EC.02.05.01: The hospital manages risks associated with its utility systems. *See* Q2 2020 Heads-Up Report titled *Managing Risks Associated with Utility Systems* on your organization's *Joint Commission Connect* extranet site.	**EP 15:** In critical care areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, filtration efficiencies, temperature, and humidity. For new and existing health care facilities, or altered, renovated, or modernized portions of existing systems or individual components (constructed or plans approved on or after July 5, 2016), heating, cooling, and ventilation are in accordance with NFPA 99-2012, which includes 2008 ASHRAE 170, or state design requirements if more stringent. R	• Utility systems • Temperature and humidity readings • Ventilation systems • Appropriate pressure relationships (negative/positive) • Controlling airborne contaminants • Risk assessments with humidity waivers
EC.02.06.01: The hospital establishes and maintains a safe, functional environment. *See* Q1 2022 Heads-Up Report titled *Maintenance of a Safe, Functional Environment* on your organization's *Joint Commission Connect* extranet site.	**EP 1:** Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided. R	• Safe environment • Interior spaces • Sterile compounding area • Dirty ceiling tiles • Porous surfaces
PC.02.01.11: Resuscitative services are available throughout the hospital.	**EP 2:** Resuscitation equipment is available for use based on the needs of the population served.	• Resuscitative services • Resuscitative equipment • Equipment availability • Needs based
EC.02.02.01: The hospital manages risks related to hazardous materials and waste. *See* Q3 2022 Heads-Up Report titled *Managing Risks Related to Hazardous Materials and Waste* on your organization's *Joint Commission Connect* extranet site.	**EP 5:** The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals. R	• Hazardous materials and waste • Handling, storing, transporting, using, and disposing of hazardous chemicals
IC.02.02.01: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.	**EP 1:** The hospital implements infection prevention and control activities when doing the following: Cleaning and performing low-level disinfection of medical equipment, devices, and supplies. R	• Processes for cleaning equipment • Documentation logs • Soiled equipment • No evidence of cleaning • Glucometers • Manufacturers' instructions for use
PC.01.02.01: The hospital assesses and reassesses its patients.	**EP 1:** Ⓓ The hospital defines, in writing, the scope and content of screening, assessment, and reassessment. Patient information is collected according to these requirements. R	• Patient assessment • Documenting screening • Collecting patient information

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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: The hospital conducts a presedation or preanesthesia patient assessment.* R	• Presedation patient assessment • Preanesthesia patient assessment • High-risk procedure assessments

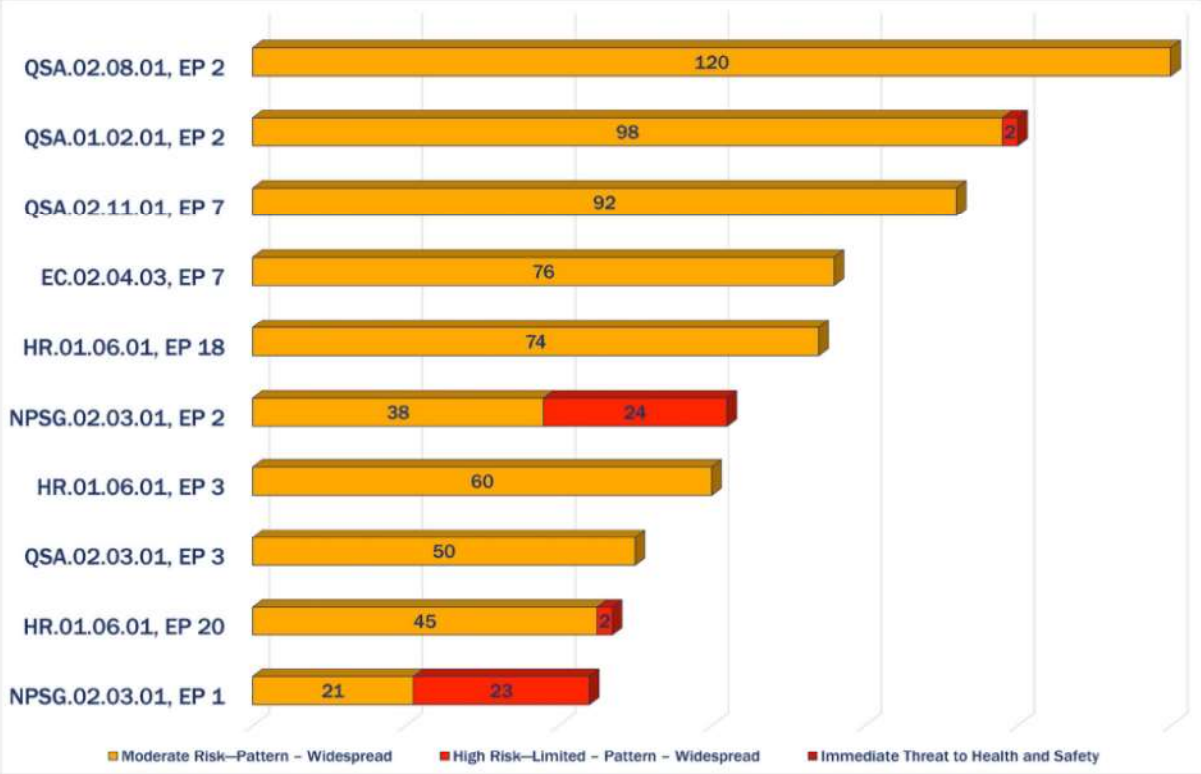
EP, element of performance; IC, Infection Prevention and Control; Q, quarter; MM, Medication Management; NPSG, National Patient Safety Goals; EC, Environment of Care; NFPA, National Fire Protection Association; PC, Provision of Care, Treatment, and Services; RC, Record of Care, Treatment, and Services.

* *See also* RC.02.01.01, EP 2.

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Laboratory and Point-of-Care Testing

791 Surveys Conducted in 2023



Standard	EP	Keywords/Topics
QSA.02.08.01: The laboratory performs correlations to evaluate the results of the same test performed with different methodologies or instruments or at different locations. *See* Q2 2020 Heads-Up Report titled *Performing Correlation Testing* on your organization's *Joint Commission Connect* extranet site.	**EP 2:** Ⓓ The laboratory performs correlations at least once every six months. The correlations are documented.	• Correlation of results • Documentation • Analyzers

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QSA.01.02.01: The laboratory maintains records of its participation in a proficiency testing program. *See* Q3 2020 Heads-Up Report titled *Proficiency Testing Record-Keeping* on your organization's *Joint Commission Connect* extranet site.	**EP 2:** Ⓓ The laboratory conducts an investigation of all potential causes, provides evidence of review, and performs corrective action for the following:* ● Individual unacceptable proficiency testing results ● Late submission of proficiency testing results (score is zero) ● Nonparticipation in the proficiency testing event (score is zero; *see* Note 2) ● Lack of consensus among all laboratories participating in the proficiency testing event (score is ungradable) These actions are documented.	● Proficiency testing ● Proficiency testing events ● Recordkeeping ● Investigating proficiency deficiencies
QSA.02.11.01: The laboratory conducts surveillance of patient results and related records as part of its quality control program. *See* Q3 2021 Heads-Up Report titled *Surveillance of Patient Results and Records* on your organization's *Joint Commission Connect* extranet site.	**EP 7:** Ⓓ The laboratory performs review of other records (for example, work records, equipment records, quality control summaries) at a frequency defined by the laboratory, but at least monthly. The review is documented.† R	● Surveillance of patient records ● Quality control program ● Reviewing and documenting record
EC.02.04.03: The laboratory inspects, tests, and maintains laboratory equipment. *See* Q1 2021 Heads-Up Report titled *Maintenance and Inspection of Laboratory Equipment* on your organization's *Joint Commission Connect* extranet site.	**EP 7:** Ⓓ The laboratory performs preventive maintenance, periodic inspection, and performance testing of each instrument or piece of equipment. These activities are documented.‡	● Lab inspection ● Equipment maintenance ● Periodic inspection, testing, maintenance, and documentation

* *See also* QSA.01.01.01, EP 5.
† *See also* QSA.02.02.01, EP 5.
‡ *See also* QSA.13.08.01, EP 1.

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HR.01.06.01: Staff are competent to perform their responsibilities. *See* Q4 2022 Heads-Up Report titled *Staff Competency – Where Are We Now* on your organization's *Joint Commission Connect* extranet site.	**EP 18:** Ⓓ The staff member's competency assessment includes the following:* R • Direct observations of routine patient test performance, including patient preparation, if applicable, and specimen collection, handling, processing, and testing • Monitoring, recording, and reporting of test results • Review of intermediate test results or worksheets, quality control, proficiency testing, and preventive maintenance performance • Direct observation of performance of instrument maintenance function checks and calibration • Test performance as defined by laboratory policy (for example, testing previously analyzed specimens, internal blind testing samples, external proficiency, or testing samples) • Problem-solving skills as appropriate to the job	• Competency requirements • Proficiency testing • Competency testing methods • Direct observations • Test performance • Incomplete testing
NPSG.02.03.01: Report critical results of tests and diagnostic procedures on a timely basis. *See* Q2 2021 Heads-Up Report titled *Reporting of Critical Results of Tests and Diagnostic Procedures* on your organization's *Joint Commission Connect* extranet site.	**EP 2:** Implement the procedures for managing the critical results of tests and diagnostic procedures. R	• Critical results • Timely reporting
HR.01.06.01: Staff are competent to perform their responsibilities.	**EP 3:** Ⓓ An individual qualified by education, experience, and knowledge related to the skill being reviewed assesses staff competence. R	• Staff competency • Assessing competence • Qualifications of individual assessing competence
QSA.02.03.01: The laboratory performs calibration verification.	**EP 3:** Calibration verification is performed every six months.	• Calibration verification • Medical equipment • Regular maintenance
HR.01.06.01: Staff are competent to perform their responsibilities. *See* Q4 2022 Heads-Up Report titled *Staff Competency – Where Are We Now* on your organization's *Joint Commission Connect* extranet site.	**EP 20:** After the first year of employment, each staff member's competence is assessed on an annual basis for all laboratory tests they perform. This assessment is documented. R	• Staff competency • Staff assessment • Annual assessments

* *See also* WT.03.01.01, EP 6.

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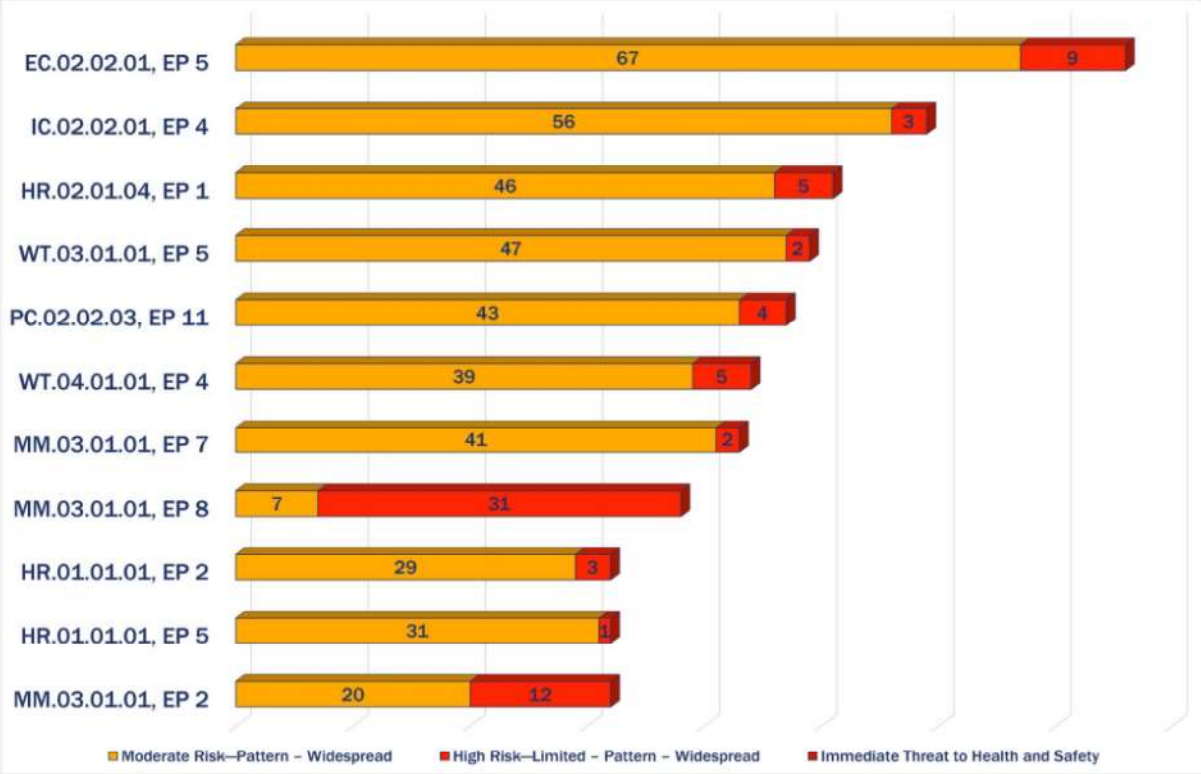
NPSG.02.03.01: Report critical results of tests and diagnostic procedures on a timely basis.	**EP 1:** Ⓓ Collaborate with organization leaders to develop written procedures for managing the critical results of tests and diagnostic procedures that address the following: R ● The definition of critical results of tests and diagnostic procedures ● By whom and to whom critical results of tests and diagnostic procedures are reported ● The acceptable length of time between the availability and reporting of critical results of tests and diagnostic procedures	● Critical results ● Timely reporting

EP, element of performance; QSA, Quality System Assessment for Nonwaived Testing; Q, quarter; EC, Environment of Care; HR, Human Resources; NPSG, National Patient Safety Goals; WT, Waived Testing.

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Nursing Care Center

340 Surveys Conducted in 2023



Standard	EP	Keywords/Topics
EC.02.02.01: The organization manages risks related to hazardous materials and waste. *See* Q2 2021 Heads-Up Report titled *Managing Risks Related to Hazardous Materials and Waste* on your organization's *Joint Commission Connect* extranet site.	**EP 5:** The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.	• Hazardous materials and waste • Handling, storing, transporting, using, and disposing chemicals
IC.02.02.01: The organization reduces the risk of infections associated with medical equipment, devices, and supplies used in the delivery of patient and resident care, treatment, and services.	**EP 4:** The organization implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies. R	• Infection prevention • Safe storage of medical devices, equipment, supplies, and ultrasound probes

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HR.02.01.04: The organization permits [licensed practitioners] to provide care, treatment, and services. *See* Q1 2020 Heads-Up Report titled *Verification of Licensed Practitioners* on your organization's *Joint Commission Connect* extranet site.	**EP 1:** Ⓓ Before permitting [licensed practitioners] new to the organization to provide care, treatment, and services, the organization does the following: ● Documents current licensure and any disciplinary actions against the license available through the primary source. ● Verifies the identity of the individual by viewing a valid state or federal government-issued picture identification (for example, a driver's license or passport). ● Obtains and documents information from the National Practitioner Data Bank (NPDB). The medical director evaluates this information. ● Determines and documents that the practitioner is currently privileged at a Joint Commission–accredited organization; this determination is verified through the accredited organization. If the organization cannot verify that the practitioner is currently privileged at a Joint Commission–accredited organization, the medical director oversees the monitoring of the practitioner's performance and reviews the results of the monitoring. This monitoring continues until it is determined that the practitioner is able to provide the care, treatment, and services that they are being permitted to provide.	● Licensing ● Privileging ● New licensed practitioners ● Verifying licensure ● Primary source verification ● Permission to provide care ● Documenting licensing requirements ● National Practitioner Data Bank
WT.03.01.01: Staff and [licensed practitioners] performing waived tests are competent. *See* Q4 2019 Heads-Up Report titled *Quality Control (QC) Practices for Waived Testing* on your organization's *Joint Commission Connect* extranet site.	**EP 5:** Competency for waived testing is assessed using at least two of the following methods per person per test: R ● Performance of a test on a blind specimen ● Periodic observation of routine work by the supervisor or qualified designee ● Monitoring of each user's quality control performance ● Use of a written test specific to the test assessed	● Staff competency ● Licensed practitioner competency ● Waived testing competence ● Competency assessment methods

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PC.02.02.03: The organization makes food and nutrition products available to its patients and residents.	**EP 11:** The organization stores food and nutrition products, including those brought in by patients and residents or their families, under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.	• Food and nutrition products • Proper storage • Food sanitation
WT.04.01.01: The organization performs quality control checks for waived testing on each procedure. *See* Q4 2019 Heads-Up Report titled *Quality Control (QC) Practices for Waived Testing* on your organization's *Joint Commission Connect* extranet site.	**EP 4:** For instrument-based waived testing, quality control checks are performed on each instrument used for patient or resident testing per manufacturers' instructions.	• Waived testing • Quality control • Patient or resident testing devices • Following manufacturers' instructions for use
MM.03.01.01: The organization safely stores medications. *See* Q4 2020 Heads-Up Report titled *Safely Stored Medications* on your organization's *Joint Commission Connect* extranet site.	**EP 7:** All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings. R	• Medication storage • Medication labeling
MM.03.01.01: The organization safely stores medications. *See* Q4 2023 Heads-Up Report titled *Safe Storage of Expired, Damaged, and/or Contaminated Medications* on your organization's *Joint Commission Connect* extranet site.	**EP 8:** The organization removes all expired, damaged, and/or contaminated medications and stores them separately from medications available for administration. R	• Medication storage • Proper removal of expired, damaged, and/or contaminated medications • Expired medications
HR.01.01.01: The organization defines and verifies staff qualifications. *See* Q2 2022 Heads-Up Report titled *Verifying and Documenting Staff Qualifications and Credentials* on your organization's *Joint Commission Connect* extranet site.	**EP 2:** The organization verifies and documents the following: • Credentials of care providers using the primary source when licensure, certification, or registration is required by law and regulation to practice their profession. This is done at the time of hire and at the time credentials are renewed. • Credentials of care providers (primary source not required) when licensure, certification, or registration is not required by law and regulation. This is done at the time of hire and at the time credentials are renewed.	• Verifying qualifications • Time of hire • Licensure
HR.01.01.01: The organization defines and verifies staff qualifications. *See* Q3 2021 Heads-Up Report titled *Defining and Verifying Staff Qualifications* on your organization's *Joint Commission Connect* extranet site.	**EP 5:** Ⓓ Staff comply with health screening in accordance with law and regulation or organization policy. Health screening compliance is documented.	• Staff verification • Staff qualifications • Health screening compliance

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MM.03.01.01: The organization safely stores medications.	**EP 2:** The organization stores medications according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions. R	• Medication storage • Manufacturers' recommendations • Safe storage

EP, element of performance; EC, Environment of Care; Q, quarter; IC, Infection Prevention and Control; HR, Human Resources; WT, Waived Testing; PC, Provision of Care, Treatment, and Services, MM, Medication Management.

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