

Prepublication Requirements

• Issued June 20, 2024 •



Revisions to the Ambulatory Surgical Centers Related to CMS CFCs

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online *E-dition*®), accredited organizations and paid subscribers can also view them in the monthly periodical *The Joint Commission Perspectives*®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE AMBULATORY HEALTH CARE ACCREDITATION PROGRAM

Effective August 1, 2024

Environment of Care (EC) Chapter

EC.01.01.01

The organization plans activities to minimize risks in the environment of care.

Note 1: One or more persons can be assigned to manage risks associated with the management plans described in this standard.

Note 2: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization complies with the 2012 edition of NFPA 99: Health Care Facilities Code. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.

Note 3: For further information on waiver and equivalency requests, see <https://www.jointcommission.org/resources/patient-safety-topics/the-physical-environment/life-safety-code-information-and-resources/> and NFPA 99-2012: 1.4.

Element(s) of Performance for EC.01.01.01

12. **For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization complies with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.**

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Human Resources (HR) Chapter

HR.02.01.03

The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.

Key: **D** indicates that documentation is required;

R indicates an identified risk area;

Element(s) of Performance for HR.02.01.03

33. For ambulatory surgical centers that elect to use The Joint Commission deemed status option:
~~Physicians who perform surgery in the ambulatory surgical center have been granted clinical privileges to do so by the ambulatory surgical center's governing body.~~

33. **For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Surgical procedures are performed in a safe manner by qualified physicians who have been granted clinical privileges to do so by the ambulatory surgical center's governing body in accordance with approved policies and procedures.**

Life Safety (LS) Chapter

LS.01.01.01

The organization designs and manages the physical environment to comply with the Life Safety Code.
 Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in the event of an emergency in the organization.

Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable.

The organization designs and manages the physical environment to comply with the Life Safety Code.

Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia, outpatient, emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization.

Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served.

Element(s) of Performance for LS.01.01.01

4. When the organization plans to resolve a deficiency through a Survey-Related Plan for Improvement (SPFI), the organization meets the 60-day time frame.
 Note 1: If the corrective action will exceed the 60-day time frame, the organization must request a time-limited waiver within 30 days from the end of survey.
 Note 2: If there are alternative systems, methods, or devices considered equivalent, the organization may submit an equivalency request using its Statement of Conditions (SOC).
 Note 3: For further information on waiver and equivalency requests, see <https://www.jointcommission.org/resources/patient-safety-topics/the-physical-environment/life-safety-code-information-and-resources/> and NFPA 101-2012: 1.4.

4. When the organization plans to resolve a deficiency through a Survey-Related Plan for Improvement (SPFI), the organization meets the 60-day time frame, which begins once the organization receives the final survey report.
- Note 1: If the corrective action will exceed the 60-day time frame, the organization must request a time-limited waiver within 30 days from the end of survey.
- Note 2: If there are alternative systems, methods, or devices considered equivalent, the organization may submit an equivalency request using its Statement of Conditions (SOC).
- Note 3: For further information on waiver and equivalency requests, see <https://www.jointcommission.org/resources/patient-safety-topics/the-physical-environment/life-safety-code-information-and-resources/> and NFPA 101-2012: 1.4.
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8. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization meets the provisions applicable to ambulatory health care occupancies, regardless of the number of patients served, in accordance with the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).
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LS.01.02.01

The organization protects occupants during periods when the Life Safety Code is not met or during periods of construction.

Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia-~~or~~ outpatient services that render patients incapable of saving themselves in the event of an emergency in the organization.

Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients ~~rendered incapable~~.

The organization protects occupants during periods when the Life Safety Code is not met or during periods of construction.

Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia, outpatient, emergency or urgent care services that render patients incapable of saving themselves in the event of an emergency in the organization.

Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served.

LS.03.01.10

Key: **D** indicates that documentation is required;

R indicates an identified risk area;

Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.

Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the organization.

Note 2: This standard applies to all ambulatory surgical centers seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable.

Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).

Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.

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Note 2: This standard applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients served.

Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).

LS.03.01.20

The organization maintains the integrity of the means of egress.

Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the organization.

Note 2: This standard applies to all ambulatory surgical centers seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable.

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LS.03.01.30

The organization provides and maintains building features to protect individuals from the hazards of fire and smoke.

Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the organization.

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LS.03.01.34

The organization provides and maintains fire alarm systems.

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LS.03.01.35

The organization provides and maintains equipment for extinguishing fires.

Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the organization.

Note 2: This standard applies to all ambulatory surgical centers seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable.

Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).

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LS.03.01.40

The organization provides and maintains special features to protect individuals from the hazards of fire and smoke.

Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the organization.

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The organization provides and maintains special features to protect individuals from the hazards of fire and smoke.

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LS.03.01.50

The organization provides and maintains building services to protect individuals from the hazards of fire and smoke.
Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the organization.

Note 2: This standard applies to all ambulatory surgical centers seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable.

Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).

The organization provides and maintains building services to protect individuals from the hazards of fire and smoke.

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LS.03.01.70

The organization provides and maintains operating features that conform to fire and smoke prevention requirements.
Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the organization.

Note 2: This standard applies to all ambulatory surgical centers departments seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable.

Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).

The organization provides and maintains operating features that conform to fire and smoke prevention requirements.

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Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

Rights and Responsibilities of the Individual (RI) Chapter

RI.01.01.01

The organization respects patient rights.

Element(s) of Performance for RI.01.01.01

2. Information about patient rights is available to the patient.

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Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization informs the patient or, as appropriate, the patient's representative or surrogate decision-maker of the patient's rights.
(See also RI.01.01.03, EPs 1, 2, 3)

RI.01.02.01

The organization respects the patient's right to participate in decisions about their care, treatment, or services.

Element(s) of Performance for RI.01.02.01

2. When a patient is unable to make decisions about their care, treatment, or services, the organization involves a surrogate decision-maker in making these decisions.

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Note 1: If a patient is adjudged incompetent under applicable state laws by a court of proper jurisdiction, the person appointed under state law to act on the patient's behalf exercises the rights of the patient. If a state court has not adjudged a patient incompetent, any legal representative or surrogate decision-maker designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.
Note 2: See the Glossary for a definition of surrogate decision-maker.
(See also RI.01.03.01, EP 1)

RI.01.03.01

The organization honors the patient's right to give or withhold informed consent.

Element(s) of Performance for RI.01.03.01

2. The informed consent process includes a discussion about the following: □ □
- The patient's proposed care, treatment, or services.
 - Potential benefits, risks, and side effects of the patient's proposed care, treatment, or services; the likelihood of the patient achieving their goals; and any potential problems that might occur during recuperation.
 - Reasonable alternatives to the patient's proposed care, treatment, or services. The discussion encompasses risks, benefits, and side effects related to the alternatives and the risks related to not receiving the proposed care, treatment, or services.

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- The patient's proposed care, treatment, or services.
 - Potential benefits, risks, and side effects of the patient's proposed care, treatment, or services; the likelihood of the patient achieving their goals; and any potential problems that might occur during recuperation.
 - Reasonable alternatives to the patient's proposed care, treatment, or services. The discussion encompasses risks, benefits, and side effects related to the alternatives and the risks related to not receiving the proposed care, treatment, or services.
- Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization informs the patient or, as appropriate, the patient's representative or surrogate decision-maker of their right to make informed decisions regarding the patient's care.**