EC.02.02.01: The critical access hospital manages risks related to hazardous materials and waste.	**EP 5:** The critical access hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals. R	• Hazardous materials • Hazardous waste • Selection, storage, handling, and transporting chemicals
NPSG.15.01.01: Reduce the risk for suicide. *See* Q3 2022 Heads-Up Report titled *Assessing the Risk of Suicide* on your organization's *Joint Commission Connect* extranet site.	**EP 5:** Ⓓ Follow written policies and procedures addressing the care of patients identified as at risk for suicide. At a minimum, these should include the following: R • Training and competence assessment of staff who care for patients at risk for suicide • Guidelines for reassessment • Monitoring patients who are at high risk for suicide	• Suicide risk reduction • Care of individuals at risk for suicide • Training • Competence assessment
NPSG.15.01.01: Reduce the risk for suicide. *See* Q3 2022 Heads-Up Report titled *Assessing the Risk of Suicide* on your organization's *Joint Commission Connect* extranet site.	**EP 4:** Document patients' overall level of risk for suicide and the plan to mitigate the risk for suicide. R	• Suicide risk reduction • Care of individuals at risk for suicide • Training • Competence assessment
PC.03.01.03: The critical access 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. *See* Q2 2021 Heads-Up Report titled *Patient Assessment Before Administration of Sedation or Anesthesia* on your organization's *Joint Commission Connect* extranet site.	**EP 1:** Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered: The critical access hospital conducts a presedation or preanesthesia patient assessment.* R	• Administration of sedation • Moderate or deep sedation • Anesthesia • Incomplete presedation • Patient assessment

* *See also* PC.03.01.01, EP 9; RC.02.01.01, EP 2.

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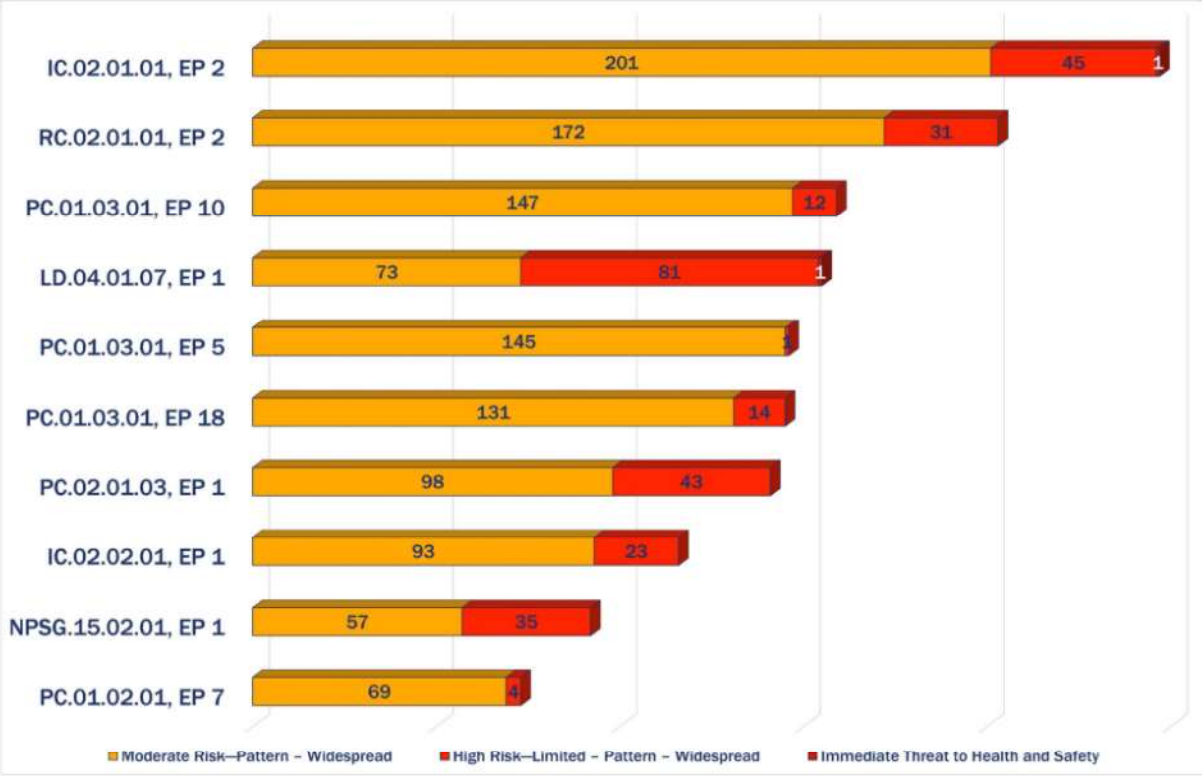
MM.04.01.01: Medication orders are clear and accurate.	**EP 2:** Ⓓ The critical access hospital follows a written policy that defines the following: ● The minimum required elements of a complete medication order, which must include medication name, medication dose, medication route, and medication frequency ● When indication for use is required on a medication order ● The precautions for ordering medications with look-alike or sound-alike names ● Actions to take when medication orders are incomplete, illegible, or unclear ● For medication titration orders, required elements include the medication name, medication route, initial rate of infusion (dose/unit of time), incremental units to which the rate or dose can be increased or decreased, how often the rate or dose can be changed, the maximum rate or dose of infusion, and the objective clinical measure to be used to guide changes	● Medication orders ● Medication policies ● Medication management ● Precautions for look-alike/sound-alike medications
EC.02.04.03: The critical access hospital inspects, tests, and maintains medical equipment.	**EP 2:** Ⓓ The critical access hospital inspects, tests, and maintains all high-risk equipment. These activities are documented. R	● Medical equipment inspection, testing, and documentation ● Life-support equipment testing
NPSG.15.01.01: Reduce the risk for suicide. *See* Q3 2022 Heads-Up Report titled *Assessing the Risk of Suicide* on your organization's *Joint Commission Connect* extranet site.	**EP 2:** Screen all patients for suicidal ideation who are being evaluated or treated for behavioral health conditions as their primary reason for care using a validated screening tool. R	● Suicidal ideation screening ● Suicide risk reduction ● Validated screening tools ● Suicide risk assessment ● Suicide risk reduction

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

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Home Care

1,462 Surveys Conducted in 2023



Standard	EP	Keywords/Topics
IC.02.01.01: The organization implements the infection prevention and control activities it has planned. *See* Q1 2021 Heads-Up Report titled *Infection Prevention and Control Activities* on your organization's *Joint Commission Connect* extranet site.	**EP 2:** The organization uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection.* R	• Personal protective equipment • Standard precautions • Hand hygiene • Infection prevention and control plan • Reducing infection risk

* *See also* EC.02.02.01, EP 3.

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RC.02.01.01: The patient record contains information that reflects the patient's care, treatment, or services. *See* Q1 2020 Heads-Up Report titled *Documentation and Record of Care* on your organization's *Joint Commission Connect* extranet site.	**EP 2:** The patient record contains the following clinical information:* R • Any medications administered, including dose • Any activity restrictions • Any changes in the patient's condition • Any summaries of the patient's care, treatment, or services furnished to the patient's physician or allowed practitioner • The patient's medical history • Any allergies to medications • Any adverse drug reactions • The patient's functional status • Any diet information or any dietary restrictions • Diagnostic and therapeutic tests, procedures, and treatments, and their results • Any specific notes on care, treatment, or services • The patient's response to care, treatment, or services • Any assessments relevant to care, treatment, or services • Physician or allowed practitioner orders • Any information required by organization policy, in accordance with law and regulation • A list of medications, including dose, strength, frequency, route, date and time of administration for prescription and nonprescription medications, herbal products, and home remedies that relate to the patient's care, treatment, or services • The plan(s) of care • **For DMEPOS suppliers serving Medicare beneficiaries:** The DMEPOS prescription, any certificates of medical necessity (CMN), and pertinent documentation from the beneficiary's prescribing physician or allowed practitioner.	• Medical record • Record of care • Patient information • Patient care • Medical history • Treatment and services • Documentation

* *See also* PC.01.02.01, EP 1; PC.01.03.01, EP 23.

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PC.01.03.01: The organization plans the patient's care. *See* Q3 2020 Heads-Up Report titled *Plan of Care* on your organization's *Joint Commission Connect* extranet site.	**EP 10: Ⓓ For home health agencies that elect to use The Joint Commission deemed status option:** The individualized plan of care specifies the care and services necessary to meet the needs identified in the comprehensive assessment and addresses the following: ● All pertinent diagnoses ● Mental, psychosocial, and cognitive status ● Types of services, supplies, and equipment required ● The frequency and duration of visits ● The patient's prognosis ● The patient's potential for rehabilitation ● The patient's functional limitations ● The patient's permitted activities ● The patient's nutritional requirements ● All medications and treatments ● Safety measures to protect against injury ● A description of the patient's risk for emergency department visits and hospital readmission, and all necessary interventions to address the underlying risk factors ● Patient-specific interventions and education ● Measurable outcomes and goals identified by the organization and patient as a result of implementing and coordinating the plan of care ● Patient and caregiver education and training to facilitate timely discharge ● Information related to any advance directives ● Identification of the disciplines involved in providing care ● Any other relevant items, including additions, revisions, and deletions that the home health agency, physician, or allowed practitioner may choose to include	● Care planning ● Individual plans of care ● Patient care plans ● Measurable outcomes and goals

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LD.04.01.07: The organization has policies and procedures that guide and support patient care, treatment, or services.	**EP 1:** Leaders review, approve, and manage the implementation of policies and procedures that guide and support patient care, treatment, or services.	• Patient care policies • Leadership review
PC.01.03.01: The organization plans the patient's care. *See* Q3 2020 Heads-Up Report titled *Plan of Care* on your organization's *Joint Commission Connect* extranet site.	**EP 5:** The written plan of care is based on the patient's goals and the time frames, settings, and services required to meet those goals.	• Written care plan • Documentation • Care planning • Patient goals
PC.01.03.01: The organization plans the patient's care.	**EP 18: For hospices that elect to use The Joint Commission deemed status option:** The plan of care includes all services needed for the palliation and management of the terminal illness and related conditions, including the following: • Interventions to manage pain and symptoms • A statement of the scope and frequency of the services necessary to meet the patient's and family's needs • Measurable outcomes anticipated from implementing and coordinating the plan of care • Medications and treatment necessary to meet the patient's needs • Medical supplies and appliances necessary to meet the patient's needs	• Patient care planning • Plan of care • Hospice • Palliative care • Terminal illness • Care planning • End-of-life care
PC.02.01.03: The organization provides care, treatment, or services in accordance with orders or prescriptions, as required by law and regulation.	**EP 1:** Prior to providing care, the organization obtains or renews orders (verbal or written) from a physician or allowed practitioner in accordance with professional standards of practice and law and regulation. R	• Patient care • Obtaining orders • Renewing orders
IC.02.02.01: The organization reduces the risk of infections associated with medical equipment, devices, and supplies.	**EP 1:** The organization implements infection prevention and control activities when doing the following: Cleaning and performing disinfection of medical supplies and devices.*	• Infection prevention • Medical equipment, devices, and supplies • Cleaning and disinfecting supplies and devices

* *See also* EQ.01.05.01, EPs 3, 4.

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NPSG.15.02.01: Identify risks associated with home oxygen therapy such as home fires. *See* Q4 2019 Heads-Up Report titled *Identification of Risks Associated With Home Oxygen Therapy* and Q3 2022 Heads-Up Report titled *Identification of Risks Associated With Home Oxygen Therapy – Where Are We Now* on your organization's *Joint Commission Connect* extranet site.	**EP 1:** Ⓓ Conduct a home oxygen safety risk assessment before starting oxygen therapy in the home and when home care services are initiated that addresses at least the following: R • Whether there are smoking materials in the home • Whether or not the home has functioning smoke detectors • Whether there are other fire safety risks in the home, such as the potential for open flames	• Home oxygen therapy • Home oxygen safety • Oxygen risk assessment • Home fires • Fire safety • Smoking materials
PC.01.02.01: The organization assesses and reassesses its patients.	**EP 7:** Ⓓ The hospice conducts and documents a patient-specific comprehensive assessment and reassessment that identifies the patient's need for hospice care and services. The assessment includes the patient's need for physical, psychosocial, emotional, and spiritual care, including the following: • Support with activities of daily living • All areas of hospice care related to the palliation and management of the terminal illness and related conditions • The severity of symptoms • Factors that alleviate or exacerbate physical symptoms • The comfort level of a patient who chooses not to take nutrition therapy • Patient and family spiritual orientation, including their desire for the involvement of a religious group • Spiritual concerns or needs identified by the patient or family, such as despair, suffering, guilt, and forgiveness • Patient and family involvement in a support group, if any	• Patient assessment • Care planning • Care assessment • Patient needs • Total care

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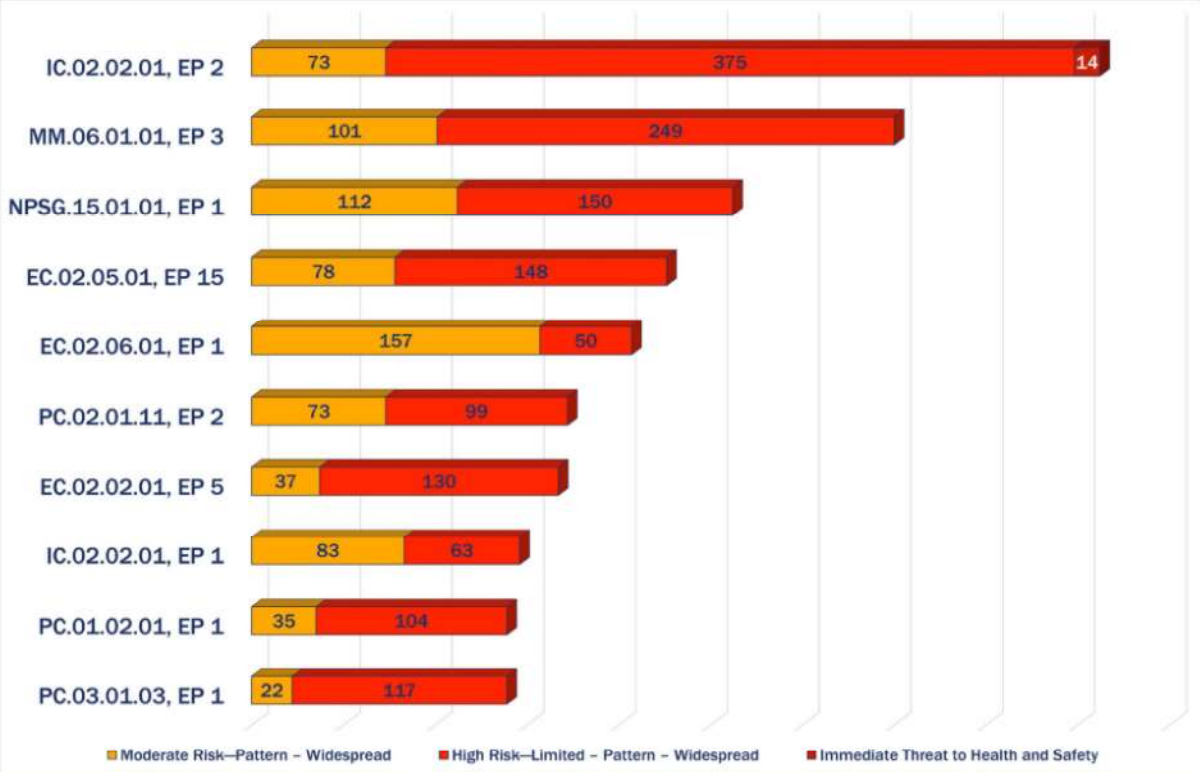
PC.01.02.01, EP 7 *continued*	• Additional information about the patient's psychosocial status, such as family relationships, social history, the source and adequacy of environmental and other resources, coping mechanisms, and the patient's and family's reactions to illness • The need for volunteer services to offer support or respite to the patient, family, or other caregivers • The need for an alternative setting or level of care • Anticipated discharge needs, including bereavement and funeral needs • Survivor risk factors, such as the nature of the relationship with the patient, circumstances surrounding the death, behaviors before and after the death, availability of coping mechanisms, and potential for pathological grief reactions • **For hospices that elect to use The Joint Commission deemed status option:** Cultural factors that may impact the patient's and family's ability to cope with the patient's death • **For hospices that elect to use The Joint Commission deemed status option:** The need for referral to and evaluation by other health professionals	

EP, element of performance; IC, Infection Prevention and Control; Q, quarter; RC, Record of Care, Treatment, and Services; DMEPOS, durable medical equipment, prosthetics, orthotics, and supplies; PC, Provision of Care, Treatment, and Services; LD, Leadership; NPSG, National Patient Safety Goals; EC, Environment of Care; EQ, Equipment Management.

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Hospital

1,330 Surveys Conducted in 2023



Standard	EP	Keywords/Topics
IC.02.02.01: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies. *See* Q3 2021 Heads-Up Report titled *Reducing Risk Associated with Reprocessing of Medical Equipment* on your organization's *Joint Commission Connect* extranet site.	**EP 2:** The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies.* **R**	• Intermediate- and high-level disinfection and sterilization • Infection prevention • Following manufacturers' instructions for use

* *See also* EC.02.04.03, EP 4.

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MM.06.01.01: The hospital safely administers medications. *See* Q1 2020 Heads-Up Report titled *Safe Medication Administration* on your organization's *Joint Commission Connect* extranet site.	**EP 3:** Before administration, the individual administering the medication does the following:* • Verifies that the medication selected matches the medication order and product label • Visually inspects the medication for particulates, discoloration, or other loss of integrity • Verifies that the medication has not expired • Verifies that no contraindications exist • Verifies that the medication is being administered at the proper time, in the prescribed dose, and by the correct route • Discusses any unresolved concerns about the medication with the patient's physician or other licensed practitioner, prescriber (if different from the physician or other licensed practitioner), and/or staff involved with the patient's care, treatment, and services	• Medication administration safety • Verifying orders • Verifying dosages, titration rates, and expiration dates • Verifying or notifying licensed practitioners/providers with changes
NPSG.15.01.01: Reduce the risk for suicide. *See* Q4 2020 Heads-Up Report titled *Reducing the Risk of Suicide in the Physical Environment* on your organization's *Joint Commission Connect* extranet site.	**EP 1: For psychiatric hospitals and psychiatric units in general hospitals:** The hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the hospital takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging). R **For nonpsychiatric units in general hospitals:** The organization implements procedures to mitigate the risk of suicide for patients at high risk for suicide, such as one-to-one monitoring, removing objects that pose a risk for self-harm if they can be removed without adversely affecting the patient's medical care, assessing objects brought into a room by visitors, and using safe transportation procedures when moving patients to other parts of the hospital.	• Ligature risks • Environmental risk assessment • Suicide risk reduction • Suicide prevention • Anchor points • Door hinges

* *See also* MM.03.01.05, EP 2.

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