



Provision of Care, Treatment, and Services (PC)

Standard PC.01.01.01 ①		The hospital accepts the patient for care, treatment, and services based on its ability to meet the patient's needs.	
EP 2 ②	Ⓣ ③	Does the hospital follow a written process for accepting a patient that addresses the following? ■ Criteria to determine the patient's eligibility for care, treatment, and services ■ Procedures for accepting referrals	④
Evidence of Standards Compliance			
⑤		Compliant? ⑥	
		Yes	No
		NA	ITHS

- Standard number and text.** This is the standard content from E-dition® or in the hard-copy *Comprehensive Accreditation Manual for Hospitals (CAMH)*. The 📝 icon will be added at the end of the standard text if it has any notes or cross-references; notes and cross-references may be reviewed on E-dition or in the *CAMH*.
- EP number.** Each EP is included in this book and corresponds to the same number on E-dition or in the *CAMH*.
- Icons.** This icon box will include icons as appropriate. If an EP requires documentation, the Ⓣ icon will be listed; if an EP is considered high risk, the Ⓡ icon will be listed. These two icons will match the icons on E-dition and in the *CAMH*. Unique to this workbook, if an EP has any notes or cross-references, the 📝 icon will be listed. If an EP does not have any of these elements, the box will be empty.
- Compliance assessment question.** This content is the EP turned into a question for you to assess compliance.
- Evidence of Standards Compliance.** Use this section to record the information and documentation that supports your hospital's compliance with this EP. This section can also be used to record what is noncompliant with this EP, which can be used later when developing the Plan of Action.
- Compliance assessment.** Once you've determined your compliance with an EP, this section allows you to mark whether your organization is compliant ("Yes") or not compliant ("No"). If an EP is not applicable to your hospital, mark the "NA" box. If an immediate threat to health or safety (ITHS) is observed, mark the "ITHS" box and address the threat immediately as required.

Overview

Providing care, treatment, and services is an integrated and cyclical process that allows care to be delivered according to patient needs and the hospital's scope of services. This care process may occur between multiple organizations or it may be limited to the organization itself. The complexity of providing care, treatment, and services through this process often demands a collaborative, interdisciplinary approach and a mutual effort among those who work in the organization to coordinate care in a manner that is conducive to optimal patient outcomes, quality, and safety.

The PC chapter is composed of the following four core components of the care process:



1. Assessing patient needs
2. Planning care, treatment, and services
3. Providing care, treatment, and services
4. Coordinating care, treatment, and services

Within these core processes, care activities include the following:

- Providing access to levels of care and/or disciplines necessary to meet the patient's needs
- Identifying interventions based on the plan of care, including the education or instruction of patients regarding their care, treatment, and services
- Coordinating care to promote continuity when patients are referred, discharged, or transferred

The activities are performed by a wide variety of staff. Therefore, communication, collaboration, and coordination are among the most important work habits that must be adopted so that care, treatment, and services are provided at the highest level.

The PC standards are arranged in a logical framework that demonstrates the continuum of care as a cyclical process that may occur over short or long periods of time and may be continual or episodic in nature. Therefore, the standards are organized to relate to the patient's experience from entry into the hospital to discharge or transfer.

Standard PC.01.01.01		The hospital accepts the patient for care, treatment, and services based on its ability to meet the patient's needs.	
EP 2	Ⓢ	Does the hospital follow a written process for accepting a patient that addresses the following? <ul style="list-style-type: none"> ■ Criteria to determine the patient's eligibility for care, treatment, and services ■ Procedures for accepting referrals 	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 6		Are administrative and clinical decisions coordinated for patients under legal or correctional restrictions on the following? <ul style="list-style-type: none"> ■ The use of seclusion and restraint for nonclinical purposes ■ The imposition of disciplinary restrictions ■ The restriction of rights ■ The plan for discharge and continuing care, treatment, and services ■ The length of stay 	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
Standard PC.01.02.01		The hospital assesses and reassesses its patients.	
EP 1	Ⓢ R 	Does the hospital define, in writing, the scope and content of screening, assessment, and reassessment? Is patient information collected according to these requirements?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 2	Ⓢ R 	Does the hospital define, in writing, criteria that identify when additional, specialized, or more in-depth assessments are performed?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

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Standard PC.01.02.01*continued***EP 3** Does the hospital have defined criteria that identify when nutritional plans are developed?**Evidence of Standards Compliance**

	Compliant?	
	Yes	No
	NA	ITHS

EP 14 ①**For hospitals that provide obstetric services**

Upon admission to labor and delivery, is the mother's status in terms of the following diseases (during the current pregnancy) documented in the mother's medical record?

- Human immunodeficiency virus (HIV)
- Hepatitis B
- Group B Streptococcus (GBS)
- Syphilis

Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 15 ① **For hospitals that provide obstetric services**

If the mother had no prenatal care or if the disease status is unknown, is testing for the following diseases performed, and are the results documented in the mother's medical record?

- Human immunodeficiency virus (HIV)
- Hepatitis B
- Group B Streptococcus (GBS)
- Syphilis

Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 16 ①**For hospitals that provide obstetric services**




If the mother tests positive for human immunodeficiency virus (HIV), hepatitis B, group B Streptococcus (GBS), or syphilis when tested in labor and delivery or during the current pregnancy, is that information also documented in the newborn's medical record after delivery?

Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

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Standard PC.01.02.01		continued	
EP 53	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds</p> <p>Does the hospital coordinate assessments with the preadmission screening and resident review (PASARR) program under Medicaid to the maximum extent practicable to avoid duplicative testing and effort?</p> <p>Does coordination include the following?</p> <ul style="list-style-type: none"> ■ Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into the resident's assessment, care planning, and transitions of care ■ Referring all level II residents and all residents with newly evident or possibly serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment 		
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

Standard PC.01.02.03		The hospital assesses and reassesses the patient and the patient's condition according to defined time frames.	
EP 1	<p>Ⓢ </p> <p>Does the hospital conduct the patient's initial assessment in accordance with written time frames it defines and law and regulation?</p>		
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 3	<p>R </p> <p>Is each patient reassessed as necessary based on their plan for care or changes in their condition?</p>		
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 4	<p>R </p> <p>Does the patient receive 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?</p>		
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

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Standard PC.01.02.03*continued***EP 5**

For a medical history and physical examination that was completed within 30 days prior to registration or inpatient admission, is an update documenting any changes in the patient's condition completed within 24 hours after registration or inpatient admission but prior to surgery or a procedure requiring anesthesia services?

Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 6

Does a registered nurse complete a nursing assessment within 24 hours after the patient's inpatient admission?

Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 7

For hospitals that use Joint Commission accreditation for deemed status purposes

When the medical staff has chosen to allow an assessment (in lieu of a comprehensive medical history and physical examination) for patients receiving specific outpatient surgical or procedural services, is the assessment of the patient completed and documented after registration, but prior to surgery or a procedure requiring anesthesia services, when the patient is receiving specific outpatient surgical or procedural services?

Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

Standard PC.01.02.05

Qualified staff assess and reassess the patient.


EP 1

Based on the initial assessment, does a registered nurse determine the patient's need for nursing care, as required by hospital policy and law and regulation?

Evidence of Standards Compliance


	Compliant?	
	Yes	No
	NA	ITHS

KEY: © = documentation required; = identified risk; = support notes and cross-references available on E-dition® or in the Comprehensive Accreditation Manual for Hospitals; NA = not applicable; ITHS = Immediate Threat to Health or Safety

Standard PC.01.02.07		The hospital assesses and manages the patient's pain and minimizes the risks associated with treatment.	
EP 1	Ⓢ R	Has the hospital defined criteria for screening, assessing, and reassessing pain that are consistent with the patient's age, condition, and ability to understand?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 2	R	Does the hospital screen patients for pain during emergency department visits and at the time of admission?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 3		Does the hospital treat the patient's pain or refer the patient for treatment?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 4	Ⓢ	Does the hospital develop a pain treatment plan based on evidence-based practices and the patient's clinical condition, past medical history, and pain management goals?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 5	Ⓢ	Does the hospital involve patients in the pain management treatment planning process through the following? <ul style="list-style-type: none"> ■ Developing realistic expectations and measurable goals that are understood by the patient for the degree, duration, and reduction of pain ■ Discussing the objectives used to evaluate treatment progress (for example, relief of pain and improved physical and psychosocial function) ■ Providing education on pain management, treatment options, and safe use of opioid and non-opioid medications when prescribed 	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

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Standard PC.01.02.07*continued*

EP 6		Does the hospital monitor patients identified as being at high risk for adverse outcomes related to opioid treatment?
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Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 7	Ⓢ	<p>Does the hospital reassess and respond to the patient's pain through the following?</p> <ul style="list-style-type: none"> ■ Evaluation and documentation of response(s) to pain intervention(s) ■ Progress toward pain management goals, including functional ability (for example, ability to take a deep breath, turn in bed, walk with improved pain control) ■ Side effects of treatment ■ Risk factors for adverse events caused by the treatment
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Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 8	Ⓢ	<p>Does the hospital educate the patient and family on discharge plans related to pain management, including the following?</p> <ul style="list-style-type: none"> ■ Pain management plan of care ■ Side effects of pain management treatment ■ Activities of daily living, including the home environment, that might exacerbate pain or reduce effectiveness of the pain management plan of care, as well as strategies to address these issues ■ Safe use, storage, and disposal of opioids when prescribed
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Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS


Standard PC.01.02.08




The hospital assesses and manages the patient's risks for falls.

EP 1	R	Has the hospital implemented fall risk reduction interventions based on the patient population, setting, and individual patient's assessed risks?
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Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

KEY: Ⓢ = documentation required; **R** = identified risk;  = support notes and cross-references available on E-dition® or in the *Comprehensive Accreditation Manual for Hospitals*; NA = not applicable; ITHS = Immediate Threat to Health or Safety

Standard PC.01.02.09		The hospital assesses the patient who may be a victim of possible abuse and neglect.	
EP 1	Ⓢ R 	Does the hospital use written criteria to identify those patients who may be victims of physical assault, sexual assault, sexual molestation, domestic abuse, or elder or child abuse and neglect? Are patients evaluated upon entry into the hospital and on an ongoing basis?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 2	Ⓢ	To assist with referrals of possible victims of abuse and neglect, does the hospital maintain a list of private and public community agencies that can provide or arrange for their assessment and care?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 3	R	Does the hospital educate staff about how to recognize signs of possible abuse and neglect and about their role in follow-up?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 6	R 	Does the hospital internally report cases of possible abuse and neglect?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 7	R 	Does the hospital report cases of possible abuse and neglect to external agencies, in accordance with law and regulation?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

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Standard PC.01.02.09*continued***EP 8****For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds**

Does the hospital report 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?

Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

Standard PC.01.02.11

The hospital assesses the needs of patients who receive psychosocial services to treat alcoholism or other substance use disorders.

EP 1

Do patients receiving psychosocial services for the treatment of alcoholism or other substance use disorders receive an assessment that includes the following?

- The patient's history of each substance use, including age of onset, duration, intensity, patterns of use, consequences of use, types of previous treatments, and responses to such treatment
- A history of the patient's mental, emotional, and behavioral problems; their co-occurrence with substance use disorders; and their treatment
- A history of the patient's biomedical complications associated with substance use disorders and the patient's level of awareness of the relationships between their behavioral conditions and pattern of substance use

Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 4

Based on the patient's age and needs, does the assessment for patients receiving psychosocial services for the treatment of alcoholism or other substance use disorders include the following?

- The patient's acceptance of treatment or motivation for change, as well as recovery environment features that serve as resources or obstacles to recovery, including family members' use of alcohol or other substances
- The patient's family circumstances, including the composition of the family group and the need for their participation in the patient's care

Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

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Standard PC.01.02.11 continued

EP 5		<p>Based on the patient’s age and needs, does the assessment for patients receiving psychosocial services for the treatment of alcoholism or other substance use disorders include the following?</p> <ul style="list-style-type: none">■ The patient’s religion and spiritual beliefs, values, and preferences■ Living situation■ Leisure and recreational activities■ Military service history■ Peer group■ Social factors■ Ethnic and cultural factors■ Financial status■ Vocational or educational background■ Legal history■ Communication skills	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

EP 6		<p>Based on the patient’s age and needs, does the assessment for patients receiving psychosocial services for the treatment of alcoholism or other substance use disorders include the following?</p> <ul style="list-style-type: none">■ The patient’s history of any physical or sexual abuse, as either the abuser or the abused■ The patient’s sexual history and identification■ Childhood history■ Emotional and health issues■ Visual-motor functioning■ Self-care	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

Standard PC.01.02.13 The hospital assesses the needs of patients who receive treatment for emotional and behavioral disorders.

EP 1		Do patients who receive treatment for emotional and behavioral disorders receive an assessment that includes the history of mental, emotional, behavioral, and substance use problems, their co-occurrence, and their treatment?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

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Standard PC.01.02.13*continued*

EP 2		<p>Do patients who receive treatment for emotional and behavioral disorders receive an assessment that includes the following?</p> <ul style="list-style-type: none"> ■ Current mental, emotional, and behavioral functioning ■ Maladaptive or other behaviors that create a risk to the patient or others ■ Mental status examination ■ For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes Reason for admission as stated by the patient and/or others significantly involved in the patient's care ■ For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes Onset of the patient's illness and circumstances leading to admission ■ For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes Inventory of the patient's strengths and disabilities (such as psychiatric, biopsychosocial problems requiring treatment/intervention) written in a descriptive manner on which to base a treatment plan
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Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 3		<p>Based on the patient's age and needs, does the assessment for patients who receive treatment for emotional and behavioral disorders include the following?</p> <ul style="list-style-type: none"> ■ The patient's religion and spiritual beliefs, values, and preferences ■ Living situation ■ Leisure and recreational activities ■ Military service history ■ Peer group ■ Social factors ■ Ethnic and cultural factors ■ Financial status ■ Vocational or educational background ■ Legal history ■ Communication skills
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Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

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Standard PC.01.02.13		continued						
EP 4	<p>Based on the patient's age and needs, does the assessment for patients who receive treatment for emotional and behavioral disorders include the following?</p> <ul style="list-style-type: none"> ■ Any history of physical or sexual abuse, as either the abuser or the abused ■ The patient's sexual history ■ Childhood history ■ Emotional and health care issues ■ Visual-motor functioning ■ Self-care 							
Evidence of Standards Compliance								
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Compliant?								
Yes	No							
NA	ITHS							
EP 5	<p>Based on the patient's age and needs, does the assessment for patients who receive treatment for emotional and behavioral disorders include the following?</p> <ul style="list-style-type: none"> ■ The patient's family circumstances, including the composition of the family group ■ The community resources currently used by the patient ■ The need for the family members' participation in the patient's care ■ For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes A social history and reports of interviews with patients, family members, and others 							
Evidence of Standards Compliance								
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Compliant?								
Yes	No							
NA	ITHS							
EP 6	<p>Based on the patient's age and needs, does the assessment for patients who receive treatment for emotional and behavioral disorders include the following?</p> <ul style="list-style-type: none"> ■ A psychiatric evaluation ■ Psychological assessments, including intellectual, projective, neuropsychological, and personality testing ■ For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes Complete neurological examination at the time of the admission physical examination, when indicated 							
Evidence of Standards Compliance								
		<table border="1"> <thead> <tr> <th colspan="2">Compliant?</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>NA</td> <td>ITHS</td> </tr> </tbody> </table>	Compliant?		Yes	No	NA	ITHS
Compliant?								
Yes	No							
NA	ITHS							

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Standard PC.01.02.13*continued***EP 7**

For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes
Does each patient have a psychiatric evaluation completed within 60 hours of admission?

Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

Standard PC.01.02.15

The hospital provides for diagnostic testing.

EP 2

Are diagnostic testing and procedures performed as ordered within time frames defined by the hospital?

Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 5

Does the hospital document the radiation dose index (computed tomography dose index [CTDIvol], dose length product [DLP], or size-specific dose estimate [SSDE]) on every study produced during a diagnostic computed tomography (CT) examination?

Is the radiation dose index exam specific, summarized by series or anatomic area, and documented in a retrievable format?

Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 10

For hospitals that provide diagnostic computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET), or nuclear medicine (NM) services
Prior to conducting a diagnostic imaging study, does the hospital verify the following?


- Correct patient
- Correct imaging site
- Correct patient positioning
- **For CT only:** Correct imaging protocol
- **For CT only:** Correct scanner parameters

Evidence of Standards Compliance


	Compliant?	
	Yes	No
	NA	ITHS

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Standard PC.01.02.15 continued


EP 12		For hospitals that provide diagnostic computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET), or nuclear medicine (NM) services Does the hospital consider the patient's age and recent imaging exams when deciding on the most appropriate type of imaging exam?
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Evidence of Standards Compliance		
	Compliant?	
	Yes	No
	NA	ITHS


EP 13		For hospitals that provide fluoroscopic services Is the cumulative-air kerma or kerma-area product documented in a retrievable format? For fluoroscopy equipment that cannot display or provide cumulative-air kerma or kerma-area product, are fluoroscopy time and number of images acquired documented in a retrievable format, such as a picture archiving and communication system?
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Evidence of Standards Compliance		
	Compliant?	
	Yes	No
	NA	ITHS

Standard PC.01.03.01 The hospital plans the patient's care.

EP 1		Does the hospital plan the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing?
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Evidence of Standards Compliance		
	Compliant?	
	Yes	No
	NA	ITHS

EP 5		Is the written plan of care based on the patient's goals and the time frames, settings, and services required to meet those goals?
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Evidence of Standards Compliance		
	Compliant?	
	Yes	No
	NA	ITHS

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Standard PC.01.03.01*continued*

EP 6	<p>For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes</p> <p>Does the written plan of care include the following?</p> <ul style="list-style-type: none"> ■ A substantiated diagnosis (Is the substantiated diagnosis the diagnosis identified by the treatment team to be the primary focus on which treatment planning will be based? Has it evolved from the synthesis of data from various disciplines? Do staff understand that the substantiated diagnosis may be the same as the initial diagnosis or that it may differ, based on new information and assessment?) ■ Documentation to justify the diagnosis and the treatment and rehabilitation activities carried out ■ Documentation that demonstrates all active therapeutic efforts are included ■ The specific treatment modalities used to treat the patient
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Evidence of Standards Compliance		
	Compliant?	
	Yes	No
	NA	ITHS

EP 22	Based on the goals established in the patient's plan of care, do staff evaluate the patient's progress?
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Evidence of Standards Compliance		
	Compliant?	
	Yes	No
	NA	ITHS




EP 23		Does the hospital revise plans and goals for care, treatment, and services based on the patient's needs?
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Evidence of Standards Compliance		
	Compliant?	
	Yes	No
	NA	ITHS

EP 25		<p>Does the hospital establish or adopt diagnostic computed tomography (CT) imaging protocols based on current standards of practice, which address key criteria including the following?</p> <ul style="list-style-type: none"> ■ Clinical indication ■ Contrast administration ■ Age (to indicate whether the patient is pediatric or an adult) ■ Patient size and body habitus ■ Expected radiation dose index range
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Evidence of Standards Compliance		
	Compliant?	
	Yes	No
	NA	ITHS


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Standard PC.01.03.01		continued	
EP 26		<p>Are diagnostic computed tomography (CT) imaging protocols reviewed and kept current with input from an interpreting physician, medical physicist, and lead imaging technologist to make certain that they adhere to current standards of practice and account for changes in CT imaging equipment?</p> <p>Are these reviews conducted at time frames identified by the hospital?</p> <p>(For hospitals that use Joint Commission accreditation for deemed status purposes, refer to MS.06.01.03, EP 9, for supervision of radiologic services.)</p>	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 43		<p>For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes</p> <p>Does the plan of care include the responsibilities of each member of the treatment team?</p>	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 44		<p>For hospitals that elect The Joint Commission Primary Care Medical Home option</p> <p>Are patient self-management goals developed in partnership with patients, based on criteria established by the organization, and incorporated into the patient's treatment plan?</p>	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 45		<p>For hospitals that elect The Joint Commission Primary Care Medical Home option</p> <p>Does the primary care medical home use clinical decision support tools to guide decision making?</p>	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS


Standard PC.01.03.05		The hospital's use of behavior management procedures adheres to the patient's plan for care, treatment, and services and organization policy.	
EP 2		When behavior management procedures are used, are they part of the patient's plan of care? Does the patient plan of care for behavior management include the following? ■ Target behavior(s) ■ Adaptive or replacement behavior(s) ■ Interventions ■ Criteria for discontinuation of behavior management procedures ■ Behavior management techniques used	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 3		Do the patient and, based on their plan of care, the family participate in selecting behavior management and treatment interventions?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
Standard PC.02.01.01		The hospital provides care, treatment, and services for each patient.	
EP 1	R	Does the hospital provide the patient with care, treatment, and services according to the patient's individualized plan of care?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 5		For hospitals that use Joint Commission accreditation for deemed status purposes Does a registered nurse supervise and evaluate the nursing care for each patient?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS





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Standard PC.02.01.01		continued	
EP 10		<p>Before initiating a blood or blood component transfusion, does the hospital follow a process to correctly identify patients that includes the following?</p> <ul style="list-style-type: none"> ■ Matching the blood or blood components to the order ■ Matching the patient to the blood or blood component ■ Using a two-person verification process or a one-person verification process accompanied by automated identification technology, such as bar coding 	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 15		<p>For hospitals that use Joint Commission accreditation for deemed status purposes</p> <p>Are blood transfusions and intravenous medications administered in accordance with state law and approved medical staff policies and procedures?</p>	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 16		<p>For hospitals that elect The Joint Commission Primary Care Medical Home option</p> <p>Does each patient have a designated primary care clinician?</p>	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 30		<p>For hospitals that provide fluoroscopic services</p> <p>Does the hospital identify radiation exposure and skin dose threshold levels that, if exceeded, trigger further review and/or patient evaluation to assess for adverse radiation effects?</p>	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

Standard 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, does the hospital obtain or renew orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 7		For hospitals that use Joint Commission accreditation for deemed status purposes Does the hospital provide care, treatment, and services using the most recent patient order(s)?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 20		Before taking action on a verbal order or verbal report of a critical test result, do staff use a record and read-back process to verify the information?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
Standard PC.02.01.05		The hospital provides interdisciplinary, collaborative care, treatment, and services.	
EP 1		Are care, treatment, and services provided to the patient in an interdisciplinary, collaborative manner?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
Standard PC.02.01.11		Resuscitative services are available throughout the hospital.	
EP 1		Are resuscitative services provided to the patient according to the hospital's policies, procedures, or protocols?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS


(continued on next page)


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Standard PC.02.01.11 continued		
EP 2		Is resuscitation equipment available for use based on the needs of the population served?
Evidence of Standards Compliance		
		Compliant?
		Yes No
		NA ITHS
EP 4		<p>Does the hospital provide education and training to staff involved in the provision of resuscitative services?</p> <p>Does the hospital determine which staff complete this education and training based upon their job responsibilities and hospital policies and procedures?</p> <p>Is the education and training provided at the following intervals?</p> <ul style="list-style-type: none"> ■ At orientation ■ On a periodic basis thereafter, as determined by the hospital ■ When staff responsibilities change
Evidence of Standards Compliance		
		Compliant?
		Yes No
		NA ITHS
EP 5		<p>For hospitals that use Joint Commission accreditation for deemed status purposes</p> <p>At a minimum, do operating room suites have the following equipment available?</p> <ul style="list-style-type: none"> ■ Call-in system (process to communicate with or summon staff outside the operating room when needed) ■ Cardiac monitor ■ Resuscitator (hand-held or mechanical device that provides positive airway pressure) ■ Defibrillator ■ Aspirator (hand-held or mechanical device used to suction out fluids or secretions) ■ Tracheotomy set
Evidence of Standards Compliance		
		Compliant?
		Yes No
		NA ITHS
Standard PC.02.01.19 The hospital recognizes and responds to changes in a patient's condition. 		
EP 2		Does the hospital develop and follow written criteria describing early warning signs of a change or deterioration in a patient's condition and the appropriate action to take?
Evidence of Standards Compliance		
		Compliant?
		Yes No
		NA ITHS


Standard PC.02.01.20		The hospital implements processes for post-resuscitation care.	
EP 1	Ⓢ	Does the hospital develop and follow policies, procedures, or protocols based on current scientific literature for interdisciplinary post-cardiac arrest care?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 2	Ⓢ	Does the hospital develop and follow policies, procedures, or protocols based on current scientific literature to determine the neurological prognosis for patients who remain comatose after cardiac arrest?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 3	Ⓢ	Does the hospital follow written criteria or a protocol for inter-facility transfers of patients for post-cardiac arrest care, when indicated?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
Standard PC.02.01.21		The hospital effectively communicates with patients when providing care, treatment, and services.	
EP 1	R	Does the hospital identify the patient's oral and written communication needs, including the patient's preferred language for discussing health care?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS


(continued on next page)

Standard PC.02.01.21		continued	
EP 2	R 	Does the hospital communicate with the patient during the provision of care, treatment, and services in a manner that meets the patient's oral and written communication needs?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

Standard PC.02.02.01		The hospital coordinates the patient's care, treatment, and services based on the patient's needs.	
EP 1	R 	Does the hospital follow a process to receive or share patient information when the patient is referred to other internal or external providers of care, treatment, and services?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

EP 2	R 	Does the hospital's process for handoff communication provide for the opportunity for discussion between the giver and receiver of patient information?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

EP 3	R 	Does the hospital coordinate the patient's care, treatment, and services within a time frame that meets the patient's needs?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

EP 9		For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds Does the hospital provide services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

(continued on next page)

Standard PC.02.02.01*continued*

EP 10	R	When the hospital uses external resources to meet the patient's needs, does it coordinate the patient's care, treatment, and services?
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Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 12

For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds

Does the hospital assist residents who are eligible and wish to apply for reimbursement of dental services as an incurred medical expense under the state plan?

May the hospital choose to charge a Medicare resident an additional amount for routine and emergency dental services?

Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 29

For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds

Does the hospital follow its policy identifying circumstances when loss of or damage to a resident's dentures is the hospital's responsibility and when it may not charge a resident for the loss or damage of dentures?

Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 30


For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds

Does the hospital refer residents with lost or damaged dentures for dental services within three days?

If referral does not occur within three days, does the hospital document what was done to make sure the resident could adequately eat and drink and any extenuating circumstances that led to the delay?


Evidence of Standards Compliance


	Compliant?	
	Yes	No
	NA	ITHS

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Standard PC.02.02.03		The hospital makes food and nutrition products available to its patients.	
EP 6		Does the hospital prepare food and nutrition products using proper sanitation, temperature, light, moisture, ventilation, and security?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 7		Are food and nutrition products consistent with each patient's care, treatment, and services?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 11		Does the hospital store food and nutrition products, including those brought in by patients or their families, using proper sanitation, light, moisture, ventilation, and security?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 22	Ⓢ	For hospitals that use Joint Commission accreditation for deemed status purposes Is a current therapeutic diet manual approved by the dietitian and medical staff available to all medical, nursing, and food service staff?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
Standard PC.02.03.01		The hospital provides patient education and training based on each patient's needs and abilities.	
EP 1		Does the hospital perform for each patient a learning needs assessment that includes the following? <ul style="list-style-type: none"> ■ The patient's cultural and religious beliefs ■ Emotional barriers ■ Desire and motivation to learn ■ Physical or cognitive limitations ■ Barriers to communication 	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS


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Standard PC.02.03.01 continued		
EP 5		Does the hospital coordinate the patient education and training provided by all disciplines involved in the patient's care, treatment, and services?
Evidence of Standards Compliance		
		Compliant?
		Yes No
		NA ITHS
EP 10		<p>Based on the patient's condition and assessed needs, does the education and training provided to the patient by the hospital include any of the following?</p> <ul style="list-style-type: none"> ■ An explanation of the plan for care, treatment, and services ■ Basic health practices and safety ■ Information on the safe and effective use of medications ■ Nutrition interventions (for example, supplements) and modified diets ■ Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management ■ Information on oral health ■ Information on the safe and effective use of medical equipment or supplies provided by the hospital ■ Habilitation or rehabilitation techniques to help the patient reach maximum independence ■ Fall reduction strategies
Evidence of Standards Compliance		
		Compliant?
		Yes No
		NA ITHS
EP 25		Does the hospital evaluate the patient's understanding of the education and training it provided?
Evidence of Standards Compliance		
		Compliant?
		Yes No
		NA ITHS
EP 27		Does the hospital provide the patient education on how to communicate concerns about patient safety issues that occur before, during, and after care is received?
Evidence of Standards Compliance		
		Compliant?
		Yes No
		NA ITHS

(continued on next page)

Standard PC.02.03.01 continued

EP 28		For hospitals that elect The Joint Commission Primary Care Medical Home option Do the primary care clinician and the interdisciplinary team educate the patient on self-management tools and techniques based on the patient's individual needs?
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Evidence of Standards Compliance		
	Compliant?	
	Yes	No
	NA	ITHS

EP 30		For hospitals that elect The Joint Commission Primary Care Medical Home option Does the interdisciplinary team identify the patient's health literacy needs?
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Evidence of Standards Compliance		
	Compliant?	
	Yes	No
	NA	ITHS

EP 31		For hospitals that elect The Joint Commission Primary Care Medical Home option Do the primary care clinician and the interdisciplinary team incorporate the patient's health literacy needs into the patient's education?
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Evidence of Standards Compliance		
	Compliant?	
	Yes	No
	NA	ITHS


Standard PC.02.04.01	For hospitals that elect The Joint Commission Primary Care Medical Home option The patient has access to the primary care medical home 24 hours a day, 7 days a week. 
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EP 1		For hospitals that elect The Joint Commission Primary Care Medical Home option Does the primary care medical home provide patients with access to the following 24 hours a day, 7 days a week? <ul style="list-style-type: none"> ■ Appointment availability/scheduling ■ Requests for prescription renewal ■ Test results ■ Clinical advice for urgent health needs
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Evidence of Standards Compliance		
	Compliant?	
	Yes	No
	NA	ITHS

(continued on next page)

Standard PC.02.04.01*continued*

EP 2		For hospitals that elect The Joint Commission Primary Care Medical Home option Does the primary care medical home offer flexible scheduling to accommodate patient care needs?
Evidence of Standards Compliance		
		Compliant?
		Yes
		No
		NA
		ITHS

EP 3		For hospitals that elect The Joint Commission Primary Care Medical Home option Does the primary care medical home have a process to address patient urgent care needs 24 hours a day, 7 days a week?
Evidence of Standards Compliance		
		Compliant?
		Yes
		No
		NA
		ITHS




Standard PC.02.04.03		For hospitals that elect The Joint Commission Primary Care Medical Home option The primary care medical home is accountable for providing patient care. 
EP 1		For hospitals that elect The Joint Commission Primary Care Medical Home option Does the primary care medical home manage transitions in care and provide or facilitate patient access to care, treatment, or services including the following? <ul style="list-style-type: none"> ■ Acute care ■ Management of chronic care ■ Preventive services that are age and gender specific ■ Behavioral health needs ■ Oral health care ■ Urgent and emergent care ■ Substance abuse treatment
Evidence of Standards Compliance		
		Compliant?
		Yes
		No
		NA
		ITHS
EP 2		For hospitals that elect The Joint Commission Primary Care Medical Home option Does the primary care medical home provide care that addresses various phases of a patient's life span, including end-of-life care?
Evidence of Standards Compliance		
		Compliant?
		Yes
		No
		NA
		ITHS

(continued on next page)


Standard PC.02.04.03			continued	
EP 3		For hospitals that elect The Joint Commission Primary Care Medical Home option Does the primary care medical home provide disease and chronic care management services to its patients?		
Evidence of Standards Compliance				
			Compliant?	
			Yes	No
			NA	ITHS
EP 4		For hospitals that elect The Joint Commission Primary Care Medical Home option Does the primary care medical home provide population-based care?		
Evidence of Standards Compliance				
			Compliant?	
			Yes	No
			NA	ITHS
EP 5		For hospitals that elect The Joint Commission Primary Care Medical Home option Does the primary care medical home use health information technology to do the following? <ul style="list-style-type: none"> ■ Support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services ■ Document and track care, treatment, or services ■ Support disease management, including providing patient education ■ Support preventive care, treatment, or services ■ Create reports for internal use and external reporting ■ Facilitate electronic exchange of information among providers ■ Support performance improvement 		
Evidence of Standards Compliance				
			Compliant?	
			Yes	No
			NA	ITHS
Standard PC.02.04.05		For hospitals that elect The Joint Commission Primary Care Medical Home option The primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services.		
EP 1		For hospitals that elect The Joint Commission Primary Care Medical Home option Does the primary care medical home identify the composition of the interdisciplinary team, based on individual patient needs?		
Evidence of Standards Compliance				
			Compliant?	
			Yes	No
			NA	ITHS

(continued on next page)

Standard PC.02.04.05*continued*

EP 2		For hospitals that elect The Joint Commission Primary Care Medical Home option Do the members of the interdisciplinary team provide comprehensive and coordinated care, treatment, or services and maintain the continuity of care?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 4		For hospitals that elect The Joint Commission Primary Care Medical Home option Do the primary care clinician and the interdisciplinary team provide care for a designated group of patients?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 5		For hospitals that elect The Joint Commission Primary Care Medical Home option Is the primary care clinician responsible for making certain that the interdisciplinary team provides comprehensive and coordinated care, treatment, or services and maintains the continuity of care as described in Elements of Performance (EPs) 6–12?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 6		For hospitals that elect The Joint Commission Primary Care Medical Home option When a patient is referred internally or externally, does the interdisciplinary team review and track the care provided to the patient and, as needed, act on recommendations for additional care, treatment, and services?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 8		For hospitals that elect The Joint Commission Primary Care Medical Home option Does the interdisciplinary team participate in the development of the patient's treatment plan?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

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Standard PC.02.04.05 continued

EP 9		For hospitals that elect The Joint Commission Primary Care Medical Home option Does the interdisciplinary team work in partnership with the patient to achieve planned outcomes?
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Evidence of Standards Compliance		
	Compliant?	
	Yes	No
	NA	ITHS

EP 10		For hospitals that elect The Joint Commission Primary Care Medical Home option Does the interdisciplinary team monitor the patient's progress toward achieving treatment goals?
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Evidence of Standards Compliance		
	Compliant?	
	Yes	No
	NA	ITHS


EP 11		For hospitals that elect The Joint Commission Primary Care Medical Home option Does the interdisciplinary team involve the patient in the development of the patient's treatment plan?
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Evidence of Standards Compliance		
	Compliant?	
	Yes	No
	NA	ITHS

EP 12	Ⓢ	For hospitals that elect The Joint Commission Primary Care Medical Home option Does the interdisciplinary team assess patients for health risk behaviors?
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Evidence of Standards Compliance		
	Compliant?	
	Yes	No
	NA	ITHS

Standard 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. 
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EP 5	R 	Does a registered nurse supervise perioperative nursing care?
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Evidence of Standards Compliance		
	Compliant?	
	Yes	No
	NA	ITHS

(continued on next page)

Standard PC.03.01.01*continued*


EP 6	R	<p>For operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia, are the following types of equipment available?</p> <ul style="list-style-type: none"> ■ Equipment to monitor the patient's physiological status ■ Equipment to administer intravenous fluids and medications and, if needed, blood and blood components
Evidence of Standards Compliance		
		Compliant?
		Yes
		No
		NA
		ITHS



EP 10	R 	<p>For hospitals that use Joint Commission accreditation for deemed status purposes</p> <p>In accordance with the hospital's policy and state scope-of-practice laws, is anesthesia 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
Evidence of Standards Compliance		
		Compliant?
		Yes
		No
		NA
		ITHS


Standard 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 1		Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered, does the hospital conduct a presedation or preanesthesia patient assessment?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS



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* 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 they have consulted with the state Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the state and has concluded that it is in the best interests of the state's citizens to opt out of the current doctor of medicine or osteopathy supervision requirement, and that the opt-out is consistent with state law. The request for exemption and recognition of state laws and the withdrawal of the request may be submitted at any time and are effective upon submission.

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Standard PC.03.01.03		continued	
EP 4		Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered, does the hospital provide the patient with preprocedural education, according to the plan for care?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 8	R 	Does the hospital reevaluate the patient immediately before administering moderate or deep sedation or anesthesia?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 18	R	For hospitals that use Joint Commission accreditation for deemed status purposes Is a preanesthesia evaluation completed and documented by an individual qualified to administer anesthesia within 48 hours prior to surgery or a procedure requiring anesthesia services?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
Standard 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, are the patient's oxygenation, ventilation, and circulation monitored continuously?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

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Standard 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 1	R 	Does the hospital assess 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?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 2	R	Does the hospital monitor 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?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 4	R 	Does a qualified physician or other licensed practitioner discharge the patient from the recovery area or from the hospital? In the absence of a qualified individual, are patients discharged according to criteria approved by clinical leaders?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 7	R	For hospitals that use Joint Commission accreditation for deemed status purposes Is a postanesthesia evaluation completed and documented by an individual qualified to administer anesthesia no later than 48 hours after surgery or a procedure requiring anesthesia services?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 8	R	For hospitals that use Joint Commission accreditation for deemed status purposes Is the postanesthesia evaluation for anesthesia recovery completed in accordance with law and regulation and policies and procedures that have been approved by the medical staff?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

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Standard 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.	
EP 1	Ⓢ	For hospitals that use Joint Commission accreditation for deemed status purposes Does the laboratory follow 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 examination and a microscopic examination?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 2	Ⓢ	For hospitals that use Joint Commission accreditation for deemed status purposes Does the laboratory follow written policies and procedures for collecting, preserving, transporting, receiving, and reporting examination results for tissue specimens?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
Standard PC.03.05.01		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.	
EP 1	Ⓡ	Does the hospital use restraint or seclusion only to protect the immediate physical safety of the patient, staff, or others?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 2		Does the hospital refrain from using restraint or seclusion as a means of coercion, discipline, convenience, or staff retaliation?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 3		Does the hospital use restraint or seclusion only when less restrictive interventions are ineffective?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

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Standard PC.03.05.01*continued*

EP 4		Does the hospital use the least restrictive form of restraint or seclusion that protects the physical safety of the patient, staff, or others?
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Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 5		Does the hospital discontinue restraint or seclusion at the earliest possible time, regardless of the scheduled expiration of the order?
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Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

Standard PC.03.05.03

The hospital uses restraint or seclusion safely.

EP 1	R	Does the hospital implement restraint or seclusion using safe techniques identified by the hospital's policies and procedures in accordance with law and regulation?
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Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 2		Is the use of restraint and seclusion in accordance with a written modification to the patient's plan of care?
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Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

Standard PC.03.05.05


The hospital initiates restraint or seclusion based on an individual order.


EP 1		Does a physician or other authorized licensed practitioner responsible for the patient's care order the use of restraint or seclusion in accordance with hospital policy and law and regulation?
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Evidence of Standards Compliance


	Compliant?	
	Yes	No
	NA	ITHS

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

Standard PC.03.05.05		continued	
EP 2		Does the hospital refrain from using standing orders or PRN (also known as <i>as needed</i>) orders for restraint or seclusion?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 3		Is the attending physician or clinical psychologist consulted as soon as possible, in accordance with hospital policy, if they did not order the restraint or seclusion?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 4		<p>Unless state law is more restrictive, are 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 renewed within the following limits?</p> <ul style="list-style-type: none"> ■ 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 <p>Are orders renewed according to the time limits for a maximum of 24 consecutive hours?</p>	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 5	R	Unless state law is more restrictive, every 24 hours, does a physician or other authorized licensed practitioner responsible for the patient's care see and evaluate 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?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 6	R	Are orders for restraint used to protect the physical safety of the nonviolent or non-self-destructive patient renewed in accordance with hospital policy?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS



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Standard PC.03.05.07		The hospital monitors patients who are restrained or secluded.	
EP 1	R 	Do physicians, other licensed practitioners, or staff who have been trained in accordance with 42 CFR 482.13(f) monitor the condition of patients in restraint or seclusion?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

Standard PC.03.05.09		The hospital has written policies and procedures that guide the use of restraint or seclusion.	
EP 1		Do the hospital's policies and procedures regarding restraint or seclusion include the following? <ul style="list-style-type: none"> ■ Physician and other licensed practitioner training requirements ■ Staff training requirements ■ The determination of who has authority to order restraint and seclusion ■ The determination of who has authority to discontinue the use of restraint or seclusion ■ The determination of who can initiate the use of restraint or seclusion ■ The circumstances under which restraint or seclusion is discontinued ■ The requirement that restraint or seclusion is discontinued as soon as is safely possible ■ A determination of who can assess and monitor patients in restraint or seclusion ■ Time frames for assessing and monitoring patients in restraint or seclusion ■ A definition of restraint ■ A definition of seclusion ■ A definition or description of what constitutes the use of medications as a restraint 	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

EP 2		Do physicians and other licensed 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?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

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Standard PC.03.05.11		The hospital evaluates and reevaluates the patient who is restrained or secluded.	
EP 1	R 	<p>Does a physician or other licensed practitioner responsible for the care of the patient evaluate 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?</p> <p>If a registered nurse conducts the in-person evaluation within one hour of the initiation of restraint or seclusion, is this individual trained in accordance with the requirements in PC.03.05.17, EP 3?</p>	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 2	R	<p>When the in-person evaluation (performed within one hour of the initiation of restraint or seclusion) is done by a trained registered nurse, do they consult with the attending physician or other licensed practitioner responsible for the care of the patient as soon as possible after the evaluation, as determined by hospital policy?</p>	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 3	R	<p>Does 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, include 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 	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
Standard PC.03.05.13		The hospital continually monitors patients who are simultaneously restrained and secluded.	
EP 1		<p>Is the patient who is simultaneously restrained and secluded 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?</p>	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

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Standard PC.03.05.15

The hospital documents the use of restraint or seclusion.

EP 1

Does documentation of restraint and seclusion in the medical record include the following?

- Any in-person medical and behavioral evaluation for restraint or seclusion used to manage violent or self-destructive behavior
- A description of the patient's behavior and the intervention used
- Any alternatives or other less restrictive interventions attempted
- The patient's condition or symptom(s) that warranted the use of the restraint or seclusion
- The patient's response to the intervention(s) used, including the rationale for continued use of the intervention
- Individual patient assessments and reassessments
- The intervals for monitoring
- Revisions to the plan of care
- The patient's behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion
- Injuries to the patient
- Death associated with the use of restraint or seclusion
- The identity of the physician, clinical psychologist, or other licensed practitioner who ordered the restraint or seclusion
- Orders for restraint or seclusion
- Notification of the use of restraint or seclusion to the attending physician
- Consultations

Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

Standard PC.03.05.17

The hospital trains staff to safely implement the use of restraint or seclusion.

EP 2


Does the hospital train staff on the use of restraint and seclusion, and assess their competence, at the following intervals?


- At orientation
- Before participating in the use of restraint and seclusion
- On a periodic basis thereafter


Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

(continued on next page)

Standard PC.03.05.17		continued	
EP 3		<p>Based on the population served, does 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 of 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 	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 4		Do 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?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 5	Ⓢ	Does the hospital document in staff records that restraint and seclusion training and demonstration of competence were completed?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

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Standard 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 Does the hospital report the following information to the Centers for Medicare & Medicaid Services (CMS) regarding deaths related to restraint or seclusion? <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 a 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 Does the hospital include in this reporting all types of restraints except soft wrist restraints? (This requirement does not apply to deaths related to the use of soft wrist restraints; for more information, refer to Element of Performance [EP] 3 in this standard.)	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 2	Ⓢ	For hospitals that use Joint Commission accreditation for deemed status purposes Are the deaths addressed in PC.03.05.19, Element of Performance (EP) 1, 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? Is the date and time that the patient's death was reported documented in the patient's medical record?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS



(continued on next page)


Standard PC.03.05.19		continued				
EP 3	<p>Ⓢ</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes</p> <p>When no seclusion has been used and when the only restraints used on the patient are wrist restraints composed solely of soft, nonrigid, cloth-like material, does the hospital do the following?</p> <ul style="list-style-type: none"> ■ Record 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. ■ Record 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. ■ Document in the patient record the date and time that the death was recorded in the log or other system ■ Document in the log or other system the patient's name, date of birth, date of death, name of attending physician or other licensed practitioner responsible for the care of the patient, medical record number, and primary diagnosis(es) ■ Make the information in the log or other system available to the Centers for Medicare & Medicaid Services (CMS), either electronically or in writing, immediately upon request 					
Evidence of Standards Compliance						
		Compliant? <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>NA</td> <td>ITHS</td> </tr> </table>	Yes	No	NA	ITHS
Yes	No					
NA	ITHS					



Standard PC.04.01.01		The hospital follows a process that addresses the patient's need for continuing care, treatment, and services after discharge or transfer.				
EP 1	<p>Does the hospital describe the following?</p> <ul style="list-style-type: none"> ■ The reason(s) for and conditions under which the patient is discharged or transferred ■ The method for shifting responsibility for a patient's care from one provider, hospital, program, or service to another 					
Evidence of Standards Compliance						
		Compliant? <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>NA</td> <td>ITHS</td> </tr> </table>	Yes	No	NA	ITHS
Yes	No					
NA	ITHS					

EP 22	<p>For hospitals that use Joint Commission accreditation for deemed status purposes</p> <p>Does the hospital inform the patient or the patient's representative of the patient's freedom to choose among participating Medicare providers and suppliers of post-discharge services and, when possible, respect the patient's or patient representative's goals of care and treatment preferences, as well as other preferences when they are expressed?</p> <p>Does the hospital refrain from limiting the qualified providers who are available to the patient?</p>					
Evidence of Standards Compliance						
		Compliant? <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>NA</td> <td>ITHS</td> </tr> </table>	Yes	No	NA	ITHS
Yes	No					
NA	ITHS					


(continued on next page)

Standard PC.04.01.01 continued			
EP 25		For hospitals that use Joint Commission accreditation for deemed status purposes Does the discharge plan identify any home health agency or skilled nursing facility in which the hospital has a disclosable financial interest, and any home health agency or skilled nursing facility that has a disclosable financial interest in the hospital?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 31		For hospitals that use Joint Commission accreditation for deemed status purposes Does the hospital assist patients, their families, or the patient's representative in selecting a post-acute care provider by using and sharing data that includes, but is not limited to, home health agency, skilled nursing facility, inpatient rehabilitation facility, and long-term care hospital data on quality measures and resource-use measures? Does the hospital make certain that the post-acute care data on quality measures and resource-use measures is relevant and applicable to the patient's goals of care and treatment preferences?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 32		For hospitals that use Joint Commission accreditation for deemed status purposes Does the patient's discharge plan include a list of home health agencies, skilled nursing facilities, inpatient rehabilitation facilities, or long-term care hospitals that are available to the patient, participating in the Medicare program, and serving the geographic area in which the patient resides (as defined by the home health agency or in the case of a skilled nursing facility, inpatient rehabilitation facility, or long-term care hospital, in the geographic area requested by the patient)? Did the hospital document in the medical record that this list was presented to the patient or the patient's representative?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 33		For hospitals that use Joint Commission accreditation for deemed status purposes For patients enrolled in managed care organizations, does the hospital make patients aware of the need to verify with their managed care organization which practitioners, providers, or certified suppliers are in the managed care organization's network? If the hospital has information in which practitioners, providers, or certified suppliers are in the network of the patient's managed care organization, does the hospital share this information with the patient or the patient's representative?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

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Standard PC.04.01.03		The hospital discharges or transfers the patient based on the patient's assessed needs and the organization's ability to meet those needs.	
EP 1		Does the hospital begin the discharge planning process early in the patient's episode of care, treatment, and services?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 2		<p>Does the hospital identify any needs the patient may have for psychosocial or physical care, treatment, and services after discharge or transfer?</p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes</p> <p>Does the identification of needs also include hospice care, post-hospital extended care, home health, and non-health care services, as well as the need for community-based care providers?</p> <p>Does the hospital determine the availability of the post-hospital services as well as the patient's access to those services?</p>	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 3		Do the patient, the patient's family, physician, other licensed practitioners, clinical psychologists, and staff involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 4		Prior to discharge, does the hospital arrange or assist in arranging the services required by the patient after discharge in order to meet the patient's ongoing needs for care and services?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 5		<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds</p> <p>Except when specified in the Medicare Conditions of Participation from 42 CFR 483.12(a)(5)(ii), is the written notice of transfer or discharge required under paragraph 42 CFR 483.12(a)(4) made by the hospital at least 30 days before the resident is transferred or discharged?</p>	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

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Standard PC.04.01.03*continued*

EP 6	Ⓢ	<p>For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds</p> <p>Does the written notice before transfer or discharge specified in the Medicare Conditions of Participation from 42 CFR 483.12(a)(4) include 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 of the resident's appeal rights, including the name, address (mailing and e-mail), and telephone number of the entity that receives such requests; information on how to obtain an appeal form; where to find assistance in completing the form; and how to submit the appeal hearing request ■ The name, address (mailing and e-mail), and telephone number of the office of the state's long-term care ombudsman ■ For a resident with intellectual and developmental disabilities, the mailing and e-mail address and telephone number of the agency responsible for the protection and advocacy of these individuals, established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 ■ For a resident with a mental disorder or related disabilities, the mailing and e-mail address and telephone number of the agency responsible for the protection and advocacy of these individuals, established under the Protection and Advocacy for Mentally Ill Individuals Act
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Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 7		<p>For hospitals that use Joint Commission accreditation for deemed status purposes</p> <p>Does the hospital have an effective discharge planning process that focuses on the patient's goals and treatment preferences and includes the patient and the patient's caregiver or support person(s) as active partners in the discharge planning for post-discharge care?</p> <p>Is the discharge planning process consistent with the patient's goal for care and their treatment preferences, making certain that there is an effective transition of the patient from the hospital to post-discharge care and reducing the factors leading to preventable hospital readmissions?</p>
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Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 10		<p>For hospitals that use Joint Commission accreditation for deemed status purposes</p> <p>Does the hospital assess its discharge planning process within its established time frames?</p> <p>Does the assessment include ongoing, periodic review of a representative sample of discharge plans, including those patients who were readmitted within 30 days of a previous admission, making certain that the plans are responsive to patient post-discharge needs?</p>
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Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

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Standard PC.04.01.05		Before the hospital discharges or transfers a patient, it informs and educates the patient about their follow-up care, treatment, and services.	
EP 1		When the hospital determines the patient's discharge or transfer needs, does it promptly share this information with the patient and also with the patient's family when it is involved in decision making or ongoing care?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 2	R	Before the patient is discharged, does the hospital inform 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?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 7		Does the hospital educate the patient, and also the patient's family when it is involved in decision making or ongoing care, about how to obtain any continuing care, treatment, and services the patient will need?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

Standard 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**

Does the hospital transfer or discharge residents only when at least one of the following conditions is met?

- The resident's health has improved to the point where they no longer need the hospital's services.
- The transfer or discharge is necessary for the resident's welfare and the hospital cannot meet the resident's needs.
- The safety of the individuals in the hospital is endangered due to the clinical or behavioral status of the resident.
- The health of individuals in the hospital would otherwise be endangered.
- The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the hospital. (Nonpayment applies if the resident does not submit the necessary paperwork for third-party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for their stay. For a resident who becomes eligible for Medicaid after admission to a hospital, the hospital may charge a resident only the allowable charges under Medicaid.)
- The hospital ceases operation.

Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

Standard PC.04.02.01

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.

EP 1

At the time of the patient's discharge or transfer, does the hospital inform other service providers who will provide care, treatment, and services to the patient about the following?

- The reason for the patient's discharge or transfer
- The patient's physical and psychosocial status
- A summary of care, treatment, and services it provided to the patient
- The patient's progress toward goals
- A list of community resources or referrals made or provided to the patient

Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

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Standard 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 Does the hospital have a written policy(ies) and procedure(s) addressing potentially infectious blood, consistent with Centers for Medicare & Medicaid Services (CMS) requirements at 42 CFR 482.27?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 2	Ⓢ	For hospitals that use Joint Commission accreditation for deemed status purposes Does the hospital implement its policy(ies) and procedure(s) addressing potentially infectious blood, consistent with Centers for Medicare & Medicaid Services (CMS) requirements at 42 CFR 482.27?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
Standard PC.06.01.01		Reduce the likelihood of harm related to maternal hemorrhage.	
EP 1	Ⓢ	Does the hospital complete an assessment using an evidence-based tool for determining maternal hemorrhage risk on admission to labor and delivery and on admission to postpartum?	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS
EP 2	Ⓢ	Has the hospital developed written evidence-based procedures for stage-based management of pregnant and postpartum patients who experience maternal hemorrhage that include the following? <ul style="list-style-type: none"> ■ The use of an evidence-based tool that includes an algorithm for identification and treatment of hemorrhage ■ The use of an evidence-based set of emergency response medications that are immediately available on the obstetric unit ■ Required response team members and their roles in the event of severe hemorrhage ■ How the response team and procedures are activated ■ Blood bank plan and response for emergency release of blood products and how to initiate the hospital's massive transfusion procedures ■ Guidance on when to consult additional experts and consider transfer to a higher level of care ■ Guidance on how to communicate with patients and families during and after the event ■ Criteria for when a team debrief is required immediately after a case of severe hemorrhage 	
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

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Standard PC.06.01.01*continued*

EP 3		<p>Does each obstetric unit have a standardized, secured, and dedicated hemorrhage supply kit that must be stocked per the hospital's defined process and, at a minimum, contains the following?</p> <ul style="list-style-type: none"> ■ Emergency hemorrhage supplies as determined by the hospital ■ The hospital's approved procedures for severe hemorrhage response
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Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 4		<p>Does the hospital provide education to all staff who treat pregnant and postpartum patients about its hemorrhage procedure?</p> <p>At a minimum, does education occur at orientation, whenever changes to the procedure occur, or every two years?</p>
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Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 5		<p>Does the hospital conduct drills at least annually to determine system issues as part of ongoing quality improvement efforts?</p> <p>Do drills include representation from each discipline identified in the hospital's hemorrhage response procedure and include a team debrief after the drill?</p>
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Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 6		<p>Are hemorrhage cases that meet criteria established by the hospital reviewed to evaluate the effectiveness of the care, treatment, and services provided by the hemorrhage response team during the event?</p>
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Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

(continued on next page)


Standard PC.06.01.01		continued	
EP 7	<p>Is education provided to patients (and their families, including the designated support person whenever possible)?</p> <p>At a minimum, does education include the following?</p> <ul style="list-style-type: none"> ■ Signs and symptoms of postpartum hemorrhage during hospitalization that alert the patient to seek immediate care ■ Signs and symptoms of postpartum hemorrhage after discharge that alert the patient to seek immediate care 		
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

Standard PC.06.03.01		Reduce the likelihood of harm related to maternal severe hypertension/preeclampsia.	
EP 1	<p>Has the hospital developed written evidence-based procedures for measuring and remeasuring blood pressure?</p> <p>Do these procedures include criteria that identify patients with severely elevated blood pressure?</p>		
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

EP 2	<p>Has the hospital developed written evidence-based procedures for managing pregnant and postpartum patients with severe hypertension/preeclampsia that includes the following?</p> <ul style="list-style-type: none"> ■ The use of an evidence-based set of emergency response medications that are stocked and immediately available on the obstetric unit ■ The use of seizure prophylaxis ■ Guidance on when to consult additional experts and consider transfer to a higher level of care ■ Guidance on when to use continuous fetal monitoring ■ Guidance on when to consider emergent delivery ■ Criteria for when a team debrief is required 		
Evidence of Standards Compliance			
		Compliant?	
		Yes	No
		NA	ITHS

(continued on next page)

Standard PC.06.03.01*continued*

EP 3		Does the hospital provide role-specific education to all staff who treat pregnant/postpartum patients about the hospital's evidence-based severe hypertension/preeclampsia procedure? At a minimum, does education occur at orientation, whenever changes to the procedure occur, or every two years?
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Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 4		Does the hospital conduct drills at least annually to determine system issues as part of ongoing quality improvement efforts? Do severe hypertension/preeclampsia drills include a team debrief?
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Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 5		Are severe hypertension/preeclampsia cases that meet criteria established by the hospital reviewed to evaluate the effectiveness of the care, treatment, and services provided to the patient during the event?
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Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

EP 6		Is printed education provided to patients (and their families, including the designated support person whenever possible)? At a minimum, does this education include the following? <ul style="list-style-type: none"> ■ Signs and symptoms of severe hypertension/preeclampsia during hospitalization that alert the patient to seek immediate care ■ Signs and symptoms of severe hypertension/preeclampsia after discharge that alert the patient to seek immediate care ■ When to schedule a post-discharge follow-up appointment
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Evidence of Standards Compliance

	Compliant?	
	Yes	No
	NA	ITHS

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