ASHE Regulatory Alert
The Joint Commission New and Revised 2009 Accreditation Requirements

On January 5, 2009, the Joint Commission posted a 46-page document titled “New and Revised 2009 Accreditation Requirements, Hospital Accreditation Program”¹ on its Web site. It appears that these new and revised requirements, which are in addition to the revisions included in the 2009 Comprehensive Hospital Accreditation Manual, have not been released or published through any Joint Commission sources other than the Web site posting. This has led to confusion regarding compliance requirements among accredited hospitals and health care organizations.

ASHE recommends that you do not take dramatic action regarding compliance with these new and revised requirements until further clarification is provided by the Joint Commission.

On its Web site the Joint Commission states these changes are being made to the 2009 standards in preparation for application to the Centers for Medicare/Medicaid Services (CMS) to continue the provision of deeming status. The Web site further explains that Compliance with any requirements that are completely new will be reviewed by surveyors beginning January 1, 2009, but will not be scored until July 2009, consistent with The Joint Commission’s policy to provide organizations with six months notice of any changes to the requirements, whenever possible.

The Joint Commission has not indicated which of the revisions and additions are considered to be “completely new” and thus will not be scored until July 2009, and no scoring codes (A or C) have been assigned to the Elements of Performance (EPs)existing EPs. As well, the Joint Commission Web site states that the new document is “a DRAFT and changes may be made over the next six months.”

¹Click here to access the Joint Commission Web page or copy and paste the following URL into your browser window:
http://www.jointcommission.org/Library/WhatsNew/Hospital_deeming+application_January_+2009_Update.htm
Some of the revisions simply add more specific information to existing requirements, but some are new requirements that are not specified in the 2009 standards. Many of the revisions and additions are clinical in nature, addressing practices such as the use of restraints and supervision of operating rooms. However, some of these revisions and new requirements affect management of the health care physical environment.

ASHE has encouraged the Joint Commission to provide further clarification regarding the implementation of these changes to the 2009 standards and will provide ASHE member alerts to report these clarifications when they become available.

**ASHE Recommended Action**

ASHE recommends that you review the revisions and additions, but take no dramatic or costly action until the Joint Commission provides further clarification. Although these revisions and additions to the standards became effective on January 1, 2009, noncompliance will not affect scoring and the accreditation decision until July 2009. In addition, further changes are likely to be made in the language or requirements before July.

Because these revisions and additions are based on existing CMS Conditions of Participation, you may already comply with most of them. If, after review of the revisions and additions, you believe you are not compliant with specific items, consider contacting your Joint Commission account representative before taking dramatic or costly action. For questions regarding the Environment of Care or Life Safety chapters, contact the Joint Commission Standards Interpretation Group (SIG) to request a clarification on how specific standards will be interpreted, surveyed, or scored. ASHE will also work with SIG to understand the compliance requirements for these specific standards.

**Additions and Revisions Specifically Related to the Health Care Physical Environment**

There are five revised or new requirements in the 2009 Hospital Accreditation Environment of Care chapter, and one revised or new requirement in the Life Safety chapter. There are also revisions or new requirements in other chapters that might affect management of the health care physical environment.

**ENVIRONMENT OF CARE**

Following are the revisions and changes in the Hospital Accreditation Environment of Care Standards as posted on the Joint Commission Web site:

**Standard EC.02.02.01 EP 14**

“For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital checks radiology staff, according to timeframes it defines, for radiation exposure using exposure meters or badge tests. The dates of the checks and amount of exposure are documented.”

**ASHE Comment**
Most hospitals are probably already doing this, under EC.02.02.01 EP 7. This specific requirement for checking radiology staff has been added.

**Standard EC.02.02.01 EP 15**

“For hospitals that use Joint Commission accreditation for deemed status purposes: The radiologic services, including ionizing radiology procedures, are free from hazards for patients and staff.”

*ASHE Comment*

The intent of this EP is not clear and, in fact, it seems to conflict with EC.02.02.01 EP 7, which states, “The hospital minimizes risks associated with selecting and using hazardous energy sources.” The phrase “minimize risks” has a very different meaning than the phrase “are free from hazards,” which appears in the new EP 15. A hospital cannot ensure that all ionizing radiological procedures are free from risk. A hospital can and should be taking actions to minimize risk.

**Standard EC.02.04.03 EP 14**

“For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified hospital staff inspect, test, and calibrate nuclear medicine equipment annually. The dates of these activities are documented.”

*ASHE Comment*

This new requirement singles out one device type for this prescriptive requirement. EC.02.04.01 EPs 1, 2, 3 and 4 and EC.02.04.03 EPs 1 and 3 describe the process for inspecting, testing and calibrating equipment.

**Standard EC.02.06.01**

“The [organization] establishes and maintains a safe, functional environment. *Note:* The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment and provide for special services appropriate to the needs of the community.”

*ASHE Comment*

The original standard EC.02.06.01 has not been changed. The change is the addition of the note.

**Standard EC.02.06.01 EP 20**

“Areas used by patients are clean, sanitary, and free of offensive odors.”

*ASHE Comment*

The term “sanitary” has been added to the existing EP, but the purpose for adding it is unclear. There is no indication how compliance will be evaluated or what is required to show that an area is sanitary as opposed to clean.

**LIFE SAFETY**

Following are the revisions and changes in the Hospital Accreditation Life Safety Standards as posted on the Joint Commission Web site:
Standard **LS.01.01.01 EP 4**
“For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains documentation of any inspections and approvals made by state or local fire control agencies.”

*ASHE Comment*
Hospitals are typically already doing this. It would be a good practice to file or organize documentation from state or local fire control agency inspections in a way that facilitates demonstration of compliance.

**HUMAN RESOURCES**
Following are the revisions and changes in the Hospital Accreditation Human Resources Standards posted on the Joint Commission Web site that might have affect management of the health care physical environment. See the Joint Commission “New and Revised 2009 Accreditation Requirements” for all revisions and additions to the Human Resources standards:

**Standard **HR.01.04.01 EP 3**
“The hospital orients staff on the following: Relevant hospital-wide and unit-specific policies and procedures. Completion of this orientation is documented.”

*ASHE Comment*
The statement “Completion of this orientation is documented” has been added to the existing EP.

**LEADERSHIP**
Following are the revisions and changes in the Hospital Accreditation Leadership standards posted on the Joint Commission Web site that might affect management of the health care physical environment. See the Joint Commission “New and Revised 2009 Accreditation Requirements” for all revisions and additions to the Leadership standards:

**Standard **LD.04.01.03 EP 15**
“For hospitals that use Joint Commission accreditation for deemed status purposes: The long-term capital expenditure plan provides for capital expenditures for at least a 3-year period.”

*ASHE Comment*
This appears to be a new requirement.

**Standard **LD.04.01.03 EP 16**
“For hospitals that use Joint Commission accreditation for deemed status purposes: The long-term capital expenditure plan identifies and includes the objectives and anticipated sources of financing for each anticipated capital expenditure in excess of $600,000 or a lesser amount that is established, in accordance with section 1122(g)(1) of the Social Security Act, by the state in which the hospital is located that relates to any of the following:
• Acquisition of land
• Improvement of land, buildings, and equipment
• The replacement, modernization, or expansion of buildings and equipment”

ASHE Comment
This appears to be a new requirement.

Standard LD.04.04.01 EP 5
“For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital identifies and documents its quality improvement projects. The hospital documents the following:
• What quality improvement projects are being conducted
• The reasons for conducting these projects
• The measurable progress achieved on these projects”

ASHE Comment
This is a new EP that has been added.

PROVISION OF CARE, TREATMENT, AND SERVICES
Following are the revisions and changes in the Hospital Accreditation Provision of Care, Treatment and Services standards posted on the Joint Commission Web site that might affect management of the health care physical environment. See the Joint Commission “New and Revised 2009 Accreditation Requirements” for all revisions and additions in the Provision of Care, Treatment and Services standards:

Standard PC.03.01.01 EP 11
“For hospitals that use Joint Commission accreditation for deemed status purposes: The following equipment is available in the operating room suites:
• A call-in system
• Cardiac monitor and equipment
• Ventilator
• Defibrillator
• Suction equipment
• Tracheotomy set
• Manual breathing bags”

ASHE Comment
It is unclear whether the ventilator on an anesthesia machine would meet the requirement for a ventilator in an operating suite. Many hospitals may not currently keep a stand-alone ventilator in their operating room suites. Consider contacting the Joint Commission for clarification if there is a question about compliance.