.21(d)	TAG: A-0297 §482.21(d) Standard: Performance Improvement Projects As part of its quality assessment and performance improvement program, the hospital must conduct performance improvement projects.	LD.03.05.01	Leaders implement changes in existing processes to improve the performance of the hospital.
		EP 3	The hospital has a systematic approach to change and performance improvement.
		LD.04.04.01	Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)
		EP 1	Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3)
		EP 3	Leaders reprioritize performance improvement activities in response to changes in the internal or external environment.
EP 4	Performance improvement occurs hospitalwide.		
§482.21(d)(1)	TAG: A-0297 (1) The number and scope of distinct improvement projects conducted annually must be proportional to the scope and complexity of the hospital's services and operations.	LD.03.05.01	Leaders implement changes in existing processes to improve the performance of the hospital.
		EP 1	Structures for managing change and performance improvements exist that foster the safety of the patient and the quality of care, treatment, and services.
		EP 3	The hospital has a systematic approach to change and performance improvement.
		EP 4	Leaders provide the resources required for performance improvement and change management, including sufficient staff, access to information, and training.
		LD.04.04.01	Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)
EP 1	Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3)		

CFR Number §482.21(d)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 2 Leaders give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities. (See also PI.01.01.01, EPs 4, 6-8, 11-12, and 14-15)</p> <p>EP 3 Leaders reprioritize performance improvement activities in response to changes in the internal or external environment.</p>	<p>LD.04.04.05 The hospital has an organizationwide, integrated patient safety program within its performance improvement activities.</p> <p>EP 11 To improve safety and to reduce the risk of medical errors, the hospital analyzes and uses information about system or process failures and the results of proactive risk assessments. (See also LD.04.04.03, EP 3)</p> <p>EP 13 At least once a year, the leaders provide governance with written reports on the following:</p> <ul style="list-style-type: none"> - All system or process failures - The number and type of sentinel events - Whether the patients and the families were informed of the event - All actions taken to improve safety, both proactively and in response to actual occurrences - For hospitals that use Joint Commission accreditation for deemed status purposes: The determined number of distinct improvement projects to be conducted annually - All results of the analyses related to the adequacy of staffing (See also PI.02.01.01, EP 14)
<p>§482.21(d)(2)</p> <p>(2) A hospital may, as one of its projects, develop and implement an information technology system explicitly designed to improve patient safety and quality of care. This project, in its initial stage of development, does not need to demonstrate measurable improvement in indicators related to health outcomes.</p>	<p>TAG: A-0297</p>		
<p>§482.21(d)(3)</p> <p>(3) The hospital must document what quality improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects.</p>	<p>TAG: A-0297</p>	<p>LD.04.04.01 Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)</p> <p>EP 1 Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3)</p> <p>EP 2 Leaders give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities. (See also PI.01.01.01, EPs 4, 6-8, 11-12, and 14-15)</p> <p>EP 3 Leaders reprioritize performance improvement activities in response to changes in the internal or external environment.</p>	<p>LD.04.04.05 The hospital has an organizationwide, integrated patient safety program within its performance improvement activities.</p> <p>EP 13 At least once a year, the leaders provide governance with written reports on the following:</p> <ul style="list-style-type: none"> - All system or process failures - The number and type of sentinel events - Whether the patients and the families were informed of the event - All actions taken to improve safety, both proactively and in response to actual occurrences - For hospitals that use Joint Commission accreditation for deemed status purposes: The determined number of distinct improvement projects to be conducted annually - All results of the analyses related to the adequacy of staffing (See also PI.02.01.01, EP 14)

CFR Number §482.21(d)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		PI.03.01.01 The hospital improves performance on an ongoing basis.	EP 3 The hospital evaluates actions to confirm that they resulted in improvements. (See also MS.05.01.01, EPs 1-11) EP 4 The hospital takes action when it does not achieve or sustain planned improvements. (See also MS.05.01.01, EPs 1-11)
§482.21(d)(4)	TAG: A-0297 (4) A hospital is not required to participate in a QIO cooperative project, but its own projects are required to be of comparable effort.	LD.04.04.05 The hospital has an organizationwide, integrated patient safety program within its performance improvement activities.	EP 14 The leaders encourage external reporting of significant adverse events, including voluntary reporting programs in addition to mandatory programs. Note: Examples of voluntary programs include The Joint Commission Sentinel Event Database and the US Food and Drug Administration (FDA) MedWatch. Mandatory programs are often state initiated. PI.03.01.01 The hospital improves performance on an ongoing basis. EP 1 Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8; MS.05.01.01, EPs 1-11) EP 2 The hospital takes action on improvement priorities. (See also MS.05.01.01, EPs 1-11) EP 3 The hospital evaluates actions to confirm that they resulted in improvements. (See also MS.05.01.01, EPs 1-11) EP 4 The hospital takes action when it does not achieve or sustain planned improvements. (See also MS.05.01.01, EPs 1-11)
§482.21(e)	TAG: A-0309 §482.21(e) Standard: Executive Responsibilities The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring the following:		
§482.21(e)(1)	TAG: A-0309 (1) That an ongoing program for quality improvement and patient safety, including the reduction of medical errors, is defined, implemented, and maintained.	LD.01.03.01 The governing body is ultimately accountable for the safety and quality of care, treatment, and services.	EP 5 The governing body provides for the resources needed to maintain safe, quality care, treatment, and services. (See also NR.01.01.01, EP 3) EP 6 The governing body works with the senior managers and leaders of the organized medical staff to annually evaluate the hospital's performance in relation to its mission, vision, and goals. LD.03.05.01 Leaders implement changes in existing processes to improve the performance of the hospital. EP 3 The hospital has a systematic approach to change and performance improvement. EP 4 Leaders provide the resources required for performance improvement and change management, including sufficient staff, access to information, and training.

CFR Number §482.21(e)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		LD.04.03.09	Care, treatment, and services provided through contractual agreement are provided safely and effectively.
		EP 6	Leaders monitor contracted services by evaluating these services in relation to the hospital's expectations.
		LD.04.04.01	Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)
		EP 1	Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3)
		EP 2	Leaders give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities. (See also PI.01.01.01, EPs 4, 6-8, 11-12, and 14-15)
		EP 3	Leaders reprioritize performance improvement activities in response to changes in the internal or external environment.
		EP 4	Performance improvement occurs hospitalwide.
		LD.04.04.05	The hospital has an organizationwide, integrated patient safety program within its performance improvement activities.
		EP 1	The leaders implement a hospitalwide patient safety program.
		EP 2	One or more qualified individuals or an interdisciplinary group manages the safety program.
		EP 3	The scope of the safety program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as near misses, close calls, or good catches) to hazardous conditions and sentinel events.
		EP 4	All departments, programs, and services within the hospital participate in the safety program.
		EP 5	As part of the safety program, the leaders create procedures for responding to system or process failures. Note: Responses might include continuing to provide care, treatment, and services to those affected, containing the risk to others, and preserving factual information for subsequent analysis.
		EP 6	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. (See also LD.03.01.01, EP 8; LD.03.04.01, EP 5; LD.04.04.03, EP 3; PI.01.01.01, EP 8) 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.
		EP 7	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 in the "Sentinel Events" (SE) chapter of this manual. The definition may include any process variation that does not affect the outcome or result in an adverse event, but for which a recurrence carries significant chance of a serious adverse outcome or result in an adverse event, often referred to as a close call or near miss.

CFR Number §482.21(e)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 8	The hospital conducts thorough and credible comprehensive systematic analyses (for example, root cause analyses) in response to sentinel events as described in the "Sentinel Events" (SE) chapter of this manual.
		EP 9	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.
		EP 10	At least every 18 months, the hospital selects one high-risk process and conducts a proactive risk assessment. (See also LD.04.04.03, EP 3) Note: For suggested components, refer to the Proactive Risk Assessment section at the beginning of this chapter.
		EP 11	To improve safety and to reduce the risk of medical errors, the hospital analyzes and uses information about system or process failures and the results of proactive risk assessments. (See also LD.04.04.03, EP 3)
		EP 12	The leaders disseminate lessons learned from comprehensive systematic analyses (for example, root cause analyses), system or process failures, and the results of proactive risk assessments to all staff who provide services for the specific situation. (See also LD.03.04.01, EP 5)
		EP 13	At least once a year, the leaders provide governance with written reports on the following: - All system or process failures - The number and type of sentinel events - Whether the patients and the families were informed of the event - All actions taken to improve safety, both proactively and in response to actual occurrences - For hospitals that use Joint Commission accreditation for deemed status purposes: The determined number of distinct improvement projects to be conducted annually - All results of the analyses related to the adequacy of staffing (See also PI.02.01.01, EP 14)
		PI.01.01.01	The hospital collects data to monitor its performance.
		EP 5	The hospital collects data on the following: All significant discrepancies between preoperative and postoperative diagnoses, including pathologic diagnoses.
		EP 6	The hospital collects data on the following: Adverse events related to using moderate or deep sedation or anesthesia. (See also LD.04.04.01, EP 2)
		EP 8	The hospital collects data on the following: All reported and confirmed transfusion reactions. (See also LD.04.04.01, EP 2; LD.04.04.05, EP 6)
		EP 14	The hospital collects data on the following: Significant medication errors. (See also LD.04.04.01, EP 2; MM.08.01.01, EP 1)
		EP 15	The hospital collects data on the following: Significant adverse drug reactions. (See also LD.04.04.01, EP 2; MM.08.01.01, EP 1)

CFR Number §482.21(e)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		PI.02.01.01 The hospital compiles and analyzes data. EP 1 The hospital compiles data in usable formats. EP 2 The hospital identifies the frequency for data analysis. EP 3 The hospital uses statistical tools and techniques to analyze and display data. EP 4 The hospital analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. EP 8 The hospital uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1)	PI.03.01.01 The hospital improves performance on an ongoing basis. EP 2 The hospital takes action on improvement priorities. (See also MS.05.01.01, EPs 1-11) EP 3 The hospital evaluates actions to confirm that they resulted in improvements. (See also MS.05.01.01, EPs 1-11) EP 4 The hospital takes action when it does not achieve or sustain planned improvements. (See also MS.05.01.01, EPs 1-11)
§482.21(e)(2)	TAG: A-0309 (2) That the hospital-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety; and that all improvement actions are evaluated.	LD.03.05.01 Leaders implement changes in existing processes to improve the performance of the hospital. EP 7 Leaders evaluate the effectiveness of processes for the management of change and performance improvement. (See also PI.02.01.01, EP 13)	LD.04.04.01 Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.) EP 1 Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3) EP 2 Leaders give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities. (See also PI.01.01.01, EPs 4, 6-8, 11-12, and 14-15) LD.04.04.05 The hospital has an organizationwide, integrated patient safety program within its performance improvement activities. EP 1 The leaders implement a hospitalwide patient safety program.
§482.21(e)(3)	TAG: A-0286 (3) That clear expectations for safety are established.	LD.04.04.01 Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.) EP 1 Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3)	

CFR Number §482.21(e)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		LD.04.04.05	The hospital has an organizationwide, integrated patient safety program within its performance improvement activities.
		EP 1	The leaders implement a hospitalwide patient safety program.
		EP 4	All departments, programs, and services within the hospital participate in the safety program.
§482.21(e)(4)	TAG: A-0315 (4) That adequate resources are allocated for measuring, assessing, improving, and sustaining the hospital's performance and reducing risk to patients.	LD.03.02.01	The hospital uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.
		EP 4	Leaders provide the resources needed for data and information use, including staff, equipment, and information systems.
		LD.03.05.01	Leaders implement changes in existing processes to improve the performance of the hospital.
		EP 4	Leaders provide the resources required for performance improvement and change management, including sufficient staff, access to information, and training.
§482.21(e)(5)	TAG: A-0309 (5) That the determination of the number of distinct improvement projects is conducted annually.	LD.04.04.01	Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)
		EP 1	Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3)
		EP 2	Leaders give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities. (See also PI.01.01.01, EPs 4, 6-8, 11-12, and 14-15)
		EP 3	Leaders reprioritize performance improvement activities in response to changes in the internal or external environment.
		LD.04.04.05	The hospital has an organizationwide, integrated patient safety program within its performance improvement activities.
		EP 13	At least once a year, the leaders provide governance with written reports on the following: - All system or process failures - The number and type of sentinel events - Whether the patients and the families were informed of the event - All actions taken to improve safety, both proactively and in response to actual occurrences - For hospitals that use Joint Commission accreditation for deemed status purposes: The determined number of distinct improvement projects to be conducted annually - All results of the analyses related to the adequacy of staffing (See also PI.02.01.01, EP 14)
§482.22	TAG: A-0338 §482.22 Condition of Participation: Medical staff The hospital must have an organized medical staff that operates under bylaws approved by the governing body, and which is responsible for the quality of medical care provided to patients by the hospital.	LD.01.01.01	The hospital has a leadership structure.
		EP 3	The governing body identifies those responsible for the provision of care, treatment, and services. (See also NR.01.01.01, EP 3)
		LD.01.05.01	The hospital has an organized medical staff that is accountable to the governing body.
		EP 5	The organized medical staff oversees the quality of care, treatment and services provided by those individuals with clinical privileges.

CFR Number §482.22	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 6	The organized medical staff is accountable to the governing body.
		EP 8	For hospitals that use Joint Commission accreditation for deemed status purposes: There is a single organized medical staff.
		MS.01.01.01	Medical staff bylaws address self-governance and accountability to the governing body.
		EP 1	The organized medical staff develops medical staff bylaws, rules and regulations, and policies.
		EP 2	The organized medical staff adopts and amends medical staff bylaws. Adoption or amendment of medical staff bylaws cannot be delegated. After adoption or amendment by the organized medical staff, the proposed bylaws are submitted to the governing body for action. Bylaws become effective only upon governing body approval. (See the "Leadership" (LD) chapter for requirements regarding the governing body's authority and conflict management processes. See Element of Performance 17 for information on which medical staff members are eligible to vote.)
		EP 3	Every requirement set forth in Elements of Performance 12 through 36 is in the medical staff bylaws. These requirements may have associated details, some of which may be extensive; such details may reside in the medical staff bylaws, rules and regulations, or policies. The organized medical staff adopts what constitutes the associated details, where they reside, and whether their adoption can be delegated. Adoption of associated details that reside in medical staff bylaws cannot be delegated. For those Elements of Performance 12 through 36 that require a process, the medical staff bylaws include at a minimum the basic steps, as determined by the organized medical staff and approved by the governing body, required for implementation of the requirement. The organized medical staff submits its proposals to the governing body for action. Proposals become effective only upon governing body approval. (See the "Leadership" (LD) chapter for requirements regarding the governing body's authority and conflict management processes.) Note: If an organization is found to be out of compliance with this Element of Performance, the citation will occur at the appropriate Element(s) of Performance 12 through 36.
		EP 5	The medical staff complies with the medical staff bylaws, rules and regulations, and policies.
		EP 6	The organized medical staff enforces the medical staff bylaws, rules and regulations, and policies by recommending action to the governing body in certain circumstances and taking action in others.
		EP 7	The governing body upholds the medical staff bylaws, rules and regulations, and policies that have been approved by the governing body.
§482.22(a)	TAG: A-0339	MS.01.01.01	Medical staff bylaws address self-governance and accountability to the governing body.
§482.22(a) Standard: Eligibility and process for appointment to medical staff.		EP 12	The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The structure of the medical staff.
The medical staff must be composed of doctors of medicine or osteopathy. In accordance with State law, including scope-of-practice laws, the medical staff may also include other categories of physicians (as listed at § 482.12(c)(1)) and non-physician practitioners who are determined to be eligible for appointment by the governing body.		EP 13	The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: Qualifications for appointment to the medical staff. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff must be composed of doctors of medicine or osteopathy. In accordance with state law, including scope of practice laws, the medical staff may also include other categories of physicians as listed at 482.12(c)(1) and nonphysician practitioners who are determined to be eligible for appointment by the governing body.

CFR Number §482.22(a)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		MS.07.01.01	The organized medical staff provides oversight for the quality of care, treatment, and services by recommending members for appointment to the medical staff.
		EP 1	The organized medical staff develops criteria for medical staff membership. Note: Medical staff membership and professional privileges are not dependent solely upon certification, fellowship, or membership in a specialty body or society.
		EP 5	Membership is recommended by the medical staff and granted by the governing body.
§482.22(a)(1)	TAG: A-0340	MS.01.01.01	Medical staff bylaws address self-governance and accountability to the governing body.
(1) The medical staff must periodically conduct appraisals of its members.		EP 5	The medical staff complies with the medical staff bylaws, rules and regulations, and policies.
		EP 6	The organized medical staff enforces the medical staff bylaws, rules and regulations, and policies by recommending action to the governing body in certain circumstances and taking action in others.
		EP 14	The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The process for privileging and re-privileging licensed independent practitioners, which may include the process for privileging and re-privileging other practitioners. (See also EM.02.02.13, EP 2 and MS.06.01.13, EP 1)
		MS.03.01.01	The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.
		EP 2	Practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.
		MS.06.01.05	The decision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is an objective, evidence-based process.
		EP 3	All of the criteria used are consistently evaluated for all practitioners holding that privilege.
		EP 7	The hospital queries the National Practitioner Data Bank (NPDB) when clinical privileges are initially granted, at the time of renewal of privileges, and when a new privilege(s) is requested.
		EP 8	Peer recommendation includes written information regarding the practitioner's current: <ul style="list-style-type: none"> - Medical/clinical knowledge - Technical and clinical skills - Clinical judgment - Interpersonal skills - Communication skills - Professionalism Note: Peer recommendation may be in the form of written documentation reflecting informed opinions on each applicant's scope and level of performance, or a written peer evaluation of practitioner-specific data collected from various sources for the purpose of validating current competence.

CFR Number §482.22(a)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 9	Before recommending privileges, the organized medical staff also evaluates the following: - Challenges to any licensure or registration - Voluntary and involuntary relinquishment of any license or registration - Voluntary and involuntary termination of medical staff membership - Voluntary and involuntary limitation, reduction, or loss of clinical privileges - Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant - Documentation as to the applicant's health status - Relevant practitioner-specific data as compared to aggregate data, when available - Morbidity and mortality data, when available
		EP 10	The hospital has a process to determine whether there is sufficient clinical performance information to make a decision to grant, limit, or deny the requested privilege.
		EP 12	Information regarding each practitioner's scope of privileges is updated as changes in clinical privileges for each practitioner are made.
		MS.06.01.07	The organized medical staff reviews and analyzes all relevant information regarding each requesting practitioner's current licensure status, training, experience, current competence, and ability to perform the requested privilege.
		EP 8	The governing body or delegated governing body committee has final authority for granting, renewing, or denying privileges.
		EP 9	Privileges are granted for a period not to exceed two years.
		MS.06.01.09	The decision to grant, limit, or deny an initially requested privilege or an existing privilege petitioned for renewal is communicated to the requesting practitioner within the time frame specified in the medical staff bylaws.
		EP 1	Requesting practitioners are notified regarding the granting decision.
		EP 2	In the case of privilege denial, the applicant is informed of the reason for denial.
		EP 3	The decision to grant, deny, revise, or revoke privilege(s) is disseminated and made available to all appropriate internal and external persons or entities, as defined by the hospital and applicable law.
		EP 4	The process to disseminate all granting, modification, or restriction decisions is approved by the organized medical staff.
		MS.08.01.03	Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privilege(s), or to revoke an existing privilege prior to or at the time of renewal.
		EP 1	The process for the ongoing professional practice evaluation includes the following: There is a clearly defined process in place that facilitates the evaluation of each practitioner's professional practice.
		EP 2	The process for the ongoing professional practice evaluation includes the following: The type of data to be collected is determined by individual departments and approved by the organized medical staff.
		EP 3	The process for the ongoing professional practice evaluation includes the following: Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege(s).

CFR Number §482.22(a)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		MS.09.01.01	<p>The organized medical staff, pursuant to the medical staff bylaws, evaluates and acts on reported concerns regarding a privileged practitioner's clinical practice and/or competence.</p> <p>EP 1 The hospital, based on recommendations by the organized medical staff and approval by the governing body, has a clearly defined process for collecting, investigating, and addressing clinical practice concerns. (See also RI.01.07.01, EPs 1, 2, 4, 6, 7, and 10)</p> <p>EP 2 Reported concerns regarding a privileged practitioner's professional practice are uniformly investigated and addressed, as defined by the hospital and applicable law.</p>
§482.22(a)(2)	<p>TAG: A-0341</p> <p>(2) The medical staff must examine the credentials of all eligible candidates for medical staff membership and make recommendations to the governing body on the appointment of these candidates in accordance with State law, including scope-of-practice laws, and the medical staff bylaws, rules, and regulations. A candidate who has been recommended by the medical staff and who has been appointed by the governing body is subject to all medical staff bylaws, rules, and regulations, in addition to the requirements contained in this section.</p>	MS.01.01.01	<p>Medical staff bylaws address self-governance and accountability to the governing body.</p> <p>EP 13 The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: Qualifications for appointment to the medical staff. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff must be composed of doctors of medicine or osteopathy. In accordance with state law, including scope of practice laws, the medical staff may also include other categories of physicians as listed at 482.12(c)(1) and nonphysician practitioners who are determined to be eligible for appointment by the governing body.</p>
		MS.02.01.01	<p>There is a medical staff executive committee.</p> <p>EP 11 The medical staff executive committee makes recommendations, as defined in the medical staff bylaws, directly to the governing body on, at least, all of the following: The delineation of privileges for each practitioner privileged through the medical staff process.</p>
		MS.06.01.03	<p>The hospital collects information regarding each practitioner's current license status, training, experience, competence, and ability to perform the requested privilege.</p> <p>EP 1 The hospital credentials applicants using a clearly defined process.</p> <p>EP 2 The credentialing process is based on recommendations by the organized medical staff.</p> <p>EP 4 The credentialing process is outlined in the medical staff bylaws.</p> <p>EP 6 The credentialing process requires that the hospital verifies in writing and from the primary source whenever feasible, or from a credentials verification organization (CVO), the following information: - The applicant's current licensure at the time of initial granting, renewal, and revision of privileges, and at the time of license expiration - The applicant's relevant training - The applicant's current competence (See also PC.03.01.01, EP 1)</p>
		MS.06.01.05	<p>The decision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is an objective, evidence-based process.</p> <p>EP 1 All licensed independent practitioners that provide care, treatment, and services possess a current license, certification, or registration, as required by law and regulation.</p>

CFR Number §482.22(a)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 2	<p>The hospital, based on recommendations by the organized medical staff and approval by the governing body, establishes criteria that determine a practitioner's ability to provide patient care, treatment, and services within the scope of the privilege(s) requested. Evaluation of all of the following are included in the criteria:</p> <ul style="list-style-type: none"> - Current licensure and/or certification, as appropriate, verified with the primary source - The applicant's specific relevant training, verified with the primary source - Evidence of physical ability to perform the requested privilege - Data from professional practice review by an organization(s) that currently privileges the applicant (if available) - Peer and/or faculty recommendation - When renewing privileges, review of the practitioner's performance within the hospital
		EP 6	<p>An applicant submits a statement that no health problems exist that could affect his or her ability to perform the privileges requested.</p> <p>Note: The applicant's ability to perform privileges requested must be evaluated. This evaluation is documented in the individual's credentials file. Such documentation may include the applicant's statement that no health problems exist that could affect his or her practice. Documentation regarding an applicant's health status and his or her ability to practice should be confirmed. Initial applicants may have their health status confirmed by the director of a training program, the chief of services, or the chief of staff at another hospital at which the applicant holds privileges, or by a currently licensed doctor of medicine or osteopathy approved by the organized medical staff. In instances where there is doubt about an applicant's ability to perform privileges requested, an evaluation by an external and internal source may be required. The request for an evaluation rests with the organized medical staff.</p>
		EP 8	<p>Peer recommendation includes written information regarding the practitioner's current:</p> <ul style="list-style-type: none"> - Medical/clinical knowledge - Technical and clinical skills - Clinical judgment - Interpersonal skills - Communication skills - Professionalism <p>Note: Peer recommendation may be in the form of written documentation reflecting informed opinions on each applicant's scope and level of performance, or a written peer evaluation of practitioner-specific data collected from various sources for the purpose of validating current competence.</p>
		EP 9	<p>Before recommending privileges, the organized medical staff also evaluates the following:</p> <ul style="list-style-type: none"> - Challenges to any licensure or registration - Voluntary and involuntary relinquishment of any license or registration - Voluntary and involuntary termination of medical staff membership - Voluntary and involuntary limitation, reduction, or loss of clinical privileges - Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant - Documentation as to the applicant's health status - Relevant practitioner-specific data as compared to aggregate data, when available - Morbidity and mortality data, when available
		EP 12	<p>Information regarding each practitioner's scope of privileges is updated as changes in clinical privileges for each practitioner are made.</p>

CFR Number §482.22(a)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>MS.06.01.07 The organized medical staff reviews and analyzes all relevant information regarding each requesting practitioner's current licensure status, training, experience, current competence, and ability to perform the requested privilege.</p> <p>EP 8 The governing body or delegated governing body committee has final authority for granting, renewing, or denying privileges.</p> <p>MS.06.01.09 The decision to grant, limit, or deny an initially requested privilege or an existing privilege petitioned for renewal is communicated to the requesting practitioner within the time frame specified in the medical staff bylaws.</p> <p>EP 1 Requesting practitioners are notified regarding the granting decision.</p> <p>EP 2 In the case of privilege denial, the applicant is informed of the reason for denial.</p> <p>EP 3 The decision to grant, deny, revise, or revoke privilege(s) is disseminated and made available to all appropriate internal and external persons or entities, as defined by the hospital and applicable law.</p> <p>EP 4 The process to disseminate all granting, modification, or restriction decisions is approved by the organized medical staff.</p> <p>MS.07.01.01 The organized medical staff provides oversight for the quality of care, treatment, and services by recommending members for appointment to the medical staff.</p> <p>EP 1 The organized medical staff develops criteria for medical staff membership. Note: Medical staff membership and professional privileges are not dependent solely upon certification, fellowship, or membership in a specialty body or society.</p> <p>EP 2 The professional criteria are designed to assure the medical staff and governing body that patients will receive quality care, treatment, and services.</p> <p>EP 3 The organized medical staff uses the criteria in appointing members to the medical staff and appointment does not exceed a period of two years.</p> <p>EP 5 Membership is recommended by the medical staff and granted by the governing body.</p>	
<p>§482.22(a)(3)</p> <p>(3) When telemedicine services are furnished to the hospital's patients through an agreement with a distant-site hospital, the governing body of the hospital whose patients are receiving the telemedicine services may choose, in lieu of the requirements in paragraphs (a)(1) and (a)(2) of this section, to have its medical staff rely upon the credentialing and privileging decisions made by the distant-site hospital when making recommendations on privileges for the individual distant-site physicians and practitioners providing such services, if the hospital's governing body ensures, through its written agreement with the distant-site hospital, that all of the following provisions are met:</p>		<p>MS.13.01.01 For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.</p>	

CFR Number §482.22(a)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 1</p> <p>All licensed independent practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:</p> <ol style="list-style-type: none"> 1. The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or 2. The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. Or 3. The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met: <ul style="list-style-type: none"> - The distant site is a Joint Commission–accredited hospital or ambulatory care organization. - The practitioner is privileged at the distant site for those services to be provided at the originating site. - For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges. - The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EP 9) <p>Note: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.</p> <ul style="list-style-type: none"> - The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. <p>Note 1: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.</p> <p>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</p>	
<p>§482.22(a)(3)(i)</p> <p>(i) The distant-site hospital providing the telemedicine services is a Medicare-participating hospital.</p>		<p>LD.04.03.09</p>	<p>Care, treatment, and services provided through contractual agreement are provided safely and effectively.</p>

CFR Number §482.22(a)(3)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 23</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: When telemedicine services are furnished to the hospital's patients, the originating site has a written agreement with the distant site that specifies the following:</p> <ul style="list-style-type: none"> - The distant site is a contractor of services to the hospital. - The distant site furnishes services in a manner that permits the originating site to be in compliance with the Medicare Conditions of Participation - The originating site makes certain through the written agreement that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). (See also MS.13.01.01, EP 1) <p>Note: For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</p> <p>If the originating site chooses to use the credentialing and privileging decision of the distant-site telemedicine provider, then the following requirements apply:</p> <ul style="list-style-type: none"> - The governing body of the distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the "Medical Staff" (MS) chapter (Standards MS.06.01.01 through MS.06.01.13). - The governing body of the originating site grants privileges to a distant site licensed independent practitioner based on the originating site's medical staff recommendations, which rely on information provided by the distant site.

CFR Number §482.22(a)(3)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		MS.13.01.01	<p>For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.</p> <p>EP 1 All licensed independent practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:</p> <ol style="list-style-type: none"> 1. The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or 2. The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. Or 3. The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met: <ul style="list-style-type: none"> - The distant site is a Joint Commission–accredited hospital or ambulatory care organization. - The practitioner is privileged at the distant site for those services to be provided at the originating site. - For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges. - The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EP 9) <p>Note: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.</p> <ul style="list-style-type: none"> - The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. <p>Note 1: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.</p> <p>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</p>
§482.22(a)(3)(ii)	(ii) The individual distant-site physician or practitioner is privileged at the distant-site hospital providing the telemedicine services, which provides a current list of the distant-site physician's or practitioner's privileges at the distant-site hospital.	MS.13.01.01	<p>For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.</p>

CFR Number §482.22(a)(3)(ii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 1</p>	<p>All licensed independent practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:</p> <ol style="list-style-type: none"> 1. The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or 2. The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. Or 3. The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met: <ul style="list-style-type: none"> - The distant site is a Joint Commission–accredited hospital or ambulatory care organization. - The practitioner is privileged at the distant site for those services to be provided at the originating site. - For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges. - The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EP 9) <p>Note: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.</p> <ul style="list-style-type: none"> - The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. <p>Note 1: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.</p> <p>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</p>
<p>§482.22(a)(3)(iii)</p>	<p>(iii) The individual distant-site physician or practitioner holds a license issued or recognized by the State in which the hospital whose patients are receiving the telemedicine services is located.</p>	<p>MS.13.01.01</p>	<p>For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.</p>

CFR Number §482.22(a)(3)(iii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 1</p>	<p>All licensed independent practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:</p> <ol style="list-style-type: none"> 1. The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or 2. The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. Or 3. The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met: <ul style="list-style-type: none"> - The distant site is a Joint Commission–accredited hospital or ambulatory care organization. - The practitioner is privileged at the distant site for those services to be provided at the originating site. - For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges. - The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EP 9) <p>Note: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.</p> <ul style="list-style-type: none"> - The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. <p>Note 1: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.</p> <p>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</p>
<p>§482.22(a)(3)(iv)</p> <p>(iv) With respect to a distant-site physician or practitioner, who holds current privileges at the hospital whose patients are receiving the telemedicine services, the hospital has evidence of an internal review of the distant-site physician's or practitioner's performance of these privileges and sends the distant-site hospital such performance information for use in the periodic appraisal of the distant-site physician or practitioner. At a minimum, this information must include all adverse events that result from the telemedicine services provided by the distant-site physician or practitioner to the hospital's patients and all complaints the hospital has received about the distant-site physician or practitioner.</p>		<p>MS.13.01.01</p>	<p>For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.</p>

CFR Number §482.22(a)(3)(iv)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 1 All licensed independent practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:</p> <ol style="list-style-type: none"> 1. The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or 2. The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. Or 3. The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met: <ul style="list-style-type: none"> - The distant site is a Joint Commission–accredited hospital or ambulatory care organization. - The practitioner is privileged at the distant site for those services to be provided at the originating site. - For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges. - The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EP 9) <p>Note: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.</p> <ul style="list-style-type: none"> - The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. <p>Note 1: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.</p> <p>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</p>	
<p>§482.22(a)(4)</p> <p>4) When telemedicine services are furnished to the hospital's patients through an agreement with a distant-site telemedicine entity, the governing body of the hospital whose patients are receiving the telemedicine services may choose, in lieu of the requirements in paragraphs (a)(1) and (a)(2) of this section, to have its medical staff rely upon the credentialing and privileging decisions made by the distant-site telemedicine entity when making recommendations on privileges for the individual distant-site physicians and practitioners providing such services, if the hospital's governing body ensures, through its written agreement with the distant-site telemedicine entity, that the distant-site telemedicine entity furnishes services that, in accordance with §482.12(e), permit the hospital to comply with all applicable conditions of participation for the contracted services. The hospital's governing body must also ensure, through its written agreement with the distant-site telemedicine entity, that all of the following provisions are met:</p>		<p>LD.04.03.09 Care, treatment, and services provided through contractual agreement are provided safely and effectively.</p>	<p>EP 1 Clinical leaders and medical staff have an opportunity to provide advice about the sources of clinical services to be provided through contractual agreement.</p> <p>EP 2 The hospital describes, in writing, the nature and scope of services provided through contractual agreements.</p> <p>EP 3 Designated leaders approve contractual agreements.</p>

CFR Number §482.22(a)(4)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 4	<p>Leaders monitor contracted services by establishing expectations for the performance of the contracted services.</p> <p>Note 1: In most cases, each licensed independent practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following the process described in the "Medical Staff" (MS) chapter.</p> <p>Note 2: For hospitals that do not use Joint Commission accreditation for deemed status purposes: When the hospital contracts with another accredited organization for patient care, treatment, and services to be provided off site, it can do the following:</p> <ul style="list-style-type: none"> - Verify that all licensed independent practitioners who will be providing patient care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges. - Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their privileges. <p>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The leaders who monitor the contracted services are the governing body.</p>
		EP 5	<p>Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted services.</p> <p>Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it.</p>
		EP 6	<p>Leaders monitor contracted services by evaluating these services in relation to the hospital's expectations.</p>
		EP 23	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: When telemedicine services are furnished to the hospital's patients, the originating site has a written agreement with the distant site that specifies the following:</p> <ul style="list-style-type: none"> - The distant site is a contractor of services to the hospital. - The distant site furnishes services in a manner that permits the originating site to be in compliance with the Medicare Conditions of Participation - The originating site makes certain through the written agreement that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). (See also MS.13.01.01, EP 1) <p>Note: For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</p> <p>If the originating site chooses to use the credentialing and privileging decision of the distant-site telemedicine provider, then the following requirements apply:</p> <ul style="list-style-type: none"> - The governing body of the distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the "Medical Staff" (MS) chapter (Standards MS.06.01.01 through MS.06.01.13). - The governing body of the originating site grants privileges to a distant site licensed independent practitioner based on the originating site's medical staff recommendations, which rely on information provided by the distant site.

CFR Number §482.22(a)(4)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>MS.13.01.01</p>	<p>For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.</p> <p>EP 1 All licensed independent practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:</p> <ol style="list-style-type: none"> 1. The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or 2. The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. Or 3. The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met: <ul style="list-style-type: none"> - The distant site is a Joint Commission–accredited hospital or ambulatory care organization. - The practitioner is privileged at the distant site for those services to be provided at the originating site. - For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges. - The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EP 9) <p>Note: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.</p> <ul style="list-style-type: none"> - The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. <p>Note 1: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.</p> <p>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</p>
<p>§482.22(a)(4)(i)</p> <p>(i) The distant-site telemedicine entity's medical staff credentialing and privileging process and standards at least meet the standards at §482.12(a)(1) through (a)(7) and §482.22(a)(1) through (a)(2).</p>		<p>LD.04.03.09</p>	<p>Care, treatment, and services provided through contractual agreement are provided safely and effectively.</p> <p>EP 2 The hospital describes, in writing, the nature and scope of services provided through contractual agreements.</p>

CFR Number §482.22(a)(4)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 4 Leaders monitor contracted services by establishing expectations for the performance of the contracted services.</p> <p>Note 1: In most cases, each licensed independent practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following the process described in the "Medical Staff" (MS) chapter.</p> <p>Note 2: For hospitals that do not use Joint Commission accreditation for deemed status purposes: When the hospital contracts with another accredited organization for patient care, treatment, and services to be provided off site, it can do the following:</p> <ul style="list-style-type: none"> - Verify that all licensed independent practitioners who will be providing patient care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges. - Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their privileges. <p>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The leaders who monitor the contracted services are the governing body.</p>	<p>EP 23 For hospitals that use Joint Commission accreditation for deemed status purposes: When telemedicine services are furnished to the hospital's patients, the originating site has a written agreement with the distant site that specifies the following:</p> <ul style="list-style-type: none"> - The distant site is a contractor of services to the hospital. - The distant site furnishes services in a manner that permits the originating site to be in compliance with the Medicare Conditions of Participation - The originating site makes certain through the written agreement that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). (See also MS.13.01.01, EP 1) <p>Note: For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</p> <p>If the originating site chooses to use the credentialing and privileging decision of the distant-site telemedicine provider, then the following requirements apply:</p> <ul style="list-style-type: none"> - The governing body of the distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the "Medical Staff" (MS) chapter (Standards MS.06.01.01 through MS.06.01.13). - The governing body of the originating site grants privileges to a distant site licensed independent practitioner based on the originating site's medical staff recommendations, which rely on information provided by the distant site.

CFR Number §482.22(a)(4)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		MS.13.01.01	<p>For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.</p> <p>EP 1 All licensed independent practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:</p> <ol style="list-style-type: none"> 1. The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or 2. The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. Or 3. The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met: <ul style="list-style-type: none"> - The distant site is a Joint Commission–accredited hospital or ambulatory care organization. - The practitioner is privileged at the distant site for those services to be provided at the originating site. - For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges. - The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EP 9) <p>Note: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.</p> <ul style="list-style-type: none"> - The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. <p>Note 1: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.</p> <p>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</p>
§482.22(a)(4)(ii)	(ii) The individual distant-site physician or practitioner is privileged at the distant-site telemedicine entity providing the telemedicine services, which provides the hospital with a current list of the distant-site physician's or practitioner's privileges at the distant-site telemedicine entity.	MS.13.01.01	<p>For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.</p>

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.22(a)(4)(ii)		EP 1	<p>All licensed independent practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:</p> <ol style="list-style-type: none"> 1. The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or 2. The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. Or 3. The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met: <ul style="list-style-type: none"> - The distant site is a Joint Commission–accredited hospital or ambulatory care organization. - The practitioner is privileged at the distant site for those services to be provided at the originating site. - For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges. - The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EP 9) <p>Note: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.</p> <ul style="list-style-type: none"> - The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. <p>Note 1: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.</p> <p>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</p>
§482.22(a)(4)(iii)	(iii) The individual distant-site physician or practitioner holds a license issued or recognized by the State in which the hospital whose patients are receiving such telemedicine services is located.	MS.13.01.01	<p>For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.</p>

CFR Number §482.22(a)(4)(iii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 1</p>	<p>All licensed independent practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:</p> <ol style="list-style-type: none"> 1. The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or 2. The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. Or 3. The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met: <ul style="list-style-type: none"> - The distant site is a Joint Commission–accredited hospital or ambulatory care organization. - The practitioner is privileged at the distant site for those services to be provided at the originating site. - For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges. - The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EP 9) <p>Note: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.</p> <ul style="list-style-type: none"> - The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. <p>Note 1: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.</p> <p>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</p>
<p>§482.22(a)(4)(iv)</p> <p>(iv) With respect to a distant-site physician or practitioner, who holds current privileges at the hospital whose patients are receiving the telemedicine services, the hospital has evidence of an internal review of the distant-site physician's or practitioner's performance of these privileges and sends the distant-site telemedicine entity such performance information for use in the periodic appraisal of the distant-site physician or practitioner. At a minimum, this information must include all adverse events that result from the telemedicine services provided by the distant-site physician or practitioner to the hospital's patients, and all complaints the hospital has received about the distant-site physician or practitioner.</p>		<p>MS.13.01.01</p>	<p>For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.</p>

CFR Number §482.22(a)(4)(iv)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 1 All licensed independent practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:</p> <ol style="list-style-type: none"> 1. The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or 2. The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. Or 3. The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met: <ul style="list-style-type: none"> - The distant site is a Joint Commission–accredited hospital or ambulatory care organization. - The practitioner is privileged at the distant site for those services to be provided at the originating site. - For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges. - The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EP 9) <p>Note: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.</p> <ul style="list-style-type: none"> - The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. <p>Note 1: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.</p> <p>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</p>	
<p>§482.22(b)</p> <p>§482.22(b) Standard: Medical Staff Organization and Accountability</p> <p>The medical staff must be well organized and accountable to the governing body for the quality of the medical care provided to the patients.</p>	<p>TAG: A-0347</p>	<p>LD.01.05.01</p> <p>EP 4</p> <p>EP 5</p> <p>EP 6</p>	<p>The hospital has an organized medical staff that is accountable to the governing body.</p> <p>The governing body approves the structure of the organized medical staff.</p> <p>The organized medical staff oversees the quality of care, treatment and services provided by those individuals with clinical privileges.</p> <p>The organized medical staff is accountable to the governing body.</p>
<p>§482.22(b)(1)</p> <p>(1) The medical staff must be organized in a manner approved by the governing body.</p>	<p>TAG: A-0347</p>	<p>LD.01.05.01</p> <p>EP 4</p>	<p>The hospital has an organized medical staff that is accountable to the governing body.</p> <p>The governing body approves the structure of the organized medical staff.</p>

CFR Number §482.22(b)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.22(b)(2)	TAG: A-0347	MS.01.01.01	Medical staff bylaws address self-governance and accountability to the governing body.
(2) If the medical staff has an executive committee, a majority of the members of the committee must be doctors of medicine or osteopathy	EP 12	The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The structure of the medical staff.	
§482.22(b)(3)	TAG: A-0347	MS.02.01.01	There is a medical staff executive committee.
(3) The responsibility for organization and conduct of the medical staff must be assigned only to one of the following:	EP 4	The majority of voting medical staff executive committee members are fully licensed doctors of medicine or osteopathy actively practicing in the hospital.	
§482.22(b)(3)(i)	TAG: A-0347	LD.01.05.01	The hospital has an organized medical staff that is accountable to the governing body.
(i) An individual doctor of medicine or osteopathy.	EP 7	For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy, or, if permitted by state law, a doctor of dental surgery or dental medicine, or a doctor of podiatric medicine is responsible for the organization and conduct of the medical staff.	
§482.22(b)(3)(ii)	TAG: A-0347	LD.01.05.01	The hospital has an organized medical staff that is accountable to the governing body.
(ii) A doctor of dental surgery or dental medicine, when permitted by State law of the State in which the hospital is located.	EP 7	For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy, or, if permitted by state law, a doctor of dental surgery or dental medicine, or a doctor of podiatric medicine is responsible for the organization and conduct of the medical staff.	
§482.22(b)(3)(iii)	TAG: A-0347	LD.01.05.01	The hospital has an organized medical staff that is accountable to the governing body.
(iii) A doctor of podiatric medicine, when permitted by State law of the State in which the hospital is located.	EP 7	For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy, or, if permitted by state law, a doctor of dental surgery or dental medicine, or a doctor of podiatric medicine is responsible for the organization and conduct of the medical staff.	
§482.22(b)(4)	TAG: A-0348		
(4) If a hospital is part of a hospital system consisting of multiple separately certified hospitals and the system elects to have a unified and integrated medical staff for its member hospitals, after determining that such a decision is in accordance with all applicable State and local laws, each separately certified hospital must demonstrate that:			
§482.22(b)(4)(i)	TAG: A-0349	MS.01.01.01	Medical staff bylaws address self-governance and accountability to the governing body.
(i) The medical staff members of each separately certified hospital in the system (that is, all medical staff members who hold specific privileges to practice at that hospital) have voted by majority, in accordance with medical staff bylaws, either to accept a unified and integrated medical staff structure or to opt out of such a structure and to maintain a separate and distinct medical staff for their respective hospital;	EP 12	The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The structure of the medical staff.	
	EP 17	The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: A description of those members of the medical staff who are eligible to vote.	

CFR Number §482.22(b)(4)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		MS.01.01.05	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: Multihospital systems can choose to establish a unified and integrated medical staff in accordance with state and local laws.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: If a multihospital system with separately accredited hospitals chooses to establish a unified and integrated medical staff, the following occurs: Each separately accredited hospital within a multihospital system that elects to have a unified and integrated medical staff demonstrates that the medical staff members of each hospital (that is, all medical staff members who hold privileges to practice at that specific hospital) have voted by majority either to accept the unified and integrated medical staff structure or to opt out of such a structure and maintain a separate and distinct medical staff for their hospital.</p>
§482.22(b)(4)(ii)	<p>TAG: A-0350</p> <p>(ii) The unified and integrated medical staff has bylaws, rules, and requirements that describe its processes for self-governance, appointment, credentialing, privileging, and oversight, as well as its peer review policies and due process rights guarantees, and which include a process for the members of the medical staff of each separately certified hospital (that is, all medical staff members who hold specific privileges to practice at that hospital) to be advised of their rights to opt out of the unified and integrated medical staff structure after a majority vote by the members to maintain a separate and distinct medical staff for their hospital;</p>	MS.01.01.01	<p>Medical staff bylaws address self-governance and accountability to the governing body.</p> <p>EP 5 The medical staff complies with the medical staff bylaws, rules and regulations, and policies.</p> <p>EP 6 The organized medical staff enforces the medical staff bylaws, rules and regulations, and policies by recommending action to the governing body in certain circumstances and taking action in others.</p> <p>EP 7 The governing body upholds the medical staff bylaws, rules and regulations, and policies that have been approved by the governing body.</p> <p>EP 12 The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The structure of the medical staff.</p> <p>EP 13 The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: Qualifications for appointment to the medical staff. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff must be composed of doctors of medicine or osteopathy. In accordance with state law, including scope of practice laws, the medical staff may also include other categories of physicians as listed at 482.12(c)(1) and nonphysician practitioners who are determined to be eligible for appointment by the governing body.</p> <p>EP 14 The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The process for privileging and re-privileging licensed independent practitioners, which may include the process for privileging and re-privileging other practitioners. (See also EM.02.02.13, EP 2 and MS.06.01.13, EP 1)</p> <p>EP 15 For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: A statement of the duties and privileges related to each category of the medical staff (for example, active, courtesy). Note: Solely for the purposes of this element of performance, The Joint Commission interprets the word “privileges” to mean the duties and prerogatives of each category, and not the clinical privileges to provide patient care, treatment, and services related to each category. Each member of the medical staff is to have specific clinical privileges to provide care, treatment, and services authorized through the processes specified in Standards MS.06.01.03, MS.06.01.05, and MS.06.01.07.</p> <p>EP 17 The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: A description of those members of the medical staff who are eligible to vote.</p> <p>EP 22 The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: That the medical executive committee includes physicians and may include other practitioners and any other individuals as determined by the organized medical staff.</p>

CFR Number §482.22(b)(4)(ii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 26 The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The process for credentialing and re-credentialing licensed independent practitioners, which may include the process for credentialing and re-credentialing other practitioners.</p> <p>EP 27 The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The process for appointment and re-appointment to membership on the medical staff.</p> <p>EP 34 The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The fair hearing and appeal process (refer to Standard MS.10.01.01), which at a minimum shall include: - The process for scheduling hearings and appeals - The process for conducting hearings and appeals</p> <p>EP 37 For hospitals that use Joint Commission accreditation for deemed status purposes: When a multihospital system has a unified and integrated medical staff, the bylaws describe the process by which medical staff members at each separately accredited hospital (that is, all medical staff members who hold privileges to practice at that specific hospital) are advised of their right to opt out of the unified and integrated medical staff structure after a majority vote by the members to maintain a separate and distinct medical staff for their respective hospital.</p>	
<p>§482.22(b)(4)(iii)</p> <p>(iii) The unified and integrated medical staff is established in a manner that takes into account each member hospital's unique circumstances and any significant differences in patient populations and services offered in each hospital; and</p>	<p>TAG: A-0351</p>	<p>MS.01.01.05</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: Multihospital systems can choose to establish a unified and integrated medical staff in accordance with state and local laws.</p> <p>EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: If a multihospital system with separately accredited hospitals chooses to establish a unified and integrated medical staff, the following occurs: The unified and integrated medical staff takes into account each member hospital's unique circumstances and any significant differences in patient populations and services offered in each hospital.</p>
<p>§482.22(b)(4)(iv)</p> <p>(iv) The unified and integrated medical staff establishes and implements policies and procedures to ensure that the needs and concerns expressed by members of the medical staff, at each of its separately certified hospitals, regardless of practice or location, are given due consideration, and that the unified and integrated medical staff has mechanisms in place to ensure that issues localized to particular hospitals are duly considered and addressed.</p>	<p>TAG: A-0352</p>	<p>MS.01.01.05</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: Multihospital systems can choose to establish a unified and integrated medical staff in accordance with state and local laws.</p> <p>EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: If a multihospital system with separately accredited hospitals chooses to establish a unified and integrated medical staff, the following occurs: The unified and integrated medical staff establishes and implements policies and procedures to make certain that the needs and concerns expressed by members of the medical staff at each of its separately accredited hospitals, regardless of practice or location, are given due consideration.</p> <p>EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes: If a multihospital system with separately accredited hospitals chooses to establish a unified and integrated medical staff, the following occurs: The unified and integrated medical staff has mechanisms in place to make certain that issues localized to particular hospitals within the system are duly considered and addressed.</p>
<p>§482.22(c)</p> <p>§482.22(c) Standard: Medical Staff Bylaws</p> <p>The medical staff must adopt and enforce bylaws to carry out its responsibilities. The bylaws must:</p>	<p>TAG: A-0353</p>	<p>MS.01.01.01</p>	<p>Medical staff bylaws address self-governance and accountability to the governing body.</p> <p>EP 1 The organized medical staff develops medical staff bylaws, rules and regulations, and policies.</p>

CFR Number §482.22(c)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 2 The organized medical staff adopts and amends medical staff bylaws. Adoption or amendment of medical staff bylaws cannot be delegated. After adoption or amendment by the organized medical staff, the proposed bylaws are submitted to the governing body for action. Bylaws become effective only upon governing body approval. (See the “Leadership” (LD) chapter for requirements regarding the governing body’s authority and conflict management processes. See Element of Performance 17 for information on which medical staff members are eligible to vote.)</p> <p>EP 5 The medical staff complies with the medical staff bylaws, rules and regulations, and policies.</p> <p>EP 6 The organized medical staff enforces the medical staff bylaws, rules and regulations, and policies by recommending action to the governing body in certain circumstances and taking action in others.</p>	
<p>§482.22(c)(1)</p> <p>[The bylaws must:]</p> <p>(1) Be approved by the governing body.</p>	<p>TAG: A-0354</p>	<p>MS.01.01.01 Medical staff bylaws address self-governance and accountability to the governing body.</p>	<p>EP 2 The organized medical staff adopts and amends medical staff bylaws. Adoption or amendment of medical staff bylaws cannot be delegated. After adoption or amendment by the organized medical staff, the proposed bylaws are submitted to the governing body for action. Bylaws become effective only upon governing body approval. (See the “Leadership” (LD) chapter for requirements regarding the governing body’s authority and conflict management processes. See Element of Performance 17 for information on which medical staff members are eligible to vote.)</p> <p>EP 3 Every requirement set forth in Elements of Performance 12 through 36 is in the medical staff bylaws. These requirements may have associated details, some of which may be extensive; such details may reside in the medical staff bylaws, rules and regulations, or policies. The organized medical staff adopts what constitutes the associated details, where they reside, and whether their adoption can be delegated. Adoption of associated details that reside in medical staff bylaws cannot be delegated. For those Elements of Performance 12 through 36 that require a process, the medical staff bylaws include at a minimum the basic steps, as determined by the organized medical staff and approved by the governing body, required for implementation of the requirement. The organized medical staff submits its proposals to the governing body for action. Proposals become effective only upon governing body approval. (See the “Leadership” (LD) chapter for requirements regarding the governing body’s authority and conflict management processes.) Note: If an organization is found to be out of compliance with this Element of Performance, the citation will occur at the appropriate Element(s) of Performance 12 through 36.</p> <p>EP 7 The governing body upholds the medical staff bylaws, rules and regulations, and policies that have been approved by the governing body.</p>
<p>§482.22(c)(2)</p> <p>[The bylaws must:]</p> <p>(2) Include a statement of the duties and privileges of each category of medical staff (e.g., active, courtesy, etc.)</p>	<p>TAG: A-0355</p>	<p>MS.01.01.01 Medical staff bylaws address self-governance and accountability to the governing body.</p>	<p>EP 15 For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: A statement of the duties and privileges related to each category of the medical staff (for example, active, courtesy). Note: Solely for the purposes of this element of performance, The Joint Commission interprets the word “privileges” to mean the duties and prerogatives of each category, and not the clinical privileges to provide patient care, treatment, and services related to each category. Each member of the medical staff is to have specific clinical privileges to provide care, treatment, and services authorized through the processes specified in Standards MS.06.01.03, MS.06.01.05, and MS.06.01.07.</p>
<p>§482.22(c)(3)</p> <p>[The bylaws must:]</p>	<p>TAG: A-0356</p>	<p>MS.01.01.01 Medical staff bylaws address self-governance and accountability to the governing body.</p>	

CFR Number §482.22(c)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
(3) Describe the organization of the medical staff.		EP 12	The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The structure of the medical staff.
<p>§482.22(c)(4) TAG: A-0357</p> <p>[The bylaws must:]</p> <p>(4) Describe the qualifications to be met by a candidate in order for the medical staff to recommend that the candidate be appointed by the governing body.</p>		<p>MS.01.01.01 Medical staff bylaws address self-governance and accountability to the governing body.</p> <p>EP 13</p>	<p>The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: Qualifications for appointment to the medical staff.</p> <p>Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff must be composed of doctors of medicine or osteopathy. In accordance with state law, including scope of practice laws, the medical staff may also include other categories of physicians as listed at 482.12(c)(1) and nonphysician practitioners who are determined to be eligible for appointment by the governing body.</p> <p>MS.07.01.01 The organized medical staff provides oversight for the quality of care, treatment, and services by recommending members for appointment to the medical staff.</p> <p>EP 1</p>
<p>§482.22(c)(5) TAG: A-0358</p> <p>[The bylaws must:]</p> <p>(5) Include a requirement that --</p>			
<p>§482.22(c)(5)(i) TAG: A-0358</p> <p>(i) A medical history and physical examination be completed and documented for each patient no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be completed and documented by a physician (as defined in section 1861(r) of the Act), an oromaxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy.</p>		<p>MS.01.01.01 Medical staff bylaws address self-governance and accountability to the governing body.</p> <p>EP 16</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The requirements for completing and documenting medical histories and physical examinations. The medical history and physical examination are completed and documented by a physician, an oromaxillofacial surgeon, or other qualified licensed individual in accordance with state law and hospital policy. (For more information on performing the medical history and physical examination, refer to MS.03.01.01, EPs 6-11.)</p> <p>Note 1: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p> <p>Note 2: The requirements referred to in this element of performance are, at a minimum, those described in the element of performance and Standard PC.01.02.03, EPs 4 and 5.</p> <p>MS.03.01.01 The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.</p> <p>EP 9</p>

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.22(c)(5)(i)		PC.01.02.03	<p>The hospital assesses and reassesses the patient and his or her condition according to defined time frames.</p> <p>EP 4 The patient receives a medical history and physical examination no more than 30 days prior to, or within 24 hours after, registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. (See also MS.03.01.01, EP 6; RC.02.01.03, EP 3)</p>
§482.22(c)(5)(ii)	<p>TAG: A-0359</p> <p>[The bylaws must:]</p> <p>(5) [Include a requirement that --]</p> <p>(ii) An updated examination of the patient, including any changes in the patient's condition, be completed and documented within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, when the medical history and physical examination are completed within 30 days before admission or registration. The updated examination of the patient, including any changes in the patient's condition, must be completed and documented by a physician (as defined in section 1861® of the Act), an oromaxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy.</p>	PC.01.02.03	<p>The hospital assesses and reassesses the patient and his or her condition according to defined time frames.</p> <p>EP 5 For a medical history and physical examination that was completed within 30 days prior to registration or inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. (See also MS.03.01.01, EP 8; RC.02.01.03, EP 3)</p>
§482.22(c)(6)	<p>TAG: A-0363</p> <p>[The bylaws must:]</p> <p>(6) Include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges. For distant-site physicians and practitioners requesting privileges to furnish telemedicine services under an agreement with the hospital, the criteria for determining privileges and the procedure for applying the criteria are also subject to the requirements in §482.12(a)(8) and (a)(9), and §482.22(a)(3) and (a)(4).</p>	LD.04.03.09	<p>Care, treatment, and services provided through contractual agreement are provided safely and effectively.</p> <p>EP 23 For hospitals that use Joint Commission accreditation for deemed status purposes: When telemedicine services are furnished to the hospital's patients, the originating site has a written agreement with the distant site that specifies the following:</p> <ul style="list-style-type: none"> - The distant site is a contractor of services to the hospital. - The distant site furnishes services in a manner that permits the originating site to be in compliance with the Medicare Conditions of Participation - The originating site makes certain through the written agreement that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). (See also MS.13.01.01, EP 1) <p>Note: For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</p> <p>If the originating site chooses to use the credentialing and privileging decision of the distant-site telemedicine provider, then the following requirements apply:</p> <ul style="list-style-type: none"> - The governing body of the distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the "Medical Staff" (MS) chapter (Standards MS.06.01.01 through MS.06.01.13). - The governing body of the originating site grants privileges to a distant site licensed independent practitioner based on the originating site's medical staff recommendations, which rely on information provided by the distant site. <p>MS.01.01.01 Medical staff bylaws address self-governance and accountability to the governing body.</p> <p>EP 14 The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The process for privileging and re-privileging licensed independent practitioners, which may include the process for privileging and re-privileging other practitioners. (See also EM.02.02.13, EP 2 and MS.06.01.13, EP 1)</p>

CFR Number §482.22(c)(6)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>MS.13.01.01</p>	<p>For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.</p> <p>EP 1 All licensed independent practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:</p> <ol style="list-style-type: none"> 1. The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or 2. The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. Or 3. The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met: <ul style="list-style-type: none"> - The distant site is a Joint Commission–accredited hospital or ambulatory care organization. - The practitioner is privileged at the distant site for those services to be provided at the originating site. - For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges. - The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EP 9) <p>Note: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.</p> <ul style="list-style-type: none"> - The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. <p>Note 1: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.</p> <p>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</p>
<p>§482.22(d)</p> <p>§482.22(d) Standard: Autopsies</p> <p>The medical staff should attempt to secure autopsies in all cases of unusual deaths and of medical-legal and educational interest. The mechanism for documenting permission to perform an autopsy must be defined. There must be a system for notifying the medical staff, and specifically the attending practitioner, when an autopsy is being performed.</p>	<p>TAG: A-0364</p>	<p>MS.05.01.01</p>	<p>The organized medical staff has a leadership role in organization performance improvement activities to improve quality of care, treatment, and services and patient safety.</p> <p>EP 9 The medical staff is actively involved in the measurement, assessment, and improvement of the following: The use of developed criteria for autopsies. (See also PI.03.01.01, EPs 1-4)</p>

CFR Number §482.22(d)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital attempts to secure autopsies in all cases of unusual deaths and cases of medical, legal, and educational interest, and informs the medical staff (specifically the attending physician or clinical psychologist) of autopsies that the hospital intends to perform. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p>	<p>RI.01.05.01 The hospital addresses patient decisions about care, treatment, and services received at the end of life.</p> <p>EP 21 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital defines how it obtains and documents permission to perform an autopsy.</p>
<p>§482.23 TAG: A-0385</p> <p>§482.23 Condition of Participation: Nursing Services</p> <p>The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.</p>		<p>LD.04.03.01 The hospital provides services that meet patient needs.</p> <p>EP 2 The hospital provides essential services, including the following: - Diagnostic radiology - Dietary - Emergency - Medical records - Nuclear medicine - Nursing care - Pathology and clinical laboratory - Pharmaceutical - Physical rehabilitation - Respiratory care - Social work Note: Hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services.</p>	<p>NR.02.03.01 The nurse executive directs the implementation of nursing policies and procedures, nursing standards, and a nurse staffing plan(s).</p> <p>EP 4 The nurse executive is responsible for the provision of nursing services 24 hours a day, 7 days a week.</p> <p>EP 7 A registered nurse provides or supervises the nursing services 24 hours a day, 7 days a week.</p>
<p>§482.23(a) TAG: A-0386</p> <p>§482.23(a) Standard: Organization</p> <p>The hospital must have a well-organized service with a plan of administrative authority and delineation of responsibilities for patient care. The director of the nursing service must be a licensed registered nurse. He or she is responsible for the operation of the service, including determining the types and numbers of nursing personnel and staff necessary to provide nursing care for all areas of the hospital.</p>		<p>LD.03.06.01 Those who work in the hospital are focused on improving safety and quality.</p> <p>EP 3 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (See also IC.01.01.01, EP 3) Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.</p>	<p>NR.01.01.01 The nurse executive directs the delivery of nursing care, treatment, and services.</p> <p>EP 1 The nurse executive functions at the senior leadership level to provide effective leadership and to coordinate leaders to deliver nursing care, treatment, and services. (See also LD.04.01.05, EP 5)</p> <p>EP 5 The hospital defines the nurse executive's authority and responsibility in a written contract, written agreement, letter, memorandum, job or position description, or other document. (See also LD.04.01.05, EP 3)</p>

CFR Number §482.23(a)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		NR.01.02.01	The nurse executive is a licensed professional registered nurse qualified by advanced education and management experience.
		EP 2	The nurse executive is currently licensed as a registered professional nurse in the state in which he or she practices, in accordance with law and regulation.
		NR.02.01.01	The nurse executive directs the hospital's nursing services.
		EP 1	The nurse executive coordinates: The development of hospitalwide plans to provide nursing care, treatment, and services.
		EP 2	The nurse executive coordinates: The development of hospitalwide programs, policies, and procedures that address how nursing care needs of the patient population are assessed, met, and evaluated. Note: Examples of patient populations include pediatric, diabetic, and geriatric patients.
		EP 4	The nurse executive directs: The implementation of hospitalwide plans to provide nursing care, treatment, and services.
		EP 5	The nurse executive directs: The implementation of hospitalwide programs, policies, and procedures that address how nursing care needs of the patient population are assessed, met, and evaluated. (See also LD.04.04.07, EP 1) Note: Examples of patient populations include pediatric, diabetic, and geriatric patients.
		NR.02.02.01	The nurse executive establishes guidelines for the delivery of nursing care, treatment, and services.
		EP 4	The nurse executive, registered nurses, and other designated nursing staff write: Nurse staffing plan(s). (Refer to LD.04.03.11, EP 6)
		NR.02.03.01	The nurse executive directs the implementation of nursing policies and procedures, nursing standards, and a nurse staffing plan(s).
		EP 1	The nurse executive or designee approves nursing policies; nursing standards of patient care, treatment, and services; and standards of nursing practice for the hospital before implementation. (See also LD.04.01.07, EP 1)
		EP 2	The nurse executive implements nursing policies, procedures, and standards that describe and guide how the staff provide nursing care, treatment, and services. (See also LD.04.01.07, EP 2)
		EP 3	The nurse executive provides access to all nursing policies, procedures, and standards to the nursing staff.
		EP 4	The nurse executive is responsible for the provision of nursing services 24 hours a day, 7 days a week.
		EP 6	The nurse executive or designee exercises final authority over staff who provide nursing care, treatment, and services.
§482.23(b)	TAG: A-0392	LD.03.06.01	Those who work in the hospital are focused on improving safety and quality.
§482.23(b) Standard: Staffing and Delivery of Care	The nursing service must have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as	EP 3	Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (See also IC.01.01.01, EP 3) Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.

CFR Number §482.23(b)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
	needed. There must be supervisory and staff personnel for each department or nursing unit to ensure, when needed, the immediate availability of a registered nurse for bedside care of any patient.	NR.02.02.01 EP 3 EP 4 NR.02.03.01 EP 4 EP 7	The nurse executive establishes guidelines for the delivery of nursing care, treatment, and services. The nurse executive, registered nurses, and other designated nursing staff write: Nursing policies and procedures. The nurse executive, registered nurses, and other designated nursing staff write: Nurse staffing plan(s). (Refer to LD.04.03.11, EP 6) The nurse executive directs the implementation of nursing policies and procedures, nursing standards, and a nurse staffing plan(s). The nurse executive is responsible for the provision of nursing services 24 hours a day, 7 days a week. A registered nurse provides or supervises the nursing services 24 hours a day, 7 days a week.
§482.23(b)(1)	TAG: A-0393 (1) The hospital must provide 24-hour nursing services furnished or supervised by a registered nurse, and have a licensed practical nurse or registered nurse on duty at all times, except for rural hospitals that have in effect a 24-hour nursing waiver granted under §488.54(c) of this chapter.	LD.03.06.01 EP 3 NR.02.03.01 EP 4 EP 7	Those who work in the hospital are focused on improving safety and quality. Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (See also IC.01.01.01, EP 3) Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. The nurse executive directs the implementation of nursing policies and procedures, nursing standards, and a nurse staffing plan(s). The nurse executive is responsible for the provision of nursing services 24 hours a day, 7 days a week. A registered nurse provides or supervises the nursing services 24 hours a day, 7 days a week.
§482.23(b)(2)	TAG: A-0394 (2) The nursing service must have a procedure to ensure that hospital nursing personnel for whom licensure is required have valid and current licensure.	HR.01.02.05 EP 1	The hospital verifies staff qualifications. When law or regulation requires care providers to be currently licensed, certified, or registered to practice their professions, the hospital both verifies these credentials with the primary source and documents this verification when a provider is hired and when his or her credentials are renewed. (See also HR.01.02.07, EP 2) Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented. Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source. Note 3: An external organization (for example, a credentials verification organization [CVO]) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary.
§482.23(b)(3)	TAG: A-0395 (3) A registered nurse must supervise and evaluate the nursing care for each patient.	NR.02.01.01 EP 3 EP 5	The nurse executive directs the hospital's nursing services. The nurse executive coordinates: The development of an effective, ongoing program to measure, analyze, and improve the quality of nursing care, treatment, and services. (See also LD.03.02.01, EP 5) The nurse executive directs: The implementation of hospitalwide programs, policies, and procedures that address how nursing care needs of the patient population are assessed, met, and evaluated. (See also LD.04.04.07, EP 1) Note: Examples of patient populations include pediatric, diabetic, and geriatric patients.

CFR Number §482.23(b)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		NR.02.03.01	The nurse executive directs the implementation of nursing policies and procedures, nursing standards, and a nurse staffing plan(s).
		EP 4	The nurse executive is responsible for the provision of nursing services 24 hours a day, 7 days a week.
		EP 7	A registered nurse provides or supervises the nursing services 24 hours a day, 7 days a week.
		PC.01.02.03	The hospital assesses and reassesses the patient and his or her condition according to defined time frames.
		EP 6	A registered nurse completes a nursing assessment within 24 hours after the patient's inpatient admission. (See also RC.02.01.01, EP 2)
		PC.01.02.05	Qualified staff or licensed independent practitioners assess and reassess the patient.
		EP 1	Based on the initial assessment, a registered nurse determines the patient's need for nursing care, as required by hospital policy and law and regulation.
		PC.02.01.01	The hospital provides care, treatment, and services for each patient.
		EP 5	For hospitals that use Joint Commission accreditation for deemed status purposes: A registered nurse supervises and evaluates the nursing care for each patient.
		PC.03.01.01	The hospital plans operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia. Note: Equipment identified in the elements of performance is available to the operating room suites.
		EP 5	A registered nurse supervises perioperative nursing care.
§482.23(b)(4)	TAG: A-0396	NR.02.03.01	The nurse executive directs the implementation of nursing policies and procedures, nursing standards, and a nurse staffing plan(s).
(4) The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient. The nursing care plan may be part of an interdisciplinary care plan.		EP 2	The nurse executive implements nursing policies, procedures, and standards that describe and guide how the staff provide nursing care, treatment, and services. (See also LD.04.01.07, EP 2)
		PC.01.02.03	The hospital assesses and reassesses the patient and his or her condition according to defined time frames.
		EP 3	Each patient is reassessed as necessary based on his or her plan for care or changes in his or her condition. Note: Reassessments may also be based on the patient's diagnosis; desire for care, treatment, and services; response to previous care, treatment, and services; discharge planning needs; and/or his or her setting requirements.
		EP 6	A registered nurse completes a nursing assessment within 24 hours after the patient's inpatient admission. (See also RC.02.01.01, EP 2)
		PC.01.02.05	Qualified staff or licensed independent practitioners assess and reassess the patient.
		EP 1	Based on the initial assessment, a registered nurse determines the patient's need for nursing care, as required by hospital policy and law and regulation.

CFR Number §482.23(b)(4)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>PC.01.03.01 The hospital plans the patient's care.</p> <p>EP 1 The hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2; PC.01.02.13, EP 2)</p> <p>EP 5 The written plan of care is based on the patient's goals and the time frames, settings, and services required to meet those goals. Note: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The patient's goals include both short- and long-term goals.</p> <p>EP 23 The hospital revises plans and goals for care, treatment, and services based on the patient's needs. (See also RC.02.01.01, EP 2)</p>	
<p>§482.23(b)(5)</p>	<p>TAG: A-0397</p>	<p>HR.01.02.01 The hospital defines staff qualifications.</p>	
<p>(5) A registered nurse must assign the nursing care of each patient to other nursing personnel in accordance with the patient's needs and the specialized qualifications and competence of the nursing staff available.</p>		<p>EP 1 The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2) Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements. Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.</p> <p>HR.01.06.01 Staff are competent to perform their responsibilities.</p> <p>EP 1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. (See also NPSG.03.06.01, EP 3)</p> <p>NR.02.01.01 The nurse executive directs the hospital's nursing services.</p> <p>EP 1 The nurse executive coordinates: The development of hospitalwide plans to provide nursing care, treatment, and services.</p> <p>EP 2 The nurse executive coordinates: The development of hospitalwide programs, policies, and procedures that address how nursing care needs of the patient population are assessed, met, and evaluated. Note: Examples of patient populations include pediatric, diabetic, and geriatric patients.</p> <p>EP 4 The nurse executive directs: The implementation of hospitalwide plans to provide nursing care, treatment, and services.</p>	

CFR Number §482.23(b)(5)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 5 The nurse executive directs: The implementation of hospitalwide programs, policies, and procedures that address how nursing care needs of the patient population are assessed, met, and evaluated. (See also LD.04.04.07, EP 1) Note: Examples of patient populations include pediatric, diabetic, and geriatric patients.</p> <p>NR.02.02.01 The nurse executive establishes guidelines for the delivery of nursing care, treatment, and services.</p> <p>EP 3 The nurse executive, registered nurses, and other designated nursing staff write: Nursing policies and procedures.</p> <p>EP 4 The nurse executive, registered nurses, and other designated nursing staff write: Nurse staffing plan(s). (Refer to LD.04.03.11, EP 6)</p> <p>NR.02.03.01 The nurse executive directs the implementation of nursing policies and procedures, nursing standards, and a nurse staffing plan(s).</p> <p>EP 2 The nurse executive implements nursing policies, procedures, and standards that describe and guide how the staff provide nursing care, treatment, and services. (See also LD.04.01.07, EP 2)</p> <p>EP 8 For hospitals that use Joint Commission accreditation for deemed status purposes: A registered nurse assigns the nursing care for each patient to other nursing personnel in accordance with the patient's needs and the qualifications and competence of the nursing staff available.</p>	
<p>§482.23(b)(6)</p> <p>(6) Non-employee licensed nurses who are working in the hospital must adhere to the policies and procedures of the hospital. The director of nursing service must provide for the adequate supervision and evaluation of the clinical activities of non-employee nursing personnel which occur within the responsibility of the nursing services.</p>	<p>TAG: A-0398</p>	<p>HR.01.04.01 The hospital provides orientation to staff.</p> <p>EP 1 The hospital determines the key safety content of orientation provided to staff. (See also EC.03.01.01, EPs 1-3) Note: Key safety content may include specific processes and procedures related to the provision of care, treatment, and services; the environment of care; and infection control.</p> <p>EP 2 The hospital orients its staff to the key safety content before staff provides care, treatment, and services. Completion of this orientation is documented. (See also EC.02.03.01, EP 10 and IC.01.05.01, EP 6)</p> <p>EP 4 The hospital orients staff on the following: Their specific job duties, including those related to infection prevention and control and assessing and managing pain. Completion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.01.01, EP 7; IC.02.04.01, EP 2; RI.01.01.01, EP 8)</p> <p>HR.01.06.01 Staff are competent to perform their responsibilities.</p> <p>EP 3 An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence. Note: When a suitable individual cannot be found to assess staff competence, the hospital can utilize an outside individual for this task. If a suitable individual inside or outside the hospital cannot be found, the hospital may consult the competency guidelines from an appropriate professional organization to make its assessment.</p> <p>EP 5 Staff competence is initially assessed and documented as part of orientation.</p>	

CFR Number §482.23(b)(6)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>LD.04.03.09 Care, treatment, and services provided through contractual agreement are provided safely and effectively.</p> <p>EP 2 The hospital describes, in writing, the nature and scope of services provided through contractual agreements.</p> <p>EP 6 Leaders monitor contracted services by evaluating these services in relation to the hospital's expectations.</p> <p>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>NR.02.01.01 The nurse executive directs the hospital's nursing services.</p> <p>EP 5 The nurse executive directs: The implementation of hospitalwide programs, policies, and procedures that address how nursing care needs of the patient population are assessed, met, and evaluated. (See also LD.04.04.07, EP 1) Note: Examples of patient populations include pediatric, diabetic, and geriatric patients.</p> <p>EP 6 The nurse executive directs: The implementation of an effective, ongoing program to measure, analyze, and improve the quality of nursing care, treatment, and services. (See also LD.03.02.01, EP 5)</p> <p>NR.02.03.01 The nurse executive directs the implementation of nursing policies and procedures, nursing standards, and a nurse staffing plan(s).</p> <p>EP 2 The nurse executive implements nursing policies, procedures, and standards that describe and guide how the staff provide nursing care, treatment, and services. (See also LD.04.01.07, EP 2)</p> <p>EP 3 The nurse executive provides access to all nursing policies, procedures, and standards to the nursing staff.</p>	
<p>§482.23(c)</p> <p>(c) Standard: Preparation and administration of drugs.</p>	<p>TAG: A-0405</p>	<p>MM.05.01.07 The hospital safely prepares medications.</p>	<p>EP 1 A pharmacist, or pharmacy staff under the supervision of a pharmacist, compounds or admixes all compounded sterile preparations except in urgent situations in which a delay could harm the patient or when the product's stability is short.</p> <p>EP 2 Staff use clean or sterile techniques and maintain clean, uncluttered, and functionally separate areas for product preparation to avoid contamination of medications.</p> <p>EP 3 During preparation, staff visually inspect the medication for particulates, discoloration, or other loss of integrity. (See also MM.03.01.05, EP 2; MM.06.01.01, EP 4)</p> <p>EP 4 The hospital uses a laminar airflow hood or other ISO Class 5 environment in the pharmacy for preparing intravenous (IV) admixture or any sterile product that will not be used within 24 hours.</p>

CFR Number §482.23(c)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 5	For hospitals that use Joint Commission accreditation for deemed status purposes: Medications are prepared and administered in accordance with the orders of a licensed independent practitioner or other practitioner responsible for the patient's care, and in accordance with hospital policies; medical staff bylaws, rules, and regulations; and law and regulation. * Footnote *: For law and regulation guidance pertaining to those responsible for the care of patients, refer to 42 CFR 482.12(c).
		MM.05.01.11	The hospital safely dispenses medications.
		EP 2	The hospital dispenses medications and maintains records in accordance with law and regulation, licensure, and professional standards of practice. Note 1: Dispensing practices and recordkeeping include antidiversion strategies. Note 2: This element of performance is also applicable to sample medications.
		EP 3	The hospital dispenses medications within time frames it defines to meet patient needs.
		MM.06.01.01	The hospital safely administers medications.
		EP 1	The hospital defines, in writing, licensed independent practitioners and the clinical staff disciplines that are authorized to administer medication, with or without supervision, in accordance with law and regulation. (See also MM.06.01.03, EP 1)
		EP 2	Only authorized licensed independent practitioners and clinical staff administer medications. Note: This does not prohibit self-administration of medications by patients, when indicated. (See also MM.06.01.03, EP 1)
		EP 3	Before administration, the individual administering the medication does the following: Verifies that the medication selected matches the medication order and product label.
		EP 4	Before administration, the individual administering the medication does the following: Visually inspects the medication for particulates, discoloration, or other loss of integrity. (See also MM.03.01.05, EP 2; MM.05.01.07, EP 3)
		EP 5	Before administration, the individual administering the medication does the following: Verifies that the medication has not expired.
		EP 6	Before administration, the individual administering the medication does the following: Verifies that no contraindications exist.
		EP 7	Before administration, the individual administering the medication does the following: Verifies that the medication is being administered at the proper time, in the prescribed dose, and by the correct route.
		EP 8	Before administration, the individual administering the medication does the following: Discusses any unresolved concerns about the medication with the patient's licensed independent practitioner, prescriber (if different from the licensed independent practitioner), and/or staff involved with the patient's care, treatment, and services.
		EP 9	Before administering a new medication, the patient or family is informed about any potential clinically significant adverse drug reactions or other concerns regarding administration of a new medication. (See also MM.06.01.03, EPs 3–6; PC.02.03.01, EP 10)

CFR Number §482.23(c)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.23(c)(1)</p> <p>(1) Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patient's care as specified under §482.12(c), and accepted standards of practice.</p>	<p>TAG: A-0405</p>	<p>MM.05.01.07 The hospital safely prepares medications.</p> <p>EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes: Medications are prepared and administered in accordance with the orders of a licensed independent practitioner or other practitioner responsible for the patient's care, and in accordance with hospital policies; medical staff bylaws, rules, and regulations; and law and regulation. * Footnote *: For law and regulation guidance pertaining to those responsible for the care of patients, refer to 42 CFR 482.12(c).</p> <p>MS.03.01.01 The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.</p> <p>EP 2 Practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.</p> <p>PC.02.01.03 The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. * Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following: - Responsible for the care of the patient - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within his or her scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).</p>	
<p>§482.23(c)(1)(i)</p> <p>(i) Drugs and biologicals may be prepared and administered on the orders of other practitioners not specified under §482.12(c) only if such practitioners are acting in accordance with State law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations.</p>	<p>TAG: A-0405</p>	<p>MM.05.01.07 The hospital safely prepares medications.</p> <p>EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes: Medications are prepared and administered in accordance with the orders of a licensed independent practitioner or other practitioner responsible for the patient's care, and in accordance with hospital policies; medical staff bylaws, rules, and regulations; and law and regulation. * Footnote *: For law and regulation guidance pertaining to those responsible for the care of patients, refer to 42 CFR 482.12(c).</p> <p>MS.03.01.01 The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.</p> <p>EP 2 Practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.</p>	
<p>§482.23(c)(1)(ii)</p> <p>(ii) Drugs and biologicals may be prepared and administered on the orders contained within pre-printed and electronic standing orders, order sets, and protocols for patient orders only if such orders meet the requirements of §482.24(c)(3).</p>	<p>TAG: A-0406</p>	<p>MM.04.01.01 Medication orders are clear and accurate.</p>	

CFR Number §482.23(c)(1)(ii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 15 For hospitals that use Joint Commission accreditation for deemed status purposes: Processes for the use of preprinted and electronic standing orders, order sets, and protocols for medication orders include the following:</p> <ul style="list-style-type: none"> - Review and approval of standing orders and protocols by the medical staff and the hospital's nursing and pharmacy leadership - Evaluation of established standing orders and protocols for consistency with nationally recognized and evidence-based guidelines - Regular review of such standing orders and protocols by the medical staff and the hospital's nursing and pharmacy leadership to determine the continuing usefulness and safety of the standing orders and protocols - Dating, timing, and authenticating of standing orders and protocols by the ordering practitioner or another practitioner responsible for the patient's care in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. 	<p>MM.05.01.07 The hospital safely prepares medications.</p> <p>EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes: Medications are prepared and administered in accordance with the orders of a licensed independent practitioner or other practitioner responsible for the patient's care, and in accordance with hospital policies; medical staff bylaws, rules, and regulations; and law and regulation. *</p> <p>Footnote *: For law and regulation guidance pertaining to those responsible for the care of patients, refer to 42 CFR 482.12(c).</p> <p>MS.03.01.01 The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.</p> <p>EP 2 Practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.</p>
<p>§482.23(c)(2)</p> <p>(2) All drugs and biologicals must be administered by, or under supervision of, nursing or other personnel in accordance with Federal and State laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.</p>	<p>TAG: A-0405</p>	<p>LD.04.01.07 The hospital has policies and procedures that guide and support patient care, treatment, and services.</p> <p>EP 1 Leaders review and approve policies and procedures that guide and support patient care, treatment, and services. (See also NR.02.03.01, EP 1; RI.01.07.01, EP 1)</p> <p>EP 2 The hospital manages the implementation of policies and procedures. (See also NR.02.03.01, EP 2)</p> <p>MM.06.01.01 The hospital safely administers medications.</p> <p>EP 1 The hospital defines, in writing, licensed independent practitioners and the clinical staff disciplines that are authorized to administer medication, with or without supervision, in accordance with law and regulation. (See also MM.06.01.03, EP 1)</p> <p>EP 2 Only authorized licensed independent practitioners and clinical staff administer medications. Note: This does not prohibit self-administration of medications by patients, when indicated. (See also MM.06.01.03, EP 1)</p> <p>MS.03.01.01 The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.</p> <p>EP 2 Practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.</p>	

CFR Number §482.23(c)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
(3) With the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved hospital policy after an assessment of contraindications, orders for drugs and biologicals must be documented and signed by a practitioner who is authorized to write orders in accordance with State law and hospital policy, and who is responsible for the care of the patient as specified under §482.12(c).	TAG: A-0406	HR.01.02.07	The hospital determines how staff function within the organization.
		EP 2	Staff who provide patient care, treatment, and services practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)
		MM.04.01.01	Medication orders are clear and accurate.
		EP 2	The hospital has a written policy that defines the following: The required elements of a complete medication order.
		EP 13	The hospital implements its policies for medication orders.
		EP 14	The hospital requires an order from a doctor of medicine or osteopathy or, as permitted by law and regulation, a hospital-specific protocol(s) approved by a doctor of medicine or osteopathy to administer influenza and pneumococcal vaccines.
		PC.02.01.03	The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. * Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following: - Responsible for the care of the patient - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within his or her scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).
		RC.01.02.01	Entries in the medical record are authenticated.
		EP 4	Entries in the medical record are authenticated by the author. Information introduced into the medical record through transcription or dictation is authenticated by the author. Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key. Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or hospital policy. For electronic records, electronic signatures will be date-stamped. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: All orders, including verbal orders, are dated and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient, and who, in accordance with hospital policy; law and regulation; and medical staff bylaws, rules, and regulations, is authorized to write orders.
EP 5	The individual identified by the signature stamp or method of electronic authentication is the only individual who uses it.		

CFR Number §482.23(c)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>RC.02.01.01 The medical record contains information that reflects the patient's care, treatment, and services.</p> <p>EP 2 The medical record contains the following clinical information:</p> <ul style="list-style-type: none"> - The reason(s) for admission for care, treatment, and services - The patient's initial diagnosis, diagnostic impression(s), or condition(s) - Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8) - Any allergies to food - Any allergies to medications - Any conclusions or impressions drawn from the patient's medical history and physical examination - Any diagnoses or conditions established during the patient's course of care, treatment, and services (including complications and hospital-acquired infections). For psychiatric hospitals using Joint Commission accreditation for deemed status purposes: The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses. - Any consultation reports - Any observations relevant to care, treatment, and services - The patient's response to care, treatment, and services - Any emergency care, treatment, and services provided to the patient before his or her arrival - Any progress notes - All orders - Any medications ordered or prescribed - Any medications administered, including the strength, dose, and route - Any access site for medication, administration devices used, and rate of administration - Any adverse drug reactions - Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) - Results of diagnostic and therapeutic tests and procedures - Any medications dispensed or prescribed on discharge - Discharge diagnosis - Discharge plan and discharge planning evaluation (See also PC.01.02.03, EPs 6-8) <p>RC.02.03.07 Qualified staff receive and record verbal orders.</p> <p>EP 4 Verbal orders are authenticated within the time frame specified by law and regulation.</p>	
<p>§482.23(c)(3)(i)</p> <p>(i) If verbal orders are used, they are to be used infrequently.</p>	<p>TAG: A-0407</p>	<p>MM.04.01.01 Medication orders are clear and accurate.</p> <p>EP 6 The hospital minimizes the use of verbal and telephone medication orders.</p>	
<p>§482.23(c)(3)(ii)</p> <p>(ii) When verbal orders are used, they must only be accepted by persons who are authorized to do so by hospital policy and procedures consistent with Federal and State law.</p>	<p>TAG: A-0408</p>	<p>HR.01.02.07 The hospital determines how staff function within the organization.</p> <p>EP 2 Staff who provide patient care, treatment, and services practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)</p> <p>RC.02.03.07 Qualified staff receive and record verbal orders.</p> <p>EP 1 The hospital identifies, in writing, the staff who are authorized to receive and record verbal orders, in accordance with law and regulation.</p> <p>EP 2 Only authorized staff receive and record verbal orders.</p>	

CFR Number §482.23(c)(3)(ii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 3	Documentation of verbal orders includes the date and the names of individuals who gave, received, recorded, and implemented the orders.
		EP 4	Verbal orders are authenticated within the time frame specified by law and regulation.
		EP 6	For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of verbal orders includes the time the verbal order was received.
§482.23(c)(3)(iii)	TAG: A-0408 (iii) Orders for drugs and biologicals may be documented and signed by other practitioners not specified under §482.12(c) only if such practitioners are acting in accordance with State law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations.	MM.05.01.07	The hospital safely prepares medications.
		EP 5	For hospitals that use Joint Commission accreditation for deemed status purposes: Medications are prepared and administered in accordance with the orders of a licensed independent practitioner or other practitioner responsible for the patient's care, and in accordance with hospital policies; medical staff bylaws, rules, and regulations; and law and regulation. * Footnote *: For law and regulation guidance pertaining to those responsible for the care of patients, refer to 42 CFR 482.12(c).
		RC.01.02.01	Entries in the medical record are authenticated.
		EP 1	Only authorized individuals make entries in the medical record.
		EP 2	The hospital defines the types of entries in the medical record made by nonindependent practitioners that require countersigning, in accordance with law and regulation.
		EP 3	The author of each medical record entry is identified in the medical record.
		EP 4	Entries in the medical record are authenticated by the author. Information introduced into the medical record through transcription or dictation is authenticated by the author. Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key. Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or hospital policy. For electronic records, electronic signatures will be date-stamped. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: All orders, including verbal orders, are dated and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient, and who, in accordance with hospital policy; law and regulation; and medical staff bylaws, rules, and regulations, is authorized to write orders.
§482.23(c)(4)	TAG: A-0409 (4) Blood transfusions and intravenous medications must be administered in accordance with State law and approved medical staff policies and procedures.	LD.04.01.07	The hospital has policies and procedures that guide and support patient care, treatment, and services.
		EP 1	Leaders review and approve policies and procedures that guide and support patient care, treatment, and services. (See also NR.02.03.01, EP 1; RI.01.07.01, EP 1)
		MM.06.01.01	The hospital safely administers medications.
		EP 1	The hospital defines, in writing, licensed independent practitioners and the clinical staff disciplines that are authorized to administer medication, with or without supervision, in accordance with law and regulation. (See also MM.06.01.03, EP 1)
		EP 2	Only authorized licensed independent practitioners and clinical staff administer medications. Note: This does not prohibit self-administration of medications by patients, when indicated. (See also MM.06.01.03, EP 1)

CFR Number §482.23(c)(4)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		PC.02.01.01	The hospital provides care, treatment, and services for each patient.
		EP 15	For hospitals that use Joint Commission accreditation for deemed status purposes: Blood transfusions and intravenous medications are administered in accordance with state law and approved medical staff policies and procedures.
§482.23(c)(5)	TAG: A-0410 (5) There must be a hospital procedure for reporting transfusion reactions, adverse drug reactions, and errors in administration of drugs.	MM.07.01.03	The hospital responds to actual or potential adverse drug events, significant adverse drug reactions, and medication errors.
		EP 1	The hospital has a written process to respond to actual or potential adverse drug events, significant adverse drug reactions, and medication errors. Note: This element of performance is also applicable to sample medications.
		EP 3	The hospital complies with internal and external reporting requirements for actual or potential adverse drug events, significant adverse drug reactions, and medication errors. Note: This element of performance is also applicable to sample medications.
		EP 5	The hospital implements its process for responding to adverse drug events, significant adverse drug reactions, and medication errors. Note: This element of performance is also applicable to sample medications.
		PI.01.01.01	The hospital collects data to monitor its performance.
		EP 8	The hospital collects data on the following: All reported and confirmed transfusion reactions. (See also LD.04.04.01, EP 2; LD.04.04.05, EP 6)
		EP 14	The hospital collects data on the following: Significant medication errors. (See also LD.04.04.01, EP 2; MM.08.01.01, EP 1)
		EP 15	The hospital collects data on the following: Significant adverse drug reactions. (See also LD.04.04.01, EP 2; MM.08.01.01, EP 1)
§482.23(c)(6)	TAG: A-0412 (6) The hospital may allow a patient (or his or her caregiver/support person where appropriate) to self-administer both hospital-issued medications and the patient's own medications brought into the hospital, as defined and specified in the hospital's policies and procedures.	MM.06.01.03	Self-administered medications are administered safely and accurately. Note: The term self-administered medication(s) may refer to medications administered by a family member.
		EP 1	If self-administration of medications is allowed, written processes that address training, supervision, and documentation guide the safe and accurate self-administration of medications or the administration of medications by a family member. (See also MM.06.01.01, EPs 1 and 2)
§482.23(c)(6)(i)	TAG: A-0412 (i) If the hospital allows a patient to self-administer specific hospital-issued medications, then the hospital must have policies and procedures in place to:		
§482.23(c)(6)(i)(A)	TAG: A-0412 (A) Ensure that a practitioner responsible for the care of the patient has issued an order, consistent with hospital policy, permitting self-administration.	MM.03.01.05	The hospital safely controls medications brought into the hospital by patients, their families, or licensed independent practitioners.
		EP 1	The hospital defines when medications brought into the hospital by patients, their families, or licensed independent practitioners can be administered. Note: This element of performance is also applicable to sample medications.

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.23(c)(6)(i)(A)		MM.05.01.07 The hospital safely prepares medications. EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes: Medications are prepared and administered in accordance with the orders of a licensed independent practitioner or other practitioner responsible for the patient's care, and in accordance with hospital policies; medical staff bylaws, rules, and regulations; and law and regulation. * Footnote *: For law and regulation guidance pertaining to those responsible for the care of patients, refer to 42 CFR 482.12(c).	PC.02.01.03 The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation. EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. * Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following: - Responsible for the care of the patient - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within his or her scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).
§482.23(c)(6)(i)(B) TAG: A-0412 (B) Assess the capacity of the patient (or the patient's caregiver/support person where appropriate) to self-administer the specified medication(s).		MM.06.01.03 Self-administered medications are administered safely and accurately. Note: The term self-administered medication(s) may refer to medications administered by a family member.	EP 7 The hospital determines that the patient or the family member who administers the medication is competent at medication administration before allowing him or her to administer medications.
§482.23(c)(6)(i)(C) TAG: A-0412 (C) Instruct the patient (or the patient's caregiver/support person where appropriate) in the safe and accurate administration of the specified medication(s).		MM.06.01.03 Self-administered medications are administered safely and accurately. Note: The term self-administered medication(s) may refer to medications administered by a family member.	EP 4 The hospital educates patients and families involved in self-administration about the following: How to administer medication, including process, time, frequency, route, and dose. (See also MM.06.01.01, EP 9; PC.02.03.01, EP 10)
§482.23(c)(6)(i)(D) TAG: A-0412 (D) Address the security of the medication(s) for each patient.		MM.03.01.01 The hospital safely stores medications.	EP 2 The hospital stores medications according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions. Note: This element of performance is also applicable to sample medications. EP 3 The hospital stores all medications and biologicals, including controlled (scheduled) medications, in a secured area to prevent diversion, and locked when necessary, in accordance with law and regulation. Note 1: Scheduled medications include those listed in Schedules II–V of the Comprehensive Drug Abuse Prevention and Control Act of 1970. Note 2: This element of performance is also applicable to sample medications.

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.23(c)(6)(i)(D)		MM.06.01.03	<p>Self-administered medications are administered safely and accurately. Note: The term self-administered medication(s) may refer to medications administered by a family member.</p> <p>EP 1 If self-administration of medications is allowed, written processes that address training, supervision, and documentation guide the safe and accurate self-administration of medications or the administration of medications by a family member. (See also MM.06.01.01, EPs 1 and 2)</p>
§482.23(c)(6)(i)(E)	TAG: A-0412 (E) Document the administration of each medication, as reported by the patient (or the patient's caregiver/support person where appropriate), in the patient's medical record.	MM.06.01.03	<p>Self-administered medications are administered safely and accurately. Note: The term self-administered medication(s) may refer to medications administered by a family member.</p> <p>EP 1 If self-administration of medications is allowed, written processes that address training, supervision, and documentation guide the safe and accurate self-administration of medications or the administration of medications by a family member. (See also MM.06.01.01, EPs 1 and 2)</p> <p>RC.02.01.01 The medical record contains information that reflects the patient's care, treatment, and services.</p> <p>EP 2 The medical record contains the following clinical information:</p> <ul style="list-style-type: none"> - The reason(s) for admission for care, treatment, and services - The patient's initial diagnosis, diagnostic impression(s), or condition(s) - Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8) - Any allergies to food - Any allergies to medications - Any conclusions or impressions drawn from the patient's medical history and physical examination - Any diagnoses or conditions established during the patient's course of care, treatment, and services (including complications and hospital-acquired infections). For psychiatric hospitals using Joint Commission accreditation for deemed status purposes: The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses. - Any consultation reports - Any observations relevant to care, treatment, and services - The patient's response to care, treatment, and services - Any emergency care, treatment, and services provided to the patient before his or her arrival - Any progress notes - All orders - Any medications ordered or prescribed - Any medications administered, including the strength, dose, and route - Any access site for medication, administration devices used, and rate of administration - Any adverse drug reactions - Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) - Results of diagnostic and therapeutic tests and procedures - Any medications dispensed or prescribed on discharge - Discharge diagnosis - Discharge plan and discharge planning evaluation <p>(See also PC.01.02.03, EPs 6-8)</p>
§482.23(c)(6)(ii)	TAG: A-0413 (ii) If the hospital allows a patient to self-administer his or her own specific medications brought into the hospital, then the hospital must have policies and procedures in place to:		

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.23(c)(6)(ii)(A)	TAG: A-0413	MM.03.01.05	The hospital safely controls medications brought into the hospital by patients, their families, or licensed independent practitioners.
<p>(A) Ensure that a practitioner responsible for the care of the patient has issued an order, consistent with hospital policy, permitting self-administration of medications the patient brought into the hospital.</p>		EP 1	<p>The hospital defines when medications brought into the hospital by patients, their families, or licensed independent practitioners can be administered. Note: This element of performance is also applicable to sample medications.</p>
		MM.05.01.07	The hospital safely prepares medications.
		EP 5	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: Medications are prepared and administered in accordance with the orders of a licensed independent practitioner or other practitioner responsible for the patient's care, and in accordance with hospital policies; medical staff bylaws, rules, and regulations; and law and regulation. *</p> <p>Footnote *: For law and regulation guidance pertaining to those responsible for the care of patients, refer to 42 CFR 482.12(c).</p>
		PC.02.01.03	The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.
		EP 1	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. *</p> <p>Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following:</p> <ul style="list-style-type: none"> - Responsible for the care of the patient - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within his or her scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services <p>Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).</p>
		MM.06.01.03	Self-administered medications are administered safely and accurately. Note: The term self-administered medication(s) may refer to medications administered by a family member.
		EP 1	<p>If self-administration of medications is allowed, written processes that address training, supervision, and documentation guide the safe and accurate self-administration of medications or the administration of medications by a family member. (See also MM.06.01.01, EPs 1 and 2)</p>
		EP 7	<p>The hospital determines that the patient or the family member who administers the medication is competent at medication administration before allowing him or her to administer medications.</p>
§482.23(c)(6)(ii)(C)	TAG: A-0413	MM.03.01.05	The hospital safely controls medications brought into the hospital by patients, their families, or licensed independent practitioners.
<p>(C) Identify the specified medication(s) and visually evaluate the medication(s) for integrity.</p>		EP 2	<p>Before use or administration of a medication brought into the hospital by a patient, his or her family, or a licensed independent practitioner, the hospital identifies the medication and visually evaluates the medication's integrity. (See also MM.05.01.07, EP 3; MM.06.01.01, EP 4)</p> <p>Note: This element of performance is also applicable to sample medications.</p>

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.23(c)(6)(ii)(D)	TAG: A-0413	MM.03.01.01	The hospital safely stores medications.
(D) Address the security of the medication(s) for each patient.		EP 2	The hospital stores medications according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions. Note: This element of performance is also applicable to sample medications.
		EP 3	The hospital stores all medications and biologicals, including controlled (scheduled) medications, in a secured area to prevent diversion, and locked when necessary, in accordance with law and regulation. Note 1: Scheduled medications include those listed in Schedules II–V of the Comprehensive Drug Abuse Prevention and Control Act of 1970. Note 2: This element of performance is also applicable to sample medications.
		MM.06.01.03	Self-administered medications are administered safely and accurately. Note: The term self-administered medication(s) may refer to medications administered by a family member.
		EP 1	If self-administration of medications is allowed, written processes that address training, supervision, and documentation guide the safe and accurate self-administration of medications or the administration of medications by a family member. (See also MM.06.01.01, EPs 1 and 2)
§482.23(c)(6)(ii)(E)	TAG: A-0413	MM.06.01.03	Self-administered medications are administered safely and accurately. Note: The term self-administered medication(s) may refer to medications administered by a family member.
(E) Document the administration of each medication, as reported by the patient (or the patient's caregiver/support person where appropriate), in the patient's medical record.		EP 1	If self-administration of medications is allowed, written processes that address training, supervision, and documentation guide the safe and accurate self-administration of medications or the administration of medications by a family member. (See also MM.06.01.01, EPs 1 and 2)

CFR Number §482.23(c)(6)(ii)(E)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		RC.02.01.01 The medical record contains information that reflects the patient's care, treatment, and services.	<p>EP 2 The medical record contains the following clinical information:</p> <ul style="list-style-type: none"> - The reason(s) for admission for care, treatment, and services - The patient's initial diagnosis, diagnostic impression(s), or condition(s) - Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8) - Any allergies to food - Any allergies to medications - Any conclusions or impressions drawn from the patient's medical history and physical examination - Any diagnoses or conditions established during the patient's course of care, treatment, and services (including complications and hospital-acquired infections). For psychiatric hospitals using Joint Commission accreditation for deemed status purposes: The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses. - Any consultation reports - Any observations relevant to care, treatment, and services - The patient's response to care, treatment, and services - Any emergency care, treatment, and services provided to the patient before his or her arrival - Any progress notes - All orders - Any medications ordered or prescribed - Any medications administered, including the strength, dose, and route - Any access site for medication, administration devices used, and rate of administration - Any adverse drug reactions - Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) - Results of diagnostic and therapeutic tests and procedures - Any medications dispensed or prescribed on discharge - Discharge diagnosis - Discharge plan and discharge planning evaluation (See also PC.01.02.03, EPs 6-8)
<p>§482.24</p> <p>§482.24 Condition of Participation: Medical Record Services</p> <p>The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital.</p>	<p>TAG: A-0431</p>	LD.04.01.05 The hospital effectively manages its programs, services, sites, or departments.	<p>EP 2 Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical privileges.</p> <p>EP 3 The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. (See also NR.01.01.01, EP 5) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services.</p>

CFR Number §482.24	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>LD.04.03.01 The hospital provides services that meet patient needs.</p> <p>EP 2 The hospital provides essential services, including the following:</p> <ul style="list-style-type: none"> - Diagnostic radiology - Dietary - Emergency - Medical records - Nuclear medicine - Nursing care - Pathology and clinical laboratory - Pharmaceutical - Physical rehabilitation - Respiratory care - Social work <p>Note: Hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services.</p> <p>RC.01.01.01 The hospital maintains complete and accurate medical records for each individual patient.</p> <p>EP 1 The hospital defines the components of a complete medical record.</p> <p>EP 7 The medical record contains information that documents the course and result of the patient's care, treatment, and services.</p> <p>EP 8 The medical record contains information about the patient's care, treatment, or services that promotes continuity of care among providers.</p> <p>Note: For hospitals that elect The Joint Commission Primary Care Medical Home option: This requirement refers to care provided by both internal and external providers.</p>	
<p>§482.24(a)</p> <p>§482.24(a) Standard: Organization and Staffing</p> <p>The organization of the medical record service must be appropriate to the scope and complexity of the services performed. The hospital must employ adequate personnel to ensure prompt completion, filing, and retrieval of records.</p>	<p>TAG: A-0432</p>	<p>HR.01.02.01 The hospital defines staff qualifications.</p> <p>EP 1 The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2)</p> <p>Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).</p> <p>Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory.</p> <p>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements.</p> <p>Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.</p>	

CFR Number §482.24(a)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>IM.02.02.03 The hospital retrieves, disseminates, and transmits health information in useful formats.</p> <p>EP 1 The hospital has written policies addressing data capture, display, transmission, and retention.</p> <p>EP 2 The hospital's storage and retrieval systems make health information accessible when needed for patient care, treatment, and services. (See also IC.01.02.01, EP 1) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The medical records system allows for timely retrieval of patient information by diagnosis and procedure.</p> <p>EP 3 The hospital disseminates data and information in useful formats within time frames that are defined by the hospital and consistent with law and regulation.</p> <p>LD.03.06.01 Those who work in the hospital are focused on improving safety and quality.</p> <p>EP 3 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (See also IC.01.01.01, EP 3) Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.</p> <p>LD.04.03.01 The hospital provides services that meet patient needs.</p> <p>EP 2 The hospital provides essential services, including the following: <ul style="list-style-type: none"> - Diagnostic radiology - Dietary - Emergency - Medical records - Nuclear medicine - Nursing care - Pathology and clinical laboratory - Pharmaceutical - Physical rehabilitation - Respiratory care - Social work Note: Hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services.</p>	
<p>§482.24(b)</p> <p>§482.24(b) Standard: Form and Retention of Record</p> <p>The hospital must maintain a medical record for each inpatient and outpatient. Medical records must be accurately written, promptly completed, properly filed and retained, and accessible. The hospital must use a system of author identification and record maintenance that ensures the integrity of the authentication and protects the security of all record entries.</p>	<p>TAG: A-0438</p>	<p>IM.02.01.03 The hospital maintains the security and integrity of health information.</p> <p>EP 1 The hospital has a written policy that addresses the security of health information, including access, use, and disclosure.</p> <p>EP 2 The hospital has a written policy addressing the integrity of health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction.</p> <p>EP 6 The hospital protects health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction.</p>	

CFR Number §482.24(b)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		IM.02.02.03	The hospital retrieves, disseminates, and transmits health information in useful formats.
		EP 2	The hospital's storage and retrieval systems make health information accessible when needed for patient care, treatment, and services. (See also IC.01.02.01, EP 1) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The medical records system allows for timely retrieval of patient information by diagnosis and procedure.
		IM.04.01.01	The hospital maintains accurate health information.
		EP 1	The hospital has processes to check the accuracy of health information.
		MS.03.01.01	The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.
		EP 6	The organized medical staff specifies the minimal content of medical histories and physical examinations, which may vary by setting or level of care, treatment, and services. (See also PC.01.02.03, EP 4)
		EP 7	The organized medical staff monitors the quality of medical histories and physical examinations.
		MS.05.01.03	The organized medical staff participates in organizationwide performance improvement activities.
		EP 3	The organized medical staff participates in the following activities: Accurate, timely, and legible completion of patient's medical records. (See also RC.01.04.01, EPs 1, 3, and 4)
		RC.01.01.01	The hospital maintains complete and accurate medical records for each individual patient.
		EP 1	The hospital defines the components of a complete medical record.
		EP 7	The medical record contains information that documents the course and result of the patient's care, treatment, and services.
		EP 8	The medical record contains information about the patient's care, treatment, or services that promotes continuity of care among providers. Note: For hospitals that elect The Joint Commission Primary Care Medical Home option: This requirement refers to care provided by both internal and external providers.
		RC.01.02.01	Entries in the medical record are authenticated.
		EP 3	The author of each medical record entry is identified in the medical record.

CFR Number §482.24(b)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 4	<p>Entries in the medical record are authenticated by the author. Information introduced into the medical record through transcription or dictation is authenticated by the author.</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 hospital policy. For electronic records, electronic signatures will be date-stamped.</p> <p>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: All orders, including verbal orders, are dated and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient, and who, in accordance with hospital policy; law and regulation; and medical staff bylaws, rules, and regulations, is authorized to write orders.</p>
		EP 5	The individual identified by the signature stamp or method of electronic authentication is the only individual who uses it.
		RC.01.03.01	Documentation in the medical record is entered in a timely manner.
		EP 1	The hospital has a written policy that requires timely entry of information into the medical record. (See also PC.01.02.03, EP 1)
		EP 2	The hospital defines the time frame for completion of the medical record, which does not exceed 30 days after the patient's discharge.
		EP 3	The hospital implements its policy requiring timely entry of information into the patient's medical record. (See also PC.01.02.03, EP 2)
		RC.01.04.01	The hospital audits its medical records.
		EP 1	The hospital conducts an ongoing review of medical records at the point of care, based on the following indicators: presence, timeliness, legibility (whether handwritten or printed), accuracy, authentication, and completeness of data and information. (See also MS.05.01.03, EP 3)
		RC.01.05.01	The hospital retains its medical records.
		EP 1	The retention time of the original or legally reproduced medical record is determined by its use and hospital policy, in accordance with law and regulation.
		EP 8	Original medical records are not released unless the hospital is responding to law and regulation.
§482.24(b)(1)	TAG: A-0439	RC.01.05.01	The hospital retains its medical records.
(1) Medical records must be retained in their original or legally reproduced form for a period of at least 5 years.		EP 1	The retention time of the original or legally reproduced medical record is determined by its use and hospital policy, in accordance with law and regulation.
§482.24(b)(2)	TAG: A-0440	IM.01.01.01	The hospital plans for managing information.
(2) The hospital must have a system of coding and indexing medical records. The system must allow for timely retrieval by diagnosis and procedure, in order to support medical care evaluation studies.		EP 2	The hospital identifies how data and information enter, flow within, and leave the organization.

CFR Number §482.24(b)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		IM.02.02.03 The hospital retrieves, disseminates, and transmits health information in useful formats.	EP 2 The hospital's storage and retrieval systems make health information accessible when needed for patient care, treatment, and services. (See also IC.01.02.01, EP 1) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The medical records system allows for timely retrieval of patient information by diagnosis and procedure.
		EP 3	The hospital disseminates data and information in useful formats within time frames that are defined by the hospital and consistent with law and regulation.
		RC.01.01.01	The hospital maintains complete and accurate medical records for each individual patient.
		EP 9	The hospital uses standardized formats to document the care, treatment, and services it provides to patients.
		EP 12	The hospital tracks the location of all components of the medical record.
§482.24(b)(3)	TAG: A-0441 (3) The hospital must have a procedure for ensuring the confidentiality of patient records. Information from or copies of records may be released only to authorized individuals,	IM.02.01.01	The hospital protects the privacy of health information. EP 1 The hospital has a written policy addressing the privacy of health information. (See also RI.01.01.01, EP 7) EP 3 The hospital uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7) EP 4 The hospital discloses health information only as authorized by the patient or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7)
§482.24(b)(3) continued	TAG: A-0442 (3) continued [Information from or copies of records may be released only to authorized individuals,] and the hospital must ensure that unauthorized individuals cannot gain access to or alter patient records.	IM.02.01.01	The hospital protects the privacy of health information. EP 1 The hospital has a written policy addressing the privacy of health information. (See also RI.01.01.01, EP 7) IM.02.01.03 The hospital maintains the security and integrity of health information. EP 1 The hospital has a written policy that addresses the security of health information, including access, use, and disclosure. EP 6 The hospital protects health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction.
§482.24(b)(3) continued	TAG: A-0443 (3) continued Original medical records must be released by the hospital only in accordance with Federal or State laws, court orders, or subpoenas.	RC.01.05.01	The hospital retains its medical records. EP 8 Original medical records are not released unless the hospital is responding to law and regulation.
§482.24(c)	TAG: A-0449 §482.24(c) Standard: Content of Record	RC.01.01.01	The hospital maintains complete and accurate medical records for each individual patient.

CFR Number §482.24(c)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
	The medical record must contain information to justify admission and continued hospitalization, support the diagnosis, and describe the patient's progress and response to medications and services.	EP 5	The medical record contains the information needed to support the patient's diagnosis and condition.
		EP 6	The medical record contains the information needed to justify the patient's care, treatment, and services.
		EP 7	The medical record contains information that documents the course and result of the patient's care, treatment, and services.
		EP 8	The medical record contains information about the patient's care, treatment, or services that promotes continuity of care among providers. Note: For hospitals that elect The Joint Commission Primary Care Medical Home option: This requirement refers to care provided by both internal and external providers.
		RC.02.01.01	The medical record contains information that reflects the patient's care, treatment, and services.
		EP 2	The medical record contains the following clinical information: - The reason(s) for admission for care, treatment, and services - The patient's initial diagnosis, diagnostic impression(s), or condition(s) - Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8) - Any allergies to food - Any allergies to medications - Any conclusions or impressions drawn from the patient's medical history and physical examination - Any diagnoses or conditions established during the patient's course of care, treatment, and services (including complications and hospital-acquired infections). For psychiatric hospitals using Joint Commission accreditation for deemed status purposes: The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses. - Any consultation reports - Any observations relevant to care, treatment, and services - The patient's response to care, treatment, and services - Any emergency care, treatment, and services provided to the patient before his or her arrival - Any progress notes - All orders - Any medications ordered or prescribed - Any medications administered, including the strength, dose, and route - Any access site for medication, administration devices used, and rate of administration - Any adverse drug reactions - Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) - Results of diagnostic and therapeutic tests and procedures - Any medications dispensed or prescribed on discharge - Discharge diagnosis - Discharge plan and discharge planning evaluation (See also PC.01.02.03, EPs 6-8)
§482.24(c)(1)	TAG: A-0450	RC.01.01.01	The hospital maintains complete and accurate medical records for each individual patient.
(1) All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.		EP 5	The medical record contains the information needed to support the patient's diagnosis and condition.
		EP 6	The medical record contains the information needed to justify the patient's care, treatment, and services.

CFR Number §482.24(c)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 7	The medical record contains information that documents the course and result of the patient's care, treatment, and services.
		EP 8	The medical record contains information about the patient's care, treatment, or services that promotes continuity of care among providers. Note: For hospitals that elect The Joint Commission Primary Care Medical Home option: This requirement refers to care provided by both internal and external providers.
		EP 11	All entries in the medical record are dated.
		EP 19	For hospitals that use Joint Commission accreditation for deemed status purposes: All entries in the medical record, including all orders, are timed.
		RC.01.02.01	Entries in the medical record are authenticated.
		EP 2	The hospital defines the types of entries in the medical record made by nonindependent practitioners that require countersigning, in accordance with law and regulation.
		EP 3	The author of each medical record entry is identified in the medical record.
		EP 4	Entries in the medical record are authenticated by the author. Information introduced into the medical record through transcription or dictation is authenticated by the author. Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key. Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or hospital policy. For electronic records, electronic signatures will be date-stamped. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: All orders, including verbal orders, are dated and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient, and who, in accordance with hospital policy; law and regulation; and medical staff bylaws, rules, and regulations, is authorized to write orders.
		EP 5	The individual identified by the signature stamp or method of electronic authentication is the only individual who uses it.
		RC.01.04.01	The hospital audits its medical records.
		EP 1	The hospital conducts an ongoing review of medical records at the point of care, based on the following indicators: presence, timeliness, legibility (whether handwritten or printed), accuracy, authentication, and completeness of data and information. (See also MS.05.01.03, EP 3)
§482.24(c)(2)	TAG: A-0450	PC.02.01.03	The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.
(2) All orders, including verbal orders, must be dated, timed, and authenticated promptly by the ordering practitioner or by another practitioner who is responsible for the care of the patient only if such a practitioner is acting in accordance with State law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations.			

CFR Number §482.24(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. * Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following: - Responsible for the care of the patient - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within his or her scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).
		RC.01.01.01	The hospital maintains complete and accurate medical records for each individual patient.
		EP 11	All entries in the medical record are dated.
		EP 19	For hospitals that use Joint Commission accreditation for deemed status purposes: All entries in the medical record, including all orders, are timed.
		RC.01.02.01	Entries in the medical record are authenticated.
		EP 2	The hospital defines the types of entries in the medical record made by nonindependent practitioners that require countersigning, in accordance with law and regulation.
		EP 3	The author of each medical record entry is identified in the medical record.
		EP 4	Entries in the medical record are authenticated by the author. Information introduced into the medical record through transcription or dictation is authenticated by the author. Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key. Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or hospital policy. For electronic records, electronic signatures will be date-stamped. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: All orders, including verbal orders, are dated and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient, and who, in accordance with hospital policy; law and regulation; and medical staff bylaws, rules, and regulations, is authorized to write orders.
		EP 5	The individual identified by the signature stamp or method of electronic authentication is the only individual who uses it.
		RC.02.03.07	Qualified staff receive and record verbal orders.
		EP 3	Documentation of verbal orders includes the date and the names of individuals who gave, received, recorded, and implemented the orders.
		EP 4	Verbal orders are authenticated within the time frame specified by law and regulation.

CFR Number §482.24(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.24(c)(3)</p> <p>(3) Hospitals may use pre-printed and electronic standing orders, order sets, and protocols for patient orders only if the hospital:</p>	<p>TAG: A-0450</p>	<p>EP 6</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of verbal orders includes the time the verbal order was received.</p>
<p>§482.24(c)(3)(i)</p> <p>(i) Establishes that such orders and protocols have been reviewed and approved by the medical staff and the hospital's nursing and pharmacy leadership;</p>	<p>TAG: A-0450</p>	<p>MM.04.01.01</p> <p>EP 15</p>	<p>Medication orders are clear and accurate.</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: Processes for the use of preprinted and electronic standing orders, order sets, and protocols for medication orders include the following:</p> <ul style="list-style-type: none"> - Review and approval of standing orders and protocols by the medical staff and the hospital's nursing and pharmacy leadership - Evaluation of established standing orders and protocols for consistency with nationally recognized and evidence-based guidelines - Regular review of such standing orders and protocols by the medical staff and the hospital's nursing and pharmacy leadership to determine the continuing usefulness and safety of the standing orders and protocols - Dating, timing, and authenticating of standing orders and protocols by the ordering practitioner or another practitioner responsible for the patient's care in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations.
<p>§482.24(c)(3)(ii)</p> <p>(ii) Demonstrates that such orders and protocols are consistent with nationally recognized and evidence-based guidelines;</p>	<p>TAG: A-0450</p>	<p>MM.04.01.01</p> <p>EP 15</p>	<p>Medication orders are clear and accurate.</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: Processes for the use of preprinted and electronic standing orders, order sets, and protocols for medication orders include the following:</p> <ul style="list-style-type: none"> - Review and approval of standing orders and protocols by the medical staff and the hospital's nursing and pharmacy leadership - Evaluation of established standing orders and protocols for consistency with nationally recognized and evidence-based guidelines - Regular review of such standing orders and protocols by the medical staff and the hospital's nursing and pharmacy leadership to determine the continuing usefulness and safety of the standing orders and protocols - Dating, timing, and authenticating of standing orders and protocols by the ordering practitioner or another practitioner responsible for the patient's care in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations.
<p>§482.24(c)(3)(iii)</p> <p>(iii) Ensures that the periodic and regular review of such orders and protocols is conducted by the medical staff and the hospital's nursing and pharmacy leadership to determine the continuing usefulness and safety of the orders and protocols; and</p>	<p>TAG: A-0450</p>	<p>MM.04.01.01</p>	<p>Medication orders are clear and accurate.</p>

CFR Number §482.24(c)(3)(iii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 15	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: Processes for the use of preprinted and electronic standing orders, order sets, and protocols for medication orders include the following:</p> <ul style="list-style-type: none"> - Review and approval of standing orders and protocols by the medical staff and the hospital's nursing and pharmacy leadership - Evaluation of established standing orders and protocols for consistency with nationally recognized and evidence-based guidelines - Regular review of such standing orders and protocols by the medical staff and the hospital's nursing and pharmacy leadership to determine the continuing usefulness and safety of the standing orders and protocols - Dating, timing, and authenticating of standing orders and protocols by the ordering practitioner or another practitioner responsible for the patient's care in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations.
§482.24(c)(3)(iv)	TAG: A-0450 (iv) Ensures that such orders and protocols are dated, timed, and authenticated promptly in the patient's medical record by the ordering practitioner or by another practitioner responsible for the care of the patient only if such a practitioner is acting in accordance with State law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations.	MM.04.01.01	<p>Medication orders are clear and accurate.</p> <p>EP 15 For hospitals that use Joint Commission accreditation for deemed status purposes: Processes for the use of preprinted and electronic standing orders, order sets, and protocols for medication orders include the following:</p> <ul style="list-style-type: none"> - Review and approval of standing orders and protocols by the medical staff and the hospital's nursing and pharmacy leadership - Evaluation of established standing orders and protocols for consistency with nationally recognized and evidence-based guidelines - Regular review of such standing orders and protocols by the medical staff and the hospital's nursing and pharmacy leadership to determine the continuing usefulness and safety of the standing orders and protocols - Dating, timing, and authenticating of standing orders and protocols by the ordering practitioner or another practitioner responsible for the patient's care in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations.
§482.24(c)(4)	TAG: A-0458 (4) All records must document the following, as appropriate:		
§482.24(c)(4)(i)	TAG: A-0458 (i) Evidence of--		
§482.24(c)(4)(i)(A)	TAG: A-0458 (A) A medical history and physical examination completed and documented no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be placed in the patient's medical record within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services.	PC.01.02.03	<p>The hospital assesses and reassesses the patient and his or her condition according to defined time frames.</p> <p>EP 4 The patient receives a medical history and physical examination no more than 30 days prior to, or within 24 hours after, registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. (See also MS.03.01.01, EP 6; RC.02.01.03, EP 3)</p> <p>RC.01.03.01 Documentation in the medical record is entered in a timely manner.</p> <p>EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital records the patient's medical history and physical examination, including updates, in the medical record within 24 hours after registration or inpatient admission but prior to surgery or a procedure requiring anesthesia services.</p>

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.24(c)(4)(i)(A)		RC.02.01.03	The patient's medical record documents operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia.
		EP 3	The patient's medical history and physical examination are recorded in the medical record before an operative or other high-risk procedure is performed. (See also PC.01.02.03, EPs 4 and 5)
§482.24(c)(4)(i)(B)	TAG: A-0461 (4) [All records must document the following, as appropriate: (i) Evidence of --] (B) An updated examination of the patient, including any changes in the patient's condition, when the medical history and physical examination are completed within 30 days before admission or registration. Documentation of the updated examination must be placed in the patient's medical record within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services.	PC.01.02.03	The hospital assesses and reassesses the patient and his or her condition according to defined time frames.
		EP 5	For a medical history and physical examination that was completed within 30 days prior to registration or inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. (See also MS.03.01.01, EP 8; RC.02.01.03, EP 3)
		RC.01.03.01	Documentation in the medical record is entered in a timely manner.
		EP 4	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital records the patient's medical history and physical examination, including updates, in the medical record within 24 hours after registration or inpatient admission but prior to surgery or a procedure requiring anesthesia services.
§482.24(c)(4)(ii)	TAG: A-0463 [All records must document the following, as appropriate:] (ii) Admitting diagnosis.	RC.02.01.01	The medical record contains information that reflects the patient's care, treatment, and services.
		EP 2	The medical record contains the following clinical information: <ul style="list-style-type: none"> - The reason(s) for admission for care, treatment, and services - The patient's initial diagnosis, diagnostic impression(s), or condition(s) - Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8) - Any allergies to food - Any allergies to medications - Any conclusions or impressions drawn from the patient's medical history and physical examination - Any diagnoses or conditions established during the patient's course of care, treatment, and services (including complications and hospital-acquired infections). For psychiatric hospitals using Joint Commission accreditation for deemed status purposes: The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses. - Any consultation reports - Any observations relevant to care, treatment, and services - The patient's response to care, treatment, and services - Any emergency care, treatment, and services provided to the patient before his or her arrival - Any progress notes - All orders - Any medications ordered or prescribed - Any medications administered, including the strength, dose, and route - Any access site for medication, administration devices used, and rate of administration - Any adverse drug reactions - Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) - Results of diagnostic and therapeutic tests and procedures - Any medications dispensed or prescribed on discharge - Discharge diagnosis - Discharge plan and discharge planning evaluation (See also PC.01.02.03, EPs 6-8)

CFR Number §482.24(c)(4)(iii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.24(c)(4)(iii)</p> <p>[All records must document the following, as appropriate:]</p> <p>(iii) Results of all consultative evaluations of the patient and appropriate findings by clinical and other staff involved in the care of the patient.</p>	<p>TAG: A-0464</p>	<p>RC.02.01.01</p> <p>EP 2</p>	<p>The medical record contains information that reflects the patient's care, treatment, and services.</p> <p>The medical record contains the following clinical information:</p> <ul style="list-style-type: none"> - The reason(s) for admission for care, treatment, and services - The patient's initial diagnosis, diagnostic impression(s), or condition(s) - Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8) - Any allergies to food - Any allergies to medications - Any conclusions or impressions drawn from the patient's medical history and physical examination - Any diagnoses or conditions established during the patient's course of care, treatment, and services (including complications and hospital-acquired infections). For psychiatric hospitals using Joint Commission accreditation for deemed status purposes: The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses. - Any consultation reports - Any observations relevant to care, treatment, and services - The patient's response to care, treatment, and services - Any emergency care, treatment, and services provided to the patient before his or her arrival - Any progress notes - All orders - Any medications ordered or prescribed - Any medications administered, including the strength, dose, and route - Any access site for medication, administration devices used, and rate of administration - Any adverse drug reactions - Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) - Results of diagnostic and therapeutic tests and procedures - Any medications dispensed or prescribed on discharge - Discharge diagnosis - Discharge plan and discharge planning evaluation (See also PC.01.02.03, EPs 6-8)
<p>§482.24(c)(4)(iv)</p> <p>[All records must document the following, as appropriate:]</p> <p>(iv) Documentation of complications, hospital acquired infections, and unfavorable reactions to drugs and anesthesia.</p>	<p>TAG: A-0465</p>	<p>RC.02.01.01</p>	<p>The medical record contains information that reflects the patient's care, treatment, and services.</p>

CFR Number §482.24(c)(4)(iv)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 2 The medical record contains the following clinical information:</p> <ul style="list-style-type: none"> - The reason(s) for admission for care, treatment, and services - The patient's initial diagnosis, diagnostic impression(s), or condition(s) - Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8) - Any allergies to food - Any allergies to medications - Any conclusions or impressions drawn from the patient's medical history and physical examination - Any diagnoses or conditions established during the patient's course of care, treatment, and services (including complications and hospital-acquired infections). For psychiatric hospitals using Joint Commission accreditation for deemed status purposes: The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses. - Any consultation reports - Any observations relevant to care, treatment, and services - The patient's response to care, treatment, and services - Any emergency care, treatment, and services provided to the patient before his or her arrival - Any progress notes - All orders - Any medications ordered or prescribed - Any medications administered, including the strength, dose, and route - Any access site for medication, administration devices used, and rate of administration - Any adverse drug reactions - Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) - Results of diagnostic and therapeutic tests and procedures - Any medications dispensed or prescribed on discharge - Discharge diagnosis - Discharge plan and discharge planning evaluation (See also PC.01.02.03, EPs 6-8) 	<p>RC.02.01.03 The patient's medical record documents operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia.</p> <p>EP 8 The medical record contains the following postoperative information:</p> <ul style="list-style-type: none"> - The patient's vital signs and level of consciousness (See also PC.03.01.05, EP 1; PC.03.01.07, EP 1) - 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>§482.24(c)(4)(v)</p> <p>[All records must document the following, as appropriate:]</p> <p>(v) Properly executed informed consent forms for procedures and treatments specified by the medical staff, or by Federal or State law if applicable, to require written patient consent.</p>	<p>TAG: A-0466</p>	<p>RC.02.01.01</p>	<p>The medical record contains information that reflects the patient's care, treatment, and services.</p>

CFR Number §482.24(c)(4)(v)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 4 As needed to provide care, treatment, and services, the medical record contains the following additional information:</p> <ul style="list-style-type: none"> - Any advance directives (See also RI.01.05.01, EP 11) - Any informed consent, when required by hospital policy (See also RI.01.03.01, EP 13) <p>Note: The properly executed informed consent is placed in the patient's medical record prior to surgery, except in emergencies. A properly executed informed consent contains documentation of a patient's mutual understanding of and agreement for care, treatment, and services through written signature; electronic signature; or, when a patient is unable to provide a signature, documentation of the verbal agreement by the patient or surrogate decision-maker.</p> <ul style="list-style-type: none"> - Any records of communication with the patient, such as telephone calls or e-mail - Any patient-generated information 	<p>RI.01.03.01 The hospital honors the patient's right to give or withhold informed consent.</p> <p>EP 1 The hospital has a written policy on informed consent.</p> <p>EP 2 The hospital's written policy identifies the specific care, treatment, and services that require informed consent, in accordance with law and regulation.</p> <p>EP 3 The hospital's written policy describes circumstances that would allow for exceptions to obtaining informed consent.</p> <p>EP 4 The hospital's written policy describes the process used to obtain informed consent.</p> <p>EP 5 The hospital's written policy describes how informed consent is documented in the patient record. Note: Documentation may be recorded in a form, in progress notes, or elsewhere in the record.</p> <p>EP 6 The hospital's written policy describes when a surrogate decision-maker may give informed consent. (See also RI.01.02.01, EP 6)</p> <p>EP 7 The informed consent process includes a discussion about the patient's proposed care, treatment, and services.</p> <p>EP 9 The informed consent process includes a discussion about potential benefits, risks, and side effects of the patient's proposed care, treatment, and services; the likelihood of the patient achieving his or her goals; and any potential problems that might occur during recuperation.</p> <p>EP 11 The informed consent process includes a discussion about reasonable alternatives to the patient's proposed care, treatment, and services. The discussion encompasses risks, benefits, and side effects related to the alternatives and the risks related to not receiving the proposed care, treatment, and services.</p> <p>EP 13 Informed consent is obtained in accordance with the hospital's policy and processes and, except in emergencies, prior to surgery. (See also RC.02.01.01, EP 4)</p>
<p>§482.24(c)(4)(vi)</p> <p>[All records must document the following, as appropriate:]</p> <p>(vi) All practitioners' orders, nursing notes, reports of treatment, medication records, radiology, and laboratory reports, and vital signs and other information necessary to monitor the patient's condition.</p>	<p>TAG: A-0467</p>	<p>RC.02.01.01</p>	<p>The medical record contains information that reflects the patient's care, treatment, and services.</p>

CFR Number §482.24(c)(4)(vi)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 2</p>	<p>The medical record contains the following clinical information:</p> <ul style="list-style-type: none"> - The reason(s) for admission for care, treatment, and services - The patient's initial diagnosis, diagnostic impression(s), or condition(s) - Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8) - Any allergies to food - Any allergies to medications - Any conclusions or impressions drawn from the patient's medical history and physical examination - Any diagnoses or conditions established during the patient's course of care, treatment, and services (including complications and hospital-acquired infections). For psychiatric hospitals using Joint Commission accreditation for deemed status purposes: The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses. - Any consultation reports - Any observations relevant to care, treatment, and services - The patient's response to care, treatment, and services - Any emergency care, treatment, and services provided to the patient before his or her arrival - Any progress notes - All orders - Any medications ordered or prescribed - Any medications administered, including the strength, dose, and route - Any access site for medication, administration devices used, and rate of administration - Any adverse drug reactions - Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) - Results of diagnostic and therapeutic tests and procedures - Any medications dispensed or prescribed on discharge - Discharge diagnosis - Discharge plan and discharge planning evaluation (See also PC.01.02.03, EPs 6-8)
<p>§482.24(c)(4)(vii)</p> <p>[All records must document the following, as appropriate:]</p> <p>(vii) Discharge summary with outcome of hospitalization, disposition of case, and provisions for follow-up care.</p>	<p>TAG: A-0468</p>	<p>RC.02.04.01</p> <p>EP 3</p>	<p>The hospital documents the patient's discharge information.</p> <p>In order to provide information to other caregivers and facilitate the patient's continuity of care, the medical record contains a concise discharge summary that includes the following:</p> <ul style="list-style-type: none"> - The reason for hospitalization - The procedures performed - The care, treatment, and services provided - The patient's condition and disposition at discharge - Information provided to the patient and family - Provisions for follow-up care <p>Note 1: A discharge summary is not required when a patient is seen for minor problems or interventions, as defined by the medical staff. In this instance, a final progress note may be substituted for the discharge summary provided the note contains the outcome of hospitalization, disposition of the case, and provisions for follow-up care.</p> <p>Note 2: When a patient is transferred to a different level of care within the hospital, and caregivers change, a transfer summary may be substituted for the discharge summary. If the caregivers do not change, a progress note may be used.</p> <p>Note 3: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The record of each patient discharged needs to include a discharge summary with the above information. The exceptions in Notes 1 and 2 are not applicable. All patients discharged need to have a discharge summary.</p>

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.24(c)(4)(viii)	TAG: A-0469	RC.01.03.01	Documentation in the medical record is entered in a timely manner.
<p data-bbox="54 217 600 240">[All records must document the following, as appropriate:]</p> <p data-bbox="54 266 911 289">(viii) Final diagnosis with completion of medical records within 30 days following discharge.</p>		EP 2	The hospital defines the time frame for completion of the medical record, which does not exceed 30 days after the patient's discharge.
		RC.02.01.01	<p data-bbox="1138 289 2016 334">The medical record contains information that reflects the patient's care, treatment, and services.</p> <p data-bbox="945 357 2028 1062"> EP 2 The medical record contains the following clinical information: <ul style="list-style-type: none"> - The reason(s) for admission for care, treatment, and services - The patient's initial diagnosis, diagnostic impression(s), or condition(s) - Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8) - Any allergies to food - Any allergies to medications - Any conclusions or impressions drawn from the patient's medical history and physical examination - Any diagnoses or conditions established during the patient's course of care, treatment, and services (including complications and hospital-acquired infections). For psychiatric hospitals using Joint Commission accreditation for deemed status purposes: The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses. - Any consultation reports - Any observations relevant to care, treatment, and services - The patient's response to care, treatment, and services - Any emergency care, treatment, and services provided to the patient before his or her arrival - Any progress notes - All orders - Any medications ordered or prescribed - Any medications administered, including the strength, dose, and route - Any access site for medication, administration devices used, and rate of administration - Any adverse drug reactions - Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) - Results of diagnostic and therapeutic tests and procedures - Any medications dispensed or prescribed on discharge - Discharge diagnosis - Discharge plan and discharge planning evaluation (See also PC.01.02.03, EPs 6-8) </p>
§482.25	TAG: A-0490	LD.04.01.07	<p data-bbox="1138 1094 1923 1140">The hospital has policies and procedures that guide and support patient care, treatment, and services.</p> <p data-bbox="945 1162 2024 1208"> EP 1 Leaders review and approve policies and procedures that guide and support patient care, treatment, and services. (See also NR.02.03.01, EP 1; RI.01.07.01, EP 1) </p>
<p data-bbox="54 1143 621 1166">§482.25 Condition of Participation: Pharmaceutical Services</p> <p data-bbox="54 1192 911 1312">The hospital must have pharmaceutical services that meet the needs of the patients. The institution must have a pharmacy directed by a registered pharmacist or a drug storage area under competent supervision. The medical staff is responsible for developing policies and procedures that minimize drug errors. This function may be delegated to the hospital's organized pharmaceutical service.</p>			

CFR Number §482.25	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>LD.04.03.01 The hospital provides services that meet patient needs.</p> <p>EP 2 The hospital provides essential services, including the following:</p> <ul style="list-style-type: none"> - Diagnostic radiology - Dietary - Emergency - Medical records - Nuclear medicine - Nursing care - Pathology and clinical laboratory - Pharmaceutical - Physical rehabilitation - Respiratory care - Social work <p>Note: Hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services.</p> <p>MM.03.01.01 The hospital safely stores medications.</p> <p>EP 19 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a pharmacy directed by a registered pharmacist or a supervised drug storage area, in accordance with law and regulation.</p> <p>Note: This element of performance is also applicable to sample medications.</p>	
<p>§482.25(a) TAG: A-0491</p> <p>§482.25(a) Standard: Pharmacy Management and Administration</p> <p>The pharmacy or drug storage area must be administered in accordance with accepted professional principles.</p>		<p>LD.04.01.05 The hospital effectively manages its programs, services, sites, or departments.</p> <p>EP 3 The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. (See also NR.01.01.01, EP 5)</p> <p>Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services.</p> <p>LD.04.04.03 New or modified services or processes are well designed.</p> <p>EP 4 The hospital's design of new or modified services or processes incorporates evidence-based information in the decision-making process.</p> <p>Note: For example, evidence-based information could include practice guidelines, successful practices, information from current literature, and clinical standards.</p> <p>LD.04.04.07 The hospital considers clinical practice guidelines when designing or improving processes.</p> <p>EP 1 The hospital considers using clinical practice guidelines when designing or improving processes. (See also NR.02.01.01, EP 5)</p> <p>MM.03.01.01 The hospital safely stores medications.</p> <p>EP 3 The hospital stores all medications and biologicals, including controlled (scheduled) medications, in a secured area to prevent diversion, and locked when necessary, in accordance with law and regulation.</p> <p>Note 1: Scheduled medications include those listed in Schedules II–V of the Comprehensive Drug Abuse Prevention and Control Act of 1970.</p> <p>Note 2: This element of performance is also applicable to sample medications.</p>	

CFR Number §482.25(a)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 4 The hospital has a written policy addressing the control of medication between receipt by an individual health care provider and administration of the medication, including safe storage, handling, security, disposition, and return to storage. Note: This element of performance is also applicable to sample medications.	
		EP 5 The hospital implements its policy addressing the control of medication between receipt by an individual health care provider and its administration. Note: This element of performance is also applicable to sample medications.	
			MM.05.01.11 The hospital safely dispenses medications.
		EP 2 The hospital dispenses medications and maintains records in accordance with law and regulation, licensure, and professional standards of practice. Note 1: Dispensing practices and recordkeeping include antidiversion strategies. Note 2: This element of performance is also applicable to sample medications.	
§482.25(a)(1)	TAG: A-0492 (1) A full-time, part-time, or consulting pharmacist must be responsible for developing, supervising, and coordinating all the activities of the pharmacy services.	HR.01.01.01	The hospital has the necessary staff to support the care, treatment, and services it provides.
		EP 28 For hospitals that use Joint Commission accreditation for deemed status purposes: A full-time, part-time, or consulting pharmacist develops, supervises, and coordinates all the activities of the pharmacy department or pharmacy services.	
§482.25(a)(2)	TAG: A-0493 (2) The pharmaceutical service must have an adequate number of personnel to ensure quality pharmaceutical services, including emergency services.	LD.03.06.01	Those who work in the hospital are focused on improving safety and quality.
		EP 3 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (See also IC.01.01.01, EP 3) Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.	
§482.25(a)(3)	TAG: A-0494 (3) Current and accurate records must be kept of the receipt and disposition of all scheduled drugs.	MM.03.01.01	The hospital safely stores medications.
		EP 3 The hospital stores all medications and biologicals, including controlled (scheduled) medications, in a secured area to prevent diversion, and locked when necessary, in accordance with law and regulation. Note 1: Scheduled medications include those listed in Schedules II–V of the Comprehensive Drug Abuse Prevention and Control Act of 1970. Note 2: This element of performance is also applicable to sample medications.	
		EP 4 The hospital has a written policy addressing the control of medication between receipt by an individual health care provider and administration of the medication, including safe storage, handling, security, disposition, and return to storage. Note: This element of performance is also applicable to sample medications.	
		EP 5 The hospital implements its policy addressing the control of medication between receipt by an individual health care provider and its administration. Note: This element of performance is also applicable to sample medications.	
			MM.05.01.11 The hospital safely dispenses medications.
		EP 2 The hospital dispenses medications and maintains records in accordance with law and regulation, licensure, and professional standards of practice. Note 1: Dispensing practices and recordkeeping include antidiversion strategies. Note 2: This element of performance is also applicable to sample medications.	

CFR Number §482.25(b)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.25(b)	TAG: A-0500	EC.02.01.01	The hospital manages safety and security risks.
§482.25(b) Standard: Delivery of Services In order to provide patient safety, drugs and biologicals must be controlled and distributed in accordance with applicable standards of practice, consistent with Federal and State law.		EP 11	The hospital responds to product notices and recalls. (See also MM.05.01.17, EPs 1–4)
		MM.03.01.01	The hospital safely stores medications.
		EP 3	The hospital stores all medications and biologicals, including controlled (scheduled) medications, in a secured area to prevent diversion, and locked when necessary, in accordance with law and regulation. Note 1: Scheduled medications include those listed in Schedules II–V of the Comprehensive Drug Abuse Prevention and Control Act of 1970. Note 2: This element of performance is also applicable to sample medications.
		EP 4	The hospital has a written policy addressing the control of medication between receipt by an individual health care provider and administration of the medication, including safe storage, handling, security, disposition, and return to storage. Note: This element of performance is also applicable to sample medications.
		EP 5	The hospital implements its policy addressing the control of medication between receipt by an individual health care provider and its administration. Note: This element of performance is also applicable to sample medications.
		MM.05.01.01	A pharmacist reviews the appropriateness of all medication orders for medications to be dispensed in the hospital.
		EP 1	Before dispensing or removing medications from floor stock or from an automated storage and distribution device, a pharmacist reviews all medication orders or prescriptions unless a licensed independent practitioner controls the ordering, preparation, and administration of the medication or when a delay would harm the patient in an urgent situation (including sudden changes in a patient's clinical status), in accordance with law and regulation. Note 1: The Joint Commission permits emergency departments to broadly apply two exceptions in regard to Standard MM.05.01.01, EP 1. These exceptions are intended to minimize treatment delays and patient back-up. The first exception allows medications ordered by a licensed independent practitioner to be administered by staff who are permitted to do so by virtue of education, training, and organization policy (such as a registered nurse) and in accordance with law and regulation. A licensed independent practitioner is not required to remain at the bedside when the medication is administered. However, a licensed independent practitioner must be available to provide immediate intervention should a patient experience an adverse drug event. The second exception allows medications to be administered in urgent situations when a delay in doing so would harm the patient. Note 2: A hospital's radiology service (including hospital-associated ambulatory radiology) will be expected to define, through protocol or policy, the role of the licensed independent practitioner in the direct supervision of a patient during and after IV contrast media is administered including the licensed independent practitioner's timely intervention in the event of a patient emergency.
		MM.05.01.11	The hospital safely dispenses medications.
		EP 2	The hospital dispenses medications and maintains records in accordance with law and regulation, licensure, and professional standards of practice. Note 1: Dispensing practices and recordkeeping include antidiversion strategies. Note 2: This element of performance is also applicable to sample medications.

CFR Number §482.25(b)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		MM.05.01.17 The hospital follows a process to retrieve recalled or discontinued medications.	<p>EP 1 The hospital has a written policy describing how it will retrieve and handle medications within the hospital that are recalled or discontinued for safety reasons by the manufacturer or the US Food and Drug Administration (FDA). (See also EC.02.01.01, EP 11) Note: This element of performance is also applicable to sample medications.</p> <p>EP 2 The hospital implements its policy on retrieving and handling medications when they are recalled or discontinued for safety reasons. (See also EC.02.01.01, EP 11) Note: This element of performance is also applicable to sample medications.</p> <p>EP 3 When a medication is recalled or discontinued for safety reasons by the manufacturer or the US Food and Drug Administration (FDA), the hospital notifies the prescribers and those who dispense or administer the medication. (See also EC.02.01.01, EP 11) Note: This element of performance is also applicable to sample medications.</p> <p>EP 4 When required by law and regulation or hospital policy, the hospital informs patients that their medication has been recalled or discontinued for safety reasons by the manufacturer or the US Food and Drug Administration (FDA). (See also EC.02.01.01, EP 11) Note: This element of performance is also applicable to sample medications.</p>
	§482.25(b)(1) TAG: A-0501	MM.05.01.19 The hospital safely manages returned medications.	<p>EP 2 When the hospital accepts unused, expired, or returned medications, it has a process for returning medications to the pharmacy's control that includes procedures for preventing diversion. Note: This element of performance is also applicable to sample medications.</p>
<p>(1) All compounding, packaging, and dispensing of drugs and biologicals must be under the supervision of a pharmacist and performed consistent with State and Federal laws.</p>		MM.05.01.07 The hospital safely prepares medications.	<p>EP 1 A pharmacist, or pharmacy staff under the supervision of a pharmacist, compounds or admixes all compounded sterile preparations except in urgent situations in which a delay could harm the patient or when the product's stability is short.</p>
		MM.05.01.11 The hospital safely dispenses medications.	<p>EP 2 The hospital dispenses medications and maintains records in accordance with law and regulation, licensure, and professional standards of practice. Note 1: Dispensing practices and recordkeeping include antidiversion strategies. Note 2: This element of performance is also applicable to sample medications.</p>
<p>(2)(i) All drugs and biologicals must be kept in a secure area, and locked when appropriate.</p>	§482.25(b)(2)(i) TAG: A-0502	MM.03.01.01 The hospital safely stores medications.	<p>EP 3 The hospital stores all medications and biologicals, including controlled (scheduled) medications, in a secured area to prevent diversion, and locked when necessary, in accordance with law and regulation. Note 1: Scheduled medications include those listed in Schedules II–V of the Comprehensive Drug Abuse Prevention and Control Act of 1970. Note 2: This element of performance is also applicable to sample medications.</p> <p>EP 4 The hospital has a written policy addressing the control of medication between receipt by an individual health care provider and administration of the medication, including safe storage, handling, security, disposition, and return to storage. Note: This element of performance is also applicable to sample medications.</p>

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.25(b)(2)(i)		EP 5	The hospital implements its policy addressing the control of medication between receipt by an individual health care provider and its administration. Note: This element of performance is also applicable to sample medications.
		EP 6	The hospital prevents unauthorized individuals from obtaining medications in accordance with its policy and law and regulation. Note: This element of performance is also applicable to sample medications.
§482.25(b)(2)(ii)	TAG: A-0503	MM.03.01.01	The hospital safely stores medications.
(ii) Drugs listed in Schedules II, III, IV, and V of the Comprehensive Drug Abuse Prevention and Control Act of 1970 must be kept locked within a secure area.		EP 3	The hospital stores all medications and biologicals, including controlled (scheduled) medications, in a secured area to prevent diversion, and locked when necessary, in accordance with law and regulation. Note 1: Scheduled medications include those listed in Schedules II–V of the Comprehensive Drug Abuse Prevention and Control Act of 1970. Note 2: This element of performance is also applicable to sample medications.
§482.25(b)(2)(iii)	TAG: A-0504	MM.03.01.01	The hospital safely stores medications.
(iii) Only authorized personnel may have access to locked areas.		EP 6	The hospital prevents unauthorized individuals from obtaining medications in accordance with its policy and law and regulation. Note: This element of performance is also applicable to sample medications.
§482.25(b)(3)	TAG: A-0505	MM.03.01.01	The hospital safely stores medications.
(3) Outdated, mislabeled, or otherwise unusable drugs and biologicals must not be available for patient use.		EP 8	The hospital removes all expired, damaged, and/or contaminated medications and stores them separately from medications available for administration. Note: This element of performance is also applicable to sample medications.
§482.25(b)(4)	TAG: A-0506	MM.05.01.13	The hospital safely obtains medications when the pharmacy is closed.
(4) When a pharmacist is not available, drugs and biologicals must be removed from the pharmacy or storage area only by personnel designated in the policies of the medical staff and pharmaceutical service, in accordance with Federal and State law.		EP 1	The hospital has a process for providing medications to meet patient needs when the pharmacy is closed.
		EP 4	When non-pharmacist health care professionals are allowed by law or regulation to obtain medications after the pharmacy is closed, the following occurs: Only trained, designated prescribers and nurses are permitted access to approved medications.
		EP 7	The hospital implements its process for providing medications to meet patient needs when the pharmacy is closed.
§482.25(b)(5)	TAG: A-0507	MM.04.01.01	Medication orders are clear and accurate.
(5) Drugs and biologicals not specifically prescribed as to time or number of doses must automatically be stopped after a reasonable time that is predetermined by the medical staff.			

CFR Number §482.25(b)(5)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 1 The hospital has a written policy that identifies the specific types of medication orders that it deems acceptable for use. Note: There are several different types of medication orders. Medication orders commonly used include the following:</p> <ul style="list-style-type: none"> - As needed (PRN) orders: Orders acted on based on the occurrence of a specific indication or symptom - Standing orders: A prewritten medication order and specific instructions from the licensed independent practitioner to administer a medication to a person in clearly defined circumstances - Automatic stop orders: Orders that include a date or time to discontinue a medication - Titrating orders: Orders in which the dose is either progressively increased or decreased in response to the patient's status - Taper orders: Orders in which the dose is decreased by a particular amount with each dosing interval - Range orders: Orders in which the dose or dosing interval varies over a prescribed range, depending on the situation or patient's status - Orders for compounded drugs or drug mixtures not commercially available - Orders for medication-related devices (for example, nebulizers, catheters) - Orders for investigational medications - Orders for herbal products - Orders for medications at discharge or transfer 	<p>MM.05.01.01 A pharmacist reviews the appropriateness of all medication orders for medications to be dispensed in the hospital.</p> <p>EP 6 All medication orders are reviewed for the following: The appropriateness of the medication, dose, frequency, and route of administration.</p> <p>MM.05.01.07 The hospital safely prepares medications.</p> <p>EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes: Medications are prepared and administered in accordance with the orders of a licensed independent practitioner or other practitioner responsible for the patient's care, and in accordance with hospital policies; medical staff bylaws, rules, and regulations; and law and regulation. * Footnote *: For law and regulation guidance pertaining to those responsible for the care of patients, refer to 42 CFR 482.12(c).</p>
§482.25(b)(6)	TAG: A-0508	MM.07.01.03	The hospital responds to actual or potential adverse drug events, significant adverse drug reactions, and medication errors.
(6) Drug administration errors, adverse drug reactions, and incompatibilities must be immediately reported to the attending physician and, if appropriate, to the hospital's quality assessment and performance improvement program.		<p>EP 1 The hospital has a written process to respond to actual or potential adverse drug events, significant adverse drug reactions, and medication errors. Note: This element of performance is also applicable to sample medications.</p> <p>EP 2 The hospital has a written process addressing prescriber notification in the event of an adverse drug event, significant adverse drug reaction, or medication error. Note: This element of performance is also applicable to sample medications.</p> <p>EP 3 The hospital complies with internal and external reporting requirements for actual or potential adverse drug events, significant adverse drug reactions, and medication errors. Note: This element of performance is also applicable to sample medications.</p>	

CFR Number §482.25(b)(6)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes: Medication administration errors, adverse drug reactions, and medication incompatibilities as defined by the hospital are immediately reported to the attending physician or clinical psychologist and as appropriate to the organizationwide quality assessment and performance improvement program. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p>	<p>PI.01.01.01 The hospital collects data to monitor its performance.</p> <p>EP 14 The hospital collects data on the following: Significant medication errors. (See also LD.04.04.01, EP 2; MM.08.01.01, EP 1)</p> <p>EP 15 The hospital collects data on the following: Significant adverse drug reactions. (See also LD.04.04.01, EP 2; MM.08.01.01, EP 1)</p>
<p>§482.25(b)(7)</p> <p>(7) Abuses and losses of controlled substances must be reported, in accordance with applicable Federal and State laws, to the individual responsible for the pharmaceutical service, and to the chief executive officer, as appropriate.</p>	<p>TAG: A-0509</p>	<p>MM.01.01.03</p>	<p>The hospital safely manages high-alert and hazardous medications.</p> <p>EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports abuses and losses of controlled substances, in accordance with law and regulation, to the individual responsible for the pharmacy department or service and, as appropriate, to the chief executive. Note: This element of performance is also applicable to sample medications.</p>
<p>§482.25(b)(8)</p> <p>(8) Information relating to drug interactions and information of drug therapy, side effects, toxicology, dosage, indications for use, and routes of administration must be available to the professional staff.</p>	<p>TAG: A-0510</p>	<p>IM.03.01.01</p>	<p>Knowledge-based information resources are available, current, and authoritative.</p> <p>EP 1 The hospital provides access to knowledge-based information resources 24 hours a day, 7 days a week. (See also IM.01.01.03, EPs 2 and 6)</p> <p>MM.02.01.01 The hospital selects and procures medications.</p> <p>EP 4 The hospital maintains a formulary, including medication strength and dosage. Note 1: Sample medications are not required to be on the formulary. Note 2: In some settings, the term "list of medications available for use" is used instead of "formulary." The terms are synonymous.</p> <p>EP 5 The hospital makes its formulary readily available to those involved in medication management.</p>
<p>§482.25(b)(9)</p> <p>(9) A formulary system must be established by the medical staff to assure quality pharmaceuticals at reasonable costs.</p>	<p>TAG: A-0511</p>	<p>MM.02.01.01</p>	<p>The hospital selects and procures medications.</p> <p>EP 1 Members of the medical staff, licensed independent practitioners, pharmacists, and staff involved in ordering, dispensing, administering, and/or monitoring the effects of medications develop written criteria for determining which medications are available for dispensing or administering to patients. Note: This element of performance is also applicable to sample medications.</p>

CFR Number §482.25(b)(9)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 2 The hospital develops and approves criteria for selecting medications, which, at a minimum, include the following:</p> <ul style="list-style-type: none"> - Indications for use - Effectiveness - Drug interactions - Potential for errors and abuse - Adverse drug events - Sentinel event advisories - Population(s) served (for example, pediatrics, geriatrics) - Other risks - Costs <p>Note: This element of performance is also applicable to sample medications.</p> <p>EP 4 The hospital maintains a formulary, including medication strength and dosage. Note 1: Sample medications are not required to be on the formulary. Note 2: In some settings, the term "list of medications available for use" is used instead of "formulary." The terms are synonymous.</p> <p>EP 5 The hospital makes its formulary readily available to those involved in medication management.</p>	
§482.26	TAG: A-0528	HR.01.02.01	The hospital defines staff qualifications.
§482.26 Condition of Participation: Radiologic Services	The hospital must maintain, or have available, diagnostic radiologic services. If therapeutic services are also provided, they, as well as the diagnostic services, must meet professionally approved standards for safety and personnel qualifications.	EP 1	<p>The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2)</p> <p>Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).</p> <p>Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory.</p> <p>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements.</p> <p>Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.</p>
		HR.01.06.01	Staff are competent to perform their responsibilities.
		EP 1	<p>The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. (See also NPSG.03.06.01, EP 3)</p>
		LD.01.03.01	The governing body is ultimately accountable for the safety and quality of care, treatment, and services.
		EP 3	<p>The governing body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7)</p> <p>Note: For hospitals that use Joint Commission accreditation for deemed status purposes: If emergency services are provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.</p>

CFR Number §482.26	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		LD.04.03.01	The hospital provides services that meet patient needs.
		EP 1	<p>The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements. Note: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: If medical and surgical diagnostic and treatment services are not available within the hospital, the hospital has an agreement with an outside source for these services to make sure that the services are immediately available or an agreement needs to be established for transferring patients to a general hospital that participates in the Medicare program.</p>
		EP 2	<p>The hospital provides essential services, including the following:</p> <ul style="list-style-type: none"> - Diagnostic radiology - Dietary - Emergency - Medical records - Nuclear medicine - Nursing care - Pathology and clinical laboratory - Pharmaceutical - Physical rehabilitation - Respiratory care - Social work <p>Note: Hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services.</p>
		LD.04.03.09	Care, treatment, and services provided through contractual agreement are provided safely and effectively.
		EP 2	<p>The hospital describes, in writing, the nature and scope of services provided through contractual agreements.</p>
		EP 4	<p>Leaders monitor contracted services by establishing expectations for the performance of the contracted services. Note 1: In most cases, each licensed independent practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following the process described in the "Medical Staff" (MS) chapter. Note 2: For hospitals that do not use Joint Commission accreditation for deemed status purposes: When the hospital contracts with another accredited organization for patient care, treatment, and services to be provided off site, it can do the following:</p> <ul style="list-style-type: none"> - Verify that all licensed independent practitioners who will be providing patient care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges. - Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their privileges. <p>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The leaders who monitor the contracted services are the governing body.</p>
		EP 5	<p>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>
		EP 6	<p>Leaders monitor contracted services by evaluating these services in relation to the hospital's expectations.</p>

CFR Number §482.26	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		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.	
		EP 8 When contractual agreements are renegotiated or terminated, the hospital maintains the continuity of patient care.	
		LD.04.04.03	New or modified services or processes are well designed.
		EP 4 The hospital's design of new or modified services or processes incorporates evidence-based information in the decision-making process. Note: For example, evidence-based information could include practice guidelines, successful practices, information from current literature, and clinical standards.	
		LD.04.04.07	The hospital considers clinical practice guidelines when designing or improving processes.
		EP 1 The hospital considers using clinical practice guidelines when designing or improving processes. (See also NR.02.01.01, EP 5)	
§482.26(a)	TAG: A-0529	LD.04.03.01	The hospital provides services that meet patient needs.
[§482.26 Condition of Participation: Radiologic Services The hospital must maintain, or have available, diagnostic radiologic services...] §482.26(a) Standard: Radiologic Services The hospital must maintain, or have available, radiologic services according to the needs of the patients.		EP 1 The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements. Note: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: If medical and surgical diagnostic and treatment services are not available within the hospital, the hospital has an agreement with an outside source for these services to make sure that the services are immediately available or an agreement needs to be established for transferring patients to a general hospital that participates in the Medicare program.	
		EP 2 The hospital provides essential services, including the following: - Diagnostic radiology - Dietary - Emergency - Medical records - Nuclear medicine - Nursing care - Pathology and clinical laboratory - Pharmaceutical - Physical rehabilitation - Respiratory care - Social work Note: Hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services.	

CFR Number §482.26(a)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		LD.04.03.09	Care, treatment, and services provided through contractual agreement are provided safely and effectively.
		EP 2	The hospital describes, in writing, the nature and scope of services provided through contractual agreements.
		EP 8	When contractual agreements are renegotiated or terminated, the hospital maintains the continuity of patient care.
§482.26(b)	TAG: A-0535	EC.01.01.01	The hospital plans activities to minimize risks in the environment of care. Note: One or more persons can be assigned to manage risks associated with the management plans described in this standard.
[§482.26 Condition of Participation: Radiologic Services ... If therapeutic services are also provided, they, as well as the diagnostic services, must meet professionally approved standards for safety and personnel qualifications.] §482.26(b) Standard: Safety for Patients and Personnel The radiologic services, particularly ionizing radiology procedures, must be free from hazards for patients and personnel.		EP 3	The hospital has a written plan for managing the following: The environmental safety of patients and everyone else who enters the hospital's facilities. (See also EC.04.01.01, EP 15)
		EP 5	The hospital has a written plan for managing the following: Hazardous materials and waste. (See also EC.04.01.01, EP 15)
		EC.02.01.01	The hospital manages safety and security risks.
		EP 1	The hospital identifies safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the hospital's facilities. (See also EC.04.01.01, EP 14) 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 hospital takes action to minimize or eliminate identified safety and security risks in the physical environment.
		EC.02.02.01	The hospital manages risks related to hazardous materials and waste.
		EP 3	The hospital has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures.
		EP 7	The hospital minimizes risks associated with selecting and using hazardous energy sources. Note: Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs).
		EC.04.01.01	The hospital collects information to monitor conditions in the environment.
		EP 12	The hospital conducts environmental tours every six months in patient care areas to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate environment of care risks. (See also EC.04.01.03, EP 1)
		EP 14	The hospital uses its tours to identify environmental deficiencies, hazards, and unsafe practices. (See also EC.02.01.01, EP 1; EC.04.01.03, EP 1)
		LD.04.01.07	The hospital has policies and procedures that guide and support patient care, treatment, and services.
		EP 1	Leaders review and approve policies and procedures that guide and support patient care, treatment, and services. (See also NR.02.03.01, EP 1; RI.01.07.01, EP 1)

CFR Number §482.26(b)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.26(b)(1)</p> <p>(1) Proper safety precautions must be maintained against radiation hazards. This includes adequate shielding for patients, personnel, and facilities, as well as appropriate storage, use and disposal of radioactive materials.</p>	<p>TAG: A-0536</p>	<p>EP 2</p>	<p>The hospital manages the implementation of policies and procedures. (See also NR.02.03.01, EP 2)</p>
		<p>EC.02.02.01</p>	<p>The hospital manages risks related to hazardous materials and waste.</p>
		<p>EP 1</p>	<p>The hospital maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates. The only materials that need to be included on the inventory are those whose handling, use, and storage are addressed by law and regulation. (See also IC.02.01.01, EP 6; MM.01.01.03, EP 3)</p>
		<p>EP 3</p>	<p>The hospital has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures.</p>
		<p>EP 6</p>	<p>The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of radioactive materials.</p>
		<p>EP 7</p>	<p>The hospital minimizes risks associated with selecting and using hazardous energy sources. Note: Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs).</p>
		<p>EP 8</p>	<p>The hospital minimizes risks associated with disposing of hazardous medications. (See also MM.01.01.03, EPs 1-3)</p>
		<p>EP 11</p>	<p>For managing hazardous materials and waste, the hospital has the permits, licenses, manifests, and safety data sheets required by law and regulation.</p>
		<p>EP 12</p>	<p>The hospital labels hazardous materials and waste. Labels identify the contents and hazard warnings. * (See also IC.02.01.01, EP 6) 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.</p>
		<p>EC.02.04.03</p>	<p>The hospital inspects, tests, and maintains medical equipment.</p>
		<p>EP 1</p>	<p>For hospitals that do not use Joint Commission accreditation for deemed status purposes: Before initial use of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks. (See also EC.02.04.01, EP 2)</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: Before initial use and after major repairs or upgrades of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks. (See also EC.02.04.01, EP 2)</p>
		<p>EP 3</p>	<p>The hospital inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented. (See also EC.02.04.01, EPs 2 and 4)</p>
		<p>MM.01.01.03</p>	<p>The hospital safely manages high-alert and hazardous medications.</p>
<p>EP 1</p>	<p>The hospital identifies, in writing, its high-alert and hazardous medications. * (See also EC.02.02.01, EP 8) Note: This element of performance is also applicable to sample medications. Footnote *: For a list of high-alert medications, see http://www.ismp.org. For a list of hazardous medications, see http://www.cdc.gov/niosh/docs/2014-138/pdfs/2014-138_v3.pdf.</p>		

CFR Number §482.26(b)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 2	The hospital has a process for managing high-alert and hazardous medications. (See also EC.02.02.01, EP 8; MM.03.01.01, EP 9) Note: This element of performance is also applicable to sample medications.
		EP 3	The hospital implements its process for managing high-alert and hazardous medications. (See also EC.02.02.01, EPs 1 and 8) Note: This element of performance is also applicable to sample medications.
§482.26(b)(2)	TAG: A-0537	EC.02.04.01	The hospital manages medical equipment risks.
(2) Periodic inspection of equipment must be made and hazards identified must be properly corrected.		EP 2	For hospitals that do not use Joint Commission accreditation for deemed status purposes: The hospital maintains either a written inventory of all medical equipment or a written inventory of selected equipment categorized by physical risk associated with use (including all life-support equipment) and equipment incident history. The hospital evaluates new types of equipment before initial use to determine whether they should be included in the inventory. (See also EC.02.04.03, EPs 1 and 3) For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains a written inventory of all medical equipment. (See also EC.02.04.03, EPs 1 and 3)
		EP 4	The hospital identifies the activities and associated frequencies, in writing, for maintaining, inspecting, and testing all medical equipment on the inventory. These activities and associated frequencies are in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance (AEM) program. (See also EC.02.04.03, EPs 2 and 3) Note: The strategies of an AEM program must not reduce the safety of equipment and must be based on accepted standards of practice. * Footnote *: An example of standards for a medical equipment program is the American National Standards Institute/Association for the Advancement of Medical Instrumentation handbook ANSI/AAMI EQ56: 2013, Recommended Practice for a Medical Equipment Management Program.
		EC.02.04.03	The hospital inspects, tests, and maintains medical equipment.
		EP 1	For hospitals that do not use Joint Commission accreditation for deemed status purposes: Before initial use of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks. (See also EC.02.04.01, EP 2) For hospitals that use Joint Commission accreditation for deemed status purposes: Before initial use and after major repairs or upgrades of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks. (See also EC.02.04.01, EP 2)
		EP 3	The hospital inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented. (See also EC.02.04.01, EPs 2 and 4)
		EC.04.01.01	The hospital collects information to monitor conditions in the environment.
		EP 8	Based on its process(es), the hospital reports and investigates the following: Hazardous materials and waste spills and exposures. (See also EC.04.01.03, EP 1)
§482.26(b)(3)	TAG: A-0538	EC.02.02.01	The hospital manages risks related to hazardous materials and waste.
(3) Radiation workers must be checked periodically, by the use of exposure meters or badge tests, for amount of radiation exposure.		EP 3	The hospital has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures.

CFR Number §482.26(b)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 7 The hospital minimizes risks associated with selecting and using hazardous energy sources. Note: Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs).</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Radiation workers are checked periodically, by the use of exposure meters or badge tests, for the amount of radiation exposure.</p>	
<p>§482.26(b)(4)</p> <p>(4) Radiologic services must be provided only on the order of practitioners with clinical privileges or, consistent with State law, of other practitioners authorized by the medical staff and the governing body to order the services.</p>	<p>TAG: A-0539</p>	<p>PC.02.01.03</p>	<p>The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. * Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following: - Responsible for the care of the patient - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within his or her scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).</p>
<p>§482.26(c)</p> <p>§482.26(c) Standard: Personnel</p>	<p>TAG: A-0546</p>		
<p>§482.26(c)(1)</p> <p>(1) A qualified full-time, part-time or consulting radiologist must supervise the ionizing radiology services and must interpret only those radiologic tests that are determined by the medical staff to require a radiologist's specialized knowledge. For purposes of this section, a radiologist is a doctor of medicine or osteopathy who is qualified by education and experience in radiology.</p>	<p>TAG: A-0546</p>	<p>LD.04.01.05</p>	<p>The hospital effectively manages its programs, services, sites, or departments.</p> <p>EP 1 Leaders of the program, service, site, or department oversee operations.</p> <p>EP 3 The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. (See also NR.01.01.01, EP 5) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services.</p>

CFR Number §482.26(c)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		MS.01.01.01	Medical staff bylaws address self-governance and accountability to the governing body.
		EP 36	<p>The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: If departments of the medical staff exist, the qualifications and roles and responsibilities of the department chair, which are defined by the organized medical staff, include the following:</p> <p>Qualifications:</p> <ul style="list-style-type: none"> - Certification by an appropriate specialty board or comparable competence affirmatively established through the credentialing process. <p>Roles and responsibilities:</p> <ul style="list-style-type: none"> - Clinically related activities of the department - Administratively related activities of the department, unless otherwise provided by the hospital - Continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges - Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department - Recommending clinical privileges for each member of the department - Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the organization - Integration of the department or service into the primary functions of the organization - Coordination and integration of interdepartmental and intradepartmental services - Development and implementation of policies and procedures that guide and support the provision of care, treatment, and services - Recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services - Determination of the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services - Continuous assessment and improvement of the quality of care, treatment, and services - Maintenance of quality control programs, as appropriate - Orientation and continuing education of all persons in the department or service - Recommending space and other resources needed by the department or service <p>Note: For hospitals that use Joint Commission accreditation for deemed status purposes: When departments of the medical staff do not exist, the medical staff is responsible for the development of policies and procedures that minimize medication errors. The medical staff may delegate this responsibility to the organized pharmaceutical service.</p>
		MS.06.01.03	The hospital collects information regarding each practitioner’s current license status, training, experience, competence, and ability to perform the requested privilege.
		EP 9	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: A full-time, part-time, or consulting radiologist who is a doctor of medicine or osteopathy qualified by education and experience in radiology supervises ionizing radiology services.</p>

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.26(c)(1)		MS.06.01.05	<p>The decision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is an objective, evidence-based process.</p> <p>EP 2 The hospital, based on recommendations by the organized medical staff and approval by the governing body, establishes criteria that determine a practitioner's ability to provide patient care, treatment, and services within the scope of the privilege(s) requested. Evaluation of all of the following are included in the criteria:</p> <ul style="list-style-type: none"> - Current licensure and/or certification, as appropriate, verified with the primary source - The applicant's specific relevant training, verified with the primary source - Evidence of physical ability to perform the requested privilege - Data from professional practice review by an organization(s) that currently privileges the applicant (if available) - Peer and/or faculty recommendation - When renewing privileges, review of the practitioner's performance within the hospital
§482.26(c)(2)	TAG: A-0547	MS.03.01.01	<p>The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.</p> <p>EP 16 For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff determines the qualifications of the radiology staff who use equipment and administer procedures.</p>
§482.26(d)	TAG: A-0553	RC.02.01.01	<p>The medical record contains information that reflects the patient's care, treatment, and services.</p> <p>EP 2 The medical record contains the following clinical information:</p> <ul style="list-style-type: none"> - The reason(s) for admission for care, treatment, and services - The patient's initial diagnosis, diagnostic impression(s), or condition(s) - Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8) - Any allergies to food - Any allergies to medications - Any conclusions or impressions drawn from the patient's medical history and physical examination - Any diagnoses or conditions established during the patient's course of care, treatment, and services (including complications and hospital-acquired infections). For psychiatric hospitals using Joint Commission accreditation for deemed status purposes: The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses. - Any consultation reports - Any observations relevant to care, treatment, and services - The patient's response to care, treatment, and services - Any emergency care, treatment, and services provided to the patient before his or her arrival - Any progress notes - All orders - Any medications ordered or prescribed - Any medications administered, including the strength, dose, and route - Any access site for medication, administration devices used, and rate of administration - Any adverse drug reactions - Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) - Results of diagnostic and therapeutic tests and procedures - Any medications dispensed or prescribed on discharge - Discharge diagnosis - Discharge plan and discharge planning evaluation <p>(See also PC.01.02.03, EPs 6-8)</p>

CFR Number §482.26(d)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.26(d)(1)</p> <p>(1) The radiologist or other practitioner who performs radiology services must sign reports of his or her interpretations.</p>	<p>TAG: A-0553</p>	<p>RC.01.02.01</p>	<p>Entries in the medical record are authenticated.</p> <p>EP 3 The author of each medical record entry is identified in the medical record.</p> <p>EP 4 Entries in the medical record are authenticated by the author. Information introduced into the medical record through transcription or dictation is authenticated by the author. Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key. Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or hospital policy. For electronic records, electronic signatures will be date-stamped. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: All orders, including verbal orders, are dated and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient, and who, in accordance with hospital policy; law and regulation; and medical staff bylaws, rules, and regulations, is authorized to write orders.</p> <p>EP 5 The individual identified by the signature stamp or method of electronic authentication is the only individual who uses it.</p>
<p>§482.26(d)(2)</p> <p>(2) The hospital must maintain the following for at least 5 years:</p>	<p>TAG: A-0553</p>	<p>RC.01.05.01</p>	<p>The hospital retains its medical records.</p> <p>EP 1 The retention time of the original or legally reproduced medical record is determined by its use and hospital policy, in accordance with law and regulation.</p>
<p>§482.26(d)(2)(i)</p> <p>(i) Copies of reports and printouts</p>	<p>TAG: A-0553</p>	<p>RC.01.05.01</p>	<p>The hospital retains its medical records.</p> <p>EP 1 The retention time of the original or legally reproduced medical record is determined by its use and hospital policy, in accordance with law and regulation.</p>
<p>§482.26(d)(2)(ii)</p> <p>(ii) Films, scans, and other image records, as appropriate.</p>	<p>TAG: A-0553</p>	<p>RC.01.05.01</p>	<p>The hospital retains its medical records.</p> <p>EP 1 The retention time of the original or legally reproduced medical record is determined by its use and hospital policy, in accordance with law and regulation.</p>
<p>§482.27</p> <p>§482.27 Condition of Participation: Laboratory Services</p> <p>The hospital must maintain, or have available, adequate laboratory services to meet the needs of its patients. The hospital must ensure that all laboratory services provided to its patients are performed in a facility certified in accordance with Part 493 of this chapter.</p>	<p>TAG: A-0576</p>	<p>LD.04.01.01</p>	<p>The hospital complies with law and regulation.</p> <p>EP 1 The hospital is licensed, is certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, or services for which the hospital is seeking accreditation from The Joint Commission. Note: 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. (See also WT.01.01.01, EP 1; WT.04.01.01, EP 1) Footnote *: 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.</p> <p>EP 2 The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.</p>

CFR Number §482.27	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		LD.04.03.01	<p>The hospital provides services that meet patient needs.</p> <p>EP 1 The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements. Note: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: If medical and surgical diagnostic and treatment services are not available within the hospital, the hospital has an agreement with an outside source for these services to make sure that the services are immediately available or an agreement needs to be established for transferring patients to a general hospital that participates in the Medicare program.</p> <p>EP 2 The hospital provides essential services, including the following: <ul style="list-style-type: none"> - Diagnostic radiology - Dietary - Emergency - Medical records - Nuclear medicine - Nursing care - Pathology and clinical laboratory - Pharmaceutical - Physical rehabilitation - Respiratory care - Social work Note: Hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services.</p>
§482.27(a)	TAG: A-0582	LD.04.01.01	<p>The hospital complies with law and regulation.</p>
§482.27(a) Standard: Adequacy of Laboratory Services	The hospital must have laboratory services available, either directly or through a contractual agreement with a certified laboratory that meets requirements of Part 493 of this chapter.	EP 1	<p>The hospital is licensed, is certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, or services for which the hospital is seeking accreditation from The Joint Commission. Note: 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. (See also WT.01.01.01, EP 1; WT.04.01.01, EP 1) Footnote *: 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.</p>

CFR Number §482.27(a)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>LD.04.03.01 The hospital provides services that meet patient needs.</p> <p>EP 2 The hospital provides essential services, including the following:</p> <ul style="list-style-type: none"> - Diagnostic radiology - Dietary - Emergency - Medical records - Nuclear medicine - Nursing care - Pathology and clinical laboratory - Pharmaceutical - Physical rehabilitation - Respiratory care - Social work <p>Note: Hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services.</p> <p>LD.04.03.09 Care, treatment, and services provided through contractual agreement are provided safely and effectively.</p> <p>EP 2 The hospital describes, in writing, the nature and scope of services provided through contractual agreements.</p> <p>EP 4 Leaders monitor contracted services by establishing expectations for the performance of the contracted services.</p> <p>Note 1: In most cases, each licensed independent practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following the process described in the "Medical Staff" (MS) chapter.</p> <p>Note 2: For hospitals that do not use Joint Commission accreditation for deemed status purposes: When the hospital contracts with another accredited organization for patient care, treatment, and services to be provided off site, it can do the following:</p> <ul style="list-style-type: none"> - Verify that all licensed independent practitioners who will be providing patient care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges. - Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their privileges. <p>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The leaders who monitor the contracted services are the governing body.</p> <p>EP 10 Reference and contract laboratory services meet the federal regulations for clinical laboratories and maintain evidence of the same. *</p> <p>Footnote *: For law and regulation guidance on the Clinical Laboratory Improvement Amendments of 1988, refer to 42 CFR 493.</p>	
<p>§482.27(a)(1)</p>	<p>TAG: A-0583</p>	<p>LD.04.03.01 The hospital provides services that meet patient needs.</p>	
<p>(1) Emergency laboratory services must be available 24 hours a day.</p>		<p>EP 26 For hospitals that use Joint Commission accreditation for deemed status purposes: Emergency laboratory services are available 24 hours a day, 7 days a week.</p>	
<p>§482.27(a)(2)</p>	<p>TAG: A-0584</p>	<p>LD.01.03.01 The governing body is ultimately accountable for the safety and quality of care, treatment, and services.</p>	
<p>(2) A written description of services provided must be available to the medical staff.</p>			

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.27(a)(2)		<p>EP 3 The governing body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: If emergency services are provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.</p>	
		LD.04.03.09	Care, treatment, and services provided through contractual agreement are provided safely and effectively.
		EP 2	The hospital describes, in writing, the nature and scope of services provided through contractual agreements.
§482.27(a)(3)	TAG: A-0585	PC.03.01.08	For hospitals that use Joint Commission accreditation for deemed status purposes: The laboratory has written policies and procedures for the handling of tissue specimens removed during a surgical procedure.
(3) The laboratory must make provision for proper receipt and reporting of tissue specimens.		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The laboratory has written policies and procedures for collecting, preserving, transporting, receiving, and reporting examination results for tissue specimens.
		EP 3	For hospitals that use Joint Commission accreditation for deemed status purposes: The laboratory follows its policies and procedures for the handling of tissue specimens removed during a surgical procedure.
§482.27(a)(4)	TAG: A-0586	PC.03.01.08	For hospitals that use Joint Commission accreditation for deemed status purposes: The laboratory has written policies and procedures for the handling of tissue specimens removed during a surgical procedure.
(4) The medical staff and a pathologist must determine which tissue specimens require a macroscopic (gross) examination and which require both macroscopic and microscopic examinations.		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: The laboratory has a written policy, approved by the medical staff and a pathologist, that establishes which tissue specimens require only a macroscopic examination, and which require both a macroscopic and microscopic examination.
§482.27(b)	TAG: A-0592		
§482.27(b) Standard: Potentially Infectious Blood and Blood Components			
§482.27(b)(1)	TAG: A-0592		
(1) Potentially human immunodeficiency virus (HIV) infectious blood and blood components. Potentially HIV infectious blood and blood components are prior collections from a donor –			
§482.27(b)(1)(i)	TAG: A-0592	PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
(i) Who tested negative at the time of donation but tests reactive for evidence of HIV infection on a later donation;		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.27(b)(1)(i)		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(b)(1)(ii)	TAG: A-0592 (ii) Who tests positive on the supplemental (additional, more specific) test or other follow-up testing required by FDA; and	PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components. EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(b)(1)(iii)	TAG: A-0592 (iii) For whom the timing of seroconversion cannot be precisely estimated.	PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components. EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(b)(2)	TAG: A-0592 (2) Potentially hepatitis C virus (HCV) infectious blood and blood components. Potentially HCV infectious blood and blood components are the blood and blood components identified in 21 CFR 610.47.	PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components. EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.

CFR Number §482.27(b)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.27(b)(3)</p> <p>(3) Services furnished by an outside blood collecting establishment. If a hospital regularly uses the services of an outside blood collecting establishment, it must have an agreement with the blood collecting establishment that governs the procurement, transfer, and availability of blood and blood components. The agreement must require that the blood collecting establishment notify the hospital --</p>	<p>TAG: A-0592</p>	<p>PC.05.01.09</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.</p>
<p>§482.27(b)(3)(i)</p> <p>(i) Within 3 calendar days if the blood collecting establishment supplied blood and blood components collected from a donor who tested negative at the time of donation but tests reactive for evidence of HIV or HCV infection on a later donation or who is determined to be at increased risk for transmitting HIV or HCV infection;</p>	<p>TAG: A-0592</p>	<p>PC.05.01.09</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.</p>
<p>§482.27(b)(3)(ii)</p> <p>(ii) Within 45 days of the test, of the results of the supplemental (additional, more specific) test for HIV or HCV, as relevant, or other follow-up testing required by FDA;</p>	<p>TAG: A-0592</p>	<p>PC.05.01.09</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.</p>
<p>§482.27(b)(3)(iii)</p> <p>(iii) Within 3 calendar days after the blood collecting establishment supplied blood and blood components collected from an infectious donor, whenever records are available, as set forth at 21 CFR 610.48(b)(3).</p>	<p>TAG: A-0592</p>	<p>PC.05.01.09</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.</p>

CFR Number §482.27(b)(3)(iii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(b)(4)	TAG: A-0592 (4) Quarantine of blood and blood components pending completion of testing. If the blood collecting establishment (either internal or under an agreement) notifies the hospital of the reactive HIV or HCV screening test results, the hospital must determine the disposition of the blood or blood component and quarantine all blood and blood components from previous donations in inventory.	PC.05.01.09	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.</p>
§482.27(b)(4)(i)	TAG: A-0592 (i) If the blood collecting establishment notifies the hospital that the result of the supplemental (additional, more specific) test or other follow-up testing required by FDA is negative, absent other informative test results, the hospital may release the blood and blood components from quarantine.	PC.05.01.09	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.</p>
§482.27(b)(4)(ii)	TAG: A-0592 (ii) If the blood collecting establishment notifies the hospital that the result of the supplemental (additional, more specific) test or other follow-up testing required by FDA is positive, the hospital must –		
§482.27(b)(4)(ii)(A)	TAG: A-0592 (A) Dispose of the blood and blood components; and	PC.05.01.09	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.</p>

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.27(b)(4)(ii)(A)		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(b)(4)(ii)(B)	TAG: A-0592	PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
(B) Notify the transfusion recipients as set forth in paragraph (b)(6) of this section.		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(b)(4)(iii)	TAG: A-0592	PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
(iii) If the blood collecting establishment notifies the hospital that the result of the supplemental (additional, more specific) test or other follow-up testing required by FDA is indeterminate, the hospital must destroy or label prior collections of blood or blood components held in quarantine as set forth at 21 CFR 610.46(b)(2), 610.47(b)(2), and 610.48(c)(2).		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(b)(5)	TAG: A-0592		
(5) Recordkeeping by the hospital. The hospital must maintain --			
§482.27(b)(5)(i)	TAG: A-0592	PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
(i) Records of the source and disposition of all units of blood and blood components for at least 10 years from the date of disposition in a manner that permits prompt retrieval; and		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.27(b)(5)(i)		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(b)(5)(ii)	TAG: A-0592	PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
(ii) A fully funded plan to transfer these records to another hospital or other entity if such hospital ceases operation for any reason.		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(b)(6)	TAG: A-0592		
(6) Patient notification. If the hospital has administered potentially HIV or HCV infectious blood or blood components (either directly through its own blood collecting establishment or under an agreement) or released such blood or blood components to another entity or appropriate individual, the hospital must take the following actions:		PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
§482.27(b)(6)(i)	TAG: A-0592	EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
(i) Make reasonable attempts to notify the patient, or to notify the attending physician who ordered the blood or blood component and ask the physician to notify the patient, or other individual as permitted under paragraph (b)(10) of this section, that potentially HIV or HCV infectious blood or blood components were transfused to the patient and that there may be a need for HIV or HCV testing and counseling.		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(b)(6)(ii)	TAG: A-0592	PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
(ii) If the physician is unavailable or declines to make the notification, make reasonable attempts to give this notification to the patient, legal guardian or relative.		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.27(b)(6)(ii)		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(b)(6)(iii)	TAG: A-0592	PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
(iii) Document in the patient's medical record the notification or attempts to give the required notification.		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(b)(7)	TAG: A-0592		
(7) Timeframe for notification.			
§482.27(b)(7)(i)	TAG: A-0592	PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
(i) For donors tested on or after February 20, 2008. For notifications resulting from donors tested on or after February 20, 2008 as set forth at 21 CFR 610.46 and 21 CFR 610.47 the notification effort begins when the blood collecting establishment notifies the hospital that it received potentially HIV or HCV infectious blood and blood components. The hospital must make reasonable attempts to give notification over a period of 12 weeks unless--		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(b)(7)(i)(A)	TAG: A-0592	PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
(A) The patient is located and notified; or		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.27(b)(7)(i)(A)		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(b)(7)(i)(B)	TAG: A-0592 (B) The hospital is unable to locate the patient and documents in the patient's medical record the extenuating circumstances beyond the hospital's control that caused the notification timeframe to exceed 12 weeks.	PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(b)(7)(ii)	TAG: A-0592 (ii) For donors tested before February 20, 2008. For notifications from donors tested before February 20, 2008 as set forth at 21 CFR 610.48(b) and (c), the notification effort begins when the blood collecting establishment notifies the hospital that it received potentially HCV infectious blood and blood components. The hospital must make reasonable attempts to give notification and must complete the actions within 1 year of the date on which the hospital received notification from the outside blood collecting establishment.	PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(b)(8)	TAG: A-0592 (8) Content of notification. The notification must include the following information:		
§482.27(b)(8)(i)	TAG: A-0592 (i) A basic explanation of the need for HIV or HCV testing and counseling.	PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.27(b)(8)(i)		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(b)(8)(ii)	TAG: A-0592 (ii) Enough oral or written information so that an informed decision can be made about whether to obtain HIV or HCV testing and counseling.	PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components. EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(b)(8)(iii)	TAG: A-0592 (iii) A list of programs or places where the person can obtain HIV or HCV testing and counseling, including any requirements or restrictions the program may impose.	PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components. EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(b)(9)	TAG: A-0592 (9) Policies and procedures. The hospital must establish policies and procedures for notification and documentation that conform to Federal, State, and local laws, including requirements for the confidentiality of medical records and other patient information.	PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components. EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(b)(10)	TAG: A-0592 (10) Notification to legal representative or relative. If the patient has been adjudged incompetent by a State court, the physician or hospital must notify a legal representative designated in accordance with State law. If the patient is competent, but State law permits a legal representative or relative to receive the information on the patient's behalf, the physician or hospital must notify the patient or his or her legal representative or relative. For possible HIV infectious transfusion recipients that are deceased, the physician or	PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components. EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.27(b)(10)	hospital must inform the deceased patient's legal representative or relative. If the patient is a minor, the parents or legal guardian must be notified.	EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(b)(11)	TAG: A-0592 (11) Applicability. HCV notification requirements resulting from donors tested before February 20, 2008 as set forth at 21 CFR 610.48 will expire on August 24, 2015.	PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(c)	TAG: A-0593 §482.27(c) Standard: General blood safety issues. For lookback activities only related to new blood safety issues that are identified after August 24, 2007, hospitals must comply with FDA regulations as they pertain to blood safety issues in the following areas:		
§482.27(c)(1)	TAG: A-0593 (1) Appropriate testing and quarantining of infectious blood and blood components.	PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.27(c)(2)	TAG: A-0593 (2) Notification and counseling of recipients that may have received infectious blood and blood components.	PC.05.01.09	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.

CFR Number §482.27(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix.
§482.28	TAG: A-0618	HR.01.01.01	The hospital has the necessary staff to support the care, treatment, and services it provides.
§482.28 Condition of Participation: Food and Dietetic Services	The hospital must have organized dietary services that are directed and staffed by adequate qualified personnel. However, a hospital that has a contract with an outside food management company may be found to meet this Condition of Participation if the company has a dietician who serves the hospital on a full-time, part-time, or consultant basis, and if the company maintains at least the minimum standards specified in this section and provides for constant liaison with the hospital medical staff for recommendations on dietetic policies affecting patient treatment.	EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a qualified dietician on a full-time, part-time, or consultative basis.
		HR.01.02.01	The hospital defines staff qualifications.
		EP 1	The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2) Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory . Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements. Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.
		HR.01.02.05	The hospital verifies staff qualifications.
		EP 1	When law or regulation requires care providers to be currently licensed, certified, or registered to practice their professions, the hospital both verifies these credentials with the primary source and documents this verification when a provider is hired and when his or her credentials are renewed. (See also HR.01.02.07, EP 2) Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented. Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source. Note 3: An external organization (for example, a credentials verification organization [CVO]) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary.
		EP 2	When the hospital requires licensure, registration, or certification not required by law and regulation, the hospital both verifies these credentials and documents this verification at time of hire and when credentials are renewed. (See also HR.01.02.07, EP 2)
		EP 3	The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.

CFR Number §482.28	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 6	The hospital uses the following information from HR.01.02.05, Elements of Performance 1–5, to make decisions about staff job responsibilities: <ul style="list-style-type: none"> - Required licensure, certification, or registration verification - Required credentials verification - Education and experience verification - Criminal background check - Applicable health screenings
		LD.03.06.01	Those who work in the hospital are focused on improving safety and quality.
		EP 3	Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (See also IC.01.01.01, EP 3) Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.
		LD.04.01.05	The hospital effectively manages its programs, services, sites, or departments.
		EP 1	Leaders of the program, service, site, or department oversee operations.
		EP 2	Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical privileges.
		EP 3	The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. (See also NR.01.01.01, EP 5) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services.
		LD.04.03.01	The hospital provides services that meet patient needs.
		EP 2	The hospital provides essential services, including the following: <ul style="list-style-type: none"> - Diagnostic radiology - Dietary - Emergency - Medical records - Nuclear medicine - Nursing care - Pathology and clinical laboratory - Pharmaceutical - Physical rehabilitation - Respiratory care - Social work Note: Hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services.
		LD.04.03.09	Care, treatment, and services provided through contractual agreement are provided safely and effectively.
		EP 1	Clinical leaders and medical staff have an opportunity to provide advice about the sources of clinical services to be provided through contractual agreement.
		EP 2	The hospital describes, in writing, the nature and scope of services provided through contractual agreements.

CFR Number §482.28	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 3	Designated leaders approve contractual agreements.
		EP 4	Leaders monitor contracted services by establishing expectations for the performance of the contracted services. Note 1: In most cases, each licensed independent practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following the process described in the "Medical Staff" (MS) chapter. Note 2: For hospitals that do not use Joint Commission accreditation for deemed status purposes: When the hospital contracts with another accredited organization for patient care, treatment, and services to be provided off site, it can do the following: - Verify that all licensed independent practitioners who will be providing patient care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges. - Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their privileges. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The leaders who monitor the contracted services are the governing body.
		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 6	Leaders monitor contracted services by evaluating these services in relation to the hospital's expectations.
		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.
§482.28(a)	TAG: A-0619		
§482.28(a) Standard: Organization			
§482.28(a)(1)	TAG: A-0620	LD.04.01.05	The hospital effectively manages its programs, services, sites, or departments.
(1) The hospital must have a full-time employee who–		EP 3	The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. (See also NR.01.01.01, EP 5) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services.
§482.28(a)(1)(i)	TAG: A-0620	LD.04.01.05	The hospital effectively manages its programs, services, sites, or departments.
(i) Serves as director of the food and dietetic services;		EP 1	Leaders of the program, service, site, or department oversee operations.
		EP 2	Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical privileges.

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.28(a)(1)(i)		EP 3	The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. (See also NR.01.01.01, EP 5) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services.
§482.28(a)(1)(ii)	TAG: A-0620	LD.04.01.05	The hospital effectively manages its programs, services, sites, or departments.
(ii) Is responsible for daily management of the dietary services; and		EP 1	Leaders of the program, service, site, or department oversee operations.
		EP 2	Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical privileges.
		EP 3	The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. (See also NR.01.01.01, EP 5) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services.
§482.28(a)(1)(iii)	TAG: A-0620	HR.01.02.01	The hospital defines staff qualifications.
(iii) Is qualified by experience or training.		EP 1	The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2) Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory . Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements. Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.
		HR.01.02.05	The hospital verifies staff qualifications.
		EP 3	The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.
		LD.04.01.05	The hospital effectively manages its programs, services, sites, or departments.
		EP 1	Leaders of the program, service, site, or department oversee operations.
		EP 2	Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical privileges.

CFR Number §482.28(a)(1)(iii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.28(a)(2)	TAG: A-0621	EP 3	The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. (See also NR.01.01.01, EP 5) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services.
(2) There must be a qualified dietitian, full-time, part-time or on a consultant basis.		HR.01.01.01	The hospital has the necessary staff to support the care, treatment, and services it provides.
		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a qualified dietitian on a full-time, part-time, or consultative basis.
		HR.01.02.01	The hospital defines staff qualifications.
		EP 1	The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2) Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory . Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements. Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.
		HR.01.02.05	The hospital verifies staff qualifications.
		EP 3	The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.
		LD.03.06.01	Those who work in the hospital are focused on improving safety and quality.
		EP 3	Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (See also IC.01.01.01, EP 3) Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.
§482.28(a)(3)	TAG: A-0622	HR.01.06.01	Staff are competent to perform their responsibilities.
(3) There must be administrative and technical personnel competent in their respective duties.		EP 1	The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. (See also NPSG.03.06.01, EP 3)
		EP 5	Staff competence is initially assessed and documented as part of orientation.
		EP 6	Staff competence is assessed and documented once every three years, or more frequently as required by hospital policy or in accordance with law and regulation.

CFR Number §482.28(b)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.28(b)</p> <p>§482.28(b) Standard: Diets</p> <p>Menus must meet the needs of the patients.</p>	<p>TAG: A-0628</p>	<p>PC.02.02.03</p> <p>EP 7</p> <p>EP 8</p> <p>EP 10</p>	<p>The hospital makes food and nutrition products available to its patients.</p> <p>Food and nutrition products are consistent with each patient's care, treatment, and services.</p> <p>The hospital accommodates a patient's special diet and altered diet schedule, unless contraindicated.</p> <p>When a patient refuses food, the hospital offers substitutes of equal nutritional value.</p>
<p>§482.28(b)(1)</p> <p>(1) Individual patient nutritional needs must be met in accordance with recognized dietary practices.</p>	<p>TAG: A-0629</p>	<p>HR.01.01.01</p> <p>EP 2</p> <p>LD.04.04.07</p> <p>EP 1</p> <p>PC.01.02.01</p> <p>EP 3</p> <p>PC.01.03.01</p> <p>EP 1</p> <p>PC.02.02.03</p> <p>EP 7</p> <p>EP 22</p>	<p>The hospital has the necessary staff to support the care, treatment, and services it provides.</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a qualified dietician on a full-time, part-time, or consultative basis.</p> <p>The hospital considers clinical practice guidelines when designing or improving processes.</p> <p>The hospital considers using clinical practice guidelines when designing or improving processes. (See also NR.02.01.01, EP 5)</p> <p>The hospital assesses and reassesses its patients.</p> <p>The hospital has defined criteria that identify when nutritional plans are developed. (See also PC.01.02.03, EP 7)</p> <p>The hospital plans the patient's care.</p> <p>The hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2; PC.01.02.13, EP 2)</p> <p>The hospital makes food and nutrition products available to its patients.</p> <p>Food and nutrition products are consistent with each patient's care, treatment, and services.</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: A current therapeutic diet manual approved by the dietitian and medical staff is available to all medical, nursing, and food service staff.</p>
<p>§482.28(b)(2)</p> <p>(2) All patient diets, including therapeutic diets, must be ordered by a practitioner responsible for the care of the patient, or by a qualified dietitian or qualified nutrition professional as authorized by the medical staff and in accordance with State law governing dietitians and nutrition professionals.</p>	<p>TAG: A-0630</p>	<p>PC.02.01.03</p>	<p>The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.</p>

CFR Number §482.28(b)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. *</p> <p>Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following:</p> <ul style="list-style-type: none"> - Responsible for the care of the patient - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within his or her scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services <p>Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).</p>	<p>EP 7 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides care, treatment, and services using the most recent patient order(s).</p>
<p>§482.28(b)(3)</p> <p>(3) A current therapeutic diet manual approved by the dietitian and medical staff must be readily available to all medical, nursing, and food service personnel.</p>	<p>TAG: A-0631</p>	<p>PC.02.02.03</p>	<p>The hospital makes food and nutrition products available to its patients.</p> <p>EP 22 For hospitals that use Joint Commission accreditation for deemed status purposes: A current therapeutic diet manual approved by the dietitian and medical staff is available to all medical, nursing, and food service staff.</p>
<p>§482.30</p> <p>§482.30 Condition of Participation: Utilization Review</p> <p>The hospital must have in effect a utilization review (UR) plan that provides for review of services furnished by the institution and by members of the medical staff to patients entitled to benefits under the Medicare and Medicaid programs.</p>	<p>TAG: A-0652</p>	<p>LD.04.01.01</p>	<p>The hospital complies with law and regulation.</p> <p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>
<p>§482.30(a)</p> <p>§482.30(a) Standard: Applicability</p> <p>The provisions of this section apply except in either of the following circumstances:</p>	<p>TAG: A-0653</p>		
<p>§482.30(a)(1)</p> <p>(1) A Utilization and Quality Control Quality Improvement Organization (QIO) has assumed binding review for the hospital.</p>	<p>TAG: A-0653</p>	<p>LD.04.01.01</p>	<p>The hospital complies with law and regulation.</p>

CFR Number §482.30(a)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>	
<p>§482.30(a)(2)</p> <p>(2) CMS has determined that the UR procedures established by the State under title XIX of the Act are superior to the procedures required in this section, and has required hospitals in that State to meet the UR plan requirements under §§456.50 through 456.245 of this chapter.</p>	<p>TAG: A-0653</p>	<p>LD.04.01.01</p>	<p>The hospital complies with law and regulation.</p> <p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>
<p>§482.30(b)</p> <p>§482.30(b) Standard: Composition of Utilization Review Committee</p> <p>A UR committee consisting of two or more practitioners must carry out the UR function. At</p>	<p>TAG: A-0654</p>	<p>LD.04.01.01</p>	<p>The hospital complies with law and regulation.</p>

CFR Number §482.30(b)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
	<p>least two of the members of the committee must be doctors of medicine or osteopathy. The other members may be any of the other types of practitioners specified in §482.12(c)(1).</p>	<p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>	
<p>§482.30(b)(1)</p>	<p>TAG: A-0654</p>		
	<p>(1) Except as specified in paragraphs (b)(2) and (3) of this section, the UR committee must be one of the following:</p>		
<p>§482.30(b)(1)(i)</p>	<p>TAG: A-0654</p>	<p>LD.04.01.01 The hospital complies with law and regulation.</p>	<p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>

CFR Number §482.30(b)(1)(ii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.30(b)(1)(ii)	TAG: A-0654	LD.04.01.01	The hospital complies with law and regulation.
(ii) A group outside the institution--		<p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>	
§482.30(b)(1)(ii)(A)	TAG: A-0654	LD.04.01.01	The hospital complies with law and regulation.
(A) Established by the local medical society and some or all of the hospitals in the locality; or		<p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>	
§482.30(b)(1)(ii)(B)	TAG: A-0654	LD.04.01.01	The hospital complies with law and regulation.
(B) Established in a manner approved by CMS.			

CFR Number §482.30(b)(1)(ii)(B)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>	
<p>§482.30(b)(2)</p> <p>(2) If, because of the small size of the institution, it is impracticable to have a properly functioning staff committee, the UR committee must be established as specified in paragraph (b)(1)(ii) of this section</p>	<p>TAG: A-0654</p>	<p>LD.04.01.01</p>	<p>The hospital complies with law and regulation.</p> <p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>
<p>§482.30(b)(3)</p> <p>(3) The committee or group's reviews may not be conducted by any individual who--</p>	<p>TAG: A-0654</p>		

CFR Number §482.30(b)(3)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.30(b)(3)(i) (i) Has a direct financial interest (for example, an ownership interest) in that hospital; or	TAG: A-0654	LD.04.01.01	<p>The hospital complies with law and regulation.</p> <p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>
§482.30(b)(3)(ii) (ii) Was professionally involved in the care of the patient whose case is being reviewed.	TAG: A-0654	LD.04.01.01	<p>The hospital complies with law and regulation.</p> <p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>
§482.30(c) §482.30(c) Standard: Scope and Frequency of Review	TAG: A-0655		

CFR Number §482.30(c)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.30(c)(1) (1) The UR plan must provide for review for Medicare and Medicaid patients with respect to the medical necessity of--	TAG: A-0655		
§482.30(c)(1)(i) (i) Admissions to the institution;	TAG: A-0655	LD.04.01.01	<p>The hospital complies with law and regulation.</p> <p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>
§482.30(c)(1)(ii) (ii) The duration of stays; and	TAG: A-0655	LD.04.01.01	<p>The hospital complies with law and regulation.</p> <p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>

CFR Number §482.30(c)(1)(ii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 18	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan.</p> <p>Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245.</p> <p>Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>
§482.30(c)(1)(iii)	TAG: A-0655 (iii) Professional services furnished including drugs and biologicals.	LD.04.01.01	<p>The hospital complies with law and regulation.</p> <p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>
§482.30(c)(2)	TAG: A-0655 (2) Review of admissions may be performed before, at, or after hospital admission.	LD.04.01.01	<p>The hospital complies with law and regulation.</p> <p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>

CFR Number §482.30(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>	
<p>§482.30(c)(3)</p>	<p>TAG: A-0655</p>	<p>LD.04.01.01</p>	<p>The hospital complies with law and regulation.</p>
<p>(3) Except as specified in paragraph (e) of this section, reviews may be conducted on a sample basis.</p>		<p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>	<p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>
<p>§482.30(c)(4)</p>	<p>TAG: A-0655</p>		
<p>(4) Hospitals that are paid for inpatient hospital services under the prospective payment system set forth in Part 412 of this chapter must conduct review of duration of stays and review of professional services as follows:</p>		<p>LD.04.01.01</p>	<p>The hospital complies with law and regulation.</p>
<p>§482.30(c)(4)(i)</p>	<p>TAG: A-0655</p>		
<p>(i) For duration of stays, these hospitals need review only cases that they reasonably assume to be outlier cases based on extended length of stay, as described in §412.80(a)(1)(i) of this chapter; and</p>			

CFR Number §482.30(c)(4)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>	
<p>§482.30(c)(4)(ii)</p> <p>(ii) For professional services, these hospitals need review only cases that they reasonably assume to be outlier cases based on extraordinarily high costs, as described in §412.80(a)(1)(ii) of this chapter.</p>	<p>TAG: A-0655</p>	<p>LD.04.01.01</p>	<p>The hospital complies with law and regulation.</p> <p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>
<p>§482.30(d)</p>	<p>TAG: A-0656</p>		
<p>§482.30(d) Standard: Determination Regarding Admissions or Continued Stays</p>			

CFR Number §482.30(d)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.30(d)(1)	TAG: A-0656 (1) The determination that an admission or continued stay is not medically necessary-		
§482.30(d)(1)(i)	TAG: A-0656 (i) May be made by one member of the UR committee if the practitioner or practitioners responsible for the care of the patient, as specified of §482.12(c), concur with the determination or fail to present their views when afforded the opportunity; and	LD.04.01.01	<p>The hospital complies with law and regulation.</p> <p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>
§482.30(d)(1)(ii)	TAG: A-0656 (ii) Must be made by at least two members of the UR committee in all other cases.	LD.04.01.01	<p>The hospital complies with law and regulation.</p> <p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>

CFR Number §482.30(d)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.30(d)(2)</p> <p>(2) Before making a determination that an admission or continued stay is not medically necessary, the UR committee must consult the practitioner or practitioners responsible for the care of the patient, as specified in §482.12(c), and afford the practitioner or practitioners the opportunity to present their views.</p>	<p>TAG: A-0656</p>	<p>LD.04.01.01</p>	<p>The hospital complies with law and regulation.</p> <p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the “Medicare Requirements for Hospitals” appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the “Medicare Requirements for Hospitals” appendix.</p>
<p>§482.30(d)(3)</p> <p>(3) If the committee decides that admission to or continued stay in the hospital is not medically necessary, written notification must be given, no later than 2 days after the determination, to the hospital, the patient, and the practitioner or practitioners responsible for the care of the patient, as specified in §482.12(c);</p>	<p>TAG: A-0656</p>	<p>LD.04.01.01</p>	<p>The hospital complies with law and regulation.</p> <p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the “Medicare Requirements for Hospitals” appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the “Medicare Requirements for Hospitals” appendix.</p>
<p>§482.30(e)</p> <p>§482.30(e) Standard: Extended Stay Review</p>	<p>TAG: A-0657</p>		

CFR Number §482.30(e)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.30(e)(1)</p> <p>(1) In hospitals that are not paid under the prospective payment system, the UR committee must make a periodic review, as specified in the UR plan, or each current inpatient receiving hospital services during a continuous period of extended duration.</p> <p>The scheduling of the periodic reviews may--</p>	<p>TAG: A-0657</p>	<p>LD.04.01.01</p>	<p>The hospital complies with law and regulation.</p> <p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>
<p>§482.30(e)(1)(i)</p> <p>(i) Be the same for all cases; or</p>	<p>TAG: A-0657</p>	<p>LD.04.01.01</p>	<p>The hospital complies with law and regulation.</p> <p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>
<p>§482.30(e)(1)(ii)</p> <p>(ii) Differ for different classes of cases.</p>	<p>TAG: A-0657</p>	<p>LD.04.01.01</p>	<p>The hospital complies with law and regulation.</p>

CFR Number §482.30(e)(1)(ii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>	
<p>§482.30(e)(2)</p> <p>(2) In hospitals paid under the prospective payment system, the UR committee must review all cases reasonably assumed by the hospital to be outlier cases because the extended length of stay exceeds the threshold criteria for the diagnosis, as described in §412.80(a)(1)(i). The hospital is not required to review an extended stay that does not exceed the outlier threshold for the diagnosis.</p>	<p>TAG: A-0657</p>	<p>LD.04.01.01</p>	<p>The hospital complies with law and regulation.</p> <p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>
<p>§482.30(e)(3)</p> <p>(3) The UR committee must make the periodic review no later than 7 days after the day required in the UR plan.</p>	<p>TAG: A-0657</p>	<p>LD.04.01.01</p>	<p>The hospital complies with law and regulation.</p>

CFR Number §482.30(e)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>	
§482.30(f)	TAG: A-0658	LD.04.01.01	The hospital complies with law and regulation.
<p>§482.30(f) Standard: Review of Professional Services</p> <p>The committee must review professional services provided, to determine medical necessity and to promote the most efficient use of available health facilities and services.</p>		<p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements for Hospitals" appendix.</p>	
§482.41	TAG: A-0700	EC.02.05.01	The hospital manages risks associated with its utility systems.
<p>§482.41 Condition of Participation: Physical Environment</p> <p>The hospital must be constructed, arranged, and maintained to ensure the safety of the</p>		<p>EP 1 The hospital designs and installs utility systems that meet patient care and operational needs. (See also EC.02.06.05, EP 1)</p>	

CFR Number §482.41	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.</p>		<p>EC.02.06.01</p>	<p>The hospital establishes and maintains a safe, functional environment. Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.</p>
		<p>EP 1</p>	<p>Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.</p>
		<p>EP 11</p>	<p>Lighting is suitable for care, treatment, and services.</p>
		<p>EP 13</p>	<p>The hospital maintains ventilation, temperature, and humidity levels suitable for the care, treatment, and services provided. (See also EC.02.05.01, EP 15)</p>
		<p>EP 20</p>	<p>Areas used by patients are clean and free of offensive odors.</p>
		<p>EP 23</p>	<p>The hospital provides emergency access to all locked and occupied spaces.</p>
		<p>EP 26</p>	<p>The hospital keeps furnishings and equipment safe and in good repair.</p>
		<p>EC.02.06.05</p>	<p>The hospital manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.</p>
		<p>EP 1</p>	<p>When planning for new, altered, or renovated space, the hospital uses one of the following design criteria: - State rules and regulations - Guidelines for Design and Construction of Health Care Facilities, 2010 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE) When the above rules, regulations, and guidelines do not meet specific design needs, use other reputable standards and guidelines that provide equivalent design criteria. (See also EC.02.05.01, EP 1)</p>
		<p>EP 2</p>	<p>When planning for demolition, construction, or renovation, the hospital conducts a preconstruction risk assessment for air quality requirements, infection control, utility requirements, noise, vibration, and other hazards that affect care, treatment, and services. Note: See LS.01.02.01 for information on fire safety procedures to implement during construction or renovation.</p>
<p>EP 3</p>	<p>The hospital takes action based on its assessment to minimize risks during demolition, construction, or renovation.</p>		
<p>§482.41(a)</p>	<p>TAG: A-0701</p>	<p>EC.01.01.01</p>	<p>The hospital plans activities to minimize risks in the environment of care. Note: One or more persons can be assigned to manage risks associated with the management plans described in this standard.</p>
<p>§482.41(a) Standard: Buildings</p> <p>The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.</p>		<p>EP 3</p>	<p>The hospital has a written plan for managing the following: The environmental safety of patients and everyone else who enters the hospital's facilities. (See also EC.04.01.01, EP 15)</p>
		<p>EP 5</p>	<p>The hospital has a written plan for managing the following: Hazardous materials and waste. (See also EC.04.01.01, EP 15)</p>
		<p>EP 6</p>	<p>The hospital has a written plan for managing the following: Fire safety. (See also EC.04.01.01, EP 15)</p>

CFR Number §482.41(a)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 7	The hospital has a written plan for managing the following: Medical equipment. (See also EC.04.01.01, EP 15)
		EP 8	The hospital has a written plan for managing the following: Utility systems. (See also EC.04.01.01, EP 15)
		EC.02.01.01	The hospital manages safety and security risks.
		EP 1	The hospital identifies safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the hospital's facilities. (See also EC.04.01.01, EP 14) 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 hospital takes action to minimize or eliminate identified safety and security risks in the physical environment.
		EP 5	The hospital maintains all grounds and equipment.
		EP 11	The hospital responds to product notices and recalls. (See also MM.05.01.17, EPs 1–4)
		EC.02.02.01	The hospital manages risks related to hazardous materials and waste.
		EP 1	The hospital maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates. The only materials that need to be included on the inventory are those whose handling, use, and storage are addressed by law and regulation. (See also IC.02.01.01, EP 6; MM.01.01.03, EP 3)
		EP 3	The hospital has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures.
		EP 4	The hospital implements its procedures in response to hazardous material and waste spills or exposures. (See also IC.02.01.01, EP 2)
		EP 5	The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.
		EP 8	The hospital minimizes risks associated with disposing of hazardous medications. (See also MM.01.01.03, EPs 1-3)
		EP 10	The hospital monitors levels of hazardous gases and vapors to determine that they are in safe range. Note: Law and regulation determine the frequency of monitoring hazardous gases and vapors as well as acceptable ranges.
		EP 11	For managing hazardous materials and waste, the hospital has the permits, licenses, manifests, and safety data sheets required by law and regulation.
		EP 12	The hospital labels hazardous materials and waste. Labels identify the contents and hazard warnings. * (See also IC.02.01.01, EP 6) 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.

CFR Number §482.41(a)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EC.02.04.01	The hospital manages medical equipment risks.
		EP 9	The hospital has written procedures to follow when medical equipment fails, including using emergency clinical interventions and backup equipment.
		EC.02.05.01	The hospital manages risks associated with its utility systems.
		EP 8	The hospital labels utility system controls to facilitate partial or complete emergency shutdowns.
		EP 9	The hospital has written procedures for responding to utility system disruptions.
		EP 10	The hospital's procedures address shutting off the malfunctioning system and notifying staff in affected areas.
		EP 11	The hospital's procedures address performing emergency clinical interventions during utility system disruptions.
		EP 12	The hospital's procedures address how to obtain emergency repair services.
		EP 13	The hospital responds to utility system disruptions as described in its procedures.
		EP 16	The hospital maps the distribution of its utility systems.
		EC.02.06.01	The hospital establishes and maintains a safe, functional environment. Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.
		EP 1	Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.
		EP 26	The hospital keeps furnishings and equipment safe and in good repair.
		EC.04.01.01	The hospital collects information to monitor conditions in the environment.
		EP 12	The hospital conducts environmental tours every six months in patient care areas to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate environment of care risks. (See also EC.04.01.03, EP 1)
		EP 13	The hospital conducts annual environmental tours in nonpatient care areas to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate risks in the environment. (See also EC.04.01.03, EP 1)
		EP 14	The hospital uses its tours to identify environmental deficiencies, hazards, and unsafe practices. (See also EC.02.01.01, EP 1; EC.04.01.03, EP 1)
		EP 15	Every 12 months, the hospital evaluates each environment of care management plan, including a review of the plan's objectives, scope, performance, and effectiveness. (See also EC.01.01.01, EPs 3-8; EC.04.01.03, EP 1)

CFR Number §482.41(a)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EC.04.01.03	The hospital analyzes identified environment of care issues.
		EP 2	The hospital uses the results of data analysis to identify opportunities to resolve environmental safety issues. (See also EC.04.01.05, EP 1)
		EC.04.01.05	The hospital improves its environment of care.
		EP 1	The hospital takes action on the identified opportunities to resolve environmental safety issues. (See also EC.04.01.03, EP 2)
		EM.01.01.01	<p>The hospital engages in planning activities prior to developing its written Emergency Operations Plan.</p> <p>Note: An emergency is an unexpected or sudden event that significantly disrupts the organization's ability to provide care, or the environment of care itself, or that results in a sudden, significantly changed or increased demand for the organization's services. Emergencies can be either human-made or natural (such as an electrical system failure or a tornado), or a combination of both, and they exist on a continuum of severity. A disaster is a type of emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain patient care, safety, or security functions.</p>
		EP 2	<p>The hospital conducts a hazard vulnerability analysis (HVA) to identify potential emergencies that could affect demand for the hospital's services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. The findings of this analysis are documented. (See also EM.03.01.01, EP 1; IC.01.06.01, EP 4)</p> <p>Note 1: Hospitals have flexibility in creating either a single HVA that accurately reflects all sites of the hospital, or multiple HVAs. Some remote sites may be significantly different from the main site (for example, in terms of hazards, location, and population served); in such situations a separate HVA is appropriate.</p> <p>Note 2: If the hospital identifies a surge in infectious patients as a potential emergency, this issue is addressed in the "Infection Prevention and Control" (IC) chapter.</p>
		EP 3	<p>The hospital, together with its community partners, prioritizes the potential emergencies identified in its hazard vulnerability analysis (HVA) and documents these priorities.</p> <p>Note: The hospital determines which community partners are critical to helping define priorities in its HVA. Community partners may include other health care organizations, the public health department, vendors, community organizations, public safety and public works officials, representatives of local municipalities, and other government agencies.</p>
		EP 4	The hospital communicates its needs and vulnerabilities to community emergency response agencies and identifies the community's capability to meet its needs. This communication and identification occur at the time of the hospital's annual review of its Emergency Operations Plan and whenever its needs or vulnerabilities change. (See also EM.03.01.01, EP 1)
		EP 5	<p>The hospital uses its hazard vulnerability analysis as a basis for defining mitigation activities (that is, activities designed to reduce the risk of and potential damage from an emergency).</p> <p>Note: Mitigation, preparedness, response, and recovery are the four phases of emergency management. They occur over time: Mitigation and preparedness generally occur before an emergency, and response and recovery occur during and after an emergency.</p>
		EP 6	The hospital uses its hazard vulnerability analysis as a basis for defining the preparedness activities that will organize and mobilize essential resources. (See also IM.01.01.03, EPs 1–4)

CFR Number §482.41(a)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 8	The hospital keeps a documented inventory of the resources and assets it has on site that may be needed during an emergency, including, but not limited to, personal protective equipment, water, fuel, and medical, surgical, and medication-related resources and assets. (See also EM.02.02.03, EP 6)
		EM.02.01.01	The hospital has an Emergency Operations Plan. Note: The hospital's Emergency Operations Plan (EOP) is designed to coordinate its communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities during an emergency (refer to Standards EM.02.02.01, EM.02.02.03, EM.02.02.05, EM.02.02.07, EM.02.02.09, and EM.02.02.11). Although emergencies have many causes, the effects on these areas of the organization and the required response effort may be similar. This "all hazards" approach supports a general response capability that is sufficiently nimble to address a range of emergencies of different duration, scale, and cause. For this reason, the Plan's response procedures address the prioritized emergencies but are also adaptable to other emergencies that the organization may experience.
		EP 2	The hospital develops and maintains a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur. (See also EM.03.01.03, EP 5) Note: The response procedures address the prioritized emergencies but can also be adapted to other emergencies that the hospital may experience. Response procedures could include the following: - Maintaining or expanding services - Conserving resources - Curtailing services - Supplementing resources from outside the local community - Closing the hospital to new patients - Staged evacuation - Total evacuation
		EP 3	The Emergency Operations Plan identifies the hospital's capabilities and establishes response procedures for when the hospital cannot be supported by the local community in the hospital's efforts to provide communications, resources and assets, security and safety, staff, utilities, or patient care for at least 96 hours. Note: Hospitals are not required to stockpile supplies to last for 96 hours of operation.
		EP 4	The hospital develops and maintains a written Emergency Operations Plan that describes the recovery strategies and actions designed to help restore the systems that are critical to providing care, treatment, and services after an emergency.
		EP 5	The Emergency Operations Plan describes the processes for initiating and terminating the hospital's response and recovery phases of an emergency, including under what circumstances these phases are activated. Note: Mitigation, preparedness, response, and recovery are the four phases of emergency management. They occur over time: Mitigation and preparedness generally occur before an emergency, and response and recovery occur during and after an emergency.
		EP 8	If the hospital experiences an actual emergency, the hospital implements its response procedures related to care, treatment, and services for its patients.
		EM.02.02.09	As part of its Emergency Operations Plan, the hospital prepares for how it will manage utilities during an emergency.
		EP 2	As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Electricity.

CFR Number §482.41(a)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 3	As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Water needed for consumption and essential care activities.
		EP 4	As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Water needed for equipment and sanitary purposes.
		EP 5	As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Fuel required for building operations, generators, and essential transport services that the hospital would typically provide.
		EP 8	The hospital implements the components of its Emergency Operations Plan that require advance preparation to provide for utilities during an emergency.
		EM.02.02.11	As part of its Emergency Operations Plan, the hospital prepares for how it will manage patients during emergencies.
		EP 2	The Emergency Operations Plan describes the following: How the hospital will manage the activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, and discharge.
		EP 3	The Emergency Operations Plan describes the following: How the hospital will evacuate (from one section or floor to another within the building, or, completely outside the building) when the environment cannot support care, treatment, and services. (See also EM.02.02.03, EPs 9 and 10)
		EP 4	The Emergency Operations Plan describes the following: How the hospital will manage a potential increase in demand for clinical services for vulnerable populations served by the hospital, such as patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.
		EP 5	The Emergency Operations Plan describes the following: How the hospital will manage the personal hygiene and sanitation needs of its patients.
		EP 6	The Emergency Operations Plan describes the following: How the hospital will manage its patients' mental health service needs that occur during an emergency.
		EP 7	The Emergency Operations Plan describes the following: How the hospital will manage mortuary services.
		EP 8	The Emergency Operations Plan describes the following: How the hospital will document and track patients' clinical information.
		EP 11	The hospital implements the components of its Emergency Operations Plan that require advance preparation to manage patients during an emergency.

CFR Number §482.41(a)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EM.03.01.03 The hospital evaluates the effectiveness of its Emergency Operations Plan.</p> <p>EP 1 As an emergency response exercise, the hospital activates its Emergency Operations Plan twice a year at each site included in the plan. Note 1: If the hospital activates its Emergency Operations Plan in response to one or more actual emergencies, these emergencies can serve in place of emergency response exercises. Note 2: Staff in freestanding buildings classified as a business occupancy (as defined by the Life Safety Code *) that do not offer emergency services nor are community designated as disaster-receiving stations need to conduct only one emergency management exercise annually. Note 3: Tabletop sessions, though useful, are not acceptable substitutes for these exercises. Note 4: In order to satisfy the twice-a-year requirement, the hospital must first evaluate the performance of the previous exercise and make any needed modifications to its Emergency Operations Plan before conducting the subsequent exercise in accordance with EPs 13-17. Footnote *: The Life Safety Code® is a registered trademark of the National Fire Protection Association, Quincy, MA. Refer to NFPA 101-2000 for occupancy classifications.</p> <p>EP 2 For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital's two emergency response exercises includes an influx of simulated patients. Note 1: Tabletop sessions, though useful, cannot serve for this portion of the exercise. Note 2: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 3 and 4.</p> <p>EP 3 For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital's two emergency response exercises includes an escalating event in which the local community is unable to support the hospital. Note 1: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 2 and 4. Note 2: Tabletop sessions are acceptable in meeting the community portion of this exercise.</p> <p>EP 4 For each site of the hospital with a defined role in its community's response plan, at least one of the two emergency response exercises includes participation in a community-wide exercise. Note 1: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 2 and 3. Note 2: Tabletop sessions are acceptable in meeting the community portion of this exercise.</p>	
<p>§482.41(a)(1)</p> <p>(1) There must be emergency power and lighting in at least the operating, recovery, intensive care, and emergency rooms, and stairwells. In all other areas not serviced by the emergency supply source, battery lamps and flashlights must be available.</p>	<p>TAG: A-0702</p>	<p>EC.02.05.03 The hospital has a reliable emergency electrical power source.</p> <p>EP 1 The hospital provides emergency power for the following: Alarm systems, as required by the Life Safety Code. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99, 1999 edition (Section 12-3.3).</p> <p>EP 2 The hospital provides emergency power 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, 1999 edition (Section 12-3.3).</p> <p>EP 3 The hospital provides emergency power 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, 1999 edition (Section 12-3.3).</p>	

CFR Number §482.41(a)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 4 The hospital provides emergency power for the following: Elevators (at least one for nonambulatory patients). Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99, 1999 edition (Section 12-3.3).</p> <p>EP 5 The hospital provides emergency power for the following: Equipment that could cause patient harm when it fails, including life-support systems; blood, bone, and tissue storage systems; medical air compressors; and medical and surgical vacuum systems. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99, 1999 edition (Section 12-3.3).</p> <p>EP 6 The hospital provides emergency power for the following: Areas in which loss of power could result in patient harm, including intensive care, emergency rooms, operating rooms, recovery rooms, obstetrical delivery rooms, nurseries, and urgent care areas. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99, 1999 edition (Section 12-3.3).</p>	
§482.41(a)(2)	TAG: A-0703	EC.02.05.01	The hospital manages risks associated with its utility systems.
(2) There must be facilities for emergency gas and water supply.		<p>EP 9 The hospital has written procedures for responding to utility system disruptions.</p> <p>EP 10 The hospital's procedures address shutting off the malfunctioning system and notifying staff in affected areas.</p> <p>EP 11 The hospital's procedures address performing emergency clinical interventions during utility system disruptions.</p> <p>EP 12 The hospital's procedures address how to obtain emergency repair services.</p> <p>EP 13 The hospital responds to utility system disruptions as described in its procedures.</p> <p>EM.01.01.01 The hospital engages in planning activities prior to developing its written Emergency Operations Plan. Note: An emergency is an unexpected or sudden event that significantly disrupts the organization's ability to provide care, or the environment of care itself, or that results in a sudden, significantly changed or increased demand for the organization's services. Emergencies can be either human-made or natural (such as an electrical system failure or a tornado), or a combination of both, and they exist on a continuum of severity. A disaster is a type of emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain patient care, safety, or security functions.</p> <p>EP 8 The hospital keeps a documented inventory of the resources and assets it has on site that may be needed during an emergency, including, but not limited to, personal protective equipment, water, fuel, and medical, surgical, and medication-related resources and assets. (See also EM.02.02.03, EP 6)</p> <p>EM.02.02.09 As part of its Emergency Operations Plan, the hospital prepares for how it will manage utilities during an emergency.</p> <p>EP 2 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Electricity.</p>	

CFR Number §482.41(a)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 3 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Water needed for consumption and essential care activities.</p> <p>EP 4 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Water needed for equipment and sanitary purposes.</p> <p>EP 5 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Fuel required for building operations, generators, and essential transport services that the hospital would typically provide.</p> <p>EP 6 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Medical gas/vacuum systems.</p> <p>EP 7 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Utility systems that the hospital defines as essential (for example, vertical and horizontal transport, heating and cooling systems, and steam for sterilization).</p> <p>EP 8 The hospital implements the components of its Emergency Operations Plan that require advance preparation to provide for utilities during an emergency.</p>	
<p>§482.41(b)</p> <p>§482.41(b) Standard: Life Safety from Fire</p> <p>The hospital must ensure that the life safety from fire requirements are met.</p>	<p>TAG: A-0709</p>	<p>EC.02.03.01</p>	<p>The hospital manages fire risks.</p> <p>EP 1 The hospital minimizes the potential for harm from fire, smoke, and other products of combustion.</p> <p>EP 4 The hospital maintains free and unobstructed access to all exits. Note: This requirement applies to all buildings classified as business occupancy. The "Life Safety" (LS) chapter addresses the requirements for all other occupancy types.</p>
<p>§482.41(b)(1)</p> <p>(1) Except as otherwise provided in this section—</p>	<p>TAG: A-0710</p>		
<p>§482.41(b)(1)(i)</p> <p>(i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101@2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection 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.</p> <p>Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.</p>	<p>TAG: A-0710</p>	<p>EC.02.03.01</p> <p>EP 10 The written fire response plan describes the specific roles of staff and licensed independent practitioners at and away from a fire's point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use a fire extinguisher, and how to evacuate to areas of refuge. (See also EC.02.03.03, EP 5; EC.03.01.01, EP 2; and HR.01.04.01, EP 2) Note: For additional guidance, see NFPA 101, 2000 edition (Sections 18/19.7.1 and 18/19.7.2).</p> <p>EC.02.03.03</p> <p>EP 1 The hospital conducts fire drills once per shift per quarter in each building defined as a health care occupancy by the Life Safety Code. The hospital conducts quarterly fire drills in each building defined as an ambulatory health care occupancy by the Life Safety Code. (See also LS.01.02.01, EP 11; LS.02.01.70, EP 4; LS.03.01.70, EP 6) Note 1: Evacuation of patients during drills is not required. Note 2: In leased or rented facilities, drills need be conducted only in areas of the building that the hospital occupies.</p> <p>EP 3 When quarterly fire drills are required, at least 50% are unannounced. Fire drills are held at unexpected times and under varying conditions.</p>	<p>The hospital manages fire risks.</p> <p>The hospital conducts fire drills.</p>

CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 4	Staff who work in buildings where patients are housed or treated participate in drills according to the hospital's fire response plan. Note: When drills are conducted between 9:00 p.m. and 6:00 a.m., the hospital may use alternative methods to notify staff instead of activating audible alarms.
		EP 5	The hospital critiques fire drills to evaluate fire safety equipment, fire safety building features, and staff response to fire. The evaluation is documented. (See also EC.02.03.01, EP 10)
		EC.02.03.05	The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals 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 25	For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of maintenance, testing, and inspection activities for fire alarm and water-based fire protection systems includes the following: - Name of the activity - Date of the activity - 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, 1998 edition (Section 2-1.3) and NFPA 72, 1999 edition (Section 7-5.2).
		EC.03.01.01	Staff and licensed independent practitioners are familiar with their roles and responsibilities relative to the environment of care.
		EP 1	Staff and licensed independent practitioners can describe or demonstrate methods for eliminating and minimizing physical risks in the environment of care. (See also HR.01.04.01, EP 1)
		EP 2	Staff and licensed independent practitioners can describe or demonstrate actions to take in the event of an environment of care incident. (See also EC.02.03.01, EP 10 and HR.01.04.01, EP 1)
		EP 3	Staff and licensed independent practitioners can describe or demonstrate how to report environment of care risks. (See also HR.01.04.01, EP 1)
		LS.01.02.01	The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction.
		EP 1	The hospital notifies the fire department (or other emergency response group) and initiates a fire watch when a fire alarm or sprinkler system is out of service more than 4 hours in a 24-hour period in an occupied building. Notification and fire watch times are documented. (For full text and any exceptions, refer to NFPA 101-2000: 9.6.1.8 and 9.7.6.1) (See also LS.01.01.01, EP 3)
		LS.02.01.10	Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.
		EP 1	Buildings meet requirements for height and construction type in accordance with NFPA 101-2000: 18/19.1.6.2.

CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 2	New buildings contain approved automatic sprinkler systems, and existing buildings contain approved automatic sprinkler systems as required by the construction type. (For full text and any exceptions, refer to NFPA 101-2000: 18.3.5.1 and 19.3.5.1)
		EP 3	Walls that are fire rated for 2 hours (such as common walls between buildings and occupancy separation walls within buildings) extend from the floor slab to the floor or roof slab above and extend from exterior wall to exterior wall. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.2.2)
		EP 4	Openings in 2-hour fire-rated walls are fire rated for 1 1/2 hours. (See also LS.02.01.20, EP 3; LS.02.01.30, EP 1) (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1)
		EP 5	Doors 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 inch. (See also LS.02.01.30, EP 2; LS.02.01.34, EP 2) (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1, 8.2.3.2.1 and NFPA 80-1999: 2-4.4.3, 2-3.1.7, and 1-11.4)
		EP 6	Doors that are fire rated do not have unapproved protective plates that are higher than 16 inches above the bottom of the door. Note: Doors for hazardous rooms may have nonrated protective plates that are placed no higher than 48 inches from the bottom of the door. (For full text and any exceptions, refer to NFPA 80-1999: 2-4.5 and NFPA 101-2000: 19.3.2.1)
		EP 7	Doors requiring a fire rating of 3/4 hour or longer are free of coverings, decorations, or other objects applied to the door face, with the exception of informational signs. (For full text and any exceptions, refer to NFPA 80-1999: 1-3.5)
		EP 8	Ducts that penetrate a 2-hour fire-rated separation are protected by dampers that are fire-rated for 1 1/2 hours. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.4.1 and NFPA 90A-1999: 3-3.1)
		EP 9	The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes that penetrate fire-rated walls and floors are protected with an approved fire-rated material. Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.4.2)
		EP 10	The hospital meets all other Life Safety Code requirements related to NFPA 101-2000: 18/19.1.
		LS.02.01.20	The hospital maintains the integrity of the means of egress.
		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. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.2.2.4)
		EP 2	Doors in a means of egress swing in the direction of egress in hospitals whose occupancy is 50 or more. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.1.4.2)
		EP 3	Walls containing horizontal exits are fire rated for 2 or more hours, extend from the lowest floor slab to the floor or roof slab above, and extend continuously from exterior wall to exterior wall. (See also LS.02.01.10, EP 4) (For full text and any exceptions, refer to NFPA 101-2000: 7.2.4.3.1 and 8.2.2.2)
		EP 4	Outside exit stairs are separated from the interior of the building by walls with the same fire rating required for enclosed stairs. The wall extends vertically from the ground to a point 10 feet or more above the top landing of the stairs or roofline (whichever is lower) and extends 10 feet or more horizontally. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.2.6.3)

CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 5	Doors in new buildings that are a part of horizontal exits have approved vision panels and are installed without a center mullion. (For full text and any exceptions, refer to NFPA 101-2000: 18.2.2.5.6)
		EP 6	When horizontal exit walls in new buildings terminate at outside walls at an angle of less than 180 degrees, the outside walls are fire-rated for 1 hour for a distance of 10 or more feet. Openings in the walls in the 10-foot span are fire-rated for 3/4 hour. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.4.3.2)
		EP 7	Stairs and ramps serving as a required means of egress have handrails and guards on both sides in new buildings and on at least one side in existing buildings. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.2.4.2)
		EP 8	Exits discharge to the outside at grade level or through an approved exit passageway that is continuous and terminates at a public way or at an exterior exit discharge. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.6 and 7.7)
		EP 9	When stair doors are held open and the sprinkler or fire alarm system activates the release of one door in a stairway, all doors serving that stairway close. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.2.2.7)
		EP 10	Doors to new boiler rooms, new heater rooms, and new mechanical equipment rooms located in a means of egress are not held open by an automatic release device. (For full text and any exceptions, refer to NFPA 101-2000: 18.2.2.2.6)
		EP 11	In new buildings, exit corridors are at least 8 feet wide; in existing buildings, exit corridors are at least 4 feet wide. If modifying existing buildings with exit corridors that exceed 8 feet, the exit corridors cannot be reduced to less than 8 feet. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.3.3)
		EP 12	The corridor width is not obstructed by wall projections. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.3.3) Note: When corridors are 6 feet wide or more, The Joint Commission permits certain objects to project into the corridor, such as hand rub dispensers or computer desks that are retractable. They must be no more than 36 inches wide and cannot project more than 6 inches into the corridor. These items must be installed at least 48 inches apart and above the handrail height. (For full text and any exceptions, refer to: NFPA 101-2000: 18/19.2.3.3)
		EP 13	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 and any exceptions, refer to NFPA 101-2000: 7.1.10.1)
		EP 14	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 and any exceptions, refer to NFPA 101-2000: 7.5.2.2)
		EP 15	Floors or compartments in a building have two or more approved exits arranged and constructed to be located remotely from each other. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.4.1)
		EP 16	Patient sleeping rooms or suites of patient sleeping rooms larger than 1,000 square feet are provided with at least two exit access doors remotely located from each other. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.5.2)
		EP 17	Rooms or suites (not used as patient sleeping rooms) larger than 2,500 square feet have at least two exit access doors remotely located from each other. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.5.3)

CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 18	Suites of patient sleeping rooms are limited to 5,000 square feet, and suites used for other purposes are limited to 10,000 square feet. The suites are arranged so that no intervening rooms are hazardous areas. (See also LS.02.01.30, EP 2) (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.5.5-7)
		EP 19	In suites of patient sleeping rooms, the travel distance to an exit access door from any point in the suite is 100 feet or less. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.6.2.4)
		EP 20	In suites not used as patient sleeping rooms that have up to one intervening room, the travel distance to an exit access door from any point in the suite is 100 feet or less, and in suites containing two intervening rooms is 50 feet or less. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.5.8)
		EP 21	Patient sleeping rooms open directly onto an exit access corridor. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.5.1)
		EP 22	Doors to patient sleeping rooms are not locked. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.2.2.2)
		EP 23	The travel distance to a room door from any point in a patient sleeping room is 50 feet or less. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.6.2.3)
		EP 24	In existing buildings, the travel distance between any room door and an exit is 100 feet or less (or 150 feet or less when equipped with an approved automatic sprinkler system). In new buildings, the travel distance between any room door and an exit is 150 feet or less. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.6.2.1)
		EP 25	In existing buildings, the travel distance between any point in a room and an exit is 150 feet or less (or 200 feet or less when equipped with an approved automatic sprinkler system). In new buildings, the travel distance between any point in a room and an exit is 200 feet or less. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.6.2.2)
		EP 26	In new buildings, no dead-end corridor is longer than 30 feet. (For full text and any exceptions, refer to NFPA 101-2000: 18.2.5.10) Note: Existing dead-end corridors are permitted to be used if it is impractical and unfeasible to alter them. (For full text and any exceptions, refer to NFPA 101-2000: 19.2.5.10)
		EP 27	Means of egress are adequately illuminated at all points, including angles and intersections of corridors and passageways, stairways, stairway landings, exit doors, and exit discharges. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.8)
		EP 28	Illumination in the means of egress, including exit discharges, is arranged so that failure of any single light fixture or bulb will not leave the area in darkness. (For full text and any exceptions, refer to NFPA 101-2000: 7.8.1.4)
		EP 29	Stairs serving five or more stories have signs on each floor landing in the stairwell that identify the story, the stairwell, the top and bottom, and the direction to and story of exit discharge. The signs are placed 5 feet above the floor landing in a position that is easily visible when the door is open or closed. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.2.5.4)
		EP 30	Signs reading "No Exit" are posted on any door, passage, or stairway that is neither an exit nor an access to an exit but may be mistaken for an exit. (For full text and any exceptions, refer to NFPA 101-2000: 7.10.8.1)

CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 31	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). (For full text and any exceptions, refer to NFPA 101-2000: 7.10.1.2, 7.10.5, 7.10.6.1, and 7.10.7.1)
		EP 32	The hospital meets all other Life Safety Code means of egress requirements related to NFPA 101-2000: 18/19.2.
		LS.02.01.30	The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.
		EP 1	Existing vertical openings (other than exit stairs) are enclosed with 1-hour fire-rated construction. In new construction, vertical openings (other than exit stairs) are enclosed by 1-hour fire-rated walls when connecting three or fewer floors and 2-hour fire-rated walls when connecting four or more floors. (See also LS.02.01.10, EP 4) Note: These vertical openings include, but are not limited to, communicating stairs, ramps, elevator shafts, ventilation shafts, light shafts, trash chutes, linen chutes, and utility chases. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.1.1)

CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 2	<p>All hazardous areas are protected by walls and doors in accordance with NFPA 101-2000: 18/19.3.2.1. (See also LS.02.01.10, EP 5; LS.02.01.20, EP 18) Hazardous areas include, but are not limited, to the following:</p> <p>Boiler/fuel-fired heater rooms</p> <ul style="list-style-type: none"> - Existing boiler/fuel-fired heater rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls and 3/4-hour fire-rated doors. - New boiler/fuel-fired heater rooms have sprinkler systems and have 1-hour fire-rated walls and 3/4-hour fire-rated doors. <p>Central/bulk laundries larger than 100 square feet</p> <ul style="list-style-type: none"> - Existing central/bulk laundries larger than 100 square feet have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the laundries have 1-hour fire-rated walls and 3/4-hour fire-rated doors. - New central/bulk laundries larger than 100 square feet have sprinkler systems and have 1-hour fire-rated walls and 3/4-hour fire-rated doors. <p>Flammable liquid storage rooms (See NFPA 30-1996:4-4.2.1 and 4-4.4.2)</p> <ul style="list-style-type: none"> - Existing flammable liquid storage rooms have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. - New flammable liquid storage rooms have sprinkler systems and have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. <p>Laboratories (See NFPA 45-1996 to determine if a laboratory is a "severe hazard" area)</p> <ul style="list-style-type: none"> - Existing laboratories that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the laboratories have walls fire rated for 1 hour with 3/4-hour fire-rated doors. - New laboratories that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices. - Existing laboratories that are severe hazard areas (See NFPA 99-1999: 10-3.1.1) have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. When there is a sprinkler system, the walls are fire rated for 1 hour with 3/4-hour fire-rated doors. - New laboratories that are severe hazard areas (See NFPA 99-1999: 10-3.1.1) have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors. - Existing flammable gas storage rooms in laboratories have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. (See NFPA 99-1999: 10-10.2.2) - New flammable gas storage rooms in laboratories have sprinkler systems and have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. (See NFPA 99-1999: 10-10.2.2) <p>Maintenance repair shops</p> <ul style="list-style-type: none"> - Existing maintenance repair shops have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the shops have 1-hour fire-rated walls with at least 3/4-hour fire-rated doors. - New maintenance repair shops have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors. <p>Piped oxygen tank supply rooms (See NFPA 99-1999: 4-3.1.1.2)</p> <ul style="list-style-type: none"> - Existing piped oxygen tank supply rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors. - New piped oxygen tank supply rooms have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors. <p>Paint shops that are not severe hazard areas</p> <ul style="list-style-type: none"> - Existing paint shops that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the shops have 1-hour fire-rated walls with 3/4-hour fire-rated doors. - New paint shops that are not severe hazard areas have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors. <p>Soiled linen rooms</p> <ul style="list-style-type: none"> - Existing soiled linen rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-

CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
			<p>rated doors.</p> <ul style="list-style-type: none"> - New soiled linen rooms have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors. <p>Storage rooms</p> <ul style="list-style-type: none"> - Existing storage rooms for combustible materials larger than 50 square feet have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors. - New storage rooms for combustible materials 50 to 100 square feet are sprinklered, resist the passage of smoke, and have doors with self-closing or automatic-closing devices. - New storage rooms for combustible materials larger than 100 square feet are sprinklered and have 1-hour fire-rated walls with 3/4-hour fire-rated doors. <p>Trash collection rooms</p> <ul style="list-style-type: none"> - Existing trash collection rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors. - New trash collection rooms are sprinklered and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
		EP 3	Gift shops storing or displaying combustibles in quantities considered hazardous are separated by 1-hour fire-rated walls and 3/4-hour fire-rated doors. In existing buildings, a combination of walls and doors to limit the passage of smoke and an approved automatic sprinkler system may be used for gift shops storing or displaying combustibles in quantities considered hazardous. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.2.5)
		EP 4	Existing wall and ceiling interior finishes are rated Class A or B for limiting smoke development and the spread of flames. Newly installed wall and ceiling interior finishes are rated Class A. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.3.2)
		EP 5	Newly installed interior floor finishes in corridors of smoke compartments without sprinkler systems have a Class I radiant flux rating. (For full text and any exceptions, refer to NFPA 101-2000: 19.3.3.3)
		EP 6	Existing corridor partitions are fire rated for 1/2 hour, are continuous from the floor slab to the floor or roof slab above, extend through any concealed spaces (such as those above suspended ceilings and interstitial spaces), are properly sealed, and are constructed to limit the transfer of smoke. Note: In smoke compartments protected throughout with an approved supervised sprinkler system, corridor partitions are allowed to terminate at the ceiling if the ceiling is constructed to limit the passage of smoke. The passage of smoke can be limited by an exposed, suspended-grid acoustical tile ceiling. The following ceiling features also limit the passage of smoke: sprinkler piping and sprinklers that penetrate the ceiling; ducted heating, ventilating, and air-conditioning (HVAC) supply and return-air diffusers; speakers; and recessed lighting fixtures. (For full text and any exceptions, refer to NFPA 101-2000: 19.3.6.2.1 and 19.3.6.2.2)
		EP 7	In new buildings, corridor walls are constructed to limit the transfer of smoke. (For full text and any exceptions, refer to NFPA 101-2000: 18.3.6.2)
		EP 8	In smoke compartments without sprinkler systems, fixed fire windows in corridor walls are 25% or less of the size of the corridor walls in which they are installed. Note: Existing window installations that conform to previously accepted Life Safety Code criteria (such as 1,296 square inches or less, fixed wired glass, or fire-rated glazing, and set in approved metal frames) are permitted. (For full text and any exceptions, refer to NFPA 101-2000: 19.3.6.3.8 and 8.2.3.2.2(2))

CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 9	In existing buildings, all corridor doors are constructed of 1 3/4-inch or thicker solid bonded wood core or constructed to resist fire for not less than 20 minutes, and do not have ventilating louvers or transfer grills (with the exception of bathrooms, toilets, and sink closets that do not contain flammable or combustible materials). (For full text and any exceptions, refer to NFPA 101-2000: 19.3.6.3.1 and 19.3.6.4)
		EP 10	Corridor doors do not have nonrated protective plates that are placed higher than 48 inches above the bottom of the door. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.6.3.5)
		EP 11	Corridor doors are fitted with positive latching hardware, are arranged to restrict the movement of smoke, and are hinged so that they swing. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 1 inch. Roller latches are not acceptable. Note: For existing doors, it is acceptable to use a device that keeps the door closed when a force of 5 foot-pounds are applied to the edge of the door. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.6.3.2, 18/19.3.6.3.1, and 7.2.1.4.1)
		EP 12	Openings in vision panels or doors in corridor walls (other than in smoke compartments containing patient sleeping rooms) are installed at or below one half the distance from the floor to the ceiling. These openings may not be larger than 80 square inches in new buildings or larger than 20 square inches in existing buildings. Note: Openings may include, but are not limited to, mail slots and pass-through windows in areas such as laboratories, pharmacies, and cashier stations. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.6.5)
		EP 13	Corridors serving adjoining areas are not used for a portion of an air supply, air return, or exhaust air plenum. Note: The Joint Commission interprets the NFPA code to allow incidental air movement between rooms and corridors (such as isolation rooms) because of the need for pressure differentials in health care hospitals. In such cases, the direction of airflow is not the focus for this element of performance. For the purpose of fire protection, air transfer should be limited to the amount necessary to maintain positive or negative pressure differentials. (For full text and any exceptions, refer to NFPA 90A-1999: 2-3.11.1)
		EP 14	In existing buildings at least two smoke compartments are provided for every story that has more than 30 patients in sleeping rooms. (For full text and any exceptions, refer to NFPA 101-2000: 19.3.7.1)
		EP 15	In new buildings at least two smoke compartments are provided for every story with patient sleeping or treatment rooms, for non-sleeping stories that have an occupant capacity of 50 or more people, and on usable but unoccupied stories. (For full text and any exceptions, refer to NFPA 101-2000: 18.3.7.1 and 18.3.7.2)
		EP 16	Smoke barriers limit the maximum size of each smoke compartment to 22,500 square feet. The travel distance from any point within the compartment to a smoke barrier door is no more than 200 feet. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.1)
		EP 17	The size of smoke compartments meets the requirements of NFPA 101-2000: 18/19.3.7.4.
		EP 18	Smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.3)
		EP 19	In existing buildings, smoke barriers are fire rated for 1/2 hour; in new buildings, smoke barriers are fire rated for 1 hour. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.3)

CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 20	In existing buildings, ducts that penetrate smoke barriers are protected by approved smoke dampers that close when a smoke detector is activated. The detector is located either within the duct system or in the area serving the smoke compartment. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.3 and 8.3.5.1)
		EP 21	Approved smoke dampers protect air transfer openings extending through smoke barriers in ceiling spaces that are used as an unducted common plenum for either supply or return air. (For full text and any exceptions, refer to NFPA 101-2000: 8.3.5.1)
		EP 22	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 fixed wire 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 and any exceptions, refer to: NFPA 101-2000: 18.3.7.7, 19.3.7.5, and 8.2.3.2.2)
		EP 23	Doors in smoke barriers are self-closing or automatic-closing, constructed of 1 3/4-inch or thicker solid bonded wood core or constructed to resist fire for not less than 20 minutes, and fitted to resist the passage of smoke. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 3/4 inch. Doors do not have nonrated protective plates more than 48 inches above the bottom of the door. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.5, 18/19.3.7.6, and 8.3.4.1)
		EP 24	In buildings, exit stairs connecting three or fewer floors are fire rated for 1 hour; exit stairs connecting four or more floors are fire rated for 2 hours. (For full text and any exceptions, refer to: NFPA 101-2000:7.1.3.2.1)
		EP 25	The hospital meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2000: 18/19.3. Note: See The Joint Commission's website (http://www.jointcommission.org/life_safety_code_information_resources/) for alcohol-based hand rub (ABHR) requirements, including permissible volumes of ABHR gel and foam within a single smoke compartment.
		LS.02.01.34	The hospital provides and maintains fire alarm systems.
		EP 1	The fire alarm signal automatically transmits to one of the following (For full text and any exceptions, refer to NFPA 101-2000: 9.6.4): - An auxiliary fire alarm system with direct connection to the servicing fire department as described in NFPA 72-1999: 6-16 - Central station service as described in NFPA 72-1999: 5-2 - A proprietary supervising station system as described in NFPA 72-1999: 5-3 or The Joint Commission's approved method for a manual transmission system at http://www.jointcommission.org/life_safety_code_information_resources/ . - A remote supervising station fire alarm system as described in NFPA 72-1999: 5-4
		EP 2	The master fire alarm control panel is located in a protected environment (an area enclosed with 1-hour fire-rated walls and 3/4-hour fire-rated doors) that is continuously occupied or in an area with a smoke detector. (See also LS.02.01.10, EP 5) (For full text and any exceptions, refer to NFPA 101-2000: 9.6.4 and NFPA 72-1999: 1-5.6 and 3-8.4.1.3.3)
		EP 3	The remote ancillary annunciator panel is in a location approved by the local fire department or its equivalent. (For full text and any exceptions, refer to NFPA 101-2000: 9.6.4)

CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 4	The hospital meets all other Life Safety Code fire alarm requirements related to NFPA 101-2000: 18/19.3.4.
		LS.02.01.35	The hospital provides and maintains systems for extinguishing fires.
		EP 1	The fire alarm system monitors approved automatic sprinkler system components. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.5.2 and 9.7.2.2)
		EP 2	The fire alarm system is connected to water flow alarms. (For full text and any exceptions, refer to NFPA 101-2000: 9.7.2.2)
		EP 3	Piping supports for approved automatic sprinkler systems are not damaged or loose. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.3)
		EP 4	Piping for approved automatic sprinkler systems is not used to support any other item. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.2)
		EP 5	Sprinkler heads are not damaged and are free from corrosion, foreign materials, and paint. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.1.1)
		EP 6	There are 18 inches or more of open space maintained below the sprinkler deflector to the top of storage. Note: Perimeter wall and stack shelving may extend up to the ceiling when not located directly below a sprinkler head. (For full text and any exceptions, refer to NFPA 13-1999: 5-8.5.2.1)
		EP 7	Limited-area sprinkler systems protecting isolated, hazardous areas connected to the domestic water system have a shutoff valve and are limited to six or fewer sprinkler heads. Water flow detection is provided in new installations where two or more sprinkler heads serve one area. (For full text and any exceptions, refer to NFPA 101-2000: 9.7.1.2)
		EP 8	The travel distance from any point to the nearest fire extinguisher is 75 feet or less. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.5.6 and NFPA 10-1998: 3-1.1)
		EP 9	Class K-type portable fire extinguishers are located within 30 feet of grease-producing cooking devices such as deep fat fryers, ranges, griddles, or broilers. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.5.6 and NFPA 10-1998: 2-3.2)
		EP 10	Grease-producing cooking devices such as deep fat fryers, ranges, griddles, or broilers have an exhaust hood, an exhaust duct system, and grease removal devices without mesh filters. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.2.6 and NFPA 96-1998: 1-3.1)
		EP 11	The automatic fire extinguishing system for grease-producing cooking devices does the following: Activates the building fire alarm system. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.2.6; NFPA 96-1998: 7-1.1 and 7-6.2)
		EP 12	The automatic fire extinguishing system for grease-producing cooking devices does the following: Deactivates the fuel source. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.2.6; NFPA 96-1998: 7-1.1 and 7-4.1)
		EP 13	The automatic fire extinguishing system for grease-producing cooking devices does the following: Controls the exhaust fans as designed. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.2.6; NFPA 96-1998: 7-1.1 and 8-1.5)

CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 14	The hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2000: 18/19.3.5.
		LS.02.01.40	The hospital provides and maintains special features to protect individuals from the hazards of fire and smoke.
		EP 1	Windowless buildings or portions of windowless buildings meet the requirements of NFPA 101-2000: 18/19.4.1. (For full text and any exceptions, refer to NFPA 101-2000: 11.7)
		EP 2	New high-rise buildings have an approved automatic sprinkler system that meets the requirements of NFPA 101-2000: 18.4.2. (For full text and any exceptions, refer to NFPA 101-2000: 11.8)
		LS.02.01.50	The hospital provides and maintains building services to protect individuals from the hazards of fire and smoke.
		EP 1	Fireplaces are not permitted in patient sleeping areas. Where allowed, fireplaces are separated from patient sleeping spaces by 1-hour or more fire-rated construction. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.2.2)
		EP 2	Fireplaces are equipped with a fireplace enclosure guaranteed against breakage up to a temperature of 650°F (343.3°C) and constructed of heat-tempered glass or other approved material. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.2.2)
		EP 3	The hearth of newly installed fireplaces is raised at least 4 inches above the floor. (For full text and any exceptions, refer to NFPA 101-2000: 18.5.2.2)
		EP 4	New elevators are equipped with the following: <ul style="list-style-type: none"> - Firefighters' service key recall - Smoke detector automatic recall - Firefighters' service emergency in-car key operation - Machine room smoke detectors - Elevator lobby smoke detectors Existing elevators that have a travel distance of 25 feet or more above or below the level that best serves the needs of firefighters also meet these requirements. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.3 and 9.4.3)
		EP 5	Trash chutes discharge into collection rooms that are not used for any other purpose. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.3)
		EP 6	In new buildings, linen and waste chutes have vent openings through the roof that open to the outside atmosphere. (For full text and any exceptions, refer to NFPA 101-2000: 18.5.4.1 and NFPA 82-1999: 3-2.2.4)
		EP 7	In buildings more than two stories high, an approved automatic sprinkler system is located above the top of the linen and waste chute service openings on the lowest service levels and above the service door opening on alternate floor levels. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.2 and NFPA 82-1999: 3-2.5.1)
		EP 8	In existing buildings, linen and waste chute service inlet door assemblies are fire rated for 3/4 hour (or for 1 hour if it opens into a corridor). In new buildings, the inlet door assemblies are fire rated for 1 hour (or for 1 1/2 hours in chutes of four stories or more). (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.1)

CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 9	All linen and waste chute inlet and discharge service doors have both self-closing and positive latching devices. Note: Discharge doors may be held open with fusible links or electrical hold-open devices. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.1 and 8.2.3.2.3.1; NFPA 82-1999: 3-2.2.9)
		EP 10	Linen and trash chute discharge door assemblies are fire rated for 1 hour. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.1 and 8.2.3.2.3.1)
		EP 11	Linen and waste chutes discharge into a collection room separated from the corridor by 1-hour fire-rated walls. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.1 and 18/19.3.2.1; NFPA 82-1999: 3-2.6.1)
		EP 12	The hospital meets all other Life Safety Code building service requirements related to NFPA 101-2000: 18/19.5.
		LS.02.01.70	The hospital provides and maintains operating features that conform to fire and smoke prevention requirements.
		EP 1	The hospital prohibits all combustible decorations that are not flame retardant. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.7.5.4)
		EP 2	Soiled linen and trash receptacles larger than 32 gallons (including recycling containers) are located in a room protected as a hazardous area. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.7.5.5)
		EP 3	The hospital prohibits portable space heaters within smoke compartments containing patient sleeping areas and treatment areas. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.7.8)
		EP 4	The hospital meets all other Life Safety Code operating feature requirements related to NFPA 101-2000: 18.7/19.7. (See also EC.02.03.01, EP 9 and EC.02.03.03, EP 1)
		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 either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the hospital. Note 2: This standard applies to all hospitals seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable. 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 height and construction type in accordance with NFPA 101-2000: 20/21.1.6.2 and 1.6.3. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.1.6)
		EP 2	Buildings contain approved automatic sprinkler systems required by the construction type. (See also LS.03.01.35, EP 1) (For full text and any exceptions, refer to NFPA 101-2000: 20/21.1.6.3)
		EP 3	Ambulatory occupancies located in multi-occupancy buildings are separated from health care occupancies by 2-hour fire-rated construction and from business occupancies by 1-hour fire-rated walls. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.1.2 and 20/21.3.7.1)

CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 4	Any 2-hour fire-rated walls (such as common walls between buildings and occupancy separation walls within buildings) extend from the floor slab to the floor or roof slab above, and from exterior wall to exterior wall. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.2.2)
		EP 5	Openings in 2-hour fire-rated walls are fire-rated for 1 1/2 hours. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1)
		EP 6	Doors required to be fire-rated for 3/4 hour, 1 hour, or 1 1/2 hours have functioning hardware, including positive latching and self-closing or automatic-closing devices. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 3/4 inch. (See also LS.03.01.30, EPs 3 and 6) (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1 and 8.2.3.2.1; NFPA 80-1999: 2-4.4.3, 2-4.5, 2-3.1.7, 1-11.4)
		EP 7	Doors required to be fire-rated for 3/4 hour or longer are free of coverings, decorations, or other objects applied to the door face, with the exception of informational signs. (For full text and any exceptions, refer to NFPA 80-1999: 1-3.5)
		EP 8	Ducts that penetrate a 2-hour fire-rated separation, are protected by dampers that are fire-rated for 1 1/2 hours. (For full text and any exceptions, refer to NFPA 90A-1999: 3-3.1)
		EP 9	The space around pipes, conduits, bus ducts, cables/wires, air ducts, or pneumatic tubes that penetrate fire-rated walls and floors are filled with an approved fire-rated material. Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.4.2)
		EP 10	The hospital meets all other Life Safety Code requirements related to NFPA 101-2000: 20/21.1.
		LS.03.01.20	The hospital maintains the integrity of the means of egress. Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the hospital. Note 2: This standard applies to all hospitals seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable. 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	When doors in exit passageways, stair enclosures, horizontal exits, hazardous areas, or smoke partitions are held open, they have an electrical device that closes the door in response to the manual fire alarm system, loss of power, and smoke detectors. Note: The smoke detectors may be either installed to protect the entire building or installed in such a way to detect smoke on either side of the door opening. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.2.3)
		EP 2	Stairs and ramps serving as a required means of egress have handrails on at least one side in existing buildings and on both sides in new buildings. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.2.4.2)
		EP 3	Exits discharge to the outside at grade level or through an approved exit passageway that is continuous and terminates at a public way or at an exterior exit discharge. (For full text and any exceptions, refer to NFPA 101-2000: 7.7.1)

CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 4	Outside stairs are separated from the interior of the building by walls with the same fire rating required for enclosed stairs. These stairs extend vertically from the ground to a point 10 feet above the top landing of the stairs or roofline (whichever is lower) and extend 10 feet horizontally. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.2.6.3)
		EP 5	When stairway doors are held open and the sprinkler or fire alarm system activates the release of one door in a stairway, all doors serving that stairway close. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.2.4)
		EP 6	Exit corridors or passageways serving as a means of egress are 44 or more inches wide. Note: When corridors are 6 feet wide or more, The Joint Commission permits certain objects to project into the corridor, such as hand rub dispensers or computer desks that are retractable. They must be no more than 36 inches wide and cannot project more than 6 inches into the corridor. These items must be installed at least 48 inches apart and above the handrail height. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.3)
		EP 7	Doors opening in the means of egress from diagnostic or treatment areas are 32 or more inches wide. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.3.3)
		EP 8	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 and any exceptions, refer to NFPA 101-2000: 7.1.10.1)
		EP 9	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 and any exceptions, refer to NFPA 101-2000: 7.5.2.2)
		EP 10	Floors or compartments of a building have two or more approved exits arranged and constructed to be located remotely from each other. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.4.1)
		EP 11	In existing buildings, dead-end corridors are no longer than 50 feet. In new buildings, dead-end corridors are no longer than 20 feet (or no longer than 50 feet when there is an approved automatic sprinkler system). (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.5)
		EP 12	The exits are arranged so that common paths of travel are 75 feet or less (or 100 feet or less when there are approved automatic sprinkler systems). (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.5)
		EP 13	The travel distance between any room door and an exit is 100 feet or less (or 150 feet or less when equipped with an approved automatic sprinkler system). (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.6.2)
		EP 14	The travel distance from any point in a room to an exit is 150 feet or less (or 200 feet or less when equipped with an approved automatic sprinkler system). (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.6.2)
		EP 15	Nothing is stored in any exit enclosure. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.2.5.3)
		EP 16	Means of egress are adequately illuminated at all points, including angles and intersections of corridors and passageways, stairways, stairway landings, exit doors, and exit discharges. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.8)

CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 17	<p>Illumination in the means of egress, including exit discharge, is arranged so that failure of any single light fixture or bulb will not leave the area in darkness. (For full text and any exceptions, refer to NFPA 101-2000: 7.8.1.4)</p>
		EP 18	<p>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 and any exceptions, refer to NFPA 101-2000: 7.10.8.1)</p>
		EP 19	<p>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). (For full text and any exceptions, refer to NFPA 101-2000: 7.10.1.2, 7.10.1.4, 7.10.5, 7.10.6.1, and 7.10.7.1)</p>
		EP 20	<p>The hospital meets all other Life Safety Code means of egress requirements related to NFPA 101-2000: 20/21.2.</p>
		LS.03.01.30	<p>The hospital 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 either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the hospital. Note 2: This standard applies to all hospitals seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable. 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	<p>Existing vertical openings (other than exit stairs) are enclosed with 1-hour fire-rated walls. In new construction, vertical openings (other than exit stairs) are enclosed by 1-hour fire-rated walls when connecting three or fewer floors, and 2-hour fire-rated walls when connecting four or more floors. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.1) Note: These vertical openings include, but are not limited to, communicating stairs, ramp, elevator shafts, ventilation shafts, light shafts, trash chutes, linen chutes, and utility chases.</p>
		EP 2	<p>In buildings, exit stairs connecting three or fewer floors are fire-rated for 1 hour; exit stairs connecting four or more floors are fire-rated for 2 hours. (For full text and any exceptions, refer to NFPA 101-2000: 7.1.3.2.1)</p>
		EP 3	<p>Door assemblies in exit stair doors are fire-rated for 1 hour (or rated for 1 1/2 hours in buildings with four or more stories). (See also LS.03.01.10, EP 6) (For full text and any exceptions, refer to NFPA 101-2000: 7.1.3.2.1; NFPA 80-1999: 2-4.4.3)</p>
		EP 4	<p>Fixed fire window assemblies in exit stair doors are fire-rated for 1 hour (or rated for 1 1/2 hours in buildings with four or more stories); are 25% or smaller than the size of the fire barrier in which they are placed; and are 100 square inches or smaller in size. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1 and 8.2.3.2.2; NFPA 80-1999: 1-7.4)</p>
		EP 5	<p>All hazardous areas have sprinkler systems, resist the passage of smoke and have doors with self-closing or automatic-closing devices, or are enclosed with 1-hour fire-rated walls. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.2 and 38/39.3.2.1)</p>

CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 6	Doors in partitions enclosing hazardous areas without sprinklers are 3/4-hour fire-rated. (See also LS.03.01.10, EP 6) (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.2 and 38/39.3.2; NFPA 80-1999: 2-4.4.3)
		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 and any exceptions, refer to NFPA 101-2000: 20/21.3.3, 38/39.3.3.2, and 10.2.3)
		EP 8	Newly installed interior floor finishes in exits and enclosed corridors have a Class I or II radiant flux rating. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.3 and 10.2.7)
		EP 9	Openings in vision panels or doors are installed at or below one half the distance from the floor to the room ceiling. These openings may be 20 square inches or smaller. Note: Openings may include, but are not limited to, mail slots and pass-through windows in areas such as laboratory, pharmacy, and cashier stations. (For full text and any exceptions, refer to NFPA 101-2000: 20.3.6.2)
		EP 10	In new buildings, the corridors providing access to exits are separated from other areas by 1-hour fire-rated systems. (For full text and any exceptions, refer to NFPA 101-2000: 20.3.6.1 and 38.3.6.1)
		EP 11	In new buildings without sprinkler systems, corridor doors are positive latching; have self-closing or automatic-closing devices; are fire-rated for 20 minutes; and have undercuts no larger than 3/4 inch to resist the passage of smoke. In existing buildings, doors in a means of egress are 28 or more inches wide; in new buildings, doors are 32 inches wide. (For full text and any exceptions, refer to NFPA 101-2000: 20.3.6, 38.3.6.1, 8.2.3, 8.2.3.2.1, 8.2.3.2.3.1; NFPA 80-1999: 2-4.4.3)
		EP 12	Doors in a means of egress are always unlocked in the direction of egress, and swing in the direction of egress when there are 50 or more occupants. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.2)
		EP 13	Smoke barriers divide patient treatment floors into two or more smoke compartments. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.7.2)
		EP 14	The size of new smoke compartments meets the requirements of NFPA 101-2000 20.3.7.5. (For full text and any exceptions, refer to NFPA 101-2000: 20.3.7.5)
		EP 15	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, and new smoke barriers are constructed of 1-hour fire-rated materials. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.7.3)
		EP 16	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 and any exceptions, refer to NFPA 101-2000: 20/21.3.7.3 and 8.3.5.2)
		EP 17	Approved smoke dampers protect air transfer openings through smoke barriers in ceiling spaces that are used as an unducted common plenum either for supply or return air. (For full text and any exceptions, refer to NFPA 101-2000: 8.3.5.1)

CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 18	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 fixed 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 and any exceptions, refer to NFPA 101-2000: 20/21.3.7.1, 20/21.3.7.4, 8.2.3.2.2)
		EP 19	Doors in smoke barriers are self-closing or automatic-closing, constructed of 1 3/4-inch or wider solid bonded wood core or constructed to resist fire for not less than 20 minutes, and fitted to resist the passage of smoke. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 3/4 inch. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.7.1)
		EP 20	The hospital meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2000: 20/21.3. Note: See The Joint Commission's website (http://www.jointcommission.org/life_safety_code_information_resources/) for alcohol-based hand rub (ABHR) requirements, including permissible volumes of ABHR gel and foam within a single smoke compartment.
		LS.03.01.34	The hospital 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 either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the hospital. Note 2: This standard applies to all hospitals seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable. 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	The fire alarm signal automatically transmits to one of the following (For full text and any exceptions, refer to NFPA 101-2000: 9.6.4): - An auxiliary fire alarm system with direct connection to the servicing fire department as described in NFPA 72-1999: 6-16 - Central station service as described in NFPA 72-1999: 5-2 - A proprietary supervising station system as described in NFPA 72-1999: 5-3 or The Joint Commission's approved method for a manual transmission system at http://www.jointcommission.org/life_safety_code_information_resources/ - A remote supervising station fire alarm system as described in NFPA 72-1999: 5-4
		EP 2	The master fire alarm control panel is located in a protected environment (an area enclosed with 1-hour fire-rated walls and 3/4-hour fire-rated doors) that is continuously occupied or in an area with a smoke detector. (For full text and any exceptions, refer to: NFPA 101-2000: 9.6.4; NFPA 72-1999: 1-5.6 and 3-8.4.1)
		EP 3	The remote ancillary annunciator panel is in a location approved by the local fire department or its equivalent. (For full text and any exceptions, refer to NFPA 101-2000: 9.6.6)
		EP 4	The fire alarm system contains an audible and visual evacuation signal throughout the building and provides occupant notification without delay. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.4.3, 9.6.3.2, 9.6.3.6, and 9.6.3.7)

CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 5	The fire alarm system is initiated by the approved automatic sprinkler system, or the fire detection system, or by manual pull stations. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.4.2 and 9.6.2.1)
		EP 6	The hospital meets all other Life Safety Code fire alarm requirements related to NFPA 101-2000: 20.3.4/21.3.4.
		LS.03.01.35	<p>The hospital 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 either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the hospital.</p> <p>Note 2: This standard applies to all hospitals seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable.</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	The fire alarm system monitors the components of any required approved automatic sprinkler system. (See also LS.03.01.10, EP 2) (For full text and any exceptions, refer to NFPA 101-2000: 20/21.1.6.3 and 9.7.2.2)
		EP 2	The fire alarm system is connected to water flow alarms of any required automatic sprinkler system. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.1.6.3 and 9.7.2.2)
		EP 3	Piping supports for approved automatic sprinkler systems are not damaged or loose. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.3)
		EP 4	Approved automatic sprinkler systems piping is not used to support any other item. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.2)
		EP 5	Sprinkler heads are not damaged and are free from corrosion, foreign materials, and paint. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.1.1)
		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 and any exceptions, refer to NFPA 13-1999: 5-8.5.2.1)
		EP 7	Limited area sprinkler systems protecting isolated, hazardous areas connected to the domestic water system have a shut-off valve and are limited to six or fewer sprinkler heads. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.5.1)
		EP 8	The travel distance from any point to the nearest fire extinguisher is 75 feet or less. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.5.2)
		EP 9	The hospital meets all other Life Safety Code extinguishing requirements related to NFPA 101-2000: 20/21.3.5.

CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		LS.03.01.40	<p>The hospital 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 either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the hospital.</p> <p>Note 2: This standard applies to all hospitals seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable.</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 101-2000: 20/21.4.
		EP 2	High-rise buildings have approved automatic sprinkler systems that meet the requirements of NFPA 101-2000: 20/21.4.
		LS.03.01.50	<p>The hospital 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 4 or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the hospital.</p> <p>Note 2: This standard applies to all hospitals seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable.</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	<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 and any exceptions, refer to NFPA 101-2000: 20/21.5.3)</p>
		EP 2	The hospital meets all other Life Safety Code building service requirements related to NFPA 101-2000: 20/21.5.

CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		LS.03.01.70	<p>The hospital provides and maintains operating features that conform to fire and smoke prevention requirements.</p> <p>Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the hospital.</p> <p>Note 2: This standard applies to all hospitals seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable.</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> <p>EP 1 The hospital prohibits all combustible decorations that are not flame retardant. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.7.5.4)</p> <p>EP 2 Soiled linen and trash receptacles larger than 32 gallons (including recycling containers) are located in a room protected as a hazardous area. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.7.5.5)</p> <p>EP 3 The hospital prohibits portable space heaters in smoke compartments containing patient treatment and sleeping areas. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.7.8)</p> <p>EP 4 The hospital does not allow unvented fuel-fired heaters. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.5.2.2)</p> <p>EP 5 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 and any exceptions, refer to NFPA 101-2000: 20/21.5.2.2)</p> <p>EP 6 The hospital meets all other Life Safety Code operating feature requirements related to NFPA 101-2000: 20/21.7. (See also EC.02.03.03, EP 1)</p>
§482.41(b)(1)(ii)	TAG: A-0710		
(ii) Chapter 19.3.6.3.2, exception number 2 of the adopted edition of the LSC does not apply to hospitals.			
§482.41(b)(2)	TAG: A-0710	LS.01.01.01	The hospital designs and manages the physical environment to comply with the Life Safety Code.
(2) After consideration of State survey agency findings, CMS may waive specific provisions of the Life Safety Code which, if rigidly applied, would result in unreasonable hardship upon the facility, but only if the waiver does not adversely affect the health and safety of the patients.		EP 2	The hospital maintains a current electronic Statement of Conditions (SOC). Note 1: The SOC is available to each hospital through The Joint Commission Connect™ extranet site. Note 2: For the process on how a hospital may submit a request for an equivalency to The Joint Commission for review, please go to http://www.jointcommission.org/assets/1/6/Equivalency-Request-Information.pdf .
			See The Joint Commission website at http://www.jointcommission.org/accreditation/hap_standards_information.aspx

CFR Number §482.41(b)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.41(b)(3) (3) The provisions of the Life Safety Code do not apply in a State where CMS finds that a fire and safety code imposed by State law adequately protects patients in hospitals.	TAG: A-0710	See The Joint Commission website at http://www.jointcommission.org/accreditation/hap_standards_information.aspx	
§482.41(b)(4) (4) Beginning March 13, 2006, a hospital must be in compliance with Chapter 19.2.9, Emergency Lighting.	TAG: A-0711	EC.02.05.07	<p>The hospital inspects, tests, and maintains emergency power systems. Note: This standard does not require hospitals 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.</p> <p>EP 1 At least monthly, the hospital performs a functional test of battery-powered lights required for egress for a minimum duration of 30 seconds. The completion date of the tests is documented.</p> <p>EP 2 Every 12 months, the hospital either performs a functional test of battery-powered lights required for egress for a duration of 1 1/2 hours; or the hospital replaces all batteries every 12 months and, during replacement, performs a random test of 10% of all batteries for 1 1/2 hours. The completion date of the tests is documented.</p>
§482.41(b)(5) (5) Beginning March 13, 2006, Chapter 19.3.6.3.2, exception number 2 does not apply to hospitals.	TAG: A-0712	LS.02.01.30	<p>The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.</p> <p>EP 11 Corridor doors are fitted with positive latching hardware, are arranged to restrict the movement of smoke, and are hinged so that they swing. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 1 inch. Roller latches are not acceptable. Note: For existing doors, it is acceptable to use a device that keeps the door closed when a force of 5 foot-pounds are applied to the edge of the door. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.6.3.2, 18/19.3.6.3.1, and 7.2.1.4.1)</p>
§482.41(b)(6) (6) The hospital must have procedures for the proper routine storage and prompt disposal of trash.	TAG: A-0713	EC.02.02.01	<p>The hospital manages risks related to hazardous materials and waste.</p> <p>EP 5 The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.</p> <p>EP 6 The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of radioactive materials.</p> <p>EP 19 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has procedures for the proper routine storage and prompt disposal of trash.</p>
§482.41(b)(7) (7) The hospital must have written fire control plans that contain provisions for prompt reporting of fires; extinguishing fires; protection of patients, personnel and guests; evacuation; and cooperation with fire fighting authorities.	TAG: A-0714	EC.02.03.01	<p>The hospital manages fire risks.</p> <p>EP 9 The hospital has a written fire response plan. (See also LS.02.01.70, EP 4)</p> <p>EP 10 The written fire response plan describes the specific roles of staff and licensed independent practitioners at and away from a fire's point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use a fire extinguisher, and how to evacuate to areas of refuge. (See also EC.02.03.03, EP 5; EC.03.01.01, EP 2; and HR.01.04.01, EP 2) Note: For additional guidance, see NFPA 101, 2000 edition (Sections 18/19.7.1 and 18/19.7.2).</p>

CFR Number §482.41(b)(7)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EC.02.03.03	The hospital conducts fire drills.
		EP 2	The hospital conducts fire drills every 12 months from the date of the last drill in all freestanding buildings classified as business occupancies and in which patients are seen or treated. Note: In leased or rented facilities, drills need be conducted only in areas of the building that the hospital occupies.
		HR.01.04.01	The hospital provides orientation to staff.
		EP 2	The hospital orients its staff to the key safety content before staff provides care, treatment, and services. Completion of this orientation is documented. (See also EC.02.03.01, EP 10 and IC.01.05.01, EP 6)
§482.41(b)(8)	TAG: A-0715 (8) The hospital must maintain written evidence of regular inspection and approval by State or local fire control agencies.	LS.01.01.01	The hospital designs and manages the physical environment to comply with the Life Safety Code.
		EP 4	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains documentation of any inspections and approvals made by state or local fire control agencies.
§482.41(b)(9)	TAG: A-0716 (9) Notwithstanding any provisions of the 2000 edition of the Life Safety Code to the contrary, a hospital may install alcohol-based hand rub dispensers in its facility if—		
§482.41(b)(9)(i)	TAG: A-0716 (i) Use of alcohol-based hand rub dispensers does not conflict with any State or local codes that prohibit or otherwise restrict the placement of alcohol-based hand rub dispensers in health care facilities;	LS.02.01.30	The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.
		EP 25	The hospital meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2000: 18/19.3. Note: See The Joint Commission's website (http://www.jointcommission.org/life_safety_code_information__resources/) for alcohol-based hand rub (ABHR) requirements, including permissible volumes of ABHR gel and foam within a single smoke compartment.
§482.41(b)(9)(ii)	TAG: A-0716 (ii) The dispensers are installed in a manner that minimizes leaks and spills that could lead to falls;	LS.02.01.30	The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.
		EP 25	The hospital meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2000: 18/19.3. Note: See The Joint Commission's website (http://www.jointcommission.org/life_safety_code_information__resources/) for alcohol-based hand rub (ABHR) requirements, including permissible volumes of ABHR gel and foam within a single smoke compartment.
§482.41(b)(9)(iii)	TAG: A-0716 (iii) The dispensers are installed in a manner that adequately protects against inappropriate access; and	LS.02.01.30	The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.
		EP 25	The hospital meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2000: 18/19.3. Note: See The Joint Commission's website (http://www.jointcommission.org/life_safety_code_information__resources/) for alcohol-based hand rub (ABHR) requirements, including permissible volumes of ABHR gel and foam within a single smoke compartment.

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.41(b)(9)(iv)	TAG: A-0716	LS.02.01.30	The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.
<p>(iv) The dispensers are installed in accordance with chapter 18.3.2.7 or chapter 19.3.2.7 of the 2000 edition of the Life Safety Code, as amended by NFPA Temporary Interim Amendment 00-1(101), issued by the Standards Council of the National Fire Protection Association on April 15, 2004. The Director of the Office of the Federal Register has approved NFPA Temporary Interim Amendment 00- 1(101) for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the amendment is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD and at the Office of the Federal Register, 800 North Capitol Street NW., Suite 700, Washington, DC. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269.</p>		<p>EP 25 The hospital meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2000: 18/19.3. Note: See The Joint Commission's website (http://www.jointcommission.org/life_safety_code_information__resources/) for alcohol-based hand rub (ABHR) requirements, including permissible volumes of ABHR gel and foam within a single smoke compartment.</p>	
		LS.03.01.20	<p>The hospital maintains the integrity of the means of egress. Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the hospital. Note 2: This standard applies to all hospitals seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable. 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 6	<p>Exit corridors or passageways serving as a means of egress are 44 or more inches wide. Note: When corridors are 6 feet wide or more, The Joint Commission permits certain objects to project into the corridor, such as hand rub dispensers or computer desks that are retractable. They must be no more than 36 inches wide and cannot project more than 6 inches into the corridor. These items must be installed at least 48 inches apart and above the handrail height. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.3)</p>
		LS.03.01.30	<p>The hospital 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 either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the hospital. Note 2: This standard applies to all hospitals seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable. 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 20	<p>The hospital meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2000: 20/21.3. Note: See The Joint Commission's website (http://www.jointcommission.org/life_safety_code_information__resources/) for alcohol-based hand rub (ABHR) requirements, including permissible volumes of ABHR gel and foam within a single smoke compartment.</p>
§482.41(b)(9)(v)	TAG: A-0716	LS.02.01.30	The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.
<p>(v) The dispensers are maintained in accordance with dispenser manufacturer guidelines.</p>			

CFR Number §482.41(b)(9)(v)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 25	The hospital meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2000: 18/19.3. Note: See The Joint Commission's website (http://www.jointcommission.org/life_safety_code_information_resources/) for alcohol-based hand rub (ABHR) requirements, including permissible volumes of ABHR gel and foam within a single smoke compartment.
§482.41(c)	TAG: A-0722	LD.04.01.11	The hospital makes space and equipment available as needed for the provision of care, treatment, and services.
§482.41(c) Standard: Facilities	The hospital must maintain adequate facilities for its services.	EP 2	The arrangement and allocation of space supports safe, efficient, and effective care, treatment, and services.
		EP 3	The interior and exterior space provided for care, treatment, and services meets the needs of patients.
§482.41(c)(1)	TAG: A-0723	LD.04.01.11	The hospital makes space and equipment available as needed for the provision of care, treatment, and services.
(1) Diagnostic and therapeutic facilities must be located for the safety of patients.		EP 2	The arrangement and allocation of space supports safe, efficient, and effective care, treatment, and services.
		EP 3	The interior and exterior space provided for care, treatment, and services meets the needs of patients.
§482.41(c)(2)	TAG: A-0724	EC.01.01.01	The hospital plans activities to minimize risks in the environment of care. Note: One or more persons can be assigned to manage risks associated with the management plans described in this standard.
(2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.		EP 7	The hospital has a written plan for managing the following: Medical equipment. (See also EC.04.01.01, EP 15)
		EP 8	The hospital has a written plan for managing the following: Utility systems. (See also EC.04.01.01, EP 15)
		EC.02.03.05	The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals 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	At least quarterly, the hospital tests supervisory signal devices (except valve tamper switches). The completion date of the tests is documented. Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).
		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes: At least quarterly, the hospital tests water-flow devices. Every 6 months, the hospital tests valve tamper switches. The completion date of the tests is documented. Note: For additional guidance on performing tests, see NFPA 25, 1998 edition (Sections 2-3.3 and 3-3.3) and NFPA 72, 1999 edition (Table 7-3.2). For hospitals that do not use Joint Commission accreditation for deemed status purposes: Every 6 months, the hospital tests valve tamper switches and water-flow devices. The completion date of the tests is documented. Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).

CFR Number §482.41(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 3	Every 12 months, the hospital tests duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes, and smoke detectors. The completion date of the tests is documented. Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).
		EP 4	Every 12 months, the hospital tests visual and audible fire alarms, including speakers. The completion date of the tests is documented. Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).
		EP 5	Every quarter, the hospital tests fire alarm equipment for notifying off-site fire responders. The completion date of the tests is documented. Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).
		EP 6	For automatic sprinkler systems: Every week, the hospital tests fire pumps under no-flow conditions. The completion date of the tests is documented. Note: For additional guidance on performing tests, see NFPA 25, 1998 edition.
		EP 7	For automatic sprinkler systems: Every 6 months, the hospital tests water-storage tank high- and low-water level alarms. The completion date of the tests is documented. Note: For additional guidance on performing tests, see NFPA 25, 1998 edition (Section 6-3.5).
		EP 8	For automatic sprinkler systems: Every month during cold weather, the hospital tests water-storage tank temperature alarms. The completion date of the tests is documented. Note: For additional guidance on performing tests, see NFPA 25, 1998 edition (Section 6-3).
		EP 9	For automatic sprinkler systems: Every 12 months, the hospital tests main drains at system low point or at all system risers. The completion date of the tests is documented. Note: For additional guidance on performing tests, see NFPA 25, 1998 edition (Section 9-2.6).
		EP 10	For automatic sprinkler systems: Every quarter, the hospital inspects all fire department water supply connections. The completion dates of the inspections are documented. Note: For additional guidance on performing tests, see NFPA 25, 1998 edition (Section 9-7.1).
		EP 11	For automatic sprinkler systems: Every 12 months, the hospital tests fire pumps under flow. The completion date of the tests is documented. Note: For additional guidance on performing tests, see NFPA 25, 1998 edition.
		EP 12	Every 5 years, the hospital conducts water-flow tests for standpipe systems. The completion date of the tests is documented. Note: For additional guidance on performing tests, see NFPA 25, 1998 edition.
		EP 13	Every 6 months, the hospital inspects any automatic fire-extinguishing systems in a kitchen. The completion dates of the inspections are documented. Note 1: Discharge of the fire-extinguishing systems is not required. Note 2: For additional guidance on performing inspections, see NFPA 96, 1998 edition.
		EP 14	Every 12 months, the hospital tests carbon dioxide and other gaseous automatic fire-extinguishing systems. The completion date of the tests is documented. Note: Discharge of the fire-extinguishing systems is not required.

CFR Number §482.41(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 15	At least monthly, the hospital inspects portable fire extinguishers. The completion dates of the inspections 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 for the presence and correct type of extinguisher, broken parts, full charge, and ease of access. Note 3: For additional guidance on inspection of fire extinguishers, see NFPA 10, Standard for Portable Fire Extinguishers, 1998 edition (Sections 1-6, 4-3, and 4-4).
		EP 16	Every 12 months, the hospital performs maintenance on portable fire extinguishers. The completion date of the maintenance is 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, 1998 edition (Sections 1-6, 4-3, and 4-4).
		EP 17	The hospital conducts hydrostatic tests on standpipe occupant hoses 5 years after installation and every 3 years thereafter. The completion date of the tests is documented. Note: For additional guidance on hydrostatic testing, see NFPA 1962, 1998 edition (Section 2-3), and NFPA 25, 1998 edition.
		EP 18	The hospital operates fire and smoke dampers 1 year after installation and then at least every 6 years to verify that they fully close. The completion date of the tests is documented. Note 1: The initial test that must occur 1 year after installation applies only to dampers installed on and after January 1, 2008. Note 2: For additional guidance, see NFPA 80 Standard for Fire Doors and Other Opening Protectives, 2007 edition (Section 19.4.1.1) and NFPA 105, 2007 edition (Section 6.5.2).
		EP 19	Every 12 months, the hospital tests automatic smoke-detection shutdown devices for air-handling equipment. The completion date of the tests is documented. Note: For additional guidance on performing tests, see NFPA 90A, Standard for the Installation of Air Conditioning and Ventilation Systems, 1999 edition (Section 4-4.1).
		EP 20	Every 12 months, the hospital tests sliding and rolling fire doors for proper operation and full closure. The completion date of the tests is documented. Note: For additional guidance on performing tests, see NFPA 80, 1999 edition (Section 15-2.4).
		EC.02.04.01	The hospital manages medical equipment risks.
		EP 2	For hospitals that do not use Joint Commission accreditation for deemed status purposes: The hospital maintains either a written inventory of all medical equipment or a written inventory of selected equipment categorized by physical risk associated with use (including all life-support equipment) and equipment incident history. The hospital evaluates new types of equipment before initial use to determine whether they should be included in the inventory. (See also EC.02.04.03, EPs 1 and 3) For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains a written inventory of all medical equipment. (See also EC.02.04.03, EPs 1 and 3)
		EP 3	The hospital identifies high-risk medical equipment on the inventory for which there is a risk of serious injury or death to a patient or staff member should the equipment fail. Note: High-risk medical equipment includes life-support equipment. (See also EC.02.04.03, EP 2)

CFR Number §482.41(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 4	<p>The hospital identifies the activities and associated frequencies, in writing, for maintaining, inspecting, and testing all medical equipment on the inventory. These activities and associated frequencies are in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance (AEM) program. (See also EC.02.04.03, EPs 2 and 3)</p> <p>Note: The strategies of an AEM program must not reduce the safety of equipment and must be based on accepted standards of practice. *</p> <p>Footnote *: An example of standards for a medical equipment program is the American National Standards Institute/Association for the Advancement of Medical Instrumentation handbook ANSI/AAMI EQ56: 2013, Recommended Practice for a Medical Equipment Management Program.</p>
		EP 5	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's activities and frequencies for inspecting, testing, and maintaining the following items must be in accordance with manufacturers' recommendations:</p> <ul style="list-style-type: none"> - Equipment subject to federal or state law or Medicare Conditions of Participation in which inspecting, testing, and maintaining must be in accordance with the manufacturers' recommendations, or otherwise establishes more stringent maintenance requirements - Medical laser devices - Imaging and radiologic equipment (whether used for diagnostic or therapeutic purposes) - New medical equipment with insufficient maintenance history to support the use of alternative maintenance strategies <p>Note: Maintenance history includes any of the following documented evidence:</p> <ul style="list-style-type: none"> - Records provided by the hospital's contractors - Information made public by nationally recognized sources - Records of the hospital's experience over time
		EP 6	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified individual(s) uses written criteria to support the determination whether it is safe to permit medical equipment to be maintained in an alternate manner that includes the following:</p> <ul style="list-style-type: none"> - How the equipment is used, including the seriousness and prevalence of harm during normal use - Likely consequences of equipment failure or malfunction, including seriousness of and prevalence of harm - Availability of alternative or back-up equipment in the event the equipment fails or malfunctions - Incident history of identical or similar equipment - Maintenance requirements of the equipment <p>(For more information on defining staff qualifications, refer to Standard HR.01.02.01)</p>
		EP 7	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital identifies medical equipment on its inventory that is included in an alternative equipment maintenance program.</p>
		EP 8	<p>The hospital monitors and reports all incidents in which medical equipment is suspected in or attributed to the death, serious injury, or serious illness of any individual, as required by the Safe Medical Devices Act of 1990.</p>
		EP 9	<p>The hospital has written procedures to follow when medical equipment fails, including using emergency clinical interventions and backup equipment.</p>

CFR Number §482.41(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EC.02.04.03	The hospital inspects, tests, and maintains medical equipment.
		EP 1	<p>For hospitals that do not use Joint Commission accreditation for deemed status purposes: Before initial use of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks. (See also EC.02.04.01, EP 2)</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: Before initial use and after major repairs or upgrades of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks. (See also EC.02.04.01, EP 2)</p>
		EP 2	<p>The hospital inspects, tests, and maintains all high-risk equipment. These activities are documented. (See also EC.02.04.01, EPs 3 and 4; PC.02.01.11, EP 2)</p> <p>Note: High-risk medical equipment includes life-support equipment.</p>
		EP 3	<p>The hospital inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented. (See also EC.02.04.01, EPs 2 and 4)</p>
		EP 4	<p>The hospital conducts performance testing of and maintains all sterilizers. These activities are documented. (See also IC.02.02.01, EP 2)</p>
		EP 5	<p>The hospital performs equipment maintenance and chemical and biological testing of water used in hemodialysis. These activities are documented.</p>
		EC.02.05.01	The hospital manages risks associated with its utility systems.
		EP 2	<p>For hospitals that do not use Joint Commission accreditation for deemed status purposes: The hospital maintains a written inventory of all operating components of utility systems or maintains a written inventory of selected operating components of utility systems based on risks for infection, occupant needs, and systems critical to patient care (including all life-support systems). The hospital evaluates new types of utility components before initial use to determine whether they should be included in the inventory. (See also EC.02.05.05, EPs 1, 3–5)</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains a written inventory of all operating components of utility systems. (See also EC.02.05.05, EPs 1, 3–5)</p>
		EP 3	<p>The hospital identifies high-risk operating components of utility systems on the inventory for which there is a risk of serious harm or death to a patient or staff member should the component fail.</p> <p>Note: High-risk utility system components include life-support equipment.</p>
		EP 4	<p>The hospital identifies the activities and associated frequencies, in writing, for inspecting, testing, and maintaining all operating components of utility systems on the inventory. These activities and associated frequencies are in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance (AEM) program.</p> <p>Note 1: The strategies of an AEM program must not reduce the safety of equipment and must be based on accepted standards of practice. *</p> <p>Note 2: For guidance on maintenance and testing activities for Essential Electric Systems (Type I), see NFPA 99, 1999 edition (Section 3-4.4).</p> <p>Footnote *: An example of guidelines for physical plant equipment maintenance is the American Society for Healthcare Engineering (ASHE) book Maintenance Management for Health Care Facilities.</p>

CFR Number §482.41(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 5	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's activities and frequencies for inspecting, testing, and maintaining the following items must be in accordance with manufacturers' recommendations: <ul style="list-style-type: none"> - Equipment subject to federal or state law or Medicare Conditions of Participation in which inspecting, testing, and maintaining be in accordance with the manufacturers' recommendations, or otherwise establishes more stringent maintenance requirements - New operating components with insufficient maintenance history to support the use of alternative maintenance strategies Note: Maintenance history includes any of the following documented evidence: <ul style="list-style-type: none"> - Records provided by the hospital's contractors - Information made public by nationally recognized sources - Records of the hospital's experience over time
		EP 6	For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified individual(s) uses written criteria to support the determination of whether it is safe to permit operating components of utility systems to be maintained in an alternate manner that includes the following: <ul style="list-style-type: none"> - How the equipment is used, including the seriousness and prevalence of harm during normal use - Likely consequences of equipment failure or malfunction, including seriousness of and prevalence of harm - Availability of alternative or back-up equipment in the event the equipment fails or malfunctions - Incident history of identical or similar equipment - Maintenance requirements of the equipment (For more information on defining staff qualifications, refer to Standard HR.01.02.01)
		EP 7	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital identifies operating components of utility systems on its inventory that are included in an alternative equipment maintenance program.
		EP 10	The hospital's procedures address shutting off the malfunctioning system and notifying staff in affected areas.
		EC.02.05.05	The hospital inspects, tests, and maintains utility systems. Note: At times, maintenance is performed by an external service. In these cases, hospitals are not required to possess maintenance documentation but must have access to such documentation during survey and as needed.
		EP 1	For hospitals that do not use Joint Commission accreditation for deemed status purposes: The hospital tests utility system components on the inventory before initial use. The completion date of the tests is documented. (See also EC.02.05.01, EP 2) For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital tests utility system components on the inventory before initial use and after major repairs or upgrades. The completion date of the tests is documented. (See also EC.02.05.01, EP 2)
		EP 3	The hospital inspects, tests, and maintains the following: High-risk utility system components on the inventory. These activities are documented. (See also EC.02.05.01, EPs 2 and 4) Note: High-risk utility system components includes life-support utility system components.
		EP 4	The hospital inspects, tests, and maintains the following: Infection control utility system components on the inventory. These activities are documented. (See also EC.02.05.01, EPs 2 and 4)
		EP 5	The hospital inspects, tests, and maintains the following: Non-high-risk utility system components on the inventory. These activities are documented. (See also EC.02.05.01, EPs 2 and 4)

CFR Number §482.41(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EC.02.05.07	<p>The hospital inspects, tests, and maintains emergency power systems. Note: This standard does not require hospitals 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.</p>
		EP 3	<p>Every quarter, the hospital performs a functional test of stored emergency power supply systems (SEPSS) for 5 minutes or as specified for its class (whichever is less). The hospital performs an annual test at full load for 60% of the full duration of its class. The completion dates of the tests are documented.</p> <p>Note 1: Non–SEPSS battery backup emergency power systems that the hospital has determined to be critical for operations during a power failure (for example, laboratory equipment or electronic medical records) should be properly tested and maintained in accordance with manufacturer's recommendations.</p> <p>Note 2: 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.</p> <p>Note 3: Class defines the minimum time for which the SEPSS is designed to operate at its rated load without being recharged. For additional guidance, see NFPA 111, Standard on Stored Electrical Energy Emergency and Standby Power Systems, 1996 edition.</p>
		EP 4	<p>At least monthly, the hospital tests each emergency generator under load for at least 30 continuous minutes. The completion dates of the tests are documented.</p>
		EP 5	<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 hospital does not meet either the 30% of nameplate rating or the recommended exhaust gas temperature during any test in EC.02.05.07, EP 4, then it must test the emergency generator once every 12 months using supplemental (dynamic or static) loads of 25% of nameplate rating for 30 minutes, followed by 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes, for a total of 2 continuous hours.</p> <p>Note: Tests for non–diesel-powered generators need only be conducted with available load.</p>
		EP 6	<p>At least monthly, the hospital tests all automatic transfer switches. The completion date of the tests is documented.</p>
		EP 7	<p>At least once every 36 months, hospitals with a generator providing emergency power for the services listed in EC.02.05.03, EPs 5 and 6, test each emergency generator for a minimum of 4 continuous hours. The completion date of the tests is documented.</p> <p>Note: For additional guidance, see NFPA 110, 2005 edition, Standard for Emergency & Standby Power Systems.</p>
		EP 8	<p>The 36-month diesel-powered emergency generator test uses a dynamic or static load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers' exhaust gas temperature.</p> <p>Note: Tests for non–diesel-powered generators need only be conducted with available load.</p>

CFR Number §482.41(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EC.02.05.09	The hospital inspects, tests, and maintains medical gas and vacuum systems. Note: This standard does not require hospitals to have the medical gas and vacuum systems discussed below. However, if a hospital has these types of systems, then the following inspection, testing, and maintenance requirements apply.
		EP 1	In time frames defined by the hospital, the hospital inspects, tests, and maintains critical components of piped medical gas systems, including master signal panels, area alarms, automatic pressure switches, shutoff valves, flexible connectors, and outlets. These activities are documented. (See also EC.02.05.01, EP 3)
		EP 2	The hospital tests piped medical gas and vacuum systems for purity, correct gas, and proper pressure when these systems are installed, modified, or repaired. The completion date of the tests is documented.
		EP 3	The hospital makes main supply valves and area shutoff valves for piped medical gas and vacuum systems accessible and clearly identifies what the valves control.
		EC.04.01.01	The hospital collects information to monitor conditions in the environment.
		EP 1	The hospital establishes a process(es) for continually monitoring, internally reporting, and investigating the following: <ul style="list-style-type: none"> - Injuries to patients or others within the hospital's facilities - Occupational illnesses and staff injuries - Incidents of damage to its property or the property of others - Security incidents involving patients, staff, or others within its facilities - Hazardous materials and waste spills and exposures - Fire safety management problems, deficiencies, and failures - Medical or laboratory equipment management problems, failures, and use errors - Utility systems management problems, failures, or use errors 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.
		EP 9	Based on its process(es), the hospital reports and investigates the following: Fire safety management problems, deficiencies, and failures. (See also EC.04.01.03, EP 1)
		EP 10	Based on its process(es), the hospital reports and investigates the following: Medical/laboratory equipment management problems, failures, and use errors. (See also EC.04.01.03, EP 1)
		EP 11	Based on its process(es), the hospital reports and investigates the following: Utility systems management problems, failures, or use errors. (See also EC.04.01.03, EP 1)
		EP 15	Every 12 months, the hospital evaluates each environment of care management plan, including a review of the plan's objectives, scope, performance, and effectiveness. (See also EC.01.01.01, EPs 3-8; EC.04.01.03, EP 1)
		EC.04.01.03	The hospital analyzes identified environment of care issues.
		EP 1	Representatives from clinical, administrative, and support services participate in the analysis of environment of care data. (See also EC.04.01.01, EPs 3-6 and 8-15; EC.04.01.05, EP 3)

CFR Number §482.41(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 2	The hospital uses the results of data analysis to identify opportunities to resolve environmental safety issues. (See also EC.04.01.05, EP 1)
		EC.04.01.05	The hospital improves its environment of care.
		EP 1	The hospital takes action on the identified opportunities to resolve environmental safety issues. (See also EC.04.01.03, EP 2)
		EP 2	The hospital evaluates changes to determine if they resolved environmental safety issues.
§482.41(c)(3)	TAG: A-0725 (3) The extent and complexity of facilities must be determined by the services offered.	LD.04.01.11	The hospital makes space and equipment available as needed for the provision of care, treatment, and services.
		EP 2	The arrangement and allocation of space supports safe, efficient, and effective care, treatment, and services.
		EP 3	The interior and exterior space provided for care, treatment, and services meets the needs of patients.
§482.41(c)(4)	TAG: A-0726 (4) There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas.	EC.02.02.01	The hospital manages risks related to hazardous materials and waste.
		EP 9	The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous gases and vapors. Note: Hazardous gases and vapors include, but are not limited to, glutaraldehyde, ethylene oxide, vapors generated while using cauterizing equipment and lasers, and gases such as nitrous oxide.
		EC.02.06.01	The hospital establishes and maintains a safe, functional environment. Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.
		EP 11	Lighting is suitable for care, treatment, and services.
		EP 13	The hospital maintains ventilation, temperature, and humidity levels suitable for the care, treatment, and services provided. (See also EC.02.05.01, EP 15)
§482.42	TAG: A-0747 §482.42 Condition of Participation: Infection Control The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.	EC.02.05.01	The hospital manages risks associated with its utility systems.
		EP 14	The hospital minimizes pathogenic biological agents in cooling towers, domestic hot- and cold-water systems, and other aerosolizing water systems.
		EP 15	In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies. (See also EC.02.06.01, EP 13) Note: Areas designed for control of airborne contaminants include spaces such as operating rooms, special procedure rooms, delivery rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, pulmonary or laryngeal tuberculosis), patients in "protective environment" rooms (for example, those receiving bone marrow transplants), laboratories, pharmacies, and sterile supply rooms. For further information, see Guidelines for Design and Construction of Health Care Facilities, 2010 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).

CFR Number §482.42	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EC.02.05.05	The hospital inspects, tests, and maintains utility systems. Note: At times, maintenance is performed by an external service. In these cases, hospitals are not required to possess maintenance documentation but must have access to such documentation during survey and as needed.
		EP 4	The hospital inspects, tests, and maintains the following: Infection control utility system components on the inventory. These activities are documented. (See also EC.02.05.01, EPs 2 and 4)
		EC.02.06.01	The hospital establishes and maintains a safe, functional environment. Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.
		EP 20	Areas used by patients are clean and free of offensive odors.
		EC.02.06.05	The hospital manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.
		EP 2	When planning for demolition, construction, or renovation, the hospital conducts a preconstruction risk assessment for air quality requirements, infection control, utility requirements, noise, vibration, and other hazards that affect care, treatment, and services. Note: See LS.01.02.01 for information on fire safety procedures to implement during construction or renovation.
		EP 3	The hospital takes action based on its assessment to minimize risks during demolition, construction, or renovation.
		IC.01.02.01	Hospital leaders allocate needed resources for the infection prevention and control program.
		EP 1	The hospital provides access to information needed to support the infection prevention and control program. (See also IM.02.02.03, EP 2)
		EP 2	The hospital provides laboratory resources when needed to support the infection prevention and control program.
		EP 3	The hospital provides equipment and supplies to support the infection prevention and control program.
		IC.01.03.01	The hospital identifies risks for acquiring and transmitting infections.
		EP 1	The hospital identifies risks for acquiring and transmitting infections based on the following: Its geographic location, community, and population served. (See also NPSG.07.03.01, EP 1)
		EP 2	The hospital identifies risks for acquiring and transmitting infections based on the following: The care, treatment, and services it provides. (See also NPSG.07.03.01, EP 1)
		EP 3	The hospital identifies risks for acquiring and transmitting infections based on the following: The analysis of surveillance activities and other infection control data. (See also NPSG.07.03.01, EP 1; TS.03.03.01, EP 2)
		EP 4	The hospital reviews and identifies its risks at least annually and whenever significant changes occur with input from, at a minimum, infection control personnel, medical staff, nursing, and leadership. (See also NPSG.07.03.01, EP 1)

CFR Number §482.42	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		IC.01.05.01	The hospital has an infection prevention and control plan.
		EP 2	The hospital's infection prevention and control plan includes a written description of the activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.
		EP 5	The hospital describes, in writing, the process for investigating outbreaks of infectious disease. (See also IC.02.01.01, EP 5)
		EP 6	All hospital components and functions are integrated into infection prevention and control activities. (See also HR.01.04.01, EPs 2 and 4)
		IC.02.01.01	The hospital implements its infection prevention and control plan.
		EP 1	The hospital implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.
		EP 2	The hospital uses standard precautions, * including the use of personal protective equipment, to reduce the risk of infection. (See also EC.02.02.01, EP 4) 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 http://www.cdc.gov/hai/ (Infection Control in Healthcare Settings).
		EP 3	The hospital implements transmission-based precautions * in response to the pathogens that are suspected or identified within the hospital's service setting and community. Note: 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. Footnote *: For further information regarding transmission-based precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hai/ (Infection Control in Healthcare Settings).
		EP 6	The hospital minimizes the risk of infection when storing and disposing of infectious waste. (See also EC.02.02.01, EPs 1 and 12)
		IC.02.02.01	The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.
		EP 1	The hospital 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 http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html .

CFR Number §482.42	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 2 The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. * (See also EC.02.04.03, EP 4) 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. Footnote *: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html (Sterilization and Disinfection in Healthcare Settings).</p> <p>EP 4 The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.</p>	
<p>§482.42(a)</p> <p>§482.42(a) Standard: Organization and Policies</p> <p>(a) Standard: Organization and policies. A person or persons must be designated as infection control officer or officers to develop and implement policies governing control of infections and communicable diseases. The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.</p>	<p>TAG: A-0748</p>	<p>IC.01.01.01 The hospital identifies the individual(s) responsible for the infection prevention and control program.</p> <p>EP 1 The hospital identifies the individual(s) with clinical authority over the infection prevention and control program.</p> <p>EP 2 When the individual(s) with clinical authority over the infection prevention and control program does not have expertise in infection prevention and control, he or she consults with someone who has such expertise in order to make knowledgeable decisions.</p> <p>EP 3 The hospital assigns responsibility for the daily management of infection prevention and control activities. (See also HR.01.02.01, EP 1; LD.03.06.01, EP 3) Note: Number and skill mix of the individual(s) assigned should be determined by the goals and objectives of the infection prevention and control program.</p> <p>EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes: The individual with clinical authority over the infection prevention and control program is responsible for the following: - Developing policies governing control of infections and communicable diseases - Implementing policies governing control of infections and communicable diseases - Developing a system for identifying, reporting, investigating, and controlling infections and communicable diseases</p> <p>IC.02.01.01 The hospital implements its infection prevention and control plan.</p> <p>EP 1 The hospital implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.</p> <p>EP 2 The hospital uses standard precautions, * including the use of personal protective equipment, to reduce the risk of infection. (See also EC.02.02.01, EP 4) 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 http://www.cdc.gov/hai/ (Infection Control in Healthcare Settings).</p>	

CFR Number §482.42(a)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 3 The hospital implements transmission-based precautions * in response to the pathogens that are suspected or identified within the hospital's service setting and community. Note: 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. Footnote *: For further information regarding transmission-based precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hai/ (Infection Control in Healthcare Settings).</p> <p>EP 6 The hospital minimizes the risk of infection when storing and disposing of infectious waste. (See also EC.02.02.01, EPs 1 and 12)</p>	<p>IC.02.02.01 The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.</p> <p>EP 1 The hospital 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 http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html.</p> <p>EP 2 The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. * (See also EC.02.04.03, EP 4) 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. Footnote *: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html (Sterilization and Disinfection in Healthcare Settings).</p> <p>EP 4 The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.</p>
<p>§482.42(a)(1)</p> <p>(1) The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.</p>	<p>TAG: A-0749</p>	<p>IC.01.01.01 The hospital identifies the individual(s) responsible for the infection prevention and control program.</p> <p>EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes: The individual with clinical authority over the infection prevention and control program is responsible for the following: - Developing policies governing control of infections and communicable diseases - Implementing policies governing control of infections and communicable diseases - Developing a system for identifying, reporting, investigating, and controlling infections and communicable diseases</p> <p>IC.01.05.01 The hospital has an infection prevention and control plan.</p> <p>EP 8 The hospital identifies methods for reporting infection surveillance and control information to external organizations. (See also IC.02.01.01, EP 9)</p>	

CFR Number §482.42(a)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		IC.02.01.01	<p>The hospital implements its infection prevention and control plan.</p> <p>EP 9 The hospital reports infection surveillance, prevention, and control information to local, state, and federal public health authorities in accordance with law and regulation. (See also IC.01.05.01, EP 8)</p>
<p>§482.42(b)</p> <p>TAG: A-0756</p> <p>§482.42(b) Standard: Responsibilities of Chief Executive Officer, Medical Staff, and Director of Nursing Services</p> <p>The chief executive officer, the medical staff, and the director of nursing must--</p>			
<p>§482.42(b)(1)</p> <p>TAG: A-0756</p> <p>(1) Ensure that the hospital-wide quality assessment and performance improvement (QAPI) program and training programs address problems identified by the infection control officer or officers; and</p>		LD.01.02.01	<p>The hospital identifies the responsibilities of its leaders.</p> <p>EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes: The chief executive officer, medical staff, and nurse executive make certain that the hospitalwide quality assessment and performance improvement and training programs address problems identified by the individual responsible for infection prevention and control and that corrective action plans are successfully implemented. (See also IC.03.01.01, EP 7)</p>
<p>§482.42(b)(2)</p> <p>TAG: A-0756</p> <p>(2) Be responsible for the implementation of successful corrective action plans in affected problem areas.</p>		LD.01.02.01	<p>The hospital identifies the responsibilities of its leaders.</p> <p>EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes: The chief executive officer, medical staff, and nurse executive make certain that the hospitalwide quality assessment and performance improvement and training programs address problems identified by the individual responsible for infection prevention and control and that corrective action plans are successfully implemented. (See also IC.03.01.01, EP 7)</p>
<p>§482.43</p> <p>TAG: A-0799</p> <p>§482.43 Condition of Participation: Discharge Planning</p> <p>The hospital must have in effect a discharge planning process that applies to all patients. The hospital's policies and procedures must be specified in writing.</p>		PC.04.01.01	<p>The hospital has a process that addresses the patient's need for continuing care, treatment, and services after discharge or transfer.</p> <p>EP 26 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has written discharge planning policies and procedures applicable to all patients.</p>
<p>§482.43(a)</p> <p>TAG: A-0800</p> <p>§482.43(a) Standard: Identification of Patients in Need of Discharge Planning</p> <p>The hospital must identify at an early stage of hospitalization all patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning.</p>		PC.04.01.03	<p>The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.</p> <p>EP 1 The hospital begins the discharge planning process early in the patient's episode of care, treatment and services.</p> <p>EP 2 The hospital identifies any needs the patient may have for psychosocial or physical care, treatment, and services after discharge or transfer.</p>
<p>§482.43(b)</p> <p>TAG: A-0806</p> <p>§482.43(b) Standard: Discharge Planning Evaluation</p>			
<p>§482.43(b)(1)</p> <p>TAG: A-0806</p> <p>(1) The hospital must provide a discharge planning evaluation to the patients identified in paragraph (a) of this section, and to other patients upon the patient's request, the request of a person acting on the patient's behalf, or the request of the physician.</p>		PC.04.01.03	<p>The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.</p> <p>EP 2 The hospital identifies any needs the patient may have for psychosocial or physical care, treatment, and services after discharge or transfer.</p>

CFR Number §482.43(b)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>RC.02.01.01 The medical record contains information that reflects the patient's care, treatment, and services.</p> <p>EP 2 The medical record contains the following clinical information:</p> <ul style="list-style-type: none"> - The reason(s) for admission for care, treatment, and services - The patient's initial diagnosis, diagnostic impression(s), or condition(s) - Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8) - Any allergies to food - Any allergies to medications - Any conclusions or impressions drawn from the patient's medical history and physical examination - Any diagnoses or conditions established during the patient's course of care, treatment, and services (including complications and hospital-acquired infections). For psychiatric hospitals using Joint Commission accreditation for deemed status purposes: The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses. - Any consultation reports - Any observations relevant to care, treatment, and services - The patient's response to care, treatment, and services - Any emergency care, treatment, and services provided to the patient before his or her arrival - Any progress notes - All orders - Any medications ordered or prescribed - Any medications administered, including the strength, dose, and route - Any access site for medication, administration devices used, and rate of administration - Any adverse drug reactions - Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) - Results of diagnostic and therapeutic tests and procedures - Any medications dispensed or prescribed on discharge - Discharge diagnosis - Discharge plan and discharge planning evaluation (See also PC.01.02.03, EPs 6-8) 	<p>RI.01.02.01 The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This right is not to be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.</p> <p>EP 1 The hospital involves the patient in making decisions about his or her care, treatment, and services, including the right to have his or her family and physician promptly notified of his or her admission to the hospital.</p> <p>EP 6 When a patient is unable to make decisions about his or her care, treatment, and services, the hospital involves a surrogate decision-maker in making these decisions. (See also RI.01.03.01, EP 6)</p>
§482.43(b)(2)	TAG: A-0807	HR.01.02.01	The hospital defines staff qualifications.
(2) A registered nurse, social worker, or other appropriately qualified personnel must develop, or supervise the development of, the evaluation.			

CFR Number §482.43(b)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 1 The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2) Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements. Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.</p>	<p>PC.02.01.05 The hospital provides interdisciplinary, collaborative care, treatment, and services.</p> <p>EP 1 Care, treatment, and services are provided to the patient in an interdisciplinary, collaborative manner.</p> <p>PC.02.02.01 The hospital coordinates the patient's care, treatment, and services based on the patient's needs.</p> <p>EP 3 The hospital coordinates the patient's care, treatment, and services. Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, and services.</p> <p>PC.04.01.03 The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.</p> <p>EP 3 The patient, the patient's family, licensed independent practitioners, physicians, clinical psychologists, and staff involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer. Note 1: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary). Note 2: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Social service staff responsibilities include, but are not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of information with sources outside the hospital. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move in writing. The hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the hospital is safe and orderly.</p>
§482.43(b)(3)	TAG: A-0806	PC.04.01.03	The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.
(3) The discharge planning evaluation must include an evaluation of the likelihood of a patient needing post-hospital services and of the availability of the services.		EP 2	The hospital identifies any needs the patient may have for psychosocial or physical care, treatment, and services after discharge or transfer.

CFR Number §482.43(b)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 4	Prior to discharge, the hospital arranges or assists in arranging the services required by the patient after discharge in order to meet his or her ongoing needs for care and services.
§482.43(b)(4)	TAG: A-0806 (4) The discharge planning evaluation must include an evaluation of the likelihood of a patient's capacity for self-care or of the possibility of the patient being cared for in the environment from which he or she entered the hospital.	PC.04.01.03	The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.
		EP 2	The hospital identifies any needs the patient may have for psychosocial or physical care, treatment, and services after discharge or transfer.
		EP 3	The patient, the patient's family, licensed independent practitioners, physicians, clinical psychologists, and staff involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer. Note 1: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary). Note 2: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Social service staff responsibilities include, but are not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of information with sources outside the hospital. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move in writing. The hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the hospital is safe and orderly.
		EP 4	Prior to discharge, the hospital arranges or assists in arranging the services required by the patient after discharge in order to meet his or her ongoing needs for care and services.
		PC.04.01.05	Before the hospital discharges or transfers a patient, it informs and educates the patient about his or her follow-up care, treatment, and services.
		EP 1	When the hospital determines the patient's discharge or transfer needs, it promptly shares this information with the patient, and also with the patient's family when it is involved in decision making or ongoing care.
		EP 7	The hospital educates the patient, and also the patient's family when it is involved in decision making or ongoing care, about how to obtain any continuing care, treatment, and services that the patient will need.
§482.43(b)(5)	TAG: A-0810 (5) The hospital personnel must complete the evaluation on a timely basis so that appropriate arrangements for post-hospital care are made before discharge, and to avoid unnecessary delays in discharge.	PC.04.01.03	The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.
		EP 1	The hospital begins the discharge planning process early in the patient's episode of care, treatment and services.
		EP 2	The hospital identifies any needs the patient may have for psychosocial or physical care, treatment, and services after discharge or transfer.
		EP 4	Prior to discharge, the hospital arranges or assists in arranging the services required by the patient after discharge in order to meet his or her ongoing needs for care and services.
§482.43(b)(6)	TAG: A-0811 (6) The hospital must discuss the results of the evaluation with the patient or individual acting on his or her behalf.	PC.04.01.03	The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.

CFR Number §482.43(b)(6)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 1	The hospital begins the discharge planning process early in the patient's episode of care, treatment and services.
		EP 2	The hospital identifies any needs the patient may have for psychosocial or physical care, treatment, and services after discharge or transfer.
		EP 3	<p>The patient, the patient's family, licensed independent practitioners, physicians, clinical psychologists, and staff involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer.</p> <p>Note 1: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p> <p>Note 2: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Social service staff responsibilities include, but are not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of information with sources outside the hospital.</p> <p>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move in writing. The hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the hospital is safe and orderly.</p>
		EP 4	Prior to discharge, the hospital arranges or assists in arranging the services required by the patient after discharge in order to meet his or her ongoing needs for care and services.

CFR Number §482.43(b)(6)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>RC.02.01.01 The medical record contains information that reflects the patient's care, treatment, and services.</p> <p>EP 2 The medical record contains the following clinical information:</p> <ul style="list-style-type: none"> - The reason(s) for admission for care, treatment, and services - The patient's initial diagnosis, diagnostic impression(s), or condition(s) - Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8) - Any allergies to food - Any allergies to medications - Any conclusions or impressions drawn from the patient's medical history and physical examination - Any diagnoses or conditions established during the patient's course of care, treatment, and services (including complications and hospital-acquired infections). For psychiatric hospitals using Joint Commission accreditation for deemed status purposes: The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses. - Any consultation reports - Any observations relevant to care, treatment, and services - The patient's response to care, treatment, and services - Any emergency care, treatment, and services provided to the patient before his or her arrival - Any progress notes - All orders - Any medications ordered or prescribed - Any medications administered, including the strength, dose, and route - Any access site for medication, administration devices used, and rate of administration - Any adverse drug reactions - Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) - Results of diagnostic and therapeutic tests and procedures - Any medications dispensed or prescribed on discharge - Discharge diagnosis - Discharge plan and discharge planning evaluation (See also PC.01.02.03, EPs 6-8) 	
<p>§482.43(b)(6)</p> <p>(6) The hospital must include the discharge planning evaluation in the patient's medical record for use in establishing an appropriate discharge plan.</p>	<p>TAG: A-0812</p>	<p>RC.02.01.01 The medical record contains information that reflects the patient's care, treatment, and services.</p>	

CFR Number §482.43(b)(6)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 2 The medical record contains the following clinical information: <ul style="list-style-type: none"> - The reason(s) for admission for care, treatment, and services - The patient's initial diagnosis, diagnostic impression(s), or condition(s) - Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8) - Any allergies to food - Any allergies to medications - Any conclusions or impressions drawn from the patient's medical history and physical examination - Any diagnoses or conditions established during the patient's course of care, treatment, and services (including complications and hospital-acquired infections). For psychiatric hospitals using Joint Commission accreditation for deemed status purposes: The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses. - Any consultation reports - Any observations relevant to care, treatment, and services - The patient's response to care, treatment, and services - Any emergency care, treatment, and services provided to the patient before his or her arrival - Any progress notes - All orders - Any medications ordered or prescribed - Any medications administered, including the strength, dose, and route - Any access site for medication, administration devices used, and rate of administration - Any adverse drug reactions - Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) - Results of diagnostic and therapeutic tests and procedures - Any medications dispensed or prescribed on discharge - Discharge diagnosis - Discharge plan and discharge planning evaluation (See also PC.01.02.03, EPs 6-8) 	
§482.43(c)	TAG: A-0818		
§482.43(c) Standard: Discharge Plan			
§482.43(c)(1)	TAG: A-0818	PC.02.01.05	The hospital provides interdisciplinary, collaborative care, treatment, and services.
(1) A registered nurse, social worker, or other appropriately qualified personnel must develop, or supervise the development of, a discharge plan if the discharge planning evaluation indicates a need for a discharge plan.		EP 1	Care, treatment, and services are provided to the patient in an interdisciplinary, collaborative manner.
		PC.02.02.01	The hospital coordinates the patient's care, treatment, and services based on the patient's needs.
		EP 3	The hospital coordinates the patient's care, treatment, and services. Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, and services.

CFR Number §482.43(c)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		PC.04.01.03	<p>The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.</p> <p>EP 3 The patient, the patient's family, licensed independent practitioners, physicians, clinical psychologists, and staff involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer. Note 1: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary). Note 2: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Social service staff responsibilities include, but are not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of information with sources outside the hospital. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move in writing. The hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the hospital is safe and orderly.</p>
§482.43(c)(2)	TAG: A-0819 (2) In the absence of a finding by the hospital that a patient needs a discharge plan, the patient's physician may request a discharge plan. In such a case, the hospital must develop a discharge plan for the patient.	PC.04.01.03	<p>The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.</p> <p>EP 1 The hospital begins the discharge planning process early in the patient's episode of care, treatment and services.</p>
		EP 2	<p>The hospital identifies any needs the patient may have for psychosocial or physical care, treatment, and services after discharge or transfer.</p> <p>EP 3 The patient, the patient's family, licensed independent practitioners, physicians, clinical psychologists, and staff involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer. Note 1: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary). Note 2: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Social service staff responsibilities include, but are not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of information with sources outside the hospital. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move in writing. The hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the hospital is safe and orderly.</p> <p>EP 4 Prior to discharge, the hospital arranges or assists in arranging the services required by the patient after discharge in order to meet his or her ongoing needs for care and services.</p>
§482.43(c)(3)	TAG: A-0820 (3) The hospital must arrange for the initial implementation of the patient's discharge plan	PC.04.01.03	<p>The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.</p> <p>EP 1 The hospital begins the discharge planning process early in the patient's episode of care, treatment and services.</p> <p>EP 2 The hospital identifies any needs the patient may have for psychosocial or physical care, treatment, and services after discharge or transfer.</p>

CFR Number §482.43(c)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 3 The patient, the patient's family, licensed independent practitioners, physicians, clinical psychologists, and staff involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer. Note 1: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary). Note 2: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Social service staff responsibilities include, but are not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of information with sources outside the hospital. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move in writing. The hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the hospital is safe and orderly.</p> <p>EP 4 Prior to discharge, the hospital arranges or assists in arranging the services required by the patient after discharge in order to meet his or her ongoing needs for care and services.</p>	
§482.43(c)(4)	TAG: A-0821	PC.01.02.03	The hospital assesses and reassesses the patient and his or her condition according to defined time frames.
(4) The hospital must reassess the patient's discharge plan if there are factors that may affect continuing care needs or the appropriateness of the discharge plan.		EP 3	Each patient is reassessed as necessary based on his or her plan for care or changes in his or her condition. Note: Reassessments may also be based on the patient's diagnosis; desire for care, treatment, and services; response to previous care, treatment, and services; discharge planning needs; and/or his or her setting requirements.
§482.43(c)(5)	TAG: A-0820	PC.04.01.05	Before the hospital discharges or transfers a patient, it informs and educates the patient about his or her follow-up care, treatment, and services.
(5) As needed, the patient and family members or interested persons must be counseled to prepare them for post-hospital care.		EP 1	When the hospital determines the patient's discharge or transfer needs, it promptly shares this information with the patient, and also with the patient's family when it is involved in decision making or ongoing care.
		EP 2	Before the patient is discharged, the hospital informs the patient, and also the patient's family when it is involved in decision making or ongoing care, of the kinds of continuing care, treatment, and services the patient will need.
		EP 7	The hospital educates the patient, and also the patient's family when it is involved in decision making or ongoing care, about how to obtain any continuing care, treatment, and services that the patient will need.
§482.43(c)(6)	TAG: A-0823	PC.04.01.01	The hospital has a process that addresses the patient's need for continuing care, treatment, and services after discharge or transfer.
(6) The hospital must include in the discharge plan a list of HHAs or SNFs that are available to the patient, that are participating in the Medicare program, and that serve the geographic area (as defined by the HHA) in which the patient resides, or in the case of a SNF, in the geographic area requested by the patient. HHAs must request to be listed by the hospital as available.		EP 23	For hospitals that use Joint Commission accreditation for deemed status purposes: When the discharge planning evaluation indicates a need for home health care, the hospital includes in the discharge plan a list of participating Medicare home health agencies (which have requested to be on the list) that are available and serve the patient's geographic area. For patients enrolled in managed care organizations, the hospital lists home health agencies that have a contract with the managed care organization.

CFR Number §482.43(c)(6)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 24	For hospitals that use Joint Commission accreditation for deemed status purposes: When the discharge planning evaluation indicates a need for posthospital extended care services, the hospital includes in the discharge plan a list of participating Medicare skilled nursing facilities that are available and in the geographic area requested by the patient. For patients enrolled in managed care organizations, the hospital lists skilled nursing facilities that have a contract with the managed care organization.
§482.43(c)(6)(i)	TAG: A-0823 (i) This list must only be presented to patients for whom home health care or post-hospital extended care services are indicated and appropriate as determined by the discharge planning evaluation.	PC.04.01.01	The hospital has a process that addresses the patient's need for continuing care, treatment, and services after discharge or transfer.
		EP 23	For hospitals that use Joint Commission accreditation for deemed status purposes: When the discharge planning evaluation indicates a need for home health care, the hospital includes in the discharge plan a list of participating Medicare home health agencies (which have requested to be on the list) that are available and serve the patient's geographic area. For patients enrolled in managed care organizations, the hospital lists home health agencies that have a contract with the managed care organization.
		EP 24	For hospitals that use Joint Commission accreditation for deemed status purposes: When the discharge planning evaluation indicates a need for posthospital extended care services, the hospital includes in the discharge plan a list of participating Medicare skilled nursing facilities that are available and in the geographic area requested by the patient. For patients enrolled in managed care organizations, the hospital lists skilled nursing facilities that have a contract with the managed care organization.
§482.43(c)(6)(ii)	TAG: A-0823 (ii) For patients enrolled in managed care organizations, the hospital must indicate the availability of home health and post-hospital extended care services through individuals and entities that have a contract with the managed care organizations.	PC.04.01.01	The hospital has a process that addresses the patient's need for continuing care, treatment, and services after discharge or transfer.
		EP 23	For hospitals that use Joint Commission accreditation for deemed status purposes: When the discharge planning evaluation indicates a need for home health care, the hospital includes in the discharge plan a list of participating Medicare home health agencies (which have requested to be on the list) that are available and serve the patient's geographic area. For patients enrolled in managed care organizations, the hospital lists home health agencies that have a contract with the managed care organization.
		EP 24	For hospitals that use Joint Commission accreditation for deemed status purposes: When the discharge planning evaluation indicates a need for posthospital extended care services, the hospital includes in the discharge plan a list of participating Medicare skilled nursing facilities that are available and in the geographic area requested by the patient. For patients enrolled in managed care organizations, the hospital lists skilled nursing facilities that have a contract with the managed care organization.
§482.43(c)(6)(iii)	TAG: A-0823 (iii) The hospital must document in the patient's medical record that the list was presented to the patient or to the individual acting on the patient's behalf.	PC.04.01.01	The hospital has a process that addresses the patient's need for continuing care, treatment, and services after discharge or transfer.
		EP 25	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital documents in the patient's medical record that the list of home health agencies or skilled nursing facilities was presented to the patient or to the individual acting on the patient's behalf. The discharge plan identifies disclosable financial interests between the hospital and any home health agency or skilled nursing facility on the list. Note: Disclosure of financial interest is determined in accordance with the provisions in 42 CFR 420.206.
§482.43(c)(7)	TAG: A-0823 (7) The hospital, as part of the discharge planning process, must inform the patient or the patient's family of their freedom to choose among participating Medicare providers of post-hospital care services and must, when possible, respect patient and family preferences when they are expressed. The hospital must not specify or otherwise limit the qualified providers that are available to the patient.	PC.04.01.01	The hospital has a process that addresses the patient's need for continuing care, treatment, and services after discharge or transfer.
		EP 22	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs the patient or the patient's family of his or her freedom to choose among participating Medicare providers and, when possible, respects the patient's and family's preferences when they are expressed. The hospital does not limit the qualified providers that are available to the patient.

CFR Number §482.43(c)(8)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.43(c)(8)</p> <p>(8) The discharge plan must identify any HHA or SNF to which the patient is referred in which the hospital has a disclosable financial interest, as specified by the Secretary, and any HHA or SNF that has a disclosable financial interest in a hospital under Medicare. Financial interests that are disclosable under Medicare are determined in accordance with the provisions of Part 420, Subpart C, of this chapter</p>	<p>TAG: A-0823</p>	<p>PC.04.01.01</p> <p>EP 25</p>	<p>The hospital has a process that addresses the patient’s need for continuing care, treatment, and services after discharge or transfer.</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital documents in the patient’s medical record that the list of home health agencies or skilled nursing facilities was presented to the patient or to the individual acting on the patient’s behalf. The discharge plan identifies disclosable financial interests between the hospital and any home health agency or skilled nursing facility on the list. Note: Disclosure of financial interest is determined in accordance with the provisions in 42 CFR 420.206.</p>
<p>§482.43(d)</p> <p>§482.43(d) Standard: Transfer or Referral</p> <p>The hospital must transfer or refer patients, along with necessary medical information, to appropriate facilities, agencies, or outpatient services, as needed, for follow-up or ancillary care.</p>	<p>TAG: A-0837</p>	<p>IM.02.01.01</p> <p>EP 4</p> <p>PC.02.02.01</p> <p>EP 1</p> <p>PC.04.02.01</p> <p>EP 1</p>	<p>The hospital protects the privacy of health information.</p> <p>The hospital discloses health information only as authorized by the patient or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7)</p> <p>The hospital coordinates the patient’s care, treatment, and services based on the patient’s needs.</p> <p>The hospital has a process to receive or share patient information when the patient is referred to other internal or external providers of care, treatment, and services. (See also PC.04.02.01, EP 1)</p> <p>When a patient is discharged or transferred, the hospital gives information about the care, treatment, and services provided to the patient to other service providers who will provide the patient with care, treatment, or services.</p> <p>At the time of the patient’s discharge or transfer, the hospital informs other service providers who will provide care, treatment, or services to the patient about the following:</p> <ul style="list-style-type: none"> - The reason for the patient’s discharge or transfer - The patient’s physical and psychosocial status - A summary of care, treatment, and services it provided to the patient - The patient’s progress toward goals - A list of community resources or referrals made or provided to the patient <p>(See also PC.02.02.01, EP 1)</p>
<p>§482.43(e)</p> <p>§482.43(e) Standard: Reassessment</p> <p>The hospital must reassess its discharge planning process on an on-going basis. The reassessment must include a review of discharge plans to ensure that they are responsive to discharge needs.</p>	<p>TAG: A-0843</p>	<p>PC.04.01.03</p> <p>EP 10</p> <p>EP 11</p>	<p>The hospital discharges or transfers the patient based on his or her assessed needs and the organization’s ability to meet those needs.</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital conducts reassessments of its discharge planning process within its established time frames for reassessment.</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The reassessment of the discharge planning process includes a review of discharge plans to determine if the discharge plans meet the needs of patients.</p>
<p>§482.45</p> <p>§482.45 Condition of Participation: Organ, Tissue and Eye Procurement</p>	<p>TAG: A-0884</p>		
<p>§482.45(a)</p> <p>§482.45(a) Standard: Organ Procurement Responsibilities</p> <p>The hospital must have and implement written protocols that:</p>	<p>TAG: A-0885</p>		

CFR Number §482.45(a)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.45(a)(1)</p> <p>(1) Incorporate an agreement with an OPO designated under part 486 of this chapter, under which it must notify, in a timely manner, the OPO or a third party designated by the OPO of individuals whose death is imminent or who have died in the hospital. The OPO determines medical suitability for organ donation and, in the absence of alternative arrangements by the hospital, the OPO determines medical suitability for tissue and eye donation, using the definition of potential tissue and eye donor and the notification protocol developed in consultation with the tissue and eye banks identified by the hospital for this purpose;</p>	<p>TAG: A-0886</p>	<p>TS.01.01.01</p> <p>EP 1</p> <p>EP 9</p> <p>EP 11</p>	<p>The hospital, with the medical staff's participation, develops and implements written policies and procedures for donating and procuring organs and tissues.</p> <p>The hospital has a written agreement with an organ procurement organization (OPO) and follows its rules and regulations. (See also PI.02.01.01, EP 7)</p> <p>The hospital notifies the organ procurement organization (OPO) of patients who have died and of mechanically ventilated patients whose death is imminent, according to the following: - Clinical triggers defined jointly with its medical staff and the designated OPO - Within the time frames (ideally, within one hour of death for patients who have expired) jointly agreed on by the hospital and the designated OPO - For mechanically ventilated patients, prior to the withdrawal of life-sustaining therapies including medical or pharmacological support</p> <p>The organ procurement organization determines medical suitability of organs for organ donation and, in the absence of alternative arrangements by the hospital, it determines the medical suitability of tissue and eyes for donation.</p>
<p>§482.45(a)(2)</p> <p>(2) Incorporate an agreement with at least one tissue bank and at least one eye bank to cooperate in the retrieval, processing, preservation, storage and distribution of tissues and eyes, as may be appropriate to assure that all usable tissues and eyes are obtained from potential donors, insofar as such an agreement does not interfere with organ procurement;</p>	<p>TAG: A-0887</p>	<p>TS.01.01.01</p> <p>EP 3</p>	<p>The hospital, with the medical staff's participation, develops and implements written policies and procedures for donating and procuring organs and tissues.</p> <p>The hospital has a written agreement with at least one tissue bank and at least one eye bank to cooperate in retrieving, processing, preserving, storing, and distributing tissues and eyes. Note 1: This process should not interfere with organ procurement. Note 2: It is not necessary for a hospital to have a separate agreement with a tissue bank if it has an agreement with its organ procurement organization (OPO) to provide tissue procurement services, nor is it necessary for a hospital to have a separate agreement with an eye bank if its OPO provides eye procurement services. The hospital is not required to use the OPO for tissue or eye procurement, and is free to have an agreement with the tissue bank or eye bank of its choice.</p>
<p>§482.45(a)(3)</p> <p>(3) Ensure, in collaboration with the designated OPO, that the family of each potential donor is informed of its options to donate organs, tissues, or eyes, or to decline to donate.</p>	<p>TAG: A-0888</p>	<p>TS.01.01.01</p> <p>EP 6</p>	<p>The hospital, with the medical staff's participation, develops and implements written policies and procedures for donating and procuring organs and tissues.</p> <p>The hospital develops, in collaboration with the designated organ procurement organization, written procedures for notifying the family of each potential donor about the option to donate or decline to donate organs, tissues, or eyes.</p>
<p>§482.45(a)(3) continued</p> <p>(3) continued</p> <p>The individual designated by the hospital to initiate the request to the family must be an organ procurement representative or a designated requestor. A designated requestor is an individual who has completed a course offered or approved by the OPO and designed in conjunction with the tissue and eye bank community in the methodology for approaching potential donor families and requesting organ or tissue donation;</p>	<p>TAG: A-0889</p>	<p>TS.01.01.01</p> <p>EP 7</p>	<p>The hospital, with the medical staff's participation, develops and implements written policies and procedures for donating and procuring organs and tissues.</p> <p>The individual designated by the hospital to notify the family regarding the option to donate or decline to donate organs, tissues, or eyes is an organ procurement representative, an organizational representative of a tissue or eye bank, or a designated requestor. Note: A designated requestor is an individual who has completed a course offered or approved by the organ procurement organization. This course is designed in conjunction with the tissue and eye bank community to provide a methodology for approaching potential donor families and requesting organ and tissue donation.</p>
<p>§482.45(a)(4)</p> <p>(4) Encourage discretion and sensitivity with respect to the circumstances, views, and beliefs of the families of potential donors;</p>	<p>TAG: A-0890</p>	<p>TS.01.01.01</p> <p>EP 5</p>	<p>The hospital, with the medical staff's participation, develops and implements written policies and procedures for donating and procuring organs and tissues.</p> <p>Staff education includes training in the use of discretion and sensitivity to the circumstances, beliefs, and desires of the families of potential organ, tissue, or eye donors.</p>

CFR Number §482.45(a)(5)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.45(a)(5)</p> <p>(5) Ensure that the hospital works cooperatively with the designated OPO, tissue bank and eye bank in educating staff on donation issues;</p>	<p>TAG: A-0891</p>	<p>TS.01.01.01</p> <p>EP 4</p> <p>EP 5</p>	<p>The hospital, with the medical staff's participation, develops and implements written policies and procedures for donating and procuring organs and tissues.</p> <p>The hospital works with the organ procurement organization (OPO) and tissue and eye banks to do the following:</p> <ul style="list-style-type: none"> - Review death records in order to improve identification of potential donors. - Maintain potential donors while the necessary testing and placement of potential donated organs, tissues, and eyes takes place in order to maximize the viability of donor organs for transplant. - Educate staff about issues surrounding donation. - Develop a written donation policy that addresses opportunities for asystolic recovery that is mutually agreed upon by the hospital, its medical staff, and the designated OPO. When the hospital and its medical staff agree not to provide for asystolic recovery and cannot achieve agreement with the designated OPO, the hospital documents its efforts to reach an agreement with its OPO, and the donation policy addresses the hospital's justification for not providing for asystolic recovery. <p>Staff education includes training in the use of discretion and sensitivity to the circumstances, beliefs, and desires of the families of potential organ, tissue, or eye donors.</p>
<p>§482.45(a)(5) continued</p> <p>(5) continued</p> <p>[Ensure that the hospital works cooperatively with the designated OPO, tissue bank and eye bank in educating staff on...] reviewing death records to improve identification of potential donors, and</p>	<p>TAG: A-0892</p>	<p>TS.01.01.01</p> <p>EP 4</p>	<p>The hospital, with the medical staff's participation, develops and implements written policies and procedures for donating and procuring organs and tissues.</p> <p>The hospital works with the organ procurement organization (OPO) and tissue and eye banks to do the following:</p> <ul style="list-style-type: none"> - Review death records in order to improve identification of potential donors. - Maintain potential donors while the necessary testing and placement of potential donated organs, tissues, and eyes takes place in order to maximize the viability of donor organs for transplant. - Educate staff about issues surrounding donation. - Develop a written donation policy that addresses opportunities for asystolic recovery that is mutually agreed upon by the hospital, its medical staff, and the designated OPO. When the hospital and its medical staff agree not to provide for asystolic recovery and cannot achieve agreement with the designated OPO, the hospital documents its efforts to reach an agreement with its OPO, and the donation policy addresses the hospital's justification for not providing for asystolic recovery.
<p>§482.45(a)(5) continued</p> <p>(5) continued</p> <p>[Ensure that the hospital works cooperatively with the designated OPO, tissue bank and eye bank in educating staff on...] maintaining potential donors while necessary testing and placement of potential donated organs, tissues, and eyes take place.</p>	<p>TAG: A-0893</p>	<p>TS.01.01.01</p> <p>EP 4</p>	<p>The hospital, with the medical staff's participation, develops and implements written policies and procedures for donating and procuring organs and tissues.</p> <p>The hospital works with the organ procurement organization (OPO) and tissue and eye banks to do the following:</p> <ul style="list-style-type: none"> - Review death records in order to improve identification of potential donors. - Maintain potential donors while the necessary testing and placement of potential donated organs, tissues, and eyes takes place in order to maximize the viability of donor organs for transplant. - Educate staff about issues surrounding donation. - Develop a written donation policy that addresses opportunities for asystolic recovery that is mutually agreed upon by the hospital, its medical staff, and the designated OPO. When the hospital and its medical staff agree not to provide for asystolic recovery and cannot achieve agreement with the designated OPO, the hospital documents its efforts to reach an agreement with its OPO, and the donation policy addresses the hospital's justification for not providing for asystolic recovery.
<p>§482.45(b)</p> <p>§482.45(b) Standard: Organ Transplantation Responsibilities</p>	<p>TAG: A-0899</p>		

CFR Number §482.45(b)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.45(b)(1)</p> <p>(1) A hospital in which organ transplants are performed must be a member of the Organ Procurement and Transplantation Network (OPTN) established and operated in accordance with section 372 of the Public Health Service (PHS) Act (42 U.S.C. 274) and abide by its rules. The term “rules of the OPTN” means those rules provided for in regulations issued by the Secretary in accordance with section 372 of the PHS Act which are enforceable under 42 CFR 121.10. No hospital is considered to be out of compliance with section 1138(a)(1)(B) of the Act, or with the requirements of this paragraph, unless the Secretary has given the OPTN formal notice that he or she approves the decision to exclude the hospital from the OPTN and has notified the hospital in writing.</p>	<p>TAG: A-0899</p>	<p>TS.02.01.01</p> <p>EP 1</p>	<p>The hospital complies with organ transplantation responsibilities.</p> <p>The hospital performing organ transplants belongs to and abides by the rules of the Organ Procurement and Transplantation Network (OPTN) * established under section 372 of the Public Health Service (PHS) Act. Footnote *: The term “rules of the OPTN” means those rules provided for in regulations issued by the Secretary in accordance with section 372 of the PHS Act which are enforceable under 42 CFR 121.10. No hospital is considered to be out of compliance with section 1138(a)(1)(B) of the Act, or with the requirements of this paragraph, unless the Secretary has given the OPTN formal notice that he or she approves the decision to exclude the hospital from the OPTN and has notified the hospital in writing.</p>
<p>§482.45(b)(2)</p> <p>(2) For purposes of these standards, the term “organ” means a human kidney, liver, heart, lung, or pancreas.</p>	<p>TAG: A-0899</p>		<p>CAMH glossary definition of organ: As defined by the Centers for Medicare & Medicaid Services in 42 CFR 482.45(b), organ means a human kidney, liver, heart, lung, or pancreas.</p>
<p>§482.45(b)(3)</p> <p>(3) If a hospital performs any type of transplants, it must provide organ transplant related data, as requested by the OPTN, the Scientific Registry, and the OPOs. The hospital must also provide such data directly to the Department when requested by the Secretary.</p>	<p>TAG: A-0899</p>	<p>TS.02.01.01</p> <p>EP 2</p>	<p>The hospital complies with organ transplantation responsibilities.</p> <p>If requested, the hospital provides all data related to organ transplant to the Organ Procurement and Transplantation Network (OPTN), the Scientific Registry, or the hospital’s designated organ procurement organization (OPO), and when requested by the Office of the Secretary, directly to the U.S. Department of Health & Human Services.</p>
<p>§482.51</p> <p>§482.51 Condition of Participation: Surgical Services</p> <p>If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.</p>	<p>TAG: A-0940</p>	<p>IC.02.01.01</p> <p>EP 1</p> <p>EP 2</p> <p>EP 3</p> <p>EP 6</p>	<p>The hospital implements its infection prevention and control plan.</p> <p>The hospital implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.</p> <p>The hospital uses standard precautions, * including the use of personal protective equipment, to reduce the risk of infection. (See also EC.02.02.01, EP 4) 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 http://www.cdc.gov/hai/ (Infection Control in Healthcare Settings).</p> <p>The hospital implements transmission-based precautions * in response to the pathogens that are suspected or identified within the hospital’s service setting and community. Note: 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. Footnote *: For further information regarding transmission-based precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hai/ (Infection Control in Healthcare Settings).</p> <p>The hospital minimizes the risk of infection when storing and disposing of infectious waste. (See also EC.02.02.01, EPs 1 and 12)</p>

CFR Number §482.51	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>IC.02.02.01 The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.</p> <p>EP 1 The hospital 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 http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html.</p> <p>EP 2 The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. * (See also EC.02.04.03, EP 4) 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. Footnote *: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html (Sterilization and Disinfection in Healthcare Settings).</p> <p>EP 4 The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.</p> <p>LD.04.03.01 The hospital provides services that meet patient needs.</p> <p>EP 3 The hospital provides at least one of the following acute-care clinical services: - Child, adolescent, or adult psychiatry - Medicine - Obstetrics and gynecology - Pediatrics - Treatment for addictions - Surgery Note: When the hospital provides surgical or obstetric services, anesthesia services are also available.</p> <p>LD.04.03.07 Patients with comparable needs receive the same standard of care, treatment, and services throughout the hospital.</p> <p>EP 1 Variances in staff, setting, or payment source do not affect outcomes of care, treatment, and services in a negative way.</p> <p>LD.04.04.07 The hospital considers clinical practice guidelines when designing or improving processes.</p> <p>EP 1 The hospital considers using clinical practice guidelines when designing or improving processes. (See also NR.02.01.01, EP 5)</p>	
<p>§482.51(a)</p> <p>§482.51(a) Standard: Organization and Staffing</p> <p>The organization of the surgical services must be appropriate to the scope of the services offered.</p>	<p>TAG: A-0941</p>	<p>LD.01.03.01 The governing body is ultimately accountable for the safety and quality of care, treatment, and services.</p>	

CFR Number §482.51(a)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 3	The governing body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: If emergency services are provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.
		LD.04.03.01	The hospital provides services that meet patient needs.
		EP 3	The hospital provides at least one of the following acute-care clinical services: - Child, adolescent, or adult psychiatry - Medicine - Obstetrics and gynecology - Pediatrics - Treatment for addictions - Surgery Note: When the hospital provides surgical or obstetric services, anesthesia services are also available.
		LD.04.04.07	The hospital considers clinical practice guidelines when designing or improving processes.
		EP 1	The hospital considers using clinical practice guidelines when designing or improving processes. (See also NR.02.01.01, EP 5)
§482.51(a)(1)	TAG: A-0942	HR.01.02.01	The hospital defines staff qualifications.
(1) The operating rooms must be supervised by an experienced registered nurse or a doctor of medicine or osteopathy.		EP 1	The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2) Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory . Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements. Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.
		HR.01.02.05	The hospital verifies staff qualifications.
		EP 3	The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.

CFR Number §482.51(a)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		LD.03.06.01	Those who work in the hospital are focused on improving safety and quality.
		EP 3	Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (See also IC.01.01.01, EP 3) Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.
		EP 4	Those who work in the hospital are competent to complete their assigned responsibilities.
		LD.04.01.05	The hospital effectively manages its programs, services, sites, or departments.
		EP 2	Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical privileges.
		PC.03.01.01	The hospital plans operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia. Note: Equipment identified in the elements of performance is available to the operating room suites.
		EP 5	A registered nurse supervises perioperative nursing care.
§482.51(a)(2)	TAG: A-0943	HR.01.02.01	The hospital defines staff qualifications.
(2) Licensed practical nurses (LPNs) and surgical technologists (operating room technicians) may serve as “scrub nurses” under the supervision of a registered nurse.		EP 1	The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2) Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: “Personnel for Nonwaived Testing” §493.1351-§493.1495. A complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory . Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements. Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.
		HR.01.02.07	The hospital determines how staff function within the organization.
		EP 2	Staff who provide patient care, treatment, and services practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)
		PC.03.01.01	The hospital plans operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia. Note: Equipment identified in the elements of performance is available to the operating room suites.
		EP 5	A registered nurse supervises perioperative nursing care.

CFR Number §482.51(a)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.51(a)(3)</p> <p>(3) Qualified registered nurses may perform circulating duties in the operating room. In accordance with applicable State laws and approved medical staff policies and procedures, LPNs and surgical technologists may assist in circulatory duties under the supervision of a qualified registered nurse who is immediately available to respond to emergencies.</p>	<p>TAG: A-0944</p>	<p>HR.01.02.01</p>	<p>The hospital defines staff qualifications.</p>
		<p>EP 1</p>	<p>The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2) Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at http://www.cdc.gov/clia/Regulatory. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements. Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.</p>
		<p>HR.01.02.07</p>	<p>The hospital determines how staff function within the organization.</p>
		<p>EP 2</p>	<p>Staff who provide patient care, treatment, and services practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)</p>
		<p>LD.03.06.01</p>	<p>Those who work in the hospital are focused on improving safety and quality.</p>
		<p>EP 3</p>	<p>Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (See also IC.01.01.01, EP 3) Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.</p>
		<p>EP 4</p>	<p>Those who work in the hospital are competent to complete their assigned responsibilities.</p>
		<p>LD.04.01.07</p>	<p>The hospital has policies and procedures that guide and support patient care, treatment, and services.</p>
		<p>EP 1</p>	<p>Leaders review and approve policies and procedures that guide and support patient care, treatment, and services. (See also NR.02.03.01, EP 1; RI.01.07.01, EP 1)</p>
		<p>PC.03.01.01</p>	<p>The hospital plans operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia. Note: Equipment identified in the elements of performance is available to the operating room suites.</p>
<p>EP 5</p>	<p>A registered nurse supervises perioperative nursing care.</p>		
<p>§482.51(a)(4)</p> <p>(4) Surgical privileges must be delineated for all practitioners performing surgery in accordance with the competencies of each practitioner. The surgical service must maintain a roster of practitioners specifying the surgical privileges of each practitioner.</p>	<p>TAG: A-0945</p>	<p>MS.03.01.01</p>	<p>The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.</p>
		<p>EP 2</p>	<p>Practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.</p>

CFR Number §482.51(a)(4)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		MS.06.01.03	The hospital collects information regarding each practitioner's current license status, training, experience, competence, and ability to perform the requested privilege.
		EP 4	The credentialing process is outlined in the medical staff bylaws.
		MS.06.01.05	The decision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is an objective, evidence-based process.
		EP 15	For hospitals that use Joint Commission accreditation for deemed status purposes: The surgical service maintains a current roster listing each practitioner's surgical privileges. Note: The roster may be in paper or electronic format.
		MS.06.01.07	The organized medical staff reviews and analyzes all relevant information regarding each requesting practitioner's current licensure status, training, experience, current competence, and ability to perform the requested privilege.
		EP 1	The information review and analysis process is clearly defined.
		EP 2	The hospital, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a requested privilege. Note: Medical staff membership and professional privileges are not dependent solely upon certification, fellowship, or membership in a specialty body or society.
		EP 5	The hospital's privilege granting/denial criteria are consistently applied for each requesting practitioner.
		MS.06.01.09	The decision to grant, limit, or deny an initially requested privilege or an existing privilege petitioned for renewal is communicated to the requesting practitioner within the time frame specified in the medical staff bylaws.
		EP 3	The decision to grant, deny, revise, or revoke privilege(s) is disseminated and made available to all appropriate internal and external persons or entities, as defined by the hospital and applicable law.
§482.51(b)	TAG: A-0951	IC.02.01.01	The hospital implements its infection prevention and control plan.
§482.51(b) Standard: Delivery of Service		EP 1	The hospital implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.
Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.		EP 2	The hospital uses standard precautions, * including the use of personal protective equipment, to reduce the risk of infection. (See also EC.02.02.01, EP 4) 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 http://www.cdc.gov/hai/ (Infection Control in Healthcare Settings).

CFR Number §482.51(b)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 3	The hospital implements transmission-based precautions * in response to the pathogens that are suspected or identified within the hospital's service setting and community. Note: 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. Footnote *: For further information regarding transmission-based precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hai/ (Infection Control in Healthcare Settings).
		EP 6	The hospital minimizes the risk of infection when storing and disposing of infectious waste. (See also EC.02.02.01, EPs 1 and 12)
		IC.02.02.01	The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.
		EP 1	The hospital 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 http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html .
		EP 2	The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. * (See also EC.02.04.03, EP 4) 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. Footnote *: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html (Sterilization and Disinfection in Healthcare Settings).
		EP 4	The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.
		LD.04.01.07	The hospital has policies and procedures that guide and support patient care, treatment, and services.
		EP 1	Leaders review and approve policies and procedures that guide and support patient care, treatment, and services. (See also NR.02.03.01, EP 1; RI.01.07.01, EP 1)
		LD.04.01.11	The hospital makes space and equipment available as needed for the provision of care, treatment, and services.
		EP 2	The arrangement and allocation of space supports safe, efficient, and effective care, treatment, and services.
		EP 5	The leaders provide for equipment, supplies, and other resources.

CFR Number §482.51(b)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		LD.04.03.01	<p>The hospital provides services that meet patient needs.</p> <p>EP 1 The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements. Note: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: If medical and surgical diagnostic and treatment services are not available within the hospital, the hospital has an agreement with an outside source for these services to make sure that the services are immediately available or an agreement needs to be established for transferring patients to a general hospital that participates in the Medicare program.</p>
<p>§482.51(b)(1)</p> <p>(1) Prior to surgery or a procedure requiring anesthesia services and except in the case of emergencies:</p>	<p>TAG: A-0952</p>		
<p>§482.51(b)(1)(i)</p> <p>(i) A medical history and physical examination must be completed and documented no more than 30 days before or 24 hours after admission or registration.</p>	<p>TAG: A-0952</p>	<p>PC.01.02.03</p> <p>EP 4</p> <p>EP 5</p> <p>RC.01.03.01</p> <p>EP 4</p>	<p>The hospital assesses and reassesses the patient and his or her condition according to defined time frames.</p> <p>The patient receives a medical history and physical examination no more than 30 days prior to, or within 24 hours after, registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. (See also MS.03.01.01, EP 6; RC.02.01.03, EP 3)</p> <p>For a medical history and physical examination that was completed within 30 days prior to registration or inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. (See also MS.03.01.01, EP 8; RC.02.01.03, EP 3)</p> <p>Documentation in the medical record is entered in a timely manner.</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital records the patient's medical history and physical examination, including updates, in the medical record within 24 hours after registration or inpatient admission but prior to surgery or a procedure requiring anesthesia services.</p>
<p>§482.51(b)(1)(ii)</p> <p>(ii) An updated examination of the patient, including any changes in the patient's condition, must be completed and documented within 24 hours after admission or registration when the medical history and physical examination are completed within 30 days before admission or registration.</p>	<p>TAG: A-0952</p>	<p>PC.01.02.03</p> <p>EP 5</p> <p>RC.01.03.01</p> <p>EP 4</p>	<p>The hospital assesses and reassesses the patient and his or her condition according to defined time frames.</p> <p>For a medical history and physical examination that was completed within 30 days prior to registration or inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. (See also MS.03.01.01, EP 8; RC.02.01.03, EP 3)</p> <p>Documentation in the medical record is entered in a timely manner.</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital records the patient's medical history and physical examination, including updates, in the medical record within 24 hours after registration or inpatient admission but prior to surgery or a procedure requiring anesthesia services.</p>
<p>§482.51(b)(2)</p> <p>(2) A properly executed informed consent form for the operation must be in the patient's chart before surgery, except in emergencies.</p>	<p>TAG: A-0955</p>	<p>RC.02.01.01</p>	<p>The medical record contains information that reflects the patient's care, treatment, and services.</p>

CFR Number §482.51(b)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 4 As needed to provide care, treatment, and services, the medical record contains the following additional information:</p> <ul style="list-style-type: none"> - Any advance directives (See also RI.01.05.01, EP 11) - Any informed consent, when required by hospital policy (See also RI.01.03.01, EP 13) <p>Note: The properly executed informed consent is placed in the patient's medical record prior to surgery, except in emergencies. A properly executed informed consent contains documentation of a patient's mutual understanding of and agreement for care, treatment, and services through written signature; electronic signature; or, when a patient is unable to provide a signature, documentation of the verbal agreement by the patient or surrogate decision-maker.</p> <ul style="list-style-type: none"> - Any records of communication with the patient, such as telephone calls or e-mail - Any patient-generated information 	<p>RI.01.03.01 The hospital honors the patient's right to give or withhold informed consent.</p> <p>EP 13 Informed consent is obtained in accordance with the hospital's policy and processes and, except in emergencies, prior to surgery. (See also RC.02.01.01, EP 4)</p>
<p>§482.51(b)(3)</p> <p>(3) The following equipment must be available to the operating room suites: call-in system, cardiac monitor, resuscitator, defibrillator, aspirator, and tracheotomy set.</p>	<p>TAG: A-0956</p>	<p>PC.02.01.11 Resuscitation services are available throughout the hospital.</p> <p>EP 1 Resuscitation services are provided to the patient according to the hospital's policies, procedures, or protocols.</p> <p>PC.03.01.01 The hospital plans operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia. Note: Equipment identified in the elements of performance is available to the operating room suites.</p> <p>EP 6 For operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia: The hospital has equipment available to monitor the patient's physiological status.</p> <p>EP 7 For operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia: The hospital has equipment available to administer intravenous fluids and medications, and blood and blood components.</p> <p>EP 8 For operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia: The hospital has resuscitation equipment available. (See also MM.03.01.03, EP 2)</p>	<p>PC.02.01.11 Resuscitation services are available throughout the hospital.</p> <p>EP 1 Resuscitation services are provided to the patient according to the hospital's policies, procedures, or protocols.</p> <p>PC.03.01.01 The hospital plans operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia. Note: Equipment identified in the elements of performance is available to the operating room suites.</p> <p>EP 6 For operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia: The hospital has equipment available to monitor the patient's physiological status.</p> <p>EP 7 For operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia: The hospital has equipment available to administer intravenous fluids and medications, and blood and blood components.</p> <p>EP 8 For operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia: The hospital has resuscitation equipment available. (See also MM.03.01.03, EP 2)</p>
<p>§482.51(b)(4)</p> <p>(4) There must be adequate provisions for immediate post-operative care.</p>	<p>TAG: A-0957</p>	<p>LD.04.01.11 The hospital makes space and equipment available as needed for the provision of care, treatment, and services.</p> <p>EP 2 The arrangement and allocation of space supports safe, efficient, and effective care, treatment, and services.</p> <p>EP 5 The leaders provide for equipment, supplies, and other resources.</p> <p>PC.03.01.07 The hospital 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 1 The hospital assesses the patient's physiological status immediately after the operative or other high risk procedure and/or as the patient recovers from moderate or deep sedation or anesthesia. (See also RC.02.01.03, EP 8)</p>	<p>LD.04.01.11 The hospital makes space and equipment available as needed for the provision of care, treatment, and services.</p> <p>EP 2 The arrangement and allocation of space supports safe, efficient, and effective care, treatment, and services.</p> <p>EP 5 The leaders provide for equipment, supplies, and other resources.</p> <p>PC.03.01.07 The hospital 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 1 The hospital assesses the patient's physiological status immediately after the operative or other high risk procedure and/or as the patient recovers from moderate or deep sedation or anesthesia. (See also RC.02.01.03, EP 8)</p>

CFR Number §482.51(b)(4)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 2	The hospital monitors the patient's physiological status, mental status, and pain level at a frequency and intensity consistent with the potential effect of the operative or other high risk procedure and/or the sedation or anesthesia administered.
§482.51(b)(5)	TAG: A-0958 (5) The operating room register must be complete and up-to-date.	RC.02.01.03	The patient's medical record documents operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia.
		EP 15	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a complete and up-to-date operating room register that includes the following: - Patient's name - Patient's hospital identification number - Date of operation - Inclusive or total time of operation - Name of surgeon and any assistants - Name of nursing personnel - Type of anesthesia used and name of person administering it - Operation performed - Pre- and postoperative diagnosis - Age of patient Note: A postoperative summary may be considered equivalent if all items listed in this element of performance are included.
§482.51(b)(6)	TAG: A-0959 (6) An operative report describing techniques, findings, and tissues removed or altered must be written or dictated immediately following surgery and signed by the surgeon.	RC.01.02.01	Entries in the medical record are authenticated.
		EP 4	Entries in the medical record are authenticated by the author. Information introduced into the medical record through transcription or dictation is authenticated by the author. Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key. Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or hospital policy. For electronic records, electronic signatures will be date-stamped. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: All orders, including verbal orders, are dated and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient, and who, in accordance with hospital policy; law and regulation; and medical staff bylaws, rules, and regulations, is authorized to write orders.
		RC.02.01.03	The patient's medical record documents operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia.
		EP 2	A licensed independent practitioner involved in the patient's care documents the provisional diagnosis in the medical record before an operative or other high-risk procedure is performed.
		EP 5	An operative or other high-risk procedure report is written or dictated upon completion of the operative or other high-risk procedure and before the patient is transferred to the next level of care. Note 1: The exception to this requirement occurs when an operative or other high-risk procedure progress note is written immediately after the procedure, in which case the full report can be written or dictated within a time frame defined by the hospital. Note 2: If the practitioner performing the operation or high-risk procedure accompanies the patient from the operating room to the next unit or area of care, the report can be written or dictated in the new unit or area of care.

CFR Number §482.51(b)(6)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<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 licensed independent practitioner(s) who performed the procedure and his or her 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>EP 7 When a full operative or other high-risk procedure report cannot be entered immediately into the patient's medical record after the operation or procedure, a progress note is entered in the medical record before the patient is transferred to the next level of care. This progress note includes the name(s) of the primary surgeon(s) and his or her assistant(s), procedure performed and a description of each procedure finding, estimated blood loss, specimens removed, and postoperative diagnosis.</p> <p>EP 8 The medical record contains the following postoperative information:</p> <ul style="list-style-type: none"> - The patient's vital signs and level of consciousness (See also PC.03.01.05, EP 1; PC.03.01.07, EP 1) - 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>EP 11 The postoperative documentation contains the name of the licensed independent practitioner responsible for discharge.</p>	
<p>§482.52</p> <p>§482.52 Condition of Participation: Anesthesia Services</p> <p>If the hospital furnishes anesthesia services, they must be provided in a well-organized manner under the direction of a qualified doctor of medicine or osteopathy. The service is responsible for all anesthesia administered in the hospital.</p>	<p>TAG: A-1000</p>	<p>LD.01.03.01</p> <p>EP 3</p> <p>LD.04.01.05</p> <p>EP 1</p> <p>EP 7</p> <p>EP 9</p>	<p>The governing body is ultimately accountable for the safety and quality of care, treatment, and services.</p> <p>The governing body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: If emergency services are provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>The hospital effectively manages its programs, services, sites, or departments.</p> <p>Leaders of the program, service, site, or department oversee operations.</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified doctor of medicine or osteopathy directs the following services:</p> <ul style="list-style-type: none"> - Anesthesia - Nuclear medicine - Respiratory care <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The anesthesia service is responsible for all anesthesia administered in the hospital.</p>
<p>§482.52(a)</p> <p>§482.52(a) Standard: Organization and Staffing</p> <p>The organization of anesthesia services must be appropriate to the scope of the services offered. Anesthesia must be administered only by --</p>	<p>TAG: A-1001</p>	<p>LD.01.03.01</p>	<p>The governing body is ultimately accountable for the safety and quality of care, treatment, and services.</p>

CFR Number §482.52(a)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 3 The governing body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: If emergency services are provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.	
		LD.03.06.01	Those who work in the hospital are focused on improving safety and quality.
		EP 3 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (See also IC.01.01.01, EP 3) Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.	
		LD.04.01.11	The hospital makes space and equipment available as needed for the provision of care, treatment, and services.
		EP 5	The leaders provide for equipment, supplies, and other resources.
§482.52(a)(1)	TAG: A-1001	MS.03.01.01	The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.
(1) A qualified anesthesiologist;		EP 2	Practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.

CFR Number §482.52(a)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>PC.03.01.01</p>	<p>The hospital plans operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia. Note: Equipment identified in the elements of performance is available to the operating room suites.</p> <hr/> <p>EP 10 For hospitals that use Joint Commission accreditation for deemed status purposes: In accordance with the hospital's policy and state scope-of-practice laws, anesthesia is administered only by the following individuals:</p> <ul style="list-style-type: none"> - An anesthesiologist - A doctor of medicine or osteopathy other than an anesthesiologist - A doctor of dental surgery or dental medicine - A doctor of podiatric medicine - A certified registered nurse anesthetist (CRNA) supervised by the operating practitioner except as provided in 42 CFR 482.52(c) regarding the state exemption for this supervision * - An anesthesiologist's assistant supervised by an anesthesiologist who is immediately available if needed - A supervised trainee in an approved educational program <p>Note 1: In accordance with 42 CFR 413.85(e), an approved nursing and allied health education program is a planned program of study that is licensed by state law or, if licensing is not required, is accredited by a recognized national professional organization. Such national accrediting bodies include, but are not limited to, the Commission on Accreditation of Allied Health Education Programs and the National League of Nursing Accrediting Commission.</p> <p>Note 2: "Anesthesiologist assistant" is defined in 42 CFR 410.69(b).</p> <p>Footnote *: The CoP at 42 CFR 482.52(c) for state exemption states: A hospital may be exempt from the requirement for doctors of medicine or osteopathy to supervise CRNAs if the state in which the hospital 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 doctor of medicine or osteopathy supervision for CRNAs. The letter from the governor attests that he or she has consulted with the state Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the state and has concluded that it is in the best interests of the state's citizens to opt out of the current doctor of medicine or osteopathy supervision requirement, and that the opt-out is consistent with state law. The request for exemption and recognition of state laws and the withdrawal of the request may be submitted at any time and are effective upon submission.</p>
<p>§482.52(a)(2)</p> <p>(2) A doctor of medicine or osteopathy (other than an anesthesiologist);</p>	<p>TAG: A-1001</p>	<p>MS.03.01.01</p>	<p>The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.</p> <hr/> <p>EP 2 Practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.</p>

CFR Number §482.52(a)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>PC.03.01.01</p>	<p>The hospital plans operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia. Note: Equipment identified in the elements of performance is available to the operating room suites.</p> <p>EP 10 For hospitals that use Joint Commission accreditation for deemed status purposes: In accordance with the hospital's policy and state scope-of-practice laws, anesthesia is administered only by the following individuals:</p> <ul style="list-style-type: none"> - An anesthesiologist - A doctor of medicine or osteopathy other than an anesthesiologist - A doctor of dental surgery or dental medicine - A doctor of podiatric medicine - A certified registered nurse anesthetist (CRNA) supervised by the operating practitioner except as provided in 42 CFR 482.52(c) regarding the state exemption for this supervision * - An anesthesiologist's assistant supervised by an anesthesiologist who is immediately available if needed - A supervised trainee in an approved educational program <p>Note 1: In accordance with 42 CFR 413.85(e), an approved nursing and allied health education program is a planned program of study that is licensed by state law or, if licensing is not required, is accredited by a recognized national professional organization. Such national accrediting bodies include, but are not limited to, the Commission on Accreditation of Allied Health Education Programs and the National League of Nursing Accrediting Commission.</p> <p>Note 2: "Anesthesiologist assistant" is defined in 42 CFR 410.69(b).</p> <p>Footnote *: The CoP at 42 CFR 482.52(c) for state exemption states: A hospital may be exempt from the requirement for doctors of medicine or osteopathy to supervise CRNAs if the state in which the hospital 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 doctor of medicine or osteopathy supervision for CRNAs. The letter from the governor attests that he or she has consulted with the state Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the state and has concluded that it is in the best interests of the state's citizens to opt out of the current doctor of medicine or osteopathy supervision requirement, and that the opt-out is consistent with state law. The request for exemption and recognition of state laws and the withdrawal of the request may be submitted at any time and are effective upon submission.</p>
<p>§482.52(a)(3)</p> <p>(3) A dentist, oral surgeon, or podiatrist who is qualified to administer anesthesia under State law;</p>	<p>TAG: A-1001</p>	<p>MS.03.01.01</p>	<p>The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.</p> <p>EP 2 Practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.</p>

CFR Number §482.52(a)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>PC.03.01.01</p>	<p>The hospital plans operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia. Note: Equipment identified in the elements of performance is available to the operating room suites.</p> <hr/> <p>EP 10 For hospitals that use Joint Commission accreditation for deemed status purposes: In accordance with the hospital's policy and state scope-of-practice laws, anesthesia is administered only by the following individuals:</p> <ul style="list-style-type: none"> - An anesthesiologist - A doctor of medicine or osteopathy other than an anesthesiologist - A doctor of dental surgery or dental medicine - A doctor of podiatric medicine - A certified registered nurse anesthetist (CRNA) supervised by the operating practitioner except as provided in 42 CFR 482.52(c) regarding the state exemption for this supervision * - An anesthesiologist's assistant supervised by an anesthesiologist who is immediately available if needed - A supervised trainee in an approved educational program <p>Note 1: In accordance with 42 CFR 413.85(e), an approved nursing and allied health education program is a planned program of study that is licensed by state law or, if licensing is not required, is accredited by a recognized national professional organization. Such national accrediting bodies include, but are not limited to, the Commission on Accreditation of Allied Health Education Programs and the National League of Nursing Accrediting Commission.</p> <p>Note 2: "Anesthesiologist assistant" is defined in 42 CFR 410.69(b).</p> <p>Footnote *: The CoP at 42 CFR 482.52(c) for state exemption states: A hospital may be exempt from the requirement for doctors of medicine or osteopathy to supervise CRNAs if the state in which the hospital 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 doctor of medicine or osteopathy supervision for CRNAs. The letter from the governor attests that he or she has consulted with the state Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the state and has concluded that it is in the best interests of the state's citizens to opt out of the current doctor of medicine or osteopathy supervision requirement, and that the opt-out is consistent with state law. The request for exemption and recognition of state laws and the withdrawal of the request may be submitted at any time and are effective upon submission.</p>
<p>§482.52(a)(4)</p> <p>(4) A certified registered nurse anesthetist (CRNA), as defined in §410.69(b) of this chapter, who, unless exempted in accordance with paragraph (c) of this section, is under the supervision of the operating practitioner or of an anesthesiologist who is immediately available if needed; or</p>	<p>TAG: A-1001</p>	<p>MS.03.01.01</p>	<p>The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.</p> <hr/> <p>EP 2 Practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.</p>

CFR Number §482.52(a)(4)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>PC.03.01.01 The hospital plans operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia. Note: Equipment identified in the elements of performance is available to the operating room suites.</p> <p>EP 10 For hospitals that use Joint Commission accreditation for deemed status purposes: In accordance with the hospital's policy and state scope-of-practice laws, anesthesia is administered only by the following individuals: - An anesthesiologist - A doctor of medicine or osteopathy other than an anesthesiologist - A doctor of dental surgery or dental medicine - A doctor of podiatric medicine - A certified registered nurse anesthetist (CRNA) supervised by the operating practitioner except as provided in 42 CFR 482.52(c) regarding the state exemption for this supervision * - An anesthesiologist's assistant supervised by an anesthesiologist who is immediately available if needed - A supervised trainee in an approved educational program Note 1: In accordance with 42 CFR 413.85(e), an approved nursing and allied health education program is a planned program of study that is licensed by state law or, if licensing is not required, is accredited by a recognized national professional organization. Such national accrediting bodies include, but are not limited to, the Commission on Accreditation of Allied Health Education Programs and the National League of Nursing Accrediting Commission. Note 2: "Anesthesiologist assistant" is defined in 42 CFR 410.69(b). Footnote *: The CoP at 42 CFR 482.52(c) for state exemption states: A hospital may be exempt from the requirement for doctors of medicine or osteopathy to supervise CRNAs if the state in which the hospital 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 doctor of medicine or osteopathy supervision for CRNAs. The letter from the governor attests that he or she has consulted with the state Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the state and has concluded that it is in the best interests of the state's citizens to opt out of the current doctor of medicine or osteopathy supervision requirement, and that the opt-out is consistent with state law. The request for exemption and recognition of state laws and the withdrawal of the request may be submitted at any time and are effective upon submission.</p>	
§482.52(a)(5)	TAG: A-1001	HR.01.02.07	The hospital determines how staff function within the organization.
(5) An anesthesiologist's assistant, as defined in Sec. 410.69(b) of this chapter, who is under the supervision of an anesthesiologist who is immediately available if needed.		EP 2	Staff who provide patient care, treatment, and services practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)
		MS.03.01.01	<p>The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.</p> <p>EP 2 Practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.</p>

CFR Number §482.52(a)(5)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>PC.03.01.01 The hospital plans operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia. Note: Equipment identified in the elements of performance is available to the operating room suites.</p> <p>EP 10 For hospitals that use Joint Commission accreditation for deemed status purposes: In accordance with the hospital's policy and state scope-of-practice laws, anesthesia is administered only by the following individuals: - An anesthesiologist - A doctor of medicine or osteopathy other than an anesthesiologist - A doctor of dental surgery or dental medicine - A doctor of podiatric medicine - A certified registered nurse anesthetist (CRNA) supervised by the operating practitioner except as provided in 42 CFR 482.52(c) regarding the state exemption for this supervision * - An anesthesiologist's assistant supervised by an anesthesiologist who is immediately available if needed - A supervised trainee in an approved educational program Note 1: In accordance with 42 CFR 413.85(e), an approved nursing and allied health education program is a planned program of study that is licensed by state law or, if licensing is not required, is accredited by a recognized national professional organization. Such national accrediting bodies include, but are not limited to, the Commission on Accreditation of Allied Health Education Programs and the National League of Nursing Accrediting Commission. Note 2: "Anesthesiologist assistant" is defined in 42 CFR 410.69(b). Footnote *: The CoP at 42 CFR 482.52(c) for state exemption states: A hospital may be exempt from the requirement for doctors of medicine or osteopathy to supervise CRNAs if the state in which the hospital 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 doctor of medicine or osteopathy supervision for CRNAs. The letter from the governor attests that he or she has consulted with the state Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the state and has concluded that it is in the best interests of the state's citizens to opt out of the current doctor of medicine or osteopathy supervision requirement, and that the opt-out is consistent with state law. The request for exemption and recognition of state laws and the withdrawal of the request may be submitted at any time and are effective upon submission.</p>	
<p>§482.52(b)</p> <p>§482.52(b) Standard: Delivery of Services</p> <p>Anesthesia services must be consistent with needs and resources. Policies on anesthesia procedures must include the delineation of preanesthesia and postanesthesia responsibilities. The policies must ensure that the following are provided for each patient:</p>	<p>TAG: A-1002</p>	<p>LD.01.03.01 The governing body is ultimately accountable for the safety and quality of care, treatment, and services.</p> <p>EP 3 The governing body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: If emergency services are provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 5 The governing body provides for the resources needed to maintain safe, quality care, treatment, and services. (See also NR.01.01.01, EP 3)</p> <p>LD.04.01.07 The hospital has policies and procedures that guide and support patient care, treatment, and services.</p> <p>EP 1 Leaders review and approve policies and procedures that guide and support patient care, treatment, and services. (See also NR.02.03.01, EP 1; RI.01.07.01, EP 1)</p>	

CFR Number §482.52(b)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		PC.03.01.01	The hospital plans operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia. Note: Equipment identified in the elements of performance is available to the operating room suites.
		EP 6	For operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia: The hospital has equipment available to monitor the patient's physiological status.
		EP 7	For operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia: The hospital has equipment available to administer intravenous fluids and medications, and blood and blood components.
§482.52(b)(1)	TAG: A-1003 [The policies must ensure that the following are provided for each patient:] (1) A pre-anesthesia evaluation completed and documented by an individual qualified to administer anesthesia, as specified in paragraph (a) of this section, performed within 48 hours prior to surgery or a procedure requiring anesthesia services.	PC.03.01.03	The hospital 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 18	For hospitals that use Joint Commission accreditation for deemed status purposes: A preanesthesia evaluation is completed and documented by an individual qualified to administer anesthesia within 48 hours prior to surgery or a procedure requiring anesthesia services.
§482.52(b)(2)	TAG: A-1004 [The policies must ensure that the following are provided for each patient:] (2) An intraoperative anesthesia record.	PC.03.01.05	The hospital monitors the patient during operative or other high-risk procedures and/or during the administration of moderate or deep sedation or anesthesia.
		EP 1	During operative or other high risk procedures, including those that require the administration of moderate or deep sedation or anesthesia, the patient's oxygenation, ventilation, and circulation are monitored continuously. (See also RC.02.01.03, EP 8)
		RC.02.01.03	The patient's medical record documents operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia.
		EP 1	The hospital documents in the patient's medical record any operative or other high-risk procedure and/or the administration of moderate or deep sedation or anesthesia.
§482.52(b)(3)	TAG: A-1005 [The policies must ensure that the following are provided for each patient:] (3) A postanesthesia evaluation completed and documented by an individual qualified to administer anesthesia, as specified in paragraph (a) of this section, no later than 48 hours after surgery or a procedure requiring anesthesia services. The postanesthesia evaluation for anesthesia recovery must be completed in accordance with State law and with hospital policies and procedures that have been approved by the medical staff and that reflect current standards of anesthesia care.	PC.03.01.07	The hospital provides care to the patient after operative or other high-risk procedures and/or the administration of moderate or deep sedation or anesthesia.
		EP 7	For hospitals that use Joint Commission accreditation for deemed status purposes: A postanesthesia evaluation is completed and documented by an individual qualified to administer anesthesia no later than 48 hours after surgery or a procedure requiring anesthesia services.
		EP 8	For hospitals that use Joint Commission accreditation for deemed status purposes: The postanesthesia evaluation for anesthesia recovery is completed in accordance with law and regulation and policies and procedures that have been approved by the medical staff.
§482.52(c)	TAG: A-1001 §482.52(c) Standard: State Exemption		
§482.52(c)(1)	TAG: A-1001 (1) A hospital may be exempted from the requirement for MD/DO supervision of CRNAs as described in paragraph (a)(4) of this section, if the State in which the hospital is located submits a letter to CMS signed by the Governor, following consultation with the State's	MS.03.01.01	The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.

CFR Number §482.52(c)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
	Boards of Medicine and Nursing, requesting exemption from MD/DO 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 MD/DO supervision requirement, and that the opt-out is consistent with State law.	<p>EP 2 Practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.</p> <p>PC.03.01.01 The hospital plans operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia. Note: Equipment identified in the elements of performance is available to the operating room suites.</p> <p>EP 10 For hospitals that use Joint Commission accreditation for deemed status purposes: In accordance with the hospital's policy and state scope-of-practice laws, anesthesia is administered only by the following individuals:</p> <ul style="list-style-type: none"> - An anesthesiologist - A doctor of medicine or osteopathy other than an anesthesiologist - A doctor of dental surgery or dental medicine - A doctor of podiatric medicine - A certified registered nurse anesthetist (CRNA) supervised by the operating practitioner except as provided in 42 CFR 482.52(c) regarding the state exemption for this supervision * - An anesthesiologist's assistant supervised by an anesthesiologist who is immediately available if needed - A supervised trainee in an approved educational program <p>Note 1: In accordance with 42 CFR 413.85(e), an approved nursing and allied health education program is a planned program of study that is licensed by state law or, if licensing is not required, is accredited by a recognized national professional organization. Such national accrediting bodies include, but are not limited to, the Commission on Accreditation of Allied Health Education Programs and the National League of Nursing Accrediting Commission.</p> <p>Note 2: "Anesthesiologist assistant" is defined in 42 CFR 410.69(b).</p> <p>Footnote *: The CoP at 42 CFR 482.52(c) for state exemption states: A hospital may be exempt from the requirement for doctors of medicine or osteopathy to supervise CRNAs if the state in which the hospital 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 doctor of medicine or osteopathy supervision for CRNAs. The letter from the governor attests that he or she has consulted with the state Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the state and has concluded that it is in the best interests of the state's citizens to opt out of the current doctor of medicine or osteopathy supervision requirement, and that the opt-out is consistent with state law. The request for exemption and recognition of state laws and the withdrawal of the request may be submitted at any time and are effective upon submission.</p>	
§482.52(c)(2)	TAG: A-1001 (2) The request for exemption and recognition of State laws, and the withdrawal of the request may be submitted at any time, and are effective upon submission.]	PC.03.01.01	<p>The hospital plans operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia. Note: Equipment identified in the elements of performance is available to the operating room suites.</p>

CFR Number §482.52(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 10 For hospitals that use Joint Commission accreditation for deemed status purposes: In accordance with the hospital's policy and state scope-of-practice laws, anesthesia is administered only by the following individuals:</p> <ul style="list-style-type: none"> - An anesthesiologist - A doctor of medicine or osteopathy other than an anesthesiologist - A doctor of dental surgery or dental medicine - A doctor of podiatric medicine - A certified registered nurse anesthetist (CRNA) supervised by the operating practitioner except as provided in 42 CFR 482.52(c) regarding the state exemption for this supervision * - An anesthesiologist's assistant supervised by an anesthesiologist who is immediately available if needed - A supervised trainee in an approved educational program <p>Note 1: In accordance with 42 CFR 413.85(e), an approved nursing and allied health education program is a planned program of study that is licensed by state law or, if licensing is not required, is accredited by a recognized national professional organization. Such national accrediting bodies include, but are not limited to, the Commission on Accreditation of Allied Health Education Programs and the National League of Nursing Accrediting Commission.</p> <p>Note 2: "Anesthesiologist assistant" is defined in 42 CFR 410.69(b).</p> <p>Footnote *: The CoP at 42 CFR 482.52(c) for state exemption states: A hospital may be exempt from the requirement for doctors of medicine or osteopathy to supervise CRNAs if the state in which the hospital 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 doctor of medicine or osteopathy supervision for CRNAs. The letter from the governor attests that he or she has consulted with the state Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the state and has concluded that it is in the best interests of the state's citizens to opt out of the current doctor of medicine or osteopathy supervision requirement, and that the opt-out is consistent with state law. The request for exemption and recognition of state laws and the withdrawal of the request may be submitted at any time and are effective upon submission.</p>	
<p>§482.53</p> <p>§482.53 Condition of Participation: Nuclear Medicine Services</p> <p>If the hospital provides nuclear medicine services, those services must meet the needs of the patients in accordance with acceptable standards of practice.</p>	<p>TAG: A-1025</p>		
<p>[Standard-level Tag]</p> <p>§482.53 Condition of Participation: Nuclear Medicine Services</p> <p>If the hospital provides nuclear medicine services, those services must meet the needs of the patients in accordance with acceptable standards of practice.</p>	<p>TAG: A-1026</p>	<p>LD.01.03.01</p>	<p>The governing body is ultimately accountable for the safety and quality of care, treatment, and services.</p> <p>EP 3 The governing body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: If emergency services are provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 5 The governing body provides for the resources needed to maintain safe, quality care, treatment, and services. (See also NR.01.01.01, EP 3)</p>

CFR Number §482.53	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		LD.04.03.01	<p>The hospital provides services that meet patient needs.</p> <p>EP 2 The hospital provides essential services, including the following:</p> <ul style="list-style-type: none"> - Diagnostic radiology - Dietary - Emergency - Medical records - Nuclear medicine - Nursing care - Pathology and clinical laboratory - Pharmaceutical - Physical rehabilitation - Respiratory care - Social work <p>Note: Hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services.</p>
		LD.04.04.07	<p>The hospital considers clinical practice guidelines when designing or improving processes.</p>
§482.53(a)	TAG: A-1027	LD.01.03.01	<p>The governing body is ultimately accountable for the safety and quality of care, treatment, and services.</p>
§482.53(a) Standard: Organization and Staffing	The organization of the nuclear medicine service must be appropriate to the scope and complexity of the services offered.	EP 3	<p>The governing body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7)</p> <p>Note: For hospitals that use Joint Commission accreditation for deemed status purposes: If emergency services are provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.</p>
		EP 5	<p>The governing body provides for the resources needed to maintain safe, quality care, treatment, and services. (See also NR.01.01.01, EP 3)</p>
		LD.04.01.11	<p>The hospital makes space and equipment available as needed for the provision of care, treatment, and services.</p>
		EP 2	<p>The arrangement and allocation of space supports safe, efficient, and effective care, treatment, and services.</p>
		EP 5	<p>The leaders provide for equipment, supplies, and other resources.</p>
§482.53(a)(1)	TAG: A-1027	LD.04.01.05	<p>The hospital effectively manages its programs, services, sites, or departments.</p>
(1) There must be a director who is a doctor of medicine or osteopathy qualified in nuclear medicine.		EP 7	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified doctor of medicine or osteopathy directs the following services:</p> <ul style="list-style-type: none"> - Anesthesia - Nuclear medicine - Respiratory care
§482.53(a)(2)	TAG: A-1027	HR.01.02.01	<p>The hospital defines staff qualifications.</p>
(2) The qualifications, training, functions and responsibilities of the nuclear medicine			

CFR Number §482.53(a)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
	<p>personnel must be specified by the service director and approved by the medical staff.</p>	<p>EP 1 The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2) Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements. Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.</p>	<p>HR.01.06.01 Staff are competent to perform their responsibilities.</p> <p>EP 1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. (See also NPSG.03.06.01, EP 3)</p> <p>LD.03.06.01 Those who work in the hospital are focused on improving safety and quality.</p> <p>EP 3 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (See also IC.01.01.01, EP 3) Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.</p> <p>EP 4 Those who work in the hospital are competent to complete their assigned responsibilities.</p> <p>LD.04.01.05 The hospital effectively manages its programs, services, sites, or departments.</p> <p>EP 1 Leaders of the program, service, site, or department oversee operations.</p> <p>MS.03.01.01 The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.</p> <p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff approves the nuclear services director's specifications for the qualifications, training, functions, and responsibilities of the nuclear medicine staff.</p>
<p>§482.53(b)</p> <p>§482.53(b) Standard: Delivery of Service</p> <p>Radioactive materials must be prepared, labeled, used, transported, stored, and disposed of in accordance with acceptable standards of practice.</p>	<p>TAG: A-1035</p>	<p>EC.02.01.01 The hospital manages safety and security risks.</p> <p>EP 8 The hospital controls access to and from areas it identifies as security sensitive.</p> <p>EC.02.02.01 The hospital manages risks related to hazardous materials and waste.</p> <p>EP 3 The hospital has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures.</p>	

CFR Number §482.53(b)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 4	The hospital implements its procedures in response to hazardous material and waste spills or exposures. (See also IC.02.01.01, EP 2)
		EP 6	The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of radioactive materials.
		EP 7	The hospital minimizes risks associated with selecting and using hazardous energy sources. Note: Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs).
		EP 8	The hospital minimizes risks associated with disposing of hazardous medications. (See also MM.01.01.03, EPs 1-3)
		EP 11	For managing hazardous materials and waste, the hospital has the permits, licenses, manifests, and safety data sheets required by law and regulation.
		EP 12	The hospital labels hazardous materials and waste. Labels identify the contents and hazard warnings. * (See also IC.02.01.01, EP 6) Footnote *: The Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens and Hazard Communications Standards and the National Fire Protection Association (NFPA) provide details on labeling requirements.
		MM.01.01.03	The hospital safely manages high-alert and hazardous medications.
		EP 1	The hospital identifies, in writing, its high-alert and hazardous medications. * (See also EC.02.02.01, EP 8) Note: This element of performance is also applicable to sample medications. Footnote *: For a list of high-alert medications, see http://www.ismp.org . For a list of hazardous medications, see http://www.cdc.gov/niosh/docs/2014-138/pdfs/2014-138_v3.pdf .
		EP 2	The hospital has a process for managing high-alert and hazardous medications. (See also EC.02.02.01, EP 8; MM.03.01.01, EP 9) Note: This element of performance is also applicable to sample medications.
		EP 3	The hospital implements its process for managing high-alert and hazardous medications. (See also EC.02.02.01, EPs 1 and 8) Note: This element of performance is also applicable to sample medications.
§482.53(b)(1)	TAG: A-1036	MM.05.01.07	The hospital safely prepares medications.
(1) In-house preparation of radiopharmaceuticals is by, or under the supervision of, an appropriately trained registered pharmacist or a doctor of medicine or osteopathy.		EP 6	For hospitals that use Joint Commission accreditation for deemed status purposes: In-house preparation of radiopharmaceuticals is done by, or under the supervision of, an appropriately trained registered pharmacist or doctor of medicine or osteopathy.
§482.53(b)(2)	TAG: A-1035	EC.02.02.01	The hospital manages risks related to hazardous materials and waste.
(2) There is proper storage and disposal of radioactive material.		EP 6	The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of radioactive materials.
		EP 8	The hospital minimizes risks associated with disposing of hazardous medications. (See also MM.01.01.03, EPs 1-3)

CFR Number §482.53(b)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 11 For managing hazardous materials and waste, the hospital has the permits, licenses, manifests, and safety data sheets required by law and regulation.</p> <p>EP 12 The hospital labels hazardous materials and waste. Labels identify the contents and hazard warnings. * (See also IC.02.01.01, EP 6) 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.</p>	
<p>§482.53(b)(3)</p> <p>(3) If laboratory tests are performed in the nuclear medicine service, the service must meet the applicable requirement for laboratory services specified in §482.27.</p>	<p>TAG: A-1038</p>	<p>LD.04.01.01</p>	<p>The hospital complies with law and regulation.</p> <p>EP 1 The hospital is licensed, is certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, or services for which the hospital is seeking accreditation from The Joint Commission. Note: 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. (See also WT.01.01.01, EP 1; WT.04.01.01, EP 1) Footnote *: 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.</p>
<p>§482.53(c)</p> <p>§482.53(c) Standard: Facilities</p> <p>Equipment and supplies must be appropriate for the types of nuclear medicine services offered and must be maintained for safe and efficient performance. The equipment must be--</p>	<p>TAG: A-1044</p>	<p>LD.01.03.01</p> <p>EP 5</p> <p>LD.04.01.11</p> <p>EP 5</p>	<p>The governing body is ultimately accountable for the safety and quality of care, treatment, and services.</p> <p>The governing body provides for the resources needed to maintain safe, quality care, treatment, and services. (See also NR.01.01.01, EP 3)</p> <p>The hospital makes space and equipment available as needed for the provision of care, treatment, and services.</p> <p>The leaders provide for equipment, supplies, and other resources.</p>
<p>§482.53(c)</p> <p>(c) [The equipment must be--]</p>	<p>TAG: A-1045</p>		
<p>§482.53(c)(1)</p> <p>(1) Maintained in safe operating condition; and</p>	<p>TAG: A-1044</p>	<p>EC.02.04.01</p> <p>EP 4</p>	<p>The hospital manages medical equipment risks.</p> <p>The hospital identifies the activities and associated frequencies, in writing, for maintaining, inspecting, and testing all medical equipment on the inventory. These activities and associated frequencies are in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance (AEM) program. (See also EC.02.04.03, EPs 2 and 3) Note: The strategies of an AEM program must not reduce the safety of equipment and must be based on accepted standards of practice. * Footnote *: An example of standards for a medical equipment program is the American National Standards Institute/Association for the Advancement of Medical Instrumentation handbook ANSI/AAMI EQ56: 2013, Recommended Practice for a Medical Equipment Management Program.</p>

CFR Number §482.53(c)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EC.02.04.03 The hospital inspects, tests, and maintains medical equipment.	<p>EP 1 For hospitals that do not use Joint Commission accreditation for deemed status purposes: Before initial use of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks. (See also EC.02.04.01, EP 2)</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: Before initial use and after major repairs or upgrades of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks. (See also EC.02.04.01, EP 2)</p> <p>EP 3 The hospital inspects, tests, and maintains non–high-risk equipment identified on the medical equipment inventory. These activities are documented. (See also EC.02.04.01, EPs 2 and 4)</p>
§482.53(c)(2)	TAG: A-1044 (2) Inspected, tested and calibrated at least annually by qualified personnel.	EC.02.04.03 The hospital inspects, tests, and maintains medical equipment.	<p>EP 14 For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified hospital staff inspect, test, and calibrate nuclear medicine equipment annually. The dates of these activities are documented.</p>
§482.53(d) §482.53(d) Standard: Records The hospital must maintain signed and dated reports of nuclear medicine interpretations, consultations, and procedures.	TAG: A-1051	RC.01.01.01 The hospital maintains complete and accurate medical records for each individual patient.	<p>EP 11 All entries in the medical record are dated.</p> <p>RC.01.02.01 Entries in the medical record are authenticated.</p> <p>EP 3 The author of each medical record entry is identified in the medical record.</p> <p>EP 4 Entries in the medical record are authenticated by the author. Information introduced into the medical record through transcription or dictation is authenticated by the author. Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key. Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or hospital policy. For electronic records, electronic signatures will be date-stamped. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: All orders, including verbal orders, are dated and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient, and who, in accordance with hospital policy; law and regulation; and medical staff bylaws, rules, and regulations, is authorized to write orders.</p> <p>EP 5 The individual identified by the signature stamp or method of electronic authentication is the only individual who uses it.</p>

CFR Number §482.53(d)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>RC.02.01.01 The medical record contains information that reflects the patient's care, treatment, and services.</p> <p>EP 2 The medical record contains the following clinical information:</p> <ul style="list-style-type: none"> - The reason(s) for admission for care, treatment, and services - The patient's initial diagnosis, diagnostic impression(s), or condition(s) - Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8) - Any allergies to food - Any allergies to medications - Any conclusions or impressions drawn from the patient's medical history and physical examination - Any diagnoses or conditions established during the patient's course of care, treatment, and services (including complications and hospital-acquired infections). For psychiatric hospitals using Joint Commission accreditation for deemed status purposes: The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses. - Any consultation reports - Any observations relevant to care, treatment, and services - The patient's response to care, treatment, and services - Any emergency care, treatment, and services provided to the patient before his or her arrival - Any progress notes - All orders - Any medications ordered or prescribed - Any medications administered, including the strength, dose, and route - Any access site for medication, administration devices used, and rate of administration - Any adverse drug reactions - Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) - Results of diagnostic and therapeutic tests and procedures - Any medications dispensed or prescribed on discharge - Discharge diagnosis - Discharge plan and discharge planning evaluation (See also PC.01.02.03, EPs 6-8) 	
<p>§482.53(d)(1)</p> <p>(1) The hospital must maintain copies of nuclear medicine reports for at least 5 years.</p>	<p>TAG: A-1051</p>	<p>RC.01.05.01 The hospital retains its medical records.</p> <p>EP 1 The retention time of the original or legally reproduced medical record is determined by its use and hospital policy, in accordance with law and regulation.</p>	
<p>§482.53(d)(2)</p> <p>(2) The practitioner approved by the medical staff to interpret diagnostic procedures must sign and date the interpretation of these tests.</p>	<p>TAG: A-1051</p>	<p>MS.03.01.01 The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.</p> <p>EP 2 Practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.</p> <p>RC.01.01.01 The hospital maintains complete and accurate medical records for each individual patient.</p> <p>EP 11 All entries in the medical record are dated.</p> <p>RC.01.02.01 Entries in the medical record are authenticated.</p> <p>EP 3 The author of each medical record entry is identified in the medical record.</p>	

CFR Number §482.53(d)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 4 Entries in the medical record are authenticated by the author. Information introduced into the medical record through transcription or dictation is authenticated by the author. Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key. Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or hospital policy. For electronic records, electronic signatures will be date-stamped. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: All orders, including verbal orders, are dated and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient, and who, in accordance with hospital policy; law and regulation; and medical staff bylaws, rules, and regulations, is authorized to write orders.</p> <p>EP 5 The individual identified by the signature stamp or method of electronic authentication is the only individual who uses it.</p>	
<p>§482.53(d)(3)</p>	<p>TAG: A-1054</p>	<p>MM.03.01.01</p>	<p>The hospital safely stores medications.</p>
<p>(3) The hospital must maintain records of the receipt and distribution of radio pharmaceuticals.</p>		<p>EP 4 The hospital has a written policy addressing the control of medication between receipt by an individual health care provider and administration of the medication, including safe storage, handling, security, disposition, and return to storage. Note: This element of performance is also applicable to sample medications.</p> <p>EP 5 The hospital implements its policy addressing the control of medication between receipt by an individual health care provider and its administration. Note: This element of performance is also applicable to sample medications.</p> <p>EP 8 The hospital removes all expired, damaged, and/or contaminated medications and stores them separately from medications available for administration. Note: This element of performance is also applicable to sample medications.</p> <p>EP 24 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains records of the receipt and disposition of radiopharmaceuticals.</p>	
<p>§482.53(d)(4)</p>	<p>TAG: A-1055</p>	<p>MS.03.01.01</p>	<p>The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.</p>
<p>(4) Nuclear medicine services must be ordered only by practitioners whose scope of Federal or State licensure and whose defined staff privileges allow such referrals.</p>		<p>EP 2 Practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.</p>	
<p>§482.54</p>	<p>TAG: A-1076</p>	<p>LD.01.03.01</p>	<p>The governing body is ultimately accountable for the safety and quality of care, treatment, and services.</p>
<p>§482.54 Condition of Participation: Outpatient Services</p> <p>If the hospital provides outpatient services, the services must meet the needs of the patients in accordance with acceptable standards of practice.</p>		<p>EP 3 The governing body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: If emergency services are provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 5 The governing body provides for the resources needed to maintain safe, quality care, treatment, and services. (See also NR.01.01.01, EP 3)</p>	

CFR Number §482.54	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>LD.04.01.11 The hospital makes space and equipment available as needed for the provision of care, treatment, and services.</p> <p>EP 2 The arrangement and allocation of space supports safe, efficient, and effective care, treatment, and services.</p> <p>EP 5 The leaders provide for equipment, supplies, and other resources.</p> <p>LD.04.03.01 The hospital provides services that meet patient needs.</p> <p>EP 1 The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements. Note: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: If medical and surgical diagnostic and treatment services are not available within the hospital, the hospital has an agreement with an outside source for these services to make sure that the services are immediately available or an agreement needs to be established for transferring patients to a general hospital that participates in the Medicare program.</p> <p>LD.04.04.07 The hospital considers clinical practice guidelines when designing or improving processes.</p> <p>EP 1 The hospital considers using clinical practice guidelines when designing or improving processes. (See also NR.02.01.01, EP 5)</p>	
<p>§482.54</p> <p>Standard-level Tag for §482.54 Condition of Participation: Outpatient Services</p> <p>If the hospital provides outpatient services, the services must meet the needs of the patients in accordance with acceptable standards of practice.</p>	<p>TAG: A-1081</p>	<p>LD.01.03.01 The governing body is ultimately accountable for the safety and quality of care, treatment, and services.</p> <p>EP 3 The governing body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: If emergency services are provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 5 The governing body provides for the resources needed to maintain safe, quality care, treatment, and services. (See also NR.01.01.01, EP 3)</p> <p>LD.04.01.11 The hospital makes space and equipment available as needed for the provision of care, treatment, and services.</p> <p>EP 2 The arrangement and allocation of space supports safe, efficient, and effective care, treatment, and services.</p> <p>EP 5 The leaders provide for equipment, supplies, and other resources.</p> <p>LD.04.03.01 The hospital provides services that meet patient needs.</p> <p>EP 1 The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements. Note: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: If medical and surgical diagnostic and treatment services are not available within the hospital, the hospital has an agreement with an outside source for these services to make sure that the services are immediately available or an agreement needs to be established for transferring patients to a general hospital that participates in the Medicare program.</p>	

CFR Number §482.54	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		LD.04.04.07	The hospital considers clinical practice guidelines when designing or improving processes.
		EP 1	The hospital considers using clinical practice guidelines when designing or improving processes. (See also NR.02.01.01, EP 5)
§482.54(a)	TAG: A-1077	LD.04.01.05	The hospital effectively manages its programs, services, sites, or departments.
§482.54(a) Standard: Organization	Outpatient services must be appropriately organized and integrated with inpatient services.	EP 5	Leaders provide for the coordination of care, treatment, and services among the hospital's different programs, services, sites, or departments. (See also NR.01.01.01, EP 1)
		PC.02.02.01	The hospital coordinates the patient's care, treatment, and services based on the patient's needs.
		EP 1	The hospital has a process to receive or share patient information when the patient is referred to other internal or external providers of care, treatment, and services. (See also PC.04.02.01, EP 1)
		EP 3	The hospital coordinates the patient's care, treatment, and services. Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, and services.
§482.54(b)	TAG: A-1079		
§482.54(b) Standard: Personnel	The hospital must -		
§482.54(b)(1)	TAG: A-1079	LD.04.01.05	The hospital effectively manages its programs, services, sites, or departments.
(1) Assign one or more individuals to be responsible for outpatient services.		EP 8	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital assigns one or more individuals who are responsible for outpatient services.
§482.54(b)(2)	TAG: A-1079	HR.01.02.01	The hospital defines staff qualifications.
(2) Have appropriate professional and nonprofessional personnel available at each location where outpatient services are offered, based on the scope and complexity of outpatient services.		EP 1	The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2) Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory . Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements. Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.

CFR Number §482.54(b)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		HR.01.02.05 The hospital verifies staff qualifications. EP 3 The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities. HR.01.06.01 Staff are competent to perform their responsibilities. EP 1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. (See also NPSG.03.06.01, EP 3) LD.03.06.01 Those who work in the hospital are focused on improving safety and quality. EP 3 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (See also IC.01.01.01, EP 3) Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.	
§482.54(c)	TAG: A-1080 (c) Standard: Orders for outpatient services. Outpatient services must be ordered by a practitioner who meets the following conditions:		
§482.54(c)(1)	TAG: A-1080 (1) Is responsible for the care of the patient.	PC.02.01.03 The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation. EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. * Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following: - Responsible for the care of the patient - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within his or her scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).	
§482.54(c)(2)	TAG: A-1080 (2) Is licensed in the State where he or she provides care to the patient.	PC.02.01.03 The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.	

CFR Number §482.54(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 1	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. *</p> <p>Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following:</p> <ul style="list-style-type: none"> - Responsible for the care of the patient - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within his or her scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services <p>Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).</p>
§482.54(c)(3)	TAG: A-1080	PC.02.01.03	<p>The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.</p>
(3) Is acting within his or her scope of practice under State law.		EP 1	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. *</p> <p>Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following:</p> <ul style="list-style-type: none"> - Responsible for the care of the patient - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within his or her scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services <p>Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).</p>
§482.54(c)(4)	TAG: A-1080	PC.02.01.03	<p>The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.</p>
(4) Is authorized in accordance with State law and policies adopted by the medical staff, and approved by the governing body, to order the applicable outpatient services. This applies to the following:		EP 1	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. *</p> <p>Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following:</p> <ul style="list-style-type: none"> - Responsible for the care of the patient - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within his or her scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services <p>Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).</p>

CFR Number §482.54(c)(4)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.54(c)(4)(i)</p> <p>TAG: A-1080</p> <p>(i) All practitioners who are appointed to the hospital's medical staff and who have been granted privileges to order the applicable outpatient services.</p>		<p>MS.06.01.05 The decision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is an objective, evidence-based process.</p> <p>EP 2 The hospital, based on recommendations by the organized medical staff and approval by the governing body, establishes criteria that determine a practitioner's ability to provide patient care, treatment, and services within the scope of the privilege(s) requested. Evaluation of all of the following are included in the criteria:</p> <ul style="list-style-type: none"> - Current licensure and/or certification, as appropriate, verified with the primary source - The applicant's specific relevant training, verified with the primary source - Evidence of physical ability to perform the requested privilege - Data from professional practice review by an organization(s) that currently privileges the applicant (if available) - Peer and/or faculty recommendation - When renewing privileges, review of the practitioner's performance within the hospital <p>EP 3 All of the criteria used are consistently evaluated for all practitioners holding that privilege.</p> <p>PC.02.01.03 The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. *</p> <p>Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following:</p> <ul style="list-style-type: none"> - Responsible for the care of the patient - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within his or her scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services <p>Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).</p>	
<p>§482.54(c)(4)(ii)</p> <p>TAG: A-1080</p> <p>(ii) All practitioners not appointed to the medical staff, but who satisfy the above criteria for authorization by the medical staff and the hospital for ordering the applicable outpatient services for their patients.</p>		<p>PC.02.01.03 The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. *</p> <p>Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following:</p> <ul style="list-style-type: none"> - Responsible for the care of the patient - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within his or her scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services <p>Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).</p>	

CFR Number §482.55	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.55	TAG: A-1100	LD.01.03.01	The governing body is ultimately accountable for the safety and quality of care, treatment, and services.
§482.55 Condition of Participation: Emergency Services	The hospital must meet the emergency needs of patients in accordance with acceptable standards of practice.	EP 3	The governing body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: If emergency services are provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.
		EP 5	The governing body provides for the resources needed to maintain safe, quality care, treatment, and services. (See also NR.01.01.01, EP 3)
		LD.04.03.01	The hospital provides services that meet patient needs.
		EP 2	The hospital provides essential services, including the following: - Diagnostic radiology - Dietary - Emergency - Medical records - Nuclear medicine - Nursing care - Pathology and clinical laboratory - Pharmaceutical - Physical rehabilitation - Respiratory care - Social work Note: Hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services.
§482.55(a)	TAG: A-1101		
§482.55(a) Standard: Organization and Direction. If emergency services are provided at the hospital --			
§482.55(a)(1)	TAG: A-1102	LD.04.01.05	The hospital effectively manages its programs, services, sites, or departments.
[If emergency services are provided at the hospital --] (1) The services must be organized under the direction of a qualified member of the medical staff;		EP 6	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's emergency services are directed and supervised by a qualified member of the medical staff.
§482.55(a)(2)	TAG: A-1103	LD.04.01.05	The hospital effectively manages its programs, services, sites, or departments.
[If emergency services are provided at the hospital --] (2) The services must be integrated with other departments of the hospital;		EP 5	Leaders provide for the coordination of care, treatment, and services among the hospital's different programs, services, sites, or departments. (See also NR.01.01.01, EP 1)
		LD.04.03.11	The hospital manages the flow of patients throughout the hospital.
		EP 1	The hospital has processes that support the flow of patients throughout the hospital.

CFR Number §482.55(a)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		MS.03.01.03 EP 6 PC.02.01.05 EP 1 PC.02.02.01 EP 3	The management and coordination of each patient’s care, treatment, and services is the responsibility of a practitioner with appropriate privileges. There is coordination of the care, treatment, and services among the practitioners involved in a patient’s care, treatment, and services. The hospital provides interdisciplinary, collaborative care, treatment, and services. Care, treatment, and services are provided to the patient in an interdisciplinary, collaborative manner. The hospital coordinates the patient’s care, treatment, and services based on the patient’s needs. The hospital coordinates the patient’s care, treatment, and services. Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, and services.
§482.55(a)(3) [If emergency services are provided at the hospital --] (3) The policies and procedures governing medical care provided in the emergency service or department are established by and are a continuing responsibility of the medical staff.	TAG: A-1104	LD.04.01.07 EP 1 EP 2	The hospital has policies and procedures that guide and support patient care, treatment, and services. Leaders review and approve policies and procedures that guide and support patient care, treatment, and services. (See also NR.02.03.01, EP 1; RI.01.07.01, EP 1) The hospital manages the implementation of policies and procedures. (See also NR.02.03.01, EP 2)

CFR Number §482.55(a)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		MS.01.01.01	Medical staff bylaws address self-governance and accountability to the governing body.
		EP 36	<p>The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: If departments of the medical staff exist, the qualifications and roles and responsibilities of the department chair, which are defined by the organized medical staff, include the following:</p> <p>Qualifications:</p> <ul style="list-style-type: none"> - Certification by an appropriate specialty board or comparable competence affirmatively established through the credentialing process. <p>Roles and responsibilities:</p> <ul style="list-style-type: none"> - Clinically related activities of the department - Administratively related activities of the department, unless otherwise provided by the hospital - Continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges - Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department - Recommending clinical privileges for each member of the department - Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the organization - Integration of the department or service into the primary functions of the organization - Coordination and integration of interdepartmental and intradepartmental services - Development and implementation of policies and procedures that guide and support the provision of care, treatment, and services - Recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services - Determination of the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services - Continuous assessment and improvement of the quality of care, treatment, and services - Maintenance of quality control programs, as appropriate - Orientation and continuing education of all persons in the department or service - Recommending space and other resources needed by the department or service <p>Note: For hospitals that use Joint Commission accreditation for deemed status purposes: When departments of the medical staff do not exist, the medical staff is responsible for the development of policies and procedures that minimize medication errors. The medical staff may delegate this responsibility to the organized pharmaceutical service.</p>
§482.55(b)	TAG: A-1110		
§482.55(b) Standard: Personnel			
§482.55(b)(1)	TAG: A-1111	LD.04.01.05	The hospital effectively manages its programs, services, sites, or departments.
(1) The emergency services must be supervised by a qualified member of the medical staff.		EP 6	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's emergency services are directed and supervised by a qualified member of the medical staff.
§482.55(b)(2)	TAG: A-1112	HR.01.02.01	The hospital defines staff qualifications.
(2) There must be adequate medical and nursing personnel qualified in emergency care to meet the written emergency procedures and needs anticipated by the facility.			

CFR Number §482.55(b)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 1 The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2) Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements. Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.</p>	<p>HR.01.02.05 The hospital verifies staff qualifications.</p> <p>EP 3 The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.</p> <p>HR.01.06.01 Staff are competent to perform their responsibilities.</p> <p>EP 1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. (See also NPSG.03.06.01, EP 3)</p> <p>LD.03.06.01 Those who work in the hospital are focused on improving safety and quality.</p> <p>EP 3 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (See also IC.01.01.01, EP 3) Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.</p> <p>EP 4 Those who work in the hospital are competent to complete their assigned responsibilities.</p>
<p>§482.56</p> <p>§482.56 Condition of Participation: Rehabilitation Services</p> <p>If the hospital provides rehabilitation, physical therapy, occupational therapy, audiology, or speech pathology services, the services must be organized and staffed to ensure the health and safety of patients.</p>	<p>TAG: A-1123</p>	<p>LD.01.03.01 The governing body is ultimately accountable for the safety and quality of care, treatment, and services.</p>	<p>EP 3 The governing body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: If emergency services are provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>LD.03.06.01 Those who work in the hospital are focused on improving safety and quality.</p> <p>EP 3 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (See also IC.01.01.01, EP 3) Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.</p>

CFR Number §482.56	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		LD.04.01.11	The hospital makes space and equipment available as needed for the provision of care, treatment, and services.
		EP 5	The leaders provide for equipment, supplies, and other resources.
		LD.04.03.01	The hospital provides services that meet patient needs.
		EP 1	The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements. Note: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: If medical and surgical diagnostic and treatment services are not available within the hospital, the hospital has an agreement with an outside source for these services to make sure that the services are immediately available or an agreement needs to be established for transferring patients to a general hospital that participates in the Medicare program.
		EP 2	The hospital provides essential services, including the following: - Diagnostic radiology - Dietary - Emergency - Medical records - Nuclear medicine - Nursing care - Pathology and clinical laboratory - Pharmaceutical - Physical rehabilitation - Respiratory care - Social work Note: Hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services.
§482.56(a)	TAG: A-1124	LD.01.03.01	The governing body is ultimately accountable for the safety and quality of care, treatment, and services.
§482.56(a) Standard: Organization and Staffing	The organization of the service must be appropriate to the scope of the services offered.	EP 3	The governing body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: If emergency services are provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.
		EP 5	The governing body provides for the resources needed to maintain safe, quality care, treatment, and services. (See also NR.01.01.01, EP 3)
		LD.04.01.11	The hospital makes space and equipment available as needed for the provision of care, treatment, and services.
		EP 2	The arrangement and allocation of space supports safe, efficient, and effective care, treatment, and services.
		EP 5	The leaders provide for equipment, supplies, and other resources.
§482.56(a)(1)	TAG: A-1125	HR.01.02.05	The hospital verifies staff qualifications.
(1) The director of the services must have the necessary knowledge, experience, and capabilities to properly supervise and administer the services.		EP 3	The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.

CFR Number §482.56(a)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>HR.01.06.01 Staff are competent to perform their responsibilities.</p> <p>EP 1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. (See also NPSG.03.06.01, EP 3)</p> <p>LD.04.01.05 The hospital effectively manages its programs, services, sites, or departments.</p> <p>EP 1 Leaders of the program, service, site, or department oversee operations.</p> <p>EP 2 Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical privileges.</p> <p>EP 3 The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. (See also NR.01.01.01, EP 5) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services.</p>	
<p>§482.56(a)(2)</p> <p>(2) Physical therapy, occupational therapy, or speech-language pathology or audiology services, if provided, must be provided by qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists as defined in part 484 of this chapter.</p>	<p>TAG: A-1126</p>	<p>HR.01.02.01 The hospital defines staff qualifications.</p> <p>EP 1 The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2) Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at http://www.cdc.gov/clia/Regulatory. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements. Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.</p> <p>HR.01.02.05 The hospital verifies staff qualifications.</p> <p>EP 3 The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.</p> <p>HR.01.06.01 Staff are competent to perform their responsibilities.</p> <p>EP 1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. (See also NPSG.03.06.01, EP 3)</p> <p>LD.03.06.01 Those who work in the hospital are focused on improving safety and quality.</p> <p>EP 4 Those who work in the hospital are competent to complete their assigned responsibilities.</p>	

CFR Number §482.56(b)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.56(b)</p> <p>§482.56(b) Standard: Delivery of Services</p> <p>Services must only be provided under the orders of a qualified and licensed practitioner who is responsible for the care of the patient, acting within his or her scope of practice under State law, and who is authorized by the hospital's medical staff to order the services in accordance with hospital policies and procedures and State laws.</p>	<p>TAG: A-1132</p>	<p>PC.02.01.03</p> <p>EP 1</p> <p>EP 7</p>	<p>The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. *</p> <p>Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following:</p> <ul style="list-style-type: none"> - Responsible for the care of the patient - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within his or her scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services <p>Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides care, treatment, and services using the most recent patient order(s).</p>
<p>§482.56(b)(1)</p> <p>(1) All rehabilitation services orders must be documented in the patient's medical record in accordance with the requirements at §482.24.</p>	<p>TAG: A-1133</p>	<p>RC.02.01.01</p> <p>EP 2</p>	<p>The medical record contains information that reflects the patient's care, treatment, and services.</p> <p>The medical record contains the following clinical information:</p> <ul style="list-style-type: none"> - The reason(s) for admission for care, treatment, and services - The patient's initial diagnosis, diagnostic impression(s), or condition(s) - Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8) - Any allergies to food - Any allergies to medications - Any conclusions or impressions drawn from the patient's medical history and physical examination - Any diagnoses or conditions established during the patient's course of care, treatment, and services (including complications and hospital-acquired infections). For psychiatric hospitals using Joint Commission accreditation for deemed status purposes: The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses. - Any consultation reports - Any observations relevant to care, treatment, and services - The patient's response to care, treatment, and services - Any emergency care, treatment, and services provided to the patient before his or her arrival - Any progress notes - All orders - Any medications ordered or prescribed - Any medications administered, including the strength, dose, and route - Any access site for medication, administration devices used, and rate of administration - Any adverse drug reactions - Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) - Results of diagnostic and therapeutic tests and procedures - Any medications dispensed or prescribed on discharge - Discharge diagnosis - Discharge plan and discharge planning evaluation <p>(See also PC.01.02.03, EPs 6-8)</p>

CFR Number §482.56(b)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.56(b)(2)	TAG: A-1134	HR.01.02.01	The hospital defines staff qualifications.
(2)The provision of care and the personnel qualifications must be in accordance with national acceptable standards of practice and must also meet the requirements of §409.17 of this chapter.		EP 1	The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2) Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory . Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements. Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.
		HR.01.02.05	The hospital verifies staff qualifications.
		EP 3	The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.
		HR.01.02.07	The hospital determines how staff function within the organization.
		EP 2	Staff who provide patient care, treatment, and services practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)
		HR.01.06.01	Staff are competent to perform their responsibilities.
		EP 1	The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. (See also NPSG.03.06.01, EP 3)
		LD.03.06.01	Those who work in the hospital are focused on improving safety and quality.
		EP 4	Those who work in the hospital are competent to complete their assigned responsibilities.
		LD.04.01.01	The hospital complies with law and regulation.
		EP 2	The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.
LD.04.04.07	The hospital considers clinical practice guidelines when designing or improving processes.		
EP 1	The hospital considers using clinical practice guidelines when designing or improving processes. (See also NR.02.01.01, EP 5)		

CFR Number §482.57	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.57</p> <p>TAG: A-1151</p> <p>§482.57 Condition of Participation: Respiratory Care Services</p> <p>The hospital must meet the needs of the patients in accordance with acceptable standards of practice. The following requirements apply if the hospital provides respiratory care services.</p>		<p>LD.04.03.01 The hospital provides services that meet patient needs.</p> <p>EP 1 The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements. Note: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: If medical and surgical diagnostic and treatment services are not available within the hospital, the hospital has an agreement with an outside source for these services to make sure that the services are immediately available or an agreement needs to be established for transferring patients to a general hospital that participates in the Medicare program.</p> <p>EP 2 The hospital provides essential services, including the following: - Diagnostic radiology - Dietary - Emergency - Medical records - Nuclear medicine - Nursing care - Pathology and clinical laboratory - Pharmaceutical - Physical rehabilitation - Respiratory care - Social work Note: Hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services.</p> <p>LD.04.04.07 The hospital considers clinical practice guidelines when designing or improving processes.</p> <p>EP 1 The hospital considers using clinical practice guidelines when designing or improving processes. (See also NR.02.01.01, EP 5)</p>	
<p>§482.57(a)</p> <p>TAG: A-1152</p> <p>§482.57(a) Standard: Organization and Staffing</p> <p>The organization of the respiratory care services must be appropriate to the scope and complexity of the services offered.</p>		<p>LD.01.03.01 The governing body is ultimately accountable for the safety and quality of care, treatment, and services.</p> <p>EP 3 The governing body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: If emergency services are provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.</p> <p>EP 5 The governing body provides for the resources needed to maintain safe, quality care, treatment, and services. (See also NR.01.01.01, EP 3)</p> <p>LD.03.06.01 Those who work in the hospital are focused on improving safety and quality.</p> <p>EP 4 Those who work in the hospital are competent to complete their assigned responsibilities.</p> <p>LD.04.01.11 The hospital makes space and equipment available as needed for the provision of care, treatment, and services.</p> <p>EP 2 The arrangement and allocation of space supports safe, efficient, and effective care, treatment, and services.</p> <p>EP 5 The leaders provide for equipment, supplies, and other resources.</p>	

CFR Number §482.57(a)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.57(a)(1)</p> <p>(1) There must be a director of respiratory care services who is a doctor of medicine or osteopathy with the knowledge, experience and capabilities to supervise and administer the service properly. The director may serve on either a full-time or part-time basis.</p>	<p>TAG: A-1153</p>	<p>LD.04.01.05</p>	<p>The hospital effectively manages its programs, services, sites, or departments.</p> <p>EP 7 For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified doctor of medicine or osteopathy directs the following services:</p> <ul style="list-style-type: none"> - Anesthesia - Nuclear medicine - Respiratory care
<p>§482.57(a)(2)</p> <p>(2) There must be adequate numbers of respiratory therapists, respiratory therapy technicians, and other personnel who meet the qualifications specified by the medical staff, consistent with State law.</p>	<p>TAG: A-1154</p>	<p>HR.01.02.01</p> <p>EP 1</p> <p>HR.01.02.05</p> <p>EP 3</p> <p>HR.01.06.01</p> <p>EP 1</p> <p>LD.03.06.01</p> <p>EP 3</p>	<p>The hospital defines staff qualifications.</p> <p>The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2)</p> <p>Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).</p> <p>Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at http://www.cdc.gov/clia/Regulatory.</p> <p>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements.</p> <p>Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.</p> <p>The hospital verifies staff qualifications.</p> <p>The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.</p> <p>Staff are competent to perform their responsibilities.</p> <p>The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. (See also NPSG.03.06.01, EP 3)</p> <p>Those who work in the hospital are focused on improving safety and quality.</p> <p>Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (See also IC.01.01.01, EP 3)</p> <p>Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.</p>
<p>§482.57(b)</p> <p>§482.57(b) Standard: Delivery of Services</p> <p>Services must be delivered in accordance with medical staff directives.</p>	<p>TAG: A-1160</p>	<p>LD.04.01.07</p> <p>EP 1</p> <p>EP 2</p>	<p>The hospital has policies and procedures that guide and support patient care, treatment, and services.</p> <p>Leaders review and approve policies and procedures that guide and support patient care, treatment, and services. (See also NR.02.03.01, EP 1; RI.01.07.01, EP 1)</p> <p>The hospital manages the implementation of policies and procedures. (See also NR.02.03.01, EP 2)</p>

CFR Number §482.57(b)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		MS.01.01.01 Medical staff bylaws address self-governance and accountability to the governing body.	<p>EP 36 The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: If departments of the medical staff exist, the qualifications and roles and responsibilities of the department chair, which are defined by the organized medical staff, include the following:</p> <p>Qualifications:</p> <ul style="list-style-type: none"> - Certification by an appropriate specialty board or comparable competence affirmatively established through the credentialing process. <p>Roles and responsibilities:</p> <ul style="list-style-type: none"> - Clinically related activities of the department - Administratively related activities of the department, unless otherwise provided by the hospital - Continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges - Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department - Recommending clinical privileges for each member of the department - Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the organization - Integration of the department or service into the primary functions of the organization - Coordination and integration of interdepartmental and intradepartmental services - Development and implementation of policies and procedures that guide and support the provision of care, treatment, and services - Recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services - Determination of the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services - Continuous assessment and improvement of the quality of care, treatment, and services - Maintenance of quality control programs, as appropriate - Orientation and continuing education of all persons in the department or service - Recommending space and other resources needed by the department or service <p>Note: For hospitals that use Joint Commission accreditation for deemed status purposes: When departments of the medical staff do not exist, the medical staff is responsible for the development of policies and procedures that minimize medication errors. The medical staff may delegate this responsibility to the organized pharmaceutical service.</p>
§482.57(b)(1)	TAG: A-1161	HR.01.02.01 The hospital defines staff qualifications.	
<p>(1) Personnel qualified to perform specific procedures and the amount of supervision required for personnel to carry out specific procedures must be designated in writing.</p>			

CFR Number §482.57(b)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 1 The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2) Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements. Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.</p>	<p>HR.01.06.01 Staff are competent to perform their responsibilities.</p> <p>EP 1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. (See also NPSG.03.06.01, EP 3)</p> <p>LD.04.01.07 The hospital has policies and procedures that guide and support patient care, treatment, and services.</p> <p>EP 1 Leaders review and approve policies and procedures that guide and support patient care, treatment, and services. (See also NR.02.03.01, EP 1; RI.01.07.01, EP 1)</p>
<p>§482.57(b)(2)</p> <p>(2) If blood gases or other clinical laboratory tests are performed in the respiratory care unit, the unit must meet the applicable requirements for laboratory services specified in §482.27.</p>	<p>TAG: A-1162</p>	<p>LD.04.01.01 The hospital complies with law and regulation.</p>	<p>EP 1 The hospital is licensed, is certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, or services for which the hospital is seeking accreditation from The Joint Commission. Note: 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. (See also WT.01.01.01, EP 1; WT.04.01.01, EP 1) Footnote *: 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.</p>
<p>§482.57(b)(3)</p> <p>(3) Services must only be provided under the orders of a qualified and licensed practitioner who is responsible for the care of the patient, acting within his or her scope of practice under State law, and who is authorized by the hospital's medical staff to order the services in accordance with hospital policies and procedures and State laws.</p>	<p>TAG: A-1163</p>	<p>PC.02.01.03 The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.</p>	

CFR Number §482.57(b)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. *</p> <p>Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following:</p> <ul style="list-style-type: none"> - Responsible for the care of the patient - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within his or her scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services <p>Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).</p>	<p>EP 7 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides care, treatment, and services using the most recent patient order(s).</p>
<p>§482.57(b)(4)</p>	<p>TAG: A-1164</p>	<p>RC.02.01.01</p>	<p>The medical record contains information that reflects the patient's care, treatment, and services.</p>
<p>(4) All respiratory care services orders must be documented in the patient's medical record in accordance with the requirements at §482.24.</p>		<p>EP 2 The medical record contains the following clinical information:</p> <ul style="list-style-type: none"> - The reason(s) for admission for care, treatment, and services - The patient's initial diagnosis, diagnostic impression(s), or condition(s) - Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8) - Any allergies to food - Any allergies to medications - Any conclusions or impressions drawn from the patient's medical history and physical examination - Any diagnoses or conditions established during the patient's course of care, treatment, and services (including complications and hospital-acquired infections). For psychiatric hospitals using Joint Commission accreditation for deemed status purposes: The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses. - Any consultation reports - Any observations relevant to care, treatment, and services - The patient's response to care, treatment, and services - Any emergency care, treatment, and services provided to the patient before his or her arrival - Any progress notes - All orders - Any medications ordered or prescribed - Any medications administered, including the strength, dose, and route - Any access site for medication, administration devices used, and rate of administration - Any adverse drug reactions - Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) - Results of diagnostic and therapeutic tests and procedures - Any medications dispensed or prescribed on discharge - Discharge diagnosis - Discharge plan and discharge planning evaluation <p>(See also PC.01.02.03, EPs 6-8)</p>	

CFR Number §482.58	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§482.58</p> <p>§482.58 Special requirements for hospital providers of long-term care services (“swing-beds”).</p> <p>A hospital that has a Medicare provider agreement must meet the following requirements in order to be granted an approval from CMS to provide post-hospital extended care services, as specified in §409.30 of this chapter, and be reimbursed as a swing-bed hospital, as specified in §413.114 of this chapter:</p>	<p>TAG: A-1500</p>		
<p>§482.58(a)</p> <p>(a) Eligibility. A hospital must meet the following eligibility requirements:</p>	<p>TAG: A-1501</p>		
<p>§482.58(a)(1)</p> <p>(1) The facility has fewer than 100 hospital beds, excluding beds for newborns and beds in intensive care type inpatient units (for eligibility of hospitals with distinct parts electing the optional reimbursement method, see §413.24(d)(5) of this chapter).</p>	<p>TAG: A-1501</p>		<p>This CoP is determined by CMS at the time the hospital seeks approval to provide post-hospital skilled nursing care.</p>
<p>§482.58(a)(2)</p> <p>(2) The hospital is located in a rural area. This includes all areas not delineated as “urbanized” areas by the Census Bureau, based on the most recent census.</p>	<p>TAG: A-1501</p>		<p>This CoP is determined by CMS at the time the hospital seeks approval to provide post-hospital skilled nursing care.</p>
<p>§482.58(a)(3)</p> <p>(3) The hospital does not have in effect a 24-hour nursing waiver granted under §488.54(c) of this chapter.</p>	<p>TAG: A-1501</p>		<p>This CoP is determined by CMS at the time the hospital seeks approval to provide post-hospital skilled nursing care.</p>
<p>§482.58(a)(4)</p> <p>(4) The hospital has not had a swing-bed approval terminated within the two years previous to application.</p>	<p>TAG: A-1501</p>		<p>This CoP is determined by CMS at the time the hospital seeks approval to provide post-hospital skilled nursing care.</p>
<p>§482.58(b)</p> <p>(b) Skilled nursing facility services. The facility is substantially in compliance with the following skilled nursing facility requirements contained in subpart B of part 483 of this chapter.</p>	<p>TAG: A-1505</p>		
<p>§482.58(b)(1)</p> <p>(1) Resident rights (§483.10 (b)(3), (b)(4), (b)(5), (b)(6), (d), (e), (h), (i), (j)(1)(vii), (j)(1)(viii), (l), and (m)).</p>	<p>TAG: A-1505</p>	<p>IM.02.01.01</p>	<p>The hospital protects the privacy of health information.</p> <p>EP 1 The hospital has a written policy addressing the privacy of health information. (See also RI.01.01.01, EP 7)</p> <p>EP 3 The hospital uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)</p> <p>EP 4 The hospital discloses health information only as authorized by the patient or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7)</p>

CFR Number §482.58(b)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		LD.04.02.03	Ethical principles guide the hospital's business practices.
		EP 13	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Each resident who is entitled to Medicaid benefits is informed in writing, either at the time of admission or when the resident becomes eligible for Medicaid, of the following: - The items and services included in the state plan for which the resident may not be charged - Those items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services
		EP 14	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Residents are informed when changes are made to the services that are specified in LD.04.02.03, EP 13.
		EP 16	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Residents are informed before or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services not covered under Medicare or by the facility's per diem rate.
		RI.01.01.01	The hospital respects, protects, and promotes patient rights.
		EP 1	The hospital has written policies on patient rights. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's written policies address procedures regarding patient visitation rights, including any clinically necessary or reasonable restrictions or limitations.
		EP 2	The hospital informs the patient of his or her rights. (See also RI.01.01.03, EPs 1-3) Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs the patient (or support person, where appropriate) of his or her visitation rights. Visitation rights include the right to receive the visitors designated by the patient, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Also included is the right to withdraw or deny such consent at any time. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital makes sure that each patient, or his or her family, is informed of the patient's rights in advance of furnishing or discontinuing patient care whenever possible.
		EP 5	The hospital respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1)
		EP 7	The hospital respects the patient's right to privacy. (See also IM.02.01.01, EPs 1–5) Note 1: 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. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident's right to privacy includes privacy and confidentiality of his or her personal records and written communications, including the right to send and receive mail promptly.
		RI.01.01.03	The hospital respects the patient's right to receive information in a manner he or she understands.
		EP 1	The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. (See also PC.02.01.21, EP 2; PC.04.01.05, EP 8; RI.01.01.01, EPs 2 and 5)
		EP 3	The hospital provides information to the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs. (See also PC.02.01.21, EP 2; RI.01.01.01, EPs 2 and 5)

CFR Number §482.58(b)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		RI.01.02.01	The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This right is not to be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
		EP 1	The hospital involves the patient in making decisions about his or her care, treatment, and services, including the right to have his or her family and physician promptly notified of his or her admission to the hospital.
		EP 2	The hospital provides the patient with written information about the right to refuse care, treatment, and services.
		EP 3	The hospital respects the patient's right to refuse care, treatment, and services, in accordance with law and regulation.
		EP 6	When a patient is unable to make decisions about his or her care, treatment, and services, the hospital involves a surrogate decision-maker in making these decisions. (See also RI.01.03.01, EP 6)
		EP 20	The hospital provides the patient or surrogate decision-maker with the information about the outcomes of care, treatment, and services that the patient needs in order to participate in current and future health care decisions.
		RI.01.03.01	The hospital honors the patient's right to give or withhold informed consent.
		EP 7	The informed consent process includes a discussion about the patient's proposed care, treatment, and services.
		EP 9	The informed consent process includes a discussion about potential benefits, risks, and side effects of the patient's proposed care, treatment, and services; the likelihood of the patient achieving his or her goals; and any potential problems that might occur during recuperation.
		EP 11	The informed consent process includes a discussion about reasonable alternatives to the patient's proposed care, treatment, and services. The discussion encompasses risks, benefits, and side effects related to the alternatives and the risks related to not receiving the proposed care, treatment, and services.
		RI.01.03.05	The hospital protects the patient and respects his or her rights during research, investigation, and clinical trials.
		EP 3	The hospital informs the patient that refusing to participate in research, investigation, or clinical trials or discontinuing participation at any time will not jeopardize his or her access to care, treatment, and services unrelated to the research.
		RI.01.05.01	The hospital addresses patient decisions about care, treatment, and services received at the end of life.
		EP 6	The hospital provides patients with written information about advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services.

CFR Number §482.58(b)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		RI.01.06.05	The patient has the right to an environment that preserves dignity and contributes to a positive self-image.
		EP 4	The hospital allows the patient to keep and use personal clothing and possessions, unless this infringes on others' rights or is medically or therapeutically contraindicated, based on the setting or service.
		EP 8	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides accommodations for residents with significant others living in the same facility when both individuals consent to the arrangement.
		EP 14	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to have access to stationery, postage, and writing implements at the resident's own expense.
		EP 15	The hospital offers patients telephone and mail service, based on the setting and population.
		EP 16	The hospital provides access to telephones for patients who desire private telephone conversations in a private space, based on the setting and population.
		RI.01.06.09	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to choose his or her medical, dental, and other licensed independent practitioner care providers.
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital supports the resident's right to choose an attending physician, dentist, and other licensed independent practitioner.
		EP 2	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital supports the resident's right to request a different licensed independent practitioner upon admission and throughout the course of care.
		EP 3	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital makes reasonable attempts to respond to requests from residents to choose a different licensed independent practitioner upon admission and throughout the course of care.
		RI.01.07.05	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to receive and restrict visitors.
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital establishes liberal visiting hours that are limited only by the resident's personal preferences.
		EP 3	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides space for the resident to receive visitors in comfort and privacy.
		EP 5	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital supports the resident's right to choose with whom he or she communicates.
		EP 6	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital complies with law and regulation regarding individuals who are exempted from visiting hour restrictions in order to gain immediate access to the resident.

CFR Number §482.58(b)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>RI.01.07.07 For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital protects the rights of patients and residents who work for or on behalf of the hospital.</p> <p>EP 1 For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital has a written policy that addresses situations in which patients and residents work for or on behalf of the hospital.</p> <p>EP 2 For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital implements its policy regarding patients and residents who work for or on behalf of the hospital.</p> <p>EP 3 For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Wages paid to patients and residents who work for or on behalf of the hospital are in accordance with law and regulation. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The plan of care specifies whether the work performed is voluntary or paid.</p> <p>EP 4 For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital incorporates work performed by the patient or resident for or on behalf of the hospital into the plan of care.</p> <p>EP 5 For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Patients and residents have the right to refuse to work for or on behalf of the hospital.</p>	
<p>§482.58(b)(2)</p> <p>(2) Admission, transfer, and discharge rights (§483.12 (a)(1), (a)(2), (a)(3), (a)(4), (a)(5), (a)(6), and (a)(7)).</p>	<p>TAG: A-1505</p>	<p>LD.04.02.03 Ethical principles guide the hospital's business practices.</p> <p>EP 15 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: When a resident becomes eligible for Medicaid after admission to the hospital, the hospital charges the resident only the Medicaid-allowable charge.</p>	
		<p>PC.02.01.03 The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. *</p> <p>Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following:</p> <ul style="list-style-type: none"> - Responsible for the care of the patient - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within his or her scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services <p>Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).</p>	

CFR Number §482.58(b)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 7	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides care, treatment, and services using the most recent patient order(s).
		PC.04.01.03	The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.
		EP 3	<p>The patient, the patient's family, licensed independent practitioners, physicians, clinical psychologists, and staff involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer.</p> <p>Note 1: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p> <p>Note 2: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Social service staff responsibilities include, but are not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of information with sources outside the hospital.</p> <p>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move in writing. The hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the hospital is safe and orderly.</p>
		EP 5	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Except when specified in the CoP from 42 CFR 483.12(a)(5)(ii), the written notice of transfer or discharge required under paragraph 42 CFR 483.12(a)(4) must be made by the hospital at least 30 days before the resident is transferred or discharged.</p> <p>Note: Notice may be made as soon as is practical before transfer or discharge when the safety of the individuals in the facility would be endangered; the health of the individuals in the facility would be endangered; the resident's health improves sufficiently to allow a more immediate transfer or discharge, and immediate transfer or discharge is required by the resident's urgent medical needs; or a resident has not resided in the facility for 30 days.</p>
		EP 6	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The written notice before transfer or discharge specified in the CoP from 42 CFR 483.12(a)(4) includes the following:</p> <ul style="list-style-type: none"> - The reason for transfer or discharge - The effective date of transfer or discharge - The location to which the resident is transferred or discharged - A statement that the resident has the right to appeal the action to the state - The name, address, and telephone number of the state's long term care ombudsman - For a resident who is developmentally disabled, the mailing address and telephone number of the agency responsible for the protection and advocacy, established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act - For a resident who is mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy, established under the Protection and Advocacy for Mentally Ill Individuals Act
		PC.04.01.05	Before the hospital discharges or transfers a patient, it informs and educates the patient about his or her follow-up care, treatment, and services.
		EP 1	When the hospital determines the patient's discharge or transfer needs, it promptly shares this information with the patient, and also with the patient's family when it is involved in decision making or ongoing care.

CFR Number §482.58(b)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 2	Before the patient is discharged, the hospital informs the patient, and also the patient's family when it is involved in decision making or ongoing care, of the kinds of continuing care, treatment, and services the patient will need.
		EP 3	Before the patient is discharged or transferred, the hospital provides the patient with information about why he or she is being discharged or transferred.
		EP 5	Before the patient is transferred, the hospital provides the patient with information about any alternatives to the transfer.
		PC.04.01.07	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Residents are not transferred or discharged from the hospital unless they meet specific criteria, in accordance with law and regulation.
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital transfers or discharges residents only when at least one of the following conditions is met: <ul style="list-style-type: none"> - The resident's health has improved to the point where he or she no longer needs the hospital's services. - The transfer or discharge is necessary for the resident's benefit or if the hospital cannot meet the resident's needs. - The health or safety of the resident is endangered by remaining in the hospital. - The health or safety of individuals in the facility is endangered. - The hospital has provided the resident, who has not paid for his or her stay, with reasonable notice of transfer or discharge, as defined by the hospital and in accordance with law and regulation. - The hospital ceases operation. - The resident leaves against medical advice and signs a form stating that his or her action runs contrary to medical advice.
		RC.01.01.01	The hospital maintains complete and accurate medical records for each individual patient.
		EP 5	The medical record contains the information needed to support the patient's diagnosis and condition.
		EP 6	The medical record contains the information needed to justify the patient's care, treatment, and services.
		EP 7	The medical record contains information that documents the course and result of the patient's care, treatment, and services.
		EP 8	The medical record contains information about the patient's care, treatment, or services that promotes continuity of care among providers. Note: For hospitals that elect The Joint Commission Primary Care Medical Home option: This requirement refers to care provided by both internal and external providers.
		RC.02.04.01	The hospital documents the patient's discharge information.
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Documentation in the medical record includes discharge information provided to the resident and/or to the receiving organization. There is documentation in the resident's medical record by the resident's physician when the resident is transferred or discharged, either when the transfer is due to the resident improving and no longer needing long term care services or when the resident's needs cannot be met in the hospital's swing bed. There is documentation in the resident's medical record by a physician when the resident is being transferred or discharged because the safety of other residents would otherwise be endangered.

CFR Number §482.58(b)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident's discharge information includes the following:</p> <ul style="list-style-type: none"> - The reason for transfer, discharge, or referral - Treatment provided, diet, medication orders, and orders for the resident's immediate care - Referrals provided to the resident, the referring licensed independent practitioner's name, and the name of the licensed independent practitioner who has agreed to be responsible for the resident's medical care and treatment, if this person is someone other than the referring licensed independent practitioner - Medical findings and diagnoses; a summary of the care, treatment, and services provided; and progress reached toward goals - Information about the resident's behavior, ambulation, nutrition, physical status, psychosocial status, and potential for rehabilitation - Nursing information that is useful in the resident's care - Any advance directives - Instructions given to the resident before discharge 	
		<p>RI.01.01.01</p>	<p>The hospital respects, protects, and promotes patient rights.</p>
		<p>EP 5</p>	<p>The hospital respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1)</p>
		<p>RI.01.01.03</p>	<p>The hospital respects the patient's right to receive information in a manner he or she understands.</p>
		<p>EP 1</p>	<p>The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. (See also PC.02.01.21, EP 2; PC.04.01.05, EP 8; RI.01.01.01, EPs 2 and 5)</p>
<p>§482.58(b)(3)</p>	<p>TAG: A-1505</p>	<p>HR.01.02.01</p>	<p>The hospital defines staff qualifications.</p>
<p>(3) Resident behavior and facility practices (§483.13).</p>		<p>EP 13</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The facility does not employ individuals who have been found guilty by a court of law of abusing, neglecting, or mistreating residents or who have had a finding entered into the state nurse aide registry concerning abuse, neglect, or mistreatment of residents or of misappropriation of their property.</p>
		<p>PC.01.02.09</p>	<p>The hospital assesses the patient who may be a victim of possible abuse and neglect.</p>
		<p>EP 7</p>	<p>The hospital reports cases of possible abuse and neglect to external agencies, in accordance with law and regulation. (See also RI.01.06.03, EP 3)</p>
		<p>EP 8</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital reports to the state nurse aide registry or licensing authorities any knowledge it has of any actions taken by a court of law against an employee that would indicate unfitness for service as a nurse aide or other facility staff. (See also RI.01.06.03, EP 3)</p>
		<p>PC.03.05.01</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses restraint or seclusion only when it can be clinically justified or when warranted by patient behavior that threatens the physical safety of the patient, staff, or others.</p>
		<p>EP 1</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses restraint or seclusion only to protect the immediate physical safety of the patient, staff, or others.</p>
		<p>EP 2</p>	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital does not use restraint or seclusion as a means of coercion, discipline, convenience, or staff retaliation.</p>

CFR Number §482.58(b)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses restraint or seclusion only when less restrictive interventions are ineffective.</p> <p>RI.01.06.03 The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.</p> <p>EP 1 The hospital determines how it will protect the patient from neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital also determines how it will protect residents from corporal punishment and involuntary seclusion.</p> <p>EP 2 The hospital evaluates all allegations, observations, and suspected cases of neglect, exploitation, and abuse that occur within the hospital. (See also PC.01.02.09, EP 1)</p> <p>EP 3 The hospital reports allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities based on its evaluation of the suspected events, or as required by law. (See also PC.01.02.09, EPs 6 and 7) Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Alleged violations of mistreatment, neglect, or abuse and misappropriation of resident property are reported immediately to the administrator of the hospital.</p> <p>EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital develops and implements written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital has evidence that all alleged violations are thoroughly investigated and that it prevents further abuse while the investigation is in progress. The results of all investigations are reported to the administrator or his or her designated representative within five working days of the incident.</p>	
§482.58(b)(4)	TAG: A-1505	HR.01.02.01	The hospital defines staff qualifications.
(4) Patient activities (§483.15(f)).		<p>EP 12 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The activities program is directed by a professional who meets one of the following criteria:</p> <ul style="list-style-type: none"> - Is a qualified therapeutic recreation specialist or an activities professional who is licensed or registered, if applicable, by the state in which he or she practices and is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990 - Has two years of experience in a social or recreational program within the last five years, one year of which was full time in a patient activities program in a health care setting - Is a qualified occupational therapist or occupational therapy assistant - Has completed a training course approved by the state <p>PC.02.02.01 The hospital coordinates the patient's care, treatment, and services based on the patient's needs.</p> <p>EP 8 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides activity services directly or through referral for ambulatory and nonambulatory residents at various functional levels.</p>	

CFR Number §482.58(b)(4)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		PC.02.02.09	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Residents participate in social and recreational activities according to their abilities and interests.
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital offers residents a variety of social and recreational activities according to their abilities and interests.
		EP 3	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital helps residents to participate in social and recreational activities according to their abilities and interests.
§482.58(b)(5)	TAG: A-1505	HR.01.02.01	The hospital defines staff qualifications.
(5) Social services (§483.15(g)).		EP 1	<p>The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2)</p> <p>Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).</p> <p>Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory.</p> <p>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements.</p> <p>Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.</p>
		HR.01.02.05	The hospital verifies staff qualifications.
		EP 3	The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.
		EP 17	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: A qualified social worker is an individual who has a bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, or psychology and has one year of supervised social work experience in a health care setting working directly with individuals.
		HR.01.02.07	The hospital determines how staff function within the organization.
		EP 2	Staff who provide patient care, treatment, and services practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)
		HR.01.06.01	Staff are competent to perform their responsibilities.
		EP 1	The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. (See also NPSG.03.06.01, EP 3)

CFR Number §482.58(b)(5)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>LD.03.06.01 Those who work in the hospital are focused on improving safety and quality.</p> <p>EP 1 Leaders design work processes to focus individuals on safety and quality issues.</p> <p>EP 3 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (See also IC.01.01.01, EP 3) Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.</p> <p>EP 4 Those who work in the hospital are competent to complete their assigned responsibilities.</p> <p>LD.04.03.01 The hospital provides services that meet patient needs.</p> <p>EP 1 The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements. Note: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: If medical and surgical diagnostic and treatment services are not available within the hospital, the hospital has an agreement with an outside source for these services to make sure that the services are immediately available or an agreement needs to be established for transferring patients to a general hospital that participates in the Medicare program.</p> <p>PC.02.02.01 The hospital coordinates the patient's care, treatment, and services based on the patient's needs.</p> <p>EP 9 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital promptly refers residents with lost or damaged dentures to a dentist.</p>	
<p>§482.58(b)(6)</p> <p>(6) Discharge planning (§483.20(e)).</p>	<p>TAG: A-1505</p>	<p>PC.01.02.01 The hospital assesses and reassesses its patients.</p> <p>EP 1 The hospital defines, in writing, the scope and content of screening, assessment, and reassessment information it collects. (See also RC.02.01.01, EP 2) Note 1: In defining the scope and content of the information it collects, the organization may want to consider information that it can obtain, with the patient's consent, from the patient's family and the patient's other care providers, as well as information conveyed on any medical jewelry. Note 2: Assessment and reassessment information includes the patient's perception of the effectiveness of, and any side effects related to, his or her medication(s).</p> <p>EP 2 The hospital defines, in writing, criteria that identify when additional, specialized, or more in-depth assessments are performed. (See also PC.01.02.07, EP 1; PC.01.02.03 EPs 7 and 8) Note: Examples of criteria could include those that identify when a nutritional, functional, or pain assessment should be performed for patients who are at risk.</p>	
<p>§482.58(b)(7)</p> <p>(7) Specialized rehabilitative services (§483.45).</p>	<p>TAG: A-1505</p>	<p>LD.04.03.01 The hospital provides services that meet patient needs.</p>	

CFR Number §482.58(b)(7)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 1	The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements. Note: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: If medical and surgical diagnostic and treatment services are not available within the hospital, the hospital has an agreement with an outside source for these services to make sure that the services are immediately available or an agreement needs to be established for transferring patients to a general hospital that participates in the Medicare program.
		PC.02.01.01	The hospital provides care, treatment, and services for each patient.
		EP 1	The hospital provides the patient with care, treatment, and services according to his or her individualized plan of care.
		PC.02.01.03	The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. * Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following: - Responsible for the care of the patient - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within his or her scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).
		EP 7	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides care, treatment, and services using the most recent patient order(s).
		PC.02.02.01	The hospital coordinates the patient's care, treatment, and services based on the patient's needs.
		EP 3	The hospital coordinates the patient's care, treatment, and services. Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, and services.
		EP 9	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital promptly refers residents with lost or damaged dentures to a dentist.
		EP 10	When the hospital uses external resources to meet the patient's needs, it coordinates the patient's care, treatment, and services.
§482.58(b)(8)	TAG: A-1505	PC.02.02.01	The hospital coordinates the patient's care, treatment, and services based on the patient's needs.
(8) Dental services (§483.55).			

CFR Number §482.58(b)(8)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 9 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital promptly refers residents with lost or damaged dentures to a dentist.</p> <p>EP 10 When the hospital uses external resources to meet the patient's needs, it coordinates the patient's care, treatment, and services.</p> <p>EP 12 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides 24-hour emergency dental services directly or through arrangement with an external provider. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital may charge a Medicare resident an additional amount for routine and emergency dental services.</p> <p>RI.01.06.11 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to communicate with his or her medical, dental, and other licensed independent practitioner care providers.</p> <p>EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital helps the resident make and keep appointments with medical, dental, and other licensed independent practitioners.</p> <p>RI.01.07.13 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to transportation services, as appropriate to his or her care or service plan.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital arranges transportation for the resident to and from physician or dentist appointments and other activities identified in the resident's care or service plan.</p>	
§483.10			
§483.10 Resident Rights.			
§483.10(b)			
(b) Notice of rights and services			
§483.10(b)(3)		RI.01.01.01	The hospital respects, protects, and promotes patient rights.
(3) The resident has the right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition;		EP 1	<p>The hospital has written policies on patient rights. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's written policies address procedures regarding patient visitation rights, including any clinically necessary or reasonable restrictions or limitations.</p>

CFR Number §483.10(b)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 2 The hospital informs the patient of his or her rights. (See also RI.01.01.03, EPs 1-3) Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs the patient (or support person, where appropriate) of his or her visitation rights. Visitation rights include the right to receive the visitors designated by the patient, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Also included is the right to withdraw or deny such consent at any time. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital makes sure that each patient, or his or her family, is informed of the patient's rights in advance of furnishing or discontinuing patient care whenever possible.</p> <p>EP 5 The hospital respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1)</p> <p>RI.01.01.03 The hospital respects the patient's right to receive information in a manner he or she understands.</p> <p>EP 1 The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. (See also PC.02.01.21, EP 2; PC.04.01.05, EP 8; RI.01.01.01, EPs 2 and 5)</p> <p>EP 3 The hospital provides information to the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs. (See also PC.02.01.21, EP 2; RI.01.01.01, EPs 2 and 5)</p> <p>RI.01.02.01 The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This right is not to be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.</p> <p>EP 1 The hospital involves the patient in making decisions about his or her care, treatment, and services, including the right to have his or her family and physician promptly notified of his or her admission to the hospital.</p>	
<p>§483.10(b)(4)</p> <p>(4) The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section; and</p>		<p>RI.01.02.01 The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This right is not to be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.</p>	
		<p>EP 2 The hospital provides the patient with written information about the right to refuse care, treatment, and services.</p> <p>EP 3 The hospital respects the patient's right to refuse care, treatment, and services, in accordance with law and regulation.</p> <p>RI.01.03.05 The hospital protects the patient and respects his or her rights during research, investigation, and clinical trials.</p> <p>EP 3 The hospital informs the patient that refusing to participate in research, investigation, or clinical trials or discontinuing participation at any time will not jeopardize his or her access to care, treatment, and services unrelated to the research.</p>	

CFR Number §483.10(b)(4)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		RI.01.05.01	The hospital addresses patient decisions about care, treatment, and services received at the end of life.
		EP 6	The hospital provides patients with written information about advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services.
§483.10(b)(5)	(5) The facility must—		
§483.10(b)(5)(i)	(i) Inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of—		
§483.10(b)(5)(i)(A)	(A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;	LD.04.02.03	Ethical principles guide the hospital's business practices.
		EP 13	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Each resident who is entitled to Medicaid benefits is informed in writing, either at the time of admission or when the resident becomes eligible for Medicaid, of the following: - The items and services included in the state plan for which the resident may not be charged - Those items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services
§483.10(b)(5)(i)(B)	(B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and	LD.04.02.03	Ethical principles guide the hospital's business practices.
		EP 13	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Each resident who is entitled to Medicaid benefits is informed in writing, either at the time of admission or when the resident becomes eligible for Medicaid, of the following: - The items and services included in the state plan for which the resident may not be charged - Those items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services
§483.10(b)(5)(ii)	(ii) Inform each resident when changes are made to the items and services specified in paragraphs (5)(i) (A) and (B) of this section.	LD.04.02.03	Ethical principles guide the hospital's business practices.
		EP 14	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Residents are informed when changes are made to the services that are specified in LD.04.02.03, EP 13.
§483.10(b)(6)	(6) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.	LD.04.02.03	Ethical principles guide the hospital's business practices.
		EP 16	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Residents are informed before or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services not covered under Medicare or by the facility's per diem rate.
§483.10(d)	(d) Free choice. The resident has the right to—		
§483.10(d)(1)	(1) Choose a personal attending physician;	RI.01.06.09	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to choose his or her medical, dental, and other licensed independent practitioner care providers.

CFR Number §483.10(d)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital supports the resident's right to choose an attending physician, dentist, and other licensed independent practitioner.</p> <p>EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital supports the resident's right to request a different licensed independent practitioner upon admission and throughout the course of care.</p> <p>EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital makes reasonable attempts to respond to requests from residents to choose a different licensed independent practitioner upon admission and throughout the course of care.</p>	
<p>§483.10(d)(2)</p> <p>(2) Be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being; and</p>		<p>RI.01.02.01</p>	<p>The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This right is not to be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.</p> <p>EP 1 The hospital involves the patient in making decisions about his or her care, treatment, and services, including the right to have his or her family and physician promptly notified of his or her admission to the hospital.</p> <p>EP 20 The hospital provides the patient or surrogate decision-maker with the information about the outcomes of care, treatment, and services that the patient needs in order to participate in current and future health care decisions.</p> <p>RI.01.03.01</p> <p>The hospital honors the patient's right to give or withhold informed consent.</p> <p>EP 7 The informed consent process includes a discussion about the patient's proposed care, treatment, and services.</p> <p>EP 9 The informed consent process includes a discussion about potential benefits, risks, and side effects of the patient's proposed care, treatment, and services; the likelihood of the patient achieving his or her goals; and any potential problems that might occur during recuperation.</p> <p>EP 11 The informed consent process includes a discussion about reasonable alternatives to the patient's proposed care, treatment, and services. The discussion encompasses risks, benefits, and side effects related to the alternatives and the risks related to not receiving the proposed care, treatment, and services.</p>
<p>§483.10(d)(3)</p> <p>(3) Unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment.</p>		<p>RI.01.02.01</p>	<p>The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This right is not to be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.</p> <p>EP 1 The hospital involves the patient in making decisions about his or her care, treatment, and services, including the right to have his or her family and physician promptly notified of his or her admission to the hospital.</p> <p>EP 6 When a patient is unable to make decisions about his or her care, treatment, and services, the hospital involves a surrogate decision-maker in making these decisions. (See also RI.01.03.01, EP 6)</p>

CFR Number §483.10(e)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§483.10(e)</p> <p>(e) Privacy and confidentiality. The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p>	<p>IM.02.01.01</p>	<p>The hospital protects the privacy of health information.</p>	<p>EP 1 The hospital has a written policy addressing the privacy of health information. (See also RI.01.01.01, EP 7)</p>
			<p>EP 3 The hospital uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)</p>
	<p>EP 4 The hospital discloses health information only as authorized by the patient or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7)</p>		
	<p>RI.01.01.01</p>	<p>The hospital respects, protects, and promotes patient rights.</p>	<p>EP 7 The hospital respects the patient's right to privacy. (See also IM.02.01.01, EPs 1–5) Note 1: 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. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident's right to privacy includes privacy and confidentiality of his or her personal records and written communications, including the right to send and receive mail promptly.</p>
			<p>RI.01.06.05</p>
	<p>EP 16 The hospital provides access to telephones for patients who desire private telephone conversations in a private space, based on the setting and population.</p>		
	<p>§483.10(e)(1)</p> <p>(1) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident;</p>	<p>IM.02.01.01</p>	<p>The hospital protects the privacy of health information.</p>
<p>EP 3 The hospital uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)</p>			
<p>EP 4 The hospital discloses health information only as authorized by the patient or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7)</p>			
<p>RI.01.01.01</p>		<p>The hospital respects, protects, and promotes patient rights.</p>	<p>EP 7 The hospital respects the patient's right to privacy. (See also IM.02.01.01, EPs 1–5) Note 1: 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. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident's right to privacy includes privacy and confidentiality of his or her personal records and written communications, including the right to send and receive mail promptly.</p>
			<p>RI.01.06.05</p>
<p>EP 16 The hospital provides access to telephones for patients who desire private telephone conversations in a private space, based on the setting and population.</p>			

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§483.10(e)(1)		RI.01.07.05	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to receive and restrict visitors.
		EP 3	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides space for the resident to receive visitors in comfort and privacy.
§483.10(e)(2)	(2) Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility;	IM.02.01.01	The hospital protects the privacy of health information.
		EP 1	The hospital has a written policy addressing the privacy of health information. (See also RI.01.01.01, EP 7)
		EP 3	The hospital uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)
		EP 4	The hospital discloses health information only as authorized by the patient or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7)
		RI.01.01.01	The hospital respects, protects, and promotes patient rights.
		EP 7	The hospital respects the patient's right to privacy. (See also IM.02.01.01, EPs 1–5) Note 1: 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. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident's right to privacy includes privacy and confidentiality of his or her personal records and written communications, including the right to send and receive mail promptly.
§483.10(e)(3)	(3) The resident's right to refuse release of personal and clinical records does not apply when—		
§483.10(e)(3)(i)	(i) The resident is transferred to another health care institution; or	IM.02.01.01	The hospital protects the privacy of health information.
		EP 1	The hospital has a written policy addressing the privacy of health information. (See also RI.01.01.01, EP 7)
		EP 3	The hospital uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)
		EP 4	The hospital discloses health information only as authorized by the patient or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7)
		RI.01.01.01	The hospital respects, protects, and promotes patient rights.
		EP 7	The hospital respects the patient's right to privacy. (See also IM.02.01.01, EPs 1–5) Note 1: 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. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident's right to privacy includes privacy and confidentiality of his or her personal records and written communications, including the right to send and receive mail promptly.

CFR Number §483.10(e)(3)(ii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§483.10(e)(3)(ii)		IM.02.01.01	The hospital protects the privacy of health information.
(ii) Record release is required by law.		EP 1	The hospital has a written policy addressing the privacy of health information. (See also RI.01.01.01, EP 7)
		EP 3	The hospital uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)
		EP 4	The hospital discloses health information only as authorized by the patient or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7)
		RI.01.01.01	The hospital respects, protects, and promotes patient rights.
		EP 7	The hospital respects the patient's right to privacy. (See also IM.02.01.01, EPs 1–5) Note 1: 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. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident's right to privacy includes privacy and confidentiality of his or her personal records and written communications, including the right to send and receive mail promptly.
§483.10(h)			
(h) Work. The resident has the right to—			
§483.10(h)(1)		RI.01.07.07	For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital protects the rights of patients and residents who work for or on behalf of the hospital.
(1) Refuse to perform services for the facility;		EP 5	For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Patients and residents have the right to refuse to work for or on behalf of the hospital.
§483.10(h)(2)			
(2) Perform services for the facility, if he or she chooses, when—			
§483.10(h)(2)(i)		RI.01.07.07	For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital protects the rights of patients and residents who work for or on behalf of the hospital.
(i) The facility has documented the need or desire for work in the plan of care;		EP 1	For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital has a written policy that addresses situations in which patients and residents work for or on behalf of the hospital.
		EP 2	For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital implements its policy regarding patients and residents who work for or on behalf of the hospital.

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§483.10(h)(2)(i)		EP 4	For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital incorporates work performed by the patient or resident for or on behalf of the hospital into the plan of care.
§483.10(h)(2)(ii)	(ii) The plan specifies the nature of the services performed and whether the services are voluntary or paid;	RI.01.07.07	For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital protects the rights of patients and residents who work for or on behalf of the hospital.
		EP 1	For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital has a written policy that addresses situations in which patients and residents work for or on behalf of the hospital.
		EP 2	For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital implements its policy regarding patients and residents who work for or on behalf of the hospital.
		EP 4	For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital incorporates work performed by the patient or resident for or on behalf of the hospital into the plan of care.
§483.10(h)(2)(iii)	(iii) Compensation for paid services is at or above prevailing rates; and	RI.01.07.07	For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital protects the rights of patients and residents who work for or on behalf of the hospital.
		EP 1	For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital has a written policy that addresses situations in which patients and residents work for or on behalf of the hospital.
		EP 2	For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital implements its policy regarding patients and residents who work for or on behalf of the hospital.
		EP 3	For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Wages paid to patients and residents who work for or on behalf of the hospital are in accordance with law and regulation. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The plan of care specifies whether the work performed is voluntary or paid.
§483.10(h)(2)(iv)	(iv) The resident agrees to the work arrangement described in the plan of care.	RI.01.07.07	For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital protects the rights of patients and residents who work for or on behalf of the hospital.

CFR Number §483.10(h)(2)(iv)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 1 For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital has a written policy that addresses situations in which patients and residents work for or on behalf of the hospital.</p> <p>EP 2 For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital implements its policy regarding patients and residents who work for or on behalf of the hospital.</p> <p>EP 4 For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital incorporates work performed by the patient or resident for or on behalf of the hospital into the plan of care.</p> <p>EP 5 For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Patients and residents have the right to refuse to work for or on behalf of the hospital.</p>	
§483.10(i)		RI.01.01.01	The hospital respects, protects, and promotes patient rights.
(i) Mail. The resident has the right to privacy in written communications, including the right to—		EP 7	<p>The hospital respects the patient's right to privacy. (See also IM.02.01.01, EPs 1–5) Note 1: 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. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident's right to privacy includes privacy and confidentiality of his or her personal records and written communications, including the right to send and receive mail promptly.</p>
		RI.01.06.05	The patient has the right to an environment that preserves dignity and contributes to a positive self-image.
		EP 15	The hospital offers patients telephone and mail service, based on the setting and population.
§483.10(i)(1)		RI.01.01.01	The hospital respects, protects, and promotes patient rights.
(1) Send and promptly receive mail that is unopened; and		EP 7	<p>The hospital respects the patient's right to privacy. (See also IM.02.01.01, EPs 1–5) Note 1: 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. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident's right to privacy includes privacy and confidentiality of his or her personal records and written communications, including the right to send and receive mail promptly.</p>
		RI.01.06.05	The patient has the right to an environment that preserves dignity and contributes to a positive self-image.
		EP 15	The hospital offers patients telephone and mail service, based on the setting and population.
§483.10(i)(2)		RI.01.06.05	The patient has the right to an environment that preserves dignity and contributes to a positive self-image.
(2) Have access to stationery, postage, and writing implements at the resident's own expense.		EP 14	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to have access to stationery, postage, and writing implements at the resident's own expense.

CFR Number §483.10(j)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§483.10(j)	(j) Access and visitation rights.		
§483.10(j)(1)	(1) The resident has the right and the facility must provide immediate access to any resident by the following:		
§483.10(j)(1)(vii)	(vii) Subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident; and	RI.01.07.05	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to receive and restrict visitors.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital establishes liberal visiting hours that are limited only by the resident's personal preferences.</p> <p>EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital supports the resident's right to choose with whom he or she communicates.</p> <p>EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital complies with law and regulation regarding individuals who are exempted from visiting hour restrictions in order to gain immediate access to the resident.</p>
§483.10(j)(1)(viii)	(viii) Subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, others who are visiting with the consent of the resident.	RI.01.07.05	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to receive and restrict visitors.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital establishes liberal visiting hours that are limited only by the resident's personal preferences.</p> <p>EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital supports the resident's right to choose with whom he or she communicates.</p> <p>EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital complies with law and regulation regarding individuals who are exempted from visiting hour restrictions in order to gain immediate access to the resident.</p>
§483.10(l)	(l) Personal property. The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.	RI.01.06.05	<p>The patient has the right to an environment that preserves dignity and contributes to a positive self-image.</p> <p>EP 4 The hospital allows the patient to keep and use personal clothing and possessions, unless this infringes on others' rights or is medically or therapeutically contraindicated, based on the setting or service.</p>
§483.10(m)	(m) Married couples. The resident has the right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.	RI.01.06.05	<p>The patient has the right to an environment that preserves dignity and contributes to a positive self-image.</p> <p>EP 8 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides accommodations for residents with significant others living in the same facility when both individuals consent to the arrangement.</p>
§483.12	§483.12 Admission, transfer and discharge rights.		

CFR Number §483.12(a)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§483.12(a) (a) Transfer and discharge—			
§483.12(a)(1) (1) Definition: Transfer and discharge includes movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same certified facility.			
§483.12(a)(2) (2) Transfer and discharge requirements. The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless—			
§483.12(a)(2)(i) (i) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;		PC.04.01.07	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Residents are not transferred or discharged from the hospital unless they meet specific criteria, in accordance with law and regulation.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital transfers or discharges residents only when at least one of the following conditions is met:</p> <ul style="list-style-type: none"> - The resident's health has improved to the point where he or she no longer needs the hospital's services. - The transfer or discharge is necessary for the resident's benefit or if the hospital cannot meet the resident's needs. - The health or safety of the resident is endangered by remaining in the hospital. - The health or safety of individuals in the facility is endangered. - The hospital has provided the resident, who has not paid for his or her stay, with reasonable notice of transfer or discharge, as defined by the hospital and in accordance with law and regulation. - The hospital ceases operation. - The resident leaves against medical advice and signs a form stating that his or her action runs contrary to medical advice.
§483.12(a)(2)(ii) (ii) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;		PC.04.01.07	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Residents are not transferred or discharged from the hospital unless they meet specific criteria, in accordance with law and regulation.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital transfers or discharges residents only when at least one of the following conditions is met:</p> <ul style="list-style-type: none"> - The resident's health has improved to the point where he or she no longer needs the hospital's services. - The transfer or discharge is necessary for the resident's benefit or if the hospital cannot meet the resident's needs. - The health or safety of the resident is endangered by remaining in the hospital. - The health or safety of individuals in the facility is endangered. - The hospital has provided the resident, who has not paid for his or her stay, with reasonable notice of transfer or discharge, as defined by the hospital and in accordance with law and regulation. - The hospital ceases operation. - The resident leaves against medical advice and signs a form stating that his or her action runs contrary to medical advice.

CFR Number §483.12(a)(2)(iii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§483.12(a)(2)(iii)	(iii) The safety of individuals in the facility is endangered;	PC.04.01.07	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Residents are not transferred or discharged from the hospital unless they meet specific criteria, in accordance with law and regulation.
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital transfers or discharges residents only when at least one of the following conditions is met: <ul style="list-style-type: none"> - The resident's health has improved to the point where he or she no longer needs the hospital's services. - The transfer or discharge is necessary for the resident's benefit or if the hospital cannot meet the resident's needs. - The health or safety of the resident is endangered by remaining in the hospital. - The health or safety of individuals in the facility is endangered. - The hospital has provided the resident, who has not paid for his or her stay, with reasonable notice of transfer or discharge, as defined by the hospital and in accordance with law and regulation. - The hospital ceases operation. - The resident leaves against medical advice and signs a form stating that his or her action runs contrary to medical advice.
§483.12(a)(2)(iv)	(iv) The health of individuals in the facility would otherwise be endangered;	PC.04.01.07	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Residents are not transferred or discharged from the hospital unless they meet specific criteria, in accordance with law and regulation.
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital transfers or discharges residents only when at least one of the following conditions is met: <ul style="list-style-type: none"> - The resident's health has improved to the point where he or she no longer needs the hospital's services. - The transfer or discharge is necessary for the resident's benefit or if the hospital cannot meet the resident's needs. - The health or safety of the resident is endangered by remaining in the hospital. - The health or safety of individuals in the facility is endangered. - The hospital has provided the resident, who has not paid for his or her stay, with reasonable notice of transfer or discharge, as defined by the hospital and in accordance with law and regulation. - The hospital ceases operation. - The resident leaves against medical advice and signs a form stating that his or her action runs contrary to medical advice.
§483.12(a)(2)(v)	(v) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or	LD.04.02.03	Ethical principles guide the hospital's business practices.
		EP 15	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: When a resident becomes eligible for Medicaid after admission to the hospital, the hospital charges the resident only the Medicaid-allowable charge.

CFR Number §483.12(a)(2)(v)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>PC.04.01.07 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Residents are not transferred or discharged from the hospital unless they meet specific criteria, in accordance with law and regulation.</p>	<p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital transfers or discharges residents only when at least one of the following conditions is met:</p> <ul style="list-style-type: none"> - The resident's health has improved to the point where he or she no longer needs the hospital's services. - The transfer or discharge is necessary for the resident's benefit or if the hospital cannot meet the resident's needs. - The health or safety of the resident is endangered by remaining in the hospital. - The health or safety of individuals in the facility is endangered. - The hospital has provided the resident, who has not paid for his or her stay, with reasonable notice of transfer or discharge, as defined by the hospital and in accordance with law and regulation. - The hospital ceases operation. - The resident leaves against medical advice and signs a form stating that his or her action runs contrary to medical advice.
<p>§483.12(a)(2)(vi)</p>	<p>(vi) The facility ceases to operate.</p>	<p>PC.04.01.07 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Residents are not transferred or discharged from the hospital unless they meet specific criteria, in accordance with law and regulation.</p>	<p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital transfers or discharges residents only when at least one of the following conditions is met:</p> <ul style="list-style-type: none"> - The resident's health has improved to the point where he or she no longer needs the hospital's services. - The transfer or discharge is necessary for the resident's benefit or if the hospital cannot meet the resident's needs. - The health or safety of the resident is endangered by remaining in the hospital. - The health or safety of individuals in the facility is endangered. - The hospital has provided the resident, who has not paid for his or her stay, with reasonable notice of transfer or discharge, as defined by the hospital and in accordance with law and regulation. - The hospital ceases operation. - The resident leaves against medical advice and signs a form stating that his or her action runs contrary to medical advice.
<p>§483.12(a)(3)</p>	<p>(3) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (a)(2)(i) through (v) of this section, the resident's clinical record must be documented. The documentation must be made by—</p>	<p>RC.02.04.01 The hospital documents the patient's discharge information.</p>	<p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Documentation in the medical record includes discharge information provided to the resident and/or to the receiving organization. There is documentation in the resident's medical record by the resident's physician when the resident is transferred or discharged, either when the transfer is due to the resident improving and no longer needing long term care services or when the resident's needs cannot be met in the hospital's swing bed. There is documentation in the resident's medical record by a physician when the resident is being transferred or discharged because the safety of other residents would otherwise be endangered.</p>

CFR Number §483.12(a)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident's discharge information includes the following:</p> <ul style="list-style-type: none"> - The reason for transfer, discharge, or referral - Treatment provided, diet, medication orders, and orders for the resident's immediate care - Referrals provided to the resident, the referring licensed independent practitioner's name, and the name of the licensed independent practitioner who has agreed to be responsible for the resident's medical care and treatment, if this person is someone other than the referring licensed independent practitioner - Medical findings and diagnoses; a summary of the care, treatment, and services provided; and progress reached toward goals - Information about the resident's behavior, ambulation, nutrition, physical status, psychosocial status, and potential for rehabilitation - Nursing information that is useful in the resident's care - Any advance directives - Instructions given to the resident before discharge 	
<p>§483.12(a)(3)(i)</p> <p>(i) The resident's physician when transfer or discharge is necessary under paragraph (a)(2)(i) or paragraph (a)(2)(ii) of this section; and</p>		<p>PC.02.01.03 The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.</p>	
		<p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. *</p> <p>Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following:</p> <ul style="list-style-type: none"> - Responsible for the care of the patient - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within his or her scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services <p>Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).</p>	
			<p>EP 7 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides care, treatment, and services using the most recent patient order(s).</p> <p>RC.02.04.01 The hospital documents the patient's discharge information.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Documentation in the medical record includes discharge information provided to the resident and/or to the receiving organization. There is documentation in the resident's medical record by the resident's physician when the resident is transferred or discharged, either when the transfer is due to the resident improving and no longer needing long term care services or when the resident's needs cannot be met in the hospital's swing bed. There is documentation in the resident's medical record by a physician when the resident is being transferred or discharged because the safety of other residents would otherwise be endangered.</p>

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§483.12(a)(3)(i)		EP 2	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident's discharge information includes the following:</p> <ul style="list-style-type: none"> - The reason for transfer, discharge, or referral - Treatment provided, diet, medication orders, and orders for the resident's immediate care - Referrals provided to the resident, the referring licensed independent practitioner's name, and the name of the licensed independent practitioner who has agreed to be responsible for the resident's medical care and treatment, if this person is someone other than the referring licensed independent practitioner - Medical findings and diagnoses; a summary of the care, treatment, and services provided; and progress reached toward goals - Information about the resident's behavior, ambulation, nutrition, physical status, psychosocial status, and potential for rehabilitation - Nursing information that is useful in the resident's care - Any advance directives - Instructions given to the resident before discharge
§483.12(a)(3)(ii)	(ii) A physician when transfer or discharge is necessary under paragraph (a)(2)(iv) of this section.	PC.02.01.03	<p>The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.</p>
		EP 1	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. *</p> <p>Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following:</p> <ul style="list-style-type: none"> - Responsible for the care of the patient - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within his or her scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services <p>Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).</p>
		EP 7	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides care, treatment, and services using the most recent patient order(s).</p>
		RC.02.04.01	<p>The hospital documents the patient's discharge information.</p>
		EP 1	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Documentation in the medical record includes discharge information provided to the resident and/or to the receiving organization. There is documentation in the resident's medical record by the resident's physician when the resident is transferred or discharged, either when the transfer is due to the resident improving and no longer needing long term care services or when the resident's needs cannot be met in the hospital's swing bed. There is documentation in the resident's medical record by a physician when the resident is being transferred or discharged because the safety of other residents would otherwise be endangered.</p>

CFR Number §483.12(a)(3)(ii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 2	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident's discharge information includes the following:</p> <ul style="list-style-type: none"> - The reason for transfer, discharge, or referral - Treatment provided, diet, medication orders, and orders for the resident's immediate care - Referrals provided to the resident, the referring licensed independent practitioner's name, and the name of the licensed independent practitioner who has agreed to be responsible for the resident's medical care and treatment, if this person is someone other than the referring licensed independent practitioner - Medical findings and diagnoses; a summary of the care, treatment, and services provided; and progress reached toward goals - Information about the resident's behavior, ambulation, nutrition, physical status, psychosocial status, and potential for rehabilitation - Nursing information that is useful in the resident's care - Any advance directives - Instructions given to the resident before discharge
§483.12(a)(4)	(4) Notice before transfer. Before a facility transfers or discharges a resident, the facility must—		
§483.12(a)(4)(i)	(i) Notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand.	<p>PC.04.01.03 The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.</p> <p>EP 3</p>	<p>The patient, the patient's family, licensed independent practitioners, physicians, clinical psychologists, and staff involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer.</p> <p>Note 1: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p> <p>Note 2: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Social service staff responsibilities include, but are not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of information with sources outside the hospital.</p> <p>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move in writing. The hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the hospital is safe and orderly.</p> <p>RI.01.01.01 The hospital respects, protects, and promotes patient rights.</p> <p>EP 5 The hospital respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1)</p> <p>RI.01.01.03 The hospital respects the patient's right to receive information in a manner he or she understands.</p> <p>EP 1 The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. (See also PC.02.01.21, EP 2; PC.04.01.05, EP 8; RI.01.01.01, EPs 2 and 5)</p>
§483.12(a)(4)(ii)	(ii) Record the reasons in the resident's clinical record; and	<p>RC.01.01.01 The hospital maintains complete and accurate medical records for each individual patient.</p> <p>EP 5</p>	<p>The medical record contains the information needed to support the patient's diagnosis and condition.</p>

CFR Number §483.12(a)(4)(ii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>EP 6 The medical record contains the information needed to justify the patient's care, treatment, and services.</p> <p>EP 7 The medical record contains information that documents the course and result of the patient's care, treatment, and services.</p> <p>EP 8 The medical record contains information about the patient's care, treatment, or services that promotes continuity of care among providers. Note: For hospitals that elect The Joint Commission Primary Care Medical Home option: This requirement refers to care provided by both internal and external providers.</p>	
<p>§483.12(a)(4)(iii)</p>	<p>(iii) Include in the notice the items described in paragraph (a)(6) of this section.</p>	<p>PC.04.01.03</p>	<p>The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.</p>
		<p>EP 3</p>	<p>The patient, the patient's family, licensed independent practitioners, physicians, clinical psychologists, and staff involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer. Note 1: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary). Note 2: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Social service staff responsibilities include, but are not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of information with sources outside the hospital. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move in writing. The hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the hospital is safe and orderly.</p> <p>RC.01.01.01</p> <p>The hospital maintains complete and accurate medical records for each individual patient.</p> <p>EP 5 The medical record contains the information needed to support the patient's diagnosis and condition.</p> <p>EP 6 The medical record contains the information needed to justify the patient's care, treatment, and services.</p> <p>EP 7 The medical record contains information that documents the course and result of the patient's care, treatment, and services.</p> <p>EP 8 The medical record contains information about the patient's care, treatment, or services that promotes continuity of care among providers. Note: For hospitals that elect The Joint Commission Primary Care Medical Home option: This requirement refers to care provided by both internal and external providers.</p> <p>RI.01.01.01</p> <p>The hospital respects, protects, and promotes patient rights.</p> <p>EP 5 The hospital respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1)</p> <p>RI.01.01.03</p> <p>The hospital respects the patient's right to receive information in a manner he or she understands.</p> <p>EP 1 The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. (See also PC.02.01.21, EP 2; PC.04.01.05, EP 8; RI.01.01.01, EPs 2 and 5)</p>

CFR Number §483.12(a)(5)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§483.12(a)(5)	(5) Timing of the notice.		
§483.12(a)(5)(i)	(i) Except as specified in paragraphs (a)(5)(ii) and (a)(8) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.	PC.04.01.03	<p>The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.</p> <p>EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Except when specified in the CoP from 42 CFR 483.12(a)(5)(ii), the written notice of transfer or discharge required under paragraph 42 CFR 483.12(a)(4) must be made by the hospital at least 30 days before the resident is transferred or discharged. Note: Notice may be made as soon as is practical before transfer or discharge when the safety of the individuals in the facility would be endangered; the health of the individuals in the facility would be endangered; the resident's health improves sufficiently to allow a more immediate transfer or discharge, and immediate transfer or discharge is required by the resident's urgent medical needs; or a resident has not resided in the facility for 30 days.</p>
§483.12(a)(5)(ii)	(ii) Notice may be made as soon as practicable before transfer or discharge when—		
§483.12(a)(5)(ii)(A)	(A) the safety of individuals in the facility would be endangered under paragraph (a)(2)(iii) of this section;	PC.04.01.07	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Residents are not transferred or discharged from the hospital unless they meet specific criteria, in accordance with law and regulation.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital transfers or discharges residents only when at least one of the following conditions is met: - The resident's health has improved to the point where he or she no longer needs the hospital's services. - The transfer or discharge is necessary for the resident's benefit or if the hospital cannot meet the resident's needs. - The health or safety of the resident is endangered by remaining in the hospital. - The health or safety of individuals in the facility is endangered. - The hospital has provided the resident, who has not paid for his or her stay, with reasonable notice of transfer or discharge, as defined by the hospital and in accordance with law and regulation. - The hospital ceases operation. - The resident leaves against medical advice and signs a form stating that his or her action runs contrary to medical advice.</p>
§483.12(a)(5)(ii)(B)	(B) The health of individuals in the facility would be endangered, under paragraph (a)(2)(iv) of this section;	PC.04.01.07	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Residents are not transferred or discharged from the hospital unless they meet specific criteria, in accordance with law and regulation.</p>

CFR Number §483.12(a)(5)(ii)(B)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 1	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital transfers or discharges residents only when at least one of the following conditions is met:</p> <ul style="list-style-type: none"> - The resident's health has improved to the point where he or she no longer needs the hospital's services. - The transfer or discharge is necessary for the resident's benefit or if the hospital cannot meet the resident's needs. - The health or safety of the resident is endangered by remaining in the hospital. - The health or safety of individuals in the facility is endangered. - The hospital has provided the resident, who has not paid for his or her stay, with reasonable notice of transfer or discharge, as defined by the hospital and in accordance with law and regulation. - The hospital ceases operation. - The resident leaves against medical advice and signs a form stating that his or her action runs contrary to medical advice.
§483.12(a)(5)(ii)(C)		PC.04.01.07	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Residents are not transferred or discharged from the hospital unless they meet specific criteria, in accordance with law and regulation.</p>
(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(ii) of this section;		EP 1	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital transfers or discharges residents only when at least one of the following conditions is met:</p> <ul style="list-style-type: none"> - The resident's health has improved to the point where he or she no longer needs the hospital's services. - The transfer or discharge is necessary for the resident's benefit or if the hospital cannot meet the resident's needs. - The health or safety of the resident is endangered by remaining in the hospital. - The health or safety of individuals in the facility is endangered. - The hospital has provided the resident, who has not paid for his or her stay, with reasonable notice of transfer or discharge, as defined by the hospital and in accordance with law and regulation. - The hospital ceases operation. - The resident leaves against medical advice and signs a form stating that his or her action runs contrary to medical advice.
§483.12(a)(5)(ii)(D)		PC.04.01.07	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Residents are not transferred or discharged from the hospital unless they meet specific criteria, in accordance with law and regulation.</p>
(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(i) of this section; or		EP 1	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital transfers or discharges residents only when at least one of the following conditions is met:</p> <ul style="list-style-type: none"> - The resident's health has improved to the point where he or she no longer needs the hospital's services. - The transfer or discharge is necessary for the resident's benefit or if the hospital cannot meet the resident's needs. - The health or safety of the resident is endangered by remaining in the hospital. - The health or safety of individuals in the facility is endangered. - The hospital has provided the resident, who has not paid for his or her stay, with reasonable notice of transfer or discharge, as defined by the hospital and in accordance with law and regulation. - The hospital ceases operation. - The resident leaves against medical advice and signs a form stating that his or her action runs contrary to medical advice.
§483.12(a)(5)(ii)(E)		PC.04.01.03	<p>The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.</p>
(E) A resident has not resided in the facility for 30 days.			

CFR Number §483.12(a)(5)(ii)(E)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 5	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Except when specified in the CoP from 42 CFR 483.12(a)(5)(ii), the written notice of transfer or discharge required under paragraph 42 CFR 483.12(a)(4) must be made by the hospital at least 30 days before the resident is transferred or discharged.</p> <p>Note: Notice may be made as soon as is practical before transfer or discharge when the safety of the individuals in the facility would be endangered; the health of the individuals in the facility would be endangered; the resident's health improves sufficiently to allow a more immediate transfer or discharge, and immediate transfer or discharge is required by the resident's urgent medical needs; or a resident has not resided in the facility for 30 days.</p>
§483.12(a)(6)	(6) Contents of the notice. The written notice specified in paragraph (a)(4) of this section must include the following:		
§483.12(a)(6)(i)	(i) The reason for transfer or discharge;	PC.04.01.03	<p>The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.</p>
		EP 6	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The written notice before transfer or discharge specified in the CoP from 42 CFR 483.12(a)(4) includes the following:</p> <ul style="list-style-type: none"> - The reason for transfer or discharge - The effective date of transfer or discharge - The location to which the resident is transferred or discharged - A statement that the resident has the right to appeal the action to the state - The name, address, and telephone number of the state's long term care ombudsman - For a resident who is developmentally disabled, the mailing address and telephone number of the agency responsible for the protection and advocacy, established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act - For a resident who is mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy, established under the Protection and Advocacy for Mentally Ill Individuals Act
§483.12(a)(6)(ii)	(ii) The effective date of transfer or discharge;	PC.04.01.03	<p>The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.</p>
		EP 6	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The written notice before transfer or discharge specified in the CoP from 42 CFR 483.12(a)(4) includes the following:</p> <ul style="list-style-type: none"> - The reason for transfer or discharge - The effective date of transfer or discharge - The location to which the resident is transferred or discharged - A statement that the resident has the right to appeal the action to the state - The name, address, and telephone number of the state's long term care ombudsman - For a resident who is developmentally disabled, the mailing address and telephone number of the agency responsible for the protection and advocacy, established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act - For a resident who is mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy, established under the Protection and Advocacy for Mentally Ill Individuals Act

CFR Number §483.12(a)(6)(iii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§483.12(a)(6)(iii)	(iii) The location to which the resident is transferred or discharged;	PC.04.01.03	<p>The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.</p> <p>EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The written notice before transfer or discharge specified in the CoP from 42 CFR 483.12(a)(4) includes the following:</p> <ul style="list-style-type: none"> - The reason for transfer or discharge - The effective date of transfer or discharge - The location to which the resident is transferred or discharged - A statement that the resident has the right to appeal the action to the state - The name, address, and telephone number of the state's long term care ombudsman - For a resident who is developmentally disabled, the mailing address and telephone number of the agency responsible for the protection and advocacy, established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act - For a resident who is mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy, established under the Protection and Advocacy for Mentally Ill Individuals Act
§483.12(a)(6)(iv)	(iv) A statement that the resident has the right to appeal the action to the State;	PC.04.01.03	<p>The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.</p> <p>EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The written notice before transfer or discharge specified in the CoP from 42 CFR 483.12(a)(4) includes the following:</p> <ul style="list-style-type: none"> - The reason for transfer or discharge - The effective date of transfer or discharge - The location to which the resident is transferred or discharged - A statement that the resident has the right to appeal the action to the state - The name, address, and telephone number of the state's long term care ombudsman - For a resident who is developmentally disabled, the mailing address and telephone number of the agency responsible for the protection and advocacy, established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act - For a resident who is mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy, established under the Protection and Advocacy for Mentally Ill Individuals Act
§483.12(a)(6)(v)	(v) The name, address and telephone number of the State long term care ombudsman;	PC.04.01.03	<p>The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.</p> <p>EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The written notice before transfer or discharge specified in the CoP from 42 CFR 483.12(a)(4) includes the following:</p> <ul style="list-style-type: none"> - The reason for transfer or discharge - The effective date of transfer or discharge - The location to which the resident is transferred or discharged - A statement that the resident has the right to appeal the action to the state - The name, address, and telephone number of the state's long term care ombudsman - For a resident who is developmentally disabled, the mailing address and telephone number of the agency responsible for the protection and advocacy, established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act - For a resident who is mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy, established under the Protection and Advocacy for Mentally Ill Individuals Act

CFR Number §483.12(a)(6)(vi)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<p>§483.12(a)(6)(vi)</p> <p>(vi) For nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and</p>		<p>PC.04.01.03</p>	<p>The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.</p> <p>EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The written notice before transfer or discharge specified in the CoP from 42 CFR 483.12(a)(4) includes the following:</p> <ul style="list-style-type: none"> - The reason for transfer or discharge - The effective date of transfer or discharge - The location to which the resident is transferred or discharged - A statement that the resident has the right to appeal the action to the state - The name, address, and telephone number of the state's long term care ombudsman - For a resident who is developmentally disabled, the mailing address and telephone number of the agency responsible for the protection and advocacy, established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act - For a resident who is mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy, established under the Protection and Advocacy for Mentally Ill Individuals Act
<p>§483.12(a)(6)(vii)</p> <p>(vii) For nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p>		<p>PC.04.01.03</p>	<p>The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.</p> <p>EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The written notice before transfer or discharge specified in the CoP from 42 CFR 483.12(a)(4) includes the following:</p> <ul style="list-style-type: none"> - The reason for transfer or discharge - The effective date of transfer or discharge - The location to which the resident is transferred or discharged - A statement that the resident has the right to appeal the action to the state - The name, address, and telephone number of the state's long term care ombudsman - For a resident who is developmentally disabled, the mailing address and telephone number of the agency responsible for the protection and advocacy, established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act - For a resident who is mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy, established under the Protection and Advocacy for Mentally Ill Individuals Act
<p>§483.12(a)(7)</p> <p>(7) Orientation for transfer or discharge. A facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.</p>		<p>PC.04.01.03</p>	<p>The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.</p> <p>EP 3 The patient, the patient's family, licensed independent practitioners, physicians, clinical psychologists, and staff involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer.</p> <p>Note 1: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p> <p>Note 2: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Social service staff responsibilities include, but are not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of information with sources outside the hospital.</p> <p>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move in writing. The hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the hospital is safe and orderly.</p>

CFR Number §483.12(a)(7)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>PC.04.01.05 Before the hospital discharges or transfers a patient, it informs and educates the patient about his or her follow-up care, treatment, and services.</p> <p>EP 1 When the hospital determines the patient's discharge or transfer needs, it promptly shares this information with the patient, and also with the patient's family when it is involved in decision making or ongoing care.</p> <p>EP 2 Before the patient is discharged, the hospital informs the patient, and also the patient's family when it is involved in decision making or ongoing care, of the kinds of continuing care, treatment, and services the patient will need.</p> <p>EP 3 Before the patient is discharged or transferred, the hospital provides the patient with information about why he or she is being discharged or transferred.</p> <p>EP 5 Before the patient is transferred, the hospital provides the patient with information about any alternatives to the transfer.</p>	
<p>§483.13</p>	<p>§483.13 Resident behavior and facility practices.</p>		
<p>§483.13(a)</p> <p>(a) Restraints. The resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p>		<p>PC.03.05.01 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses restraint or seclusion only when it can be clinically justified or when warranted by patient behavior that threatens the physical safety of the patient, staff, or others.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses restraint or seclusion only to protect the immediate physical safety of the patient, staff, or others.</p> <p>EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital does not use restraint or seclusion as a means of coercion, discipline, convenience, or staff retaliation.</p> <p>EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses restraint or seclusion only when less restrictive interventions are ineffective.</p>	
<p>§483.13(b)</p> <p>(b) Abuse. The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p>		<p>RI.01.06.03 The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.</p> <p>EP 1 The hospital determines how it will protect the patient from neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital also determines how it will protect residents from corporal punishment and involuntary seclusion.</p>	
<p>§483.13(c)</p> <p>(c) Staff treatment of residents. The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p>		<p>RI.01.06.03 The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.</p> <p>EP 1 The hospital determines how it will protect the patient from neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital also determines how it will protect residents from corporal punishment and involuntary seclusion.</p>	

CFR Number §483.13(c)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§483.13(c)(1)	(1) The facility must—	EP 4	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital develops and implements written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.
§483.13(c)(1)(i)	(i) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;	RI.01.06.03	The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.
		EP 1	The hospital determines how it will protect the patient from neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital also determines how it will protect residents from corporal punishment and involuntary seclusion.
§483.13(c)(1)(ii)	(ii) Not employ individuals who have been—		
§483.13(c)(1)(ii)(A)	(A) Found guilty of abusing, neglecting, or mistreating residents by a court of law; or	HR.01.02.01	The hospital defines staff qualifications.
		EP 13	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The facility does not employ individuals who have been found guilty by a court of law of abusing, neglecting, or mistreating residents or who have had a finding entered into the state nurse aide registry concerning abuse, neglect, or mistreatment of residents or of misappropriation of their property.
§483.13(c)(1)(ii)(B)	(B) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and	HR.01.02.01	The hospital defines staff qualifications.
		EP 13	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The facility does not employ individuals who have been found guilty by a court of law of abusing, neglecting, or mistreating residents or who have had a finding entered into the state nurse aide registry concerning abuse, neglect, or mistreatment of residents or of misappropriation of their property.
§483.13(c)(1)(iii)	(iii) Report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.	PC.01.02.09	The hospital assesses the patient who may be a victim of possible abuse and neglect.
		EP 8	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital reports to the state nurse aide registry or licensing authorities any knowledge it has of any actions taken by a court of law against an employee that would indicate unfitness for service as a nurse aide or other facility staff. (See also RI.01.06.03, EP 3)
§483.13(c)(2)	(2) The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).	PC.01.02.09	The hospital assesses the patient who may be a victim of possible abuse and neglect.
		EP 7	The hospital reports cases of possible abuse and neglect to external agencies, in accordance with law and regulation. (See also RI.01.06.03, EP 3)

CFR Number §483.13(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		RI.01.06.03 The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.	EP 1 The hospital determines how it will protect the patient from neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital also determines how it will protect residents from corporal punishment and involuntary seclusion.
			EP 2 The hospital evaluates all allegations, observations, and suspected cases of neglect, exploitation, and abuse that occur within the hospital. (See also PC.01.02.09, EP 1)
			EP 3 The hospital reports allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities based on its evaluation of the suspected events, or as required by law. (See also PC.01.02.09, EPs 6 and 7) Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Alleged violations of mistreatment, neglect, or abuse and misappropriation of resident property are reported immediately to the administrator of the hospital.
§483.13(c)(3) (3) The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.		PC.01.02.09 The hospital assesses the patient who may be a victim of possible abuse and neglect.	EP 7 The hospital reports cases of possible abuse and neglect to external agencies, in accordance with law and regulation. (See also RI.01.06.03, EP 3)
		RI.01.06.03 The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.	EP 1 The hospital determines how it will protect the patient from neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital also determines how it will protect residents from corporal punishment and involuntary seclusion.
			EP 2 The hospital evaluates all allegations, observations, and suspected cases of neglect, exploitation, and abuse that occur within the hospital. (See also PC.01.02.09, EP 1)
			EP 3 The hospital reports allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities based on its evaluation of the suspected events, or as required by law. (See also PC.01.02.09, EPs 6 and 7) Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Alleged violations of mistreatment, neglect, or abuse and misappropriation of resident property are reported immediately to the administrator of the hospital.
			EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital has evidence that all alleged violations are thoroughly investigated and that it prevents further abuse while the investigation is in progress. The results of all investigations are reported to the administrator or his or her designated representative within five working days of the incident.
§483.13(c)(4) (4) The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged		PC.01.02.09 The hospital assesses the patient who may be a victim of possible abuse and neglect.	EP 7 The hospital reports cases of possible abuse and neglect to external agencies, in accordance with law and regulation. (See also RI.01.06.03, EP 3)

CFR Number §483.13(c)(4)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
violation is verified appropriate corrective action must be taken.		RI.01.06.03 EP 1 EP 2 EP 3 EP 5	The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse. The hospital determines how it will protect the patient from neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital also determines how it will protect residents from corporal punishment and involuntary seclusion. The hospital evaluates all allegations, observations, and suspected cases of neglect, exploitation, and abuse that occur within the hospital. (See also PC.01.02.09, EP 1) The hospital reports allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities based on its evaluation of the suspected events, or as required by law. (See also PC.01.02.09, EPs 6 and 7) Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Alleged violations of mistreatment, neglect, or abuse and misappropriation of resident property are reported immediately to the administrator of the hospital. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital has evidence that all alleged violations are thoroughly investigated and that it prevents further abuse while the investigation is in progress. The results of all investigations are reported to the administrator or his or her designated representative within five working days of the incident.
§483.15	§483.15 Quality of life.		
§483.15(f)	(f) Activities.		
§483.15(f)(1)	(1) The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.	PC.02.02.01 EP 8 PC.02.02.09 EP 1 EP 3	The hospital coordinates the patient's care, treatment, and services based on the patient's needs. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides activity services directly or through referral for ambulatory and nonambulatory residents at various functional levels. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Residents participate in social and recreational activities according to their abilities and interests. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital offers residents a variety of social and recreational activities according to their abilities and interests. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital helps residents to participate in social and recreational activities according to their abilities and interests.
§483.15(f)(2)	(2) The activities program must be directed by a qualified professional who—		

CFR Number §483.15(f)(2)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§483.15(f)(2)(i) (i) Is a qualified therapeutic recreation specialist or an activities professional who—		HR.01.02.01	<p>The hospital defines staff qualifications.</p> <p>EP 12 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The activities program is directed by a professional who meets one of the following criteria:</p> <ul style="list-style-type: none"> - Is a qualified therapeutic recreation specialist or an activities professional who is licensed or registered, if applicable, by the state in which he or she practices and is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990 - Has two years of experience in a social or recreational program within the last five years, one year of which was full time in a patient activities program in a health care setting - Is a qualified occupational therapist or occupational therapy assistant - Has completed a training course approved by the state
§483.15(f)(2)(i)(A) (A) Is licensed or registered, if applicable, by the State in which practicing; and		HR.01.02.01	<p>The hospital defines staff qualifications.</p> <p>EP 12 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The activities program is directed by a professional who meets one of the following criteria:</p> <ul style="list-style-type: none"> - Is a qualified therapeutic recreation specialist or an activities professional who is licensed or registered, if applicable, by the state in which he or she practices and is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990 - Has two years of experience in a social or recreational program within the last five years, one year of which was full time in a patient activities program in a health care setting - Is a qualified occupational therapist or occupational therapy assistant - Has completed a training course approved by the state
§483.15(f)(2)(i)(B) (B) Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or		HR.01.02.01	<p>The hospital defines staff qualifications.</p> <p>EP 12 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The activities program is directed by a professional who meets one of the following criteria:</p> <ul style="list-style-type: none"> - Is a qualified therapeutic recreation specialist or an activities professional who is licensed or registered, if applicable, by the state in which he or she practices and is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990 - Has two years of experience in a social or recreational program within the last five years, one year of which was full time in a patient activities program in a health care setting - Is a qualified occupational therapist or occupational therapy assistant - Has completed a training course approved by the state
§483.15(f)(2)(ii) (ii) Has 2 years of experience in a social or recreational program within the last 5 years, 1 of which was full-time in a patient activities program in a health care setting; or		HR.01.02.01	<p>The hospital defines staff qualifications.</p> <p>EP 12 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The activities program is directed by a professional who meets one of the following criteria:</p> <ul style="list-style-type: none"> - Is a qualified therapeutic recreation specialist or an activities professional who is licensed or registered, if applicable, by the state in which he or she practices and is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990 - Has two years of experience in a social or recreational program within the last five years, one year of which was full time in a patient activities program in a health care setting - Is a qualified occupational therapist or occupational therapy assistant - Has completed a training course approved by the state

CFR Number §483.15(f)(2)(iii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§483.15(f)(2)(iii)		HR.01.02.01	The hospital defines staff qualifications.
(iii) Is a qualified occupational therapist or occupational therapy assistant; or		EP 12	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The activities program is directed by a professional who meets one of the following criteria: - Is a qualified therapeutic recreation specialist or an activities professional who is licensed or registered, if applicable, by the state in which he or she practices and is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990 - Has two years of experience in a social or recreational program within the last five years, one year of which was full time in a patient activities program in a health care setting - Is a qualified occupational therapist or occupational therapy assistant - Has completed a training course approved by the state
§483.15(f)(2)(iv)		HR.01.02.01	The hospital defines staff qualifications.
(iv) Has completed a training course approved by the State.		EP 12	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The activities program is directed by a professional who meets one of the following criteria: - Is a qualified therapeutic recreation specialist or an activities professional who is licensed or registered, if applicable, by the state in which he or she practices and is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990 - Has two years of experience in a social or recreational program within the last five years, one year of which was full time in a patient activities program in a health care setting - Is a qualified occupational therapist or occupational therapy assistant - Has completed a training course approved by the state
§483.15(g)			
(g) Social services			
§483.15(g)(1)		LD.04.03.01	The hospital provides services that meet patient needs.
(1) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.		EP 1	The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements. Note: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: If medical and surgical diagnostic and treatment services are not available within the hospital, the hospital has an agreement with an outside source for these services to make sure that the services are immediately available or an agreement needs to be established for transferring patients to a general hospital that participates in the Medicare program.
		PC.02.02.01	The hospital coordinates the patient's care, treatment, and services based on the patient's needs.
		EP 9	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital promptly refers residents with lost or damaged dentures to a dentist.
§483.15(g)(2)		HR.01.02.01	The hospital defines staff qualifications.
(2) A facility with more than 120 beds must employ a qualified social worker on a full-time basis.			

CFR Number §483.15(g)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 1	<p>The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2)</p> <p>Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).</p> <p>Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory.</p> <p>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements.</p> <p>Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.</p>
		HR.01.02.05	The hospital verifies staff qualifications.
		EP 3	The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.
		EP 17	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: A qualified social worker is an individual who has a bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, or psychology and has one year of supervised social work experience in a health care setting working directly with individuals.
		HR.01.02.07	The hospital determines how staff function within the organization.
		EP 2	Staff who provide patient care, treatment, and services practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)
		HR.01.06.01	Staff are competent to perform their responsibilities.
		EP 1	The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. (See also NPSG.03.06.01, EP 3)
		LD.03.06.01	Those who work in the hospital are focused on improving safety and quality.
		EP 1	Leaders design work processes to focus individuals on safety and quality issues.
		EP 3	Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (See also IC.01.01.01, EP 3) Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.
		EP 4	Those who work in the hospital are competent to complete their assigned responsibilities.

CFR Number §483.15(g)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§483.15(g)(3)	(3) Qualifications of social worker. A qualified social worker is an individual with—		
§483.15(g)(3)(i)	(i) A bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, and psychology; and	HR.01.02.05	<p>The hospital verifies staff qualifications.</p> <p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: A qualified social worker is an individual who has a bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, or psychology and has one year of supervised social work experience in a health care setting working directly with individuals.</p>
§483.15(g)(3)(ii)	(ii) One year of supervised social work experience in a health care setting working directly with individuals.	HR.01.02.05	<p>The hospital verifies staff qualifications.</p> <p>EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: A qualified social worker is an individual who has a bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, or psychology and has one year of supervised social work experience in a health care setting working directly with individuals.</p>
§483.20	§483.20 Resident assessment.		
§483.20(e)	(e) Coordination. A facility must coordinate assessments with the preadmission screening and resident review program under Medicaid in part 483, subpart C to the maximum extent practicable to avoid duplicative testing and effort.	PC.01.01.01	<p>The hospital accepts the patient for care, treatment, and services based on its ability to meet the patient's needs.</p> <p>EP 2 The hospital has a written process for accepting a patient that includes the following: Criteria to determine the patient's eligibility for care, treatment, and services.</p> <p>EP 7 The hospital follows its written process for accepting a patient for care, treatment, and services. (See also LD.01.03.01, EP 3)</p> <p>PC.01.02.01</p> <p>The hospital assesses and reassesses its patients.</p> <p>EP 1 The hospital defines, in writing, the scope and content of screening, assessment, and reassessment information it collects. (See also RC.02.01.01, EP 2) Note 1: In defining the scope and content of the information it collects, the organization may want to consider information that it can obtain, with the patient's consent, from the patient's family and the patient's other care providers, as well as information conveyed on any medical jewelry. Note 2: Assessment and reassessment information includes the patient's perception of the effectiveness of, and any side effects related to, his or her medication(s).</p> <p>EP 2 The hospital defines, in writing, criteria that identify when additional, specialized, or more in-depth assessments are performed. (See also PC.01.02.07, EP 1; PC.01.02.03 EPs 7 and 8) Note: Examples of criteria could include those that identify when a nutritional, functional, or pain assessment should be performed for patients who are at risk.</p> <p>PC.02.02.01</p> <p>The hospital coordinates the patient's care, treatment, and services based on the patient's needs.</p> <p>EP 3 The hospital coordinates the patient's care, treatment, and services. Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, and services.</p>

CFR Number §483.45	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§483.45			
§483.45 Specialized Rehabilitative Services			
§483.45(a)			
(a) Provision of services. If specialized rehabilitative services such as but not limited to physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and intellectual disability, are required in the resident's comprehensive plan of care, the facility must—			
§483.45(a)(1)		LD.04.03.01	The hospital provides services that meet patient needs.
(1) Provide the required services; or		EP 1	<p>The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements.</p> <p>Note: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: If medical and surgical diagnostic and treatment services are not available within the hospital, the hospital has an agreement with an outside source for these services to make sure that the services are immediately available or an agreement needs to be established for transferring patients to a general hospital that participates in the Medicare program.</p>
§483.45(a)(2)		PC.02.01.01	The hospital provides care, treatment, and services for each patient.
(2) Obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.		EP 1	<p>The hospital provides the patient with care, treatment, and services according to his or her individualized plan of care.</p>
§483.45(a)(2)		PC.02.02.01	The hospital coordinates the patient's care, treatment, and services based on the patient's needs.
		EP 3	<p>The hospital coordinates the patient's care, treatment, and services.</p> <p>Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, and services.</p>
		EP 9	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge.</p> <p>Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital promptly refers residents with lost or damaged dentures to a dentist.</p>
		EP 10	<p>When the hospital uses external resources to meet the patient's needs, it coordinates the patient's care, treatment, and services.</p>
§483.45(a)(2)		LD.04.03.01	The hospital provides services that meet patient needs.
(2) Obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.		EP 1	<p>The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements.</p> <p>Note: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: If medical and surgical diagnostic and treatment services are not available within the hospital, the hospital has an agreement with an outside source for these services to make sure that the services are immediately available or an agreement needs to be established for transferring patients to a general hospital that participates in the Medicare program.</p>

CFR Number §483.45(a)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p>PC.02.01.01 The hospital provides care, treatment, and services for each patient.</p> <p>EP 1 The hospital provides the patient with care, treatment, and services according to his or her individualized plan of care.</p> <p>PC.02.02.01 The hospital coordinates the patient's care, treatment, and services based on the patient's needs.</p> <p>EP 3 The hospital coordinates the patient's care, treatment, and services. Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, and services.</p> <p>EP 9 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital promptly refers residents with lost or damaged dentures to a dentist.</p> <p>EP 10 When the hospital uses external resources to meet the patient's needs, it coordinates the patient's care, treatment, and services.</p>	
<p>§483.45(b)</p> <p>(b) Qualifications. Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.</p>		<p>PC.02.01.03 The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.</p> <p>EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. * Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following: - Responsible for the care of the patient - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within his or her scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).</p> <p>EP 7 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides care, treatment, and services using the most recent patient order(s).</p>	
<p>§483.55</p> <p>§483.55 Dental Services</p> <p>The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p>		<p>PC.02.02.01 The hospital coordinates the patient's care, treatment, and services based on the patient's needs.</p> <p>EP 12 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides 24-hour emergency dental services directly or through arrangement with an external provider. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital may charge a Medicare resident an additional amount for routine and emergency dental services.</p>	

CFR Number §483.55(a)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§483.55(a)	(a) Skilled nursing facilities. A facility		
§483.55(a)(1)	(1) Must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident;	PC.02.02.01	The hospital coordinates the patient's care, treatment, and services based on the patient's needs.
		EP 9	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital promptly refers residents with lost or damaged dentures to a dentist.
		EP 12	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides 24-hour emergency dental services directly or through arrangement with an external provider. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital may charge a Medicare resident an additional amount for routine and emergency dental services.
§483.55(a)(2)	(2) May charge a Medicare resident an additional amount for routine and emergency dental services;	PC.02.02.01	The hospital coordinates the patient's care, treatment, and services based on the patient's needs.
		EP 9	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital promptly refers residents with lost or damaged dentures to a dentist.
		EP 12	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides 24-hour emergency dental services directly or through arrangement with an external provider. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital may charge a Medicare resident an additional amount for routine and emergency dental services.
§483.55(a)(3)	(3) Must if necessary, assist the resident—		
§483.55(a)(3)(i)	(i) In making appointments; and	RI.01.06.11	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to communicate with his or her medical, dental, and other licensed independent practitioner care providers.
		EP 3	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital helps the resident make and keep appointments with medical, dental, and other licensed independent practitioners.
§483.55(a)(3)(ii)	(ii) By arranging for transportation to and from the dentist's office; and	RI.01.07.13	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to transportation services, as appropriate to his or her care or service plan.

CFR Number §483.55(a)(3)(ii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§483.55(a)(4)	(4) Promptly refer residents with lost or damaged dentures to a dentist.	EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital arranges transportation for the resident to and from physician or dentist appointments and other activities identified in the resident's care or service plan.
§483.55(b)	(b) Nursing facilities. The facility	PC.02.02.01	The hospital coordinates the patient's care, treatment, and services based on the patient's needs.
§483.55(b)(1)	(1) Must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, the following dental services to meet the needs of each resident:	EP 9	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital promptly refers residents with lost or damaged dentures to a dentist.
§483.55(b)(1)(i)	(i) Routine dental services (to the extent covered under the State plan); and	EP 10	When the hospital uses external resources to meet the patient's needs, it coordinates the patient's care, treatment, and services.
§483.55(b)(1)(i)	(i) Routine dental services (to the extent covered under the State plan); and	RI.01.06.11	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to communicate with his or her medical, dental, and other licensed independent practitioner care providers.
§483.55(b)(1)(i)	(i) Routine dental services (to the extent covered under the State plan); and	EP 3	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital helps the resident make and keep appointments with medical, dental, and other licensed independent practitioners.
§483.55(b)(1)(ii)	(ii) Emergency dental services;	RI.01.07.13	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to transportation services, as appropriate to his or her care or service plan.
§483.55(b)(1)(i)	(i) Routine dental services (to the extent covered under the State plan); and	EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital arranges transportation for the resident to and from physician or dentist appointments and other activities identified in the resident's care or service plan.

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§483.55(b)(1)(ii)		EP 12	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides 24-hour emergency dental services directly or through arrangement with an external provider. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital may charge a Medicare resident an additional amount for routine and emergency dental services.
§483.55(b)(2)	(2) Must, if necessary, assist the resident—		
§483.55(b)(2)(i)	(i) In making appointments; and	RI.01.06.11	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to communicate with his or her medical, dental, and other licensed independent practitioner care providers.
		EP 3	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital helps the resident make and keep appointments with medical, dental, and other licensed independent practitioners.
§483.55(b)(2)(ii)	(ii) By arranging for transportation to and from the dentist's office; and	RI.01.07.13	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to transportation services, as appropriate to his or her care or service plan.
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital arranges transportation for the resident to and from physician or dentist appointments and other activities identified in the resident's care or service plan.
§483.55(b)(3)	(3) Must promptly refer residents with lost or damaged dentures to a dentist.	PC.02.02.01	The hospital coordinates the patient's care, treatment, and services based on the patient's needs.
		EP 9	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital promptly refers residents with lost or damaged dentures to a dentist.
		RI.01.06.11	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to communicate with his or her medical, dental, and other licensed independent practitioner care providers.
		EP 3	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital helps the resident make and keep appointments with medical, dental, and other licensed independent practitioners.
		RI.01.07.13	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to transportation services, as appropriate to his or her care or service plan.
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital arranges transportation for the resident to and from physician or dentist appointments and other activities identified in the resident's care or service plan.