

Prepublication Requirements

• Issued March 19, 2021 •



New Standard Related to CMS Final Rule

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 HOSPITAL ACCREDITATION PROGRAM

Effective May 1, 2021

Information Management (IM) Chapter

IM.02.02.07

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets requirements for the electronic exchange of patient health information.

Note: This standard only applies to hospitals that utilize an electronic medical records system or other electronic administrative system that conforms with the content exchange standard at 45 CFR 170.205(d)(2).

Element(s) of Performance for IM.02.02.07

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| <p>1. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital demonstrates that its electronic medical records system (or other electronic administrative system) has a fully operational notification capacity and is used in accordance with applicable state and federal laws and regulations for the exchange of patient health information.</p> | <input type="checkbox"/> <input type="checkbox"/> |
| <p>2. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital demonstrates that its electronic medical records system (or other electronic administrative system) sends notifications that include at least the patient's name, treating practitioner's name, and sending institution's name.</p> | <input type="checkbox"/> <input type="checkbox"/> |
| <p>3. For hospitals that use Joint Commission accreditation for deemed status purposes: In accordance with the patient's expressed privacy preferences and applicable laws and regulations, the hospital's electronic medical records system (or other electronic administrative system) sends notifications directly, or through an intermediary that facilitates exchange of health information, at the time of the patient's emergency department registration or inpatient admission.</p> | <input type="checkbox"/> <input type="checkbox"/> |

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

(R) indicates an identified risk area;

4. For hospitals that use Joint Commission accreditation for deemed status purposes: In accordance with the patient’s expressed privacy preferences and applicable laws and regulations, the hospital’s electronic medical records system (or other electronic administrative system) sends notifications directly, or through an intermediary that facilitates exchange of health information, either immediately prior to or at the time of the patient’s discharge or transfer from the hospital’s emergency department or inpatient services.

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5. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital makes a reasonable effort to confirm that its electronic medical records system (or other electronic administrative system) sends the notifications to the following (as applicable) post-acute care services providers and suppliers who need to receive notification of the patient’s status for treatment, care coordination, or quality improvement purposes:

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- The patient’s established primary care practitioner
- The patient’s established primary care practice group or entity
- Other practitioners, or other practice groups or entities, identified by the patient as primarily responsible for his or her care

Note: The term “reasonable effort” means that a hospital has a process to send patient event notifications while working within the constraints of its technology infrastructure. There may be instances in which a hospital (or its intermediary) cannot identify an applicable recipient for a patient event notification despite establishing processes for identifying recipients. In addition, some recipients may not be able to receive patient event notifications in a manner consistent with a hospital system’s capabilities.