Rationale for Change: Clarify governing body responsibilities	☒ Existing Standard	**2.I.B-19**

The governing body addresses and is fully and legally responsible, either directly or by appropriate professional delegation, for the operation and performance of the organization. Governing body responsibilities include, but are not limited to:

19. ~~Operating the organization's facilities and environment in a safe manner~~. Development, implementation and oversight of the organization's infection control and safety programs to ensure a safe environment of care.

Rationale for Change: Clarify definition of adverse incident	☒ Existing Standard	**2.I.B-21**

The governing body addresses and is fully and legally responsible, either directly or by appropriate professional delegation, for the operation and performance of the organization. Governing body responsibilities include, but are not limited to:

21. Establishing processes for the identification, reporting, analysis and prevention of adverse incidents and ensuring ~~the~~ consistent and effective implementation by developing a system that includes:
    a. Definition of an adverse incident that, at a minimum, includes:
        iii. Events such as actual breaches in medical care, administrative procedures or other ~~breaches~~ events resulting in ~~a negative impact~~ an outcome that is not associated with the standard of care or acceptable risks associated with the provision of care and service for ~~on~~ a patient~~, even where death or loss of limb or function does not occur~~.
        iv. Circumstances or events that could have resulted in an adverse event
    b. Review of frequency of occurrences, severity of outcomes and reportable events

Current sub-elements b-d will be changed to c-e

Rationale for Change: Clarify governing body responsibilities regarding organization programs	☒ Existing Standard	**2.I.D**

The governing body meets at least annually and keeps such minutes or other records as may be necessary for the orderly conduct of the organization.

1. Items to be reviewed should include, but are not limited to:
    d. The quality management and improvement program~~, policies and procedures, including credentialing and privileging of health care professionals~~
    e. ~~Compliance with all other applicable standards~~ The organization's policies and procedures
    f. The appointment/reappointment process
    g. The infection control program
    h. The safety program
    i. Compliance with all other applicable standards

Rationale for Change: Modified for consistency with Medicare requirements	☒ Existing Standard	**2.II.A**
The medical staff must be accountable to the governing body. The governing body establishes and is responsible for a credentialing and reappointment process, applying criteria in a uniform manner to appoint individuals to provide patient care for the organization. The governing body approves mechanisms for credentialing, reappointment and the granting of privileges, and suspending or terminating clinical privileges, including provisions for appeal of such decisions.		

Rationale for Change:	☒ Existing Standard	**2.II.B-4**
Upon completion of the application, the credentials are verified according to procedures established in the organization's bylaws, rules and regulations or policies. The organization has established procedures to obtain information necessary for primary or secondary source verification of the application and is responsible for obtaining this information. An accreditable organization may use information provided by a Credentials Verification Organization (CVO) after proper assessment of the capability and quality of the CVO. Alternatively, a CVO may demonstrate such capability and quality by becoming accredited or certified by a nationally recognized accreditation organization. Primary or acceptable secondary source verification is required for ~~licensure, education, training and experience~~ items listed in 2.II.B-3a-f, unless a CVO or an organization performing primary source verification that is accredited or certified by a nationally recognized body is used. If the organization utilizes a CVO or another organization to verify credentials, those entities must perform primary source verification unless such sources do not exist or are impossible to verify. Appendix M describes and contains examples of primary and acceptable sources of secondary source verification.		

Rationale for Change: Modified for consistency with Medicare requirements	☒ Existing Standard	**2.II.B-5**
The governing body, either directly or by delegation, makes (in a manner consistent with state law) initial appointment, reappointment and assignment or curtailment of clinical privileges based on professional peer evaluation. This process shall have the following characteristics: 5. ~~Applicants~~ Medical staff ~~shall~~ must apply for reappointment every three (3) years, or more frequently if state law or organizational policies so stipulate. At reappointment, the organization requires completion of a reappointment application and verifies items listed in Standard 2.II.B-3c-g and peer review activities as described in Subchapter I of Chapter 5.		

Rationale for Change: Modified for consistency with Medicare requirements	☒ New Standard	**2.II.C**
The scope of procedures must be periodically reviewed by the governing body and amended as appropriate. **This standard is inserted at 2.II.C; the current existing standards will be reordered accordingly.**		

Rationale for Change: Modified for consistency with Medicare requirements	☒ Existing Standard	2.II.C **now 2.II.D**
Privileges to carry out specified procedures are granted by the organization to the health care professional to practice for a specified period of time. These privileges are granted based on an applicant's qualifications within the services provided by the organization and recommendations from qualified medical personnel. ~~Privileges may be added pursuant to the organization's policies and procedures.~~		

Rationale for Change: Clarify personnel orientation	☒ Existing Standard	**3.B-3**
Personnel policies are established and implemented to facilitate attainment of the mission, goals, and objectives of the organization. Personnel policies: 3. ~~Require documentation of adequate orientation and training to familiarize all personnel with the organization's policies, procedures and facilities.~~Reflect the requirement for documentation of initial orientation and training according to position description. Initial orientation and training shall be: a. Completed within 30 days of commencement of employment b. Provided annually thereafter and when there is an identified need c. Provided by a qualified person(s) designated by the organization.		

Rationale for Change: Clarify exposure control plan	☒ New Standard	**3.C**
The organization has a written exposure control plan that is: 1. In compliance with current OSHA bloodborne pathogen regulations 2. Reviewed and updated at least annually 3. Made a part of employee initial orientation and annual retraining 4. Inclusive of an annual evaluation for the availability of safer devices. **This standard is inserted at 3.C; the current existing standards will be reordered accordingly.**		

Rationale for Change:	☒ Existing Standard	**4.E-11**
The organization facilitates the provision of high-quality health care as demonstrated by the following: 11. Continuity of care and patient follow-up		

Rationale for Change: To require the QI program be documented.	☒ Existing Standard	**5.II.A-C**
A. The organization develops and implements a quality improvement program that is broad in scope to address clinical, administrative and cost-of-care performance issues, as well as actual patient outcomes, i.e., results of care, including safety of patients. Characteristics of the written program must include, but are not limited to: 1. A ~~written~~ description of the program that addresses the scope of the organization's health care delivery services and how the quality improvement plan for these services is assessed B. The organization conducts specific quality improvement activities that support the goals of the written QI program. Written reports of QI activities must demonstrate that each activity includes at least the following elements: C. The organization's written quality improvement program must include participation in external performance benchmarking activities that allow for the comparison of key performance measures with other similar organizations or with recognized best practices of national or professional targets or goals.		

Rationale for Change: Clarify and expand risk management program elements	☒ Existing Standard	**5.III.C**
Elements of a risk management program address safety of patients and other important issues, which include: 3. ~~Reporting, reviewing and appropriate~~ Review and analysis of all adverse incidents unexpected for the clinical setting which may include but not limited to actual and potential infection control occurrences and breaches, surgical site infections, and other health care associated infections, involving or reported by employees, patients, health care professionals and others 13. Active surveillance of processes and techniques for detection and prevention of disease, infection and potential communicable infective sources 14. Development and recommendation of infection control policies and procedures as appropriate to the organization and to meet all applicable state and federal requirements 15. Direct intervention to prevent infection as needed.		

Rationale for Change: Clarify staff education in risk management	☒ Existing Standard	**5.III.G**
Education in risk management activities, including infection control and safety policies and processes, is provided to all staff ~~and affiliated persons~~ within thirty (30) days of commencement of employment, annually thereafter, and when there is an identified need.		

Rationale for Change:	☒ Existing Standard	**6.G**
Except when otherwise required by law, the content and format of clinical records, including the sequence of information, are uniform. Records are organized in a consistent manner that facilitates continuity of care. ~~Any abbreviations and dose designations must be standardized according to a list approved by the organization~~.		

Rationale for Change:	☒ Existing Standard	**6.I**
If a patient had multiple visits/admissions, ~~and~~ or the clinical record is complex and lengthy, a summary of past and current diagnoses or problems, including past procedures, is documented in that patient's record to facilitate the continuity of care.		

Rationale for Change: Documentation of prescription medication in clinical record	☒ Existing Standard	**6.K**
Entries in a patient's record for each visit include, but are not limited to: 1. Date, department (if departmentalized), and physician or other health care professional's name and credential (for example, PT, RN, CRNA) 2. Chief complaint or purpose of visit 3. Clinical findings 4. Diagnosis or impression 5. Studies ordered, such as laboratory or x-ray studies 6. Care rendered and therapies administered 7. Any changes in prescription and non-prescription medications with name and dosage, when available ~~7~~8. Disposition, recommendations and instructions given to the patient ~~8~~9. Authentication and verification of contents by health care professionals ~~9~~10. D~~d~~ocumentation regarding ~~for~~ m~~M~~issed and canceled appointments ~~should have follow-up documentation~~		

Rationale for Change: Relocated from 11.B-MS-1 to Chapter 6	☒ New Standard	11.B-MS-1 **now 6.J-MS**
6.J-MS. Adverse reactions must be reported to the physician responsible for the patient and must be documented in the record.		

Chapter 7 – Infection Prevention and Control and Safety

Chapter 7 Preamble: An accreditable organization provides health care services while adhering to safe practices for patients, staff and all others. The organization maintains ongoing programs designed to (1) control and prevent infections and communicable diseases, and (2) to provide a safe and sanitary environment of care.

7.I. Infection Prevention and Control – An accreditable organization maintains an active and ongoing infection control and prevention program as evidenced by the following characteristics:

A. The ~~ASC~~ organization must establish a program for identifying and preventing infections, maintaining a sanitary environment, and reporting the results to appropriate authorities.

(Relocated from 2009 8.N-MS Additional Medicare Requirement to 2010 AAAHC Chapter 7)

B. The infection control and prevention program includes documentation that the organization has considered, selected, and implemented nationally-recognized infection control guidelines. The program is:
   1. Approved by the governing body
   2. An integral part of the organization's quality improvement program
   3. Under the direction of a designated and qualified health care professional who has training and current competence in infection control
   4. Implemented with a plan of action to:
      a. Prevent, identify, minimize and manage infections and communicable diseases
      b. Immediately implement corrective and preventive measures that result in improvements.

C. The infection control and prevention program reduces the risk of healthcare associated infection as evidenced by education and active surveillance, consistent with:
   1. WHO, CDC or other nationally-recognized guidelines for hand hygiene
   2. CDC or other nationally-recognized guidelines for safe injection practices
   3. Precautions to minimize communicable disease exposure to patients, healthcare staff and others.

D. The organization provides a functional and sanitary environment for the provision of services. The organization adheres to professionally accepted standards of practice, manufacturer's recommendations, and state and federal guidelines, including but not limited to the cleaning, disinfection and sterilization of instruments, equipment, supplies, and implants.

E. A sharps injury prevention program must be present in the organization. Such a program will include:
   1. Documentation of employee orientation and annual staff education
   2. Disposal of intact needles and syringes into appropriate puncture-resistant sharps containers, in accordance with current state and federal guidelines
   3. Placement of sharps containers in appropriate care areas, secured from tampering
   4. Replacement of sharps containers when the fill line is reached
   5. Handling and disposal of filled sharps containers in accordance with applicable regulations.

F. A safe environment for treating patients, including adequate safeguards to protect the patient from cross-infection, is assured through the provision of adequate space, equipment, supplies and personnel. Relocated from 10.I.M to Chapter 7.I.

G. Procedures ~~should~~ must be available to minimize the sources and transmission of infections, including adequate surveillance techniques.

(Relocated from 8.N to Chapter 7.I)

H. A process is in place for the monitoring and documentation of the cleaning, high level disinfection and sterilization of medical equipment, accessories, instruments and implants. Sterile packs of equipment and instruments are within current dates.

I. A policy addresses the identification and processing of medical equipment and instruments that did not meet sterilization parameters.

J. ~~Provisions have been made~~ Policies are in place for the isolation or immediate transfer of patients with a communicable disease.

(Relocated from 10.I.M-1 to Chapter 7.I)

K. The organization's written policies address cleaning of patient treatment and care areas which, at a minimum address:
   1. Cleaning before use
   2. Cleaning between patients
   3. Terminal cleaning at the end of day

7.II. Safety – An accreditable organization adheres to safe practices for patients, staff and others as evidenced by the following characteristics:

A. Elements of a safety program address, but are not limited to, the organization's environment of care and the safety of patients, staff, and others, and must meet or exceed local, state or federal safety requirements. The elements of the safety program include, but are not limited to:
   1. Processes for the management of identified hazards, potential threats, near misses and other safety concerns
   2. An awareness of, and a process for, the reporting of known adverse incidents to appropriate state and federal agencies when required by law to do so
   3. Processes to reduce and avoid medication errors
   4. Policies regarding food and drink, if made available
   5. Policies addressing manufacturer or regulatory agency recalls related to medications, medical equipment and devices, and food products
   6. Prevention of falls or physical injuries involving patients, staff, and all others

B. There is a person or committee designated by the governing body that is responsible for the organization's safety program.

C. Medical staff members, employees, volunteers and others abide by the program, and receive education and training to include and not be limited to:
   1. Infection control and prevention program
   2. Safety program

D. Unique patient identifiers are consistently used throughout care.

E. The organization has written policies regarding procedures and treatments that are offered to patients, which include criteria for patient selection, the need for anesthesia support, and post-procedural care.

F. The organization has a comprehensive written emergency and disaster preparedness plan to address internal and external emergencies, including participating in community health emergency or disaster preparedness, when applicable. The written plan must include a provision for the safe evacuation of individuals during an emergency, especially individuals who may be unable to self-evacuate from the organization.

(Relocated from 8.E to Chapter 7.II)

G. The organization adopts the appropriate policies and procedures to educate providers and personnel in fire prevention and fire hazard reduction.

H. Fire safety, fire prevention and fire drills are included in the surveillance activities of personnel responsible for safety and risk management.

I. Environmental hazards associated with safety are identified and safe practices are established.

J. Measures are implemented to prevent skin and tissue injury from chemicals, cleaning solutions and other hazardous exposure.

K. Evidence of compliance with local, state and federal guidelines ~~are~~ is present and adhered to regarding preparing, serving, disposal and storing of food and drink for patient use.

L. Patients are educated about prescribed medical devices and associated protocols and guidelines. Patient competence with device is verified before independent use.

M. Reprocessing of single-use devices must comply with FDA guidelines, and the devices must have been cleared under the FDA 510(k) process. Policies must clearly dictate the cleaning and handling of these devices in-house before sending them out for reprocessing~~., or if processed inhouse, must clearly define the processes to ensure that the FDA guidelines are met.~~ A written log must be maintained on all reprocessed devices.

(Relocated from 10.I.N to Chapter 7.II)

N. The organization has a policy and process that addresses the recall of items including drugs and vaccines, blood and blood products, medical devices, equipment and supplies, and food products. At a minimum, the policy addresses: 1. Sources of recall information (FDA, CDC, manufacturers, and other local, state or other federal sources) 2. Methods of notification of staff that need to know 3. Methods to determine if a recalled product is present at the organization or has been given or administered to patients 4. Documentation of response to recalled products 5. Disposition or return of recalled items 6. Patient notification, as appropriate
O. Products, including medications, reagents and solutions that carry an expiration date are monitored. The organization has a policy for disposal or return of expired medications and supplies that is in accordance with local, state and federal guidelines.
P. Prior to use, appropriate education is provided to intended operators of newly-acquired devices or products to be used in the care of patients. 1. The organization shall designate a person to be responsible for ensuring that appropriate clinical education occurs prior to allowing the use of the device in the care of a patient. Vendor representatives are not used as the sole source for clinical education.

Rationale for Change: Confirmation that NFPA 101® Life Safety Code,® 2000 Edition may be required for some organizations	☒ Existing Standard	**8.A-2**
The organization provides evidence of compliance with the following: 2. Applicable state and local fire prevention regulations, such as t~~T~~he NFPA 101® Life Safety Code,® 2000 Edition, published by the National Fire Protection Association, Inc.~~, is a commonly accepted guideline among states and localities.)~~		

Rationale for Change: Expand standard to include delivery of safe care	☒ Existing Standard	**8.C**
The organization has the necessary personnel, equipment and procedures to deliver safe care, and to handle medical and other emergencies that may arise ~~in connection with services sought or provided~~		

Rationale for Change: To require organizations to conduct drills within specified time frames.	☒ Existing Standard	8.F **now 8.E**
The organization requires at least one (1) drill ~~per year~~ each calendar quarter of the internal emergency and disaster preparedness plan. One (1) of the~~se~~ annual drills must be a documented cardiopulmonary resuscitation (CPR) technique drill, as appropriate to the organization. The organization must complete a written evaluation of each drill, including any corrections or modifications to the plan.		

Rationale for Change: Provide specifics related to food and drink to provided to patients	☒ Existing Standard	8.M **now 8.L**
Food services and refreshments provided to patients meet their clinical needs and are prepared, stored, served and disposed of in compliance with local, state and federal health department requirements		

Rationale for Change: Move existing footnote to 2010 Resource Appendix.	☒ Existing Standard	Footnote for 8.N
[1] ~~Guidelines on reprocessing flexible gastrointestinal endoscopes were endorsed by several health organizations and published in the following journal: Gastrointestinal Endoscopy, Vol. 58, No. 1, July 2003.~~		

Rationale for Change: Clarify medical equipment management	☒ Existing Standard	8.R **now 8.P**
~~Written~~ Policies and procedures regarding medical ~~E~~equipment ~~is properly maintained and periodically tested~~ include its standardized use, periodic testing and scheduled preventive maintenance.		

Rationale for Change: Addition to Chapter 8 regarding testing of fire notification systems	☒ New Standard	**8.R**
Testing of fire alarm and inspection of fire suppression systems, including verification of signal transmission, are performed and documented, as applicable.		

Rationale for Change: Addition to Chapter 8 regarding risk assessment of physical plant	☒ New Standard	**8.S**
When an organization undergoes demolition, construction, or renovation projects, the organization performs a proactive and ongoing risk assessment for existing or potential environmental hazards. 1. Safety measures are implemented based on the results of the assessment.		

Rationale for Change: Addition to Chapter 8 regarding temperature monitoring for certain stored items	☒ New Standard	**8.T**
Ongoing temperature monitoring is performed for items that are frozen, refrigerated and/or heated per product manufacturer's recommendations. Stated temperature ranges are readily available to staff performing the monitoring function.		

Rationale for Change: To clarify that: • if succinylcholine is present on a crash cart and available as an emergency resuscitative medication only, dantrolene *is* required to be present in the facility • even if an organization is performing procedures using only a local anesthetic, if they have triggering agents, they must meet this standard.	☒ Existing Standard	**9.R**
Education and training in the recognition and treatment of malignant hyperthermia must occur before triggering agents are made available within the organization. Education and malignant hyperthermia drills are conducted at least annually thereafter when triggering agents are present within the organization. Organizations that have anesthetic and resuscitative agents available that are known to trigger malignant hyperthermia, must have written protocols~~,~~ such as the Malignant Hyperthermia Association of the United States (MHAUS) protocol (See Appendix L, Malignant Hyperthermia Guidelines) These treatment protocols must: 1. Be posted and immediately available in each location where triggering agents might be used 2. Include the use of dantrolene and other medications, and methods of cooling and monitoring of the patient.		

Rationale for Change: Modified for consistency with Medicare requirements	☒ Existing Standard	**10.I.A**
Surgical procedures must be performed in a functional and sanitary environment ~~the facilities owned and operated by the organization~~ and are limited to those procedures that are approved by the governing body upon the recommendation of qualified medical personnel.		

Rationale for Change:	☒ Existing Standard	☐ New Standard
Modified for consistency with Medicare requirements	Existing standard identifier:	**10.I.C**
Surgical procedures ~~are~~ must be performed in a safe manner only by qualified ~~physicians~~ providers who: 1. Are licensed to perform such procedures within the state in which the organization is located 2. Have been granted clinical privileges to perform those procedures by the governing body ~~of the organization~~, in accordance with Chapter 2, subchapter II		

Rationale for Change: Safe medication processes	☒ Existing Standard	10.I.E **now 10.I.D and new 10.I.E and F**

~~E~~D. An appropriate and current health history must be completed, with a list of current prescription and non-prescription medications and dosages, when available, physical examination, and pertinent pre-operative diagnostic studies incorporated into the patient's clinical record within thirty (30) days, or according to local or state requirement, prior to the scheduled surgery/procedure.

E. The use and timeliness of administration of appropriate pre-operative antibiotics is monitored to ensure maximum effectiveness.

F. Specific instructions for discontinuation or resumption of medications prior to and post-operatively are provided to the patient.

These standards are inserted at 10.I.F; the current existing standards will be reordered accordingly.

Rationale for Change: Expand surgical attire language	☒ Existing Standard	10.I.M-2 **now 10.I.N-2**

A safe environment for treating surgical patients, including adequate safeguards to protect the patient from cross-infection, is ~~assured~~ ensured through the provision of adequate space, equipment, supplies and personnel.

2. All persons entering operating or procedure rooms are properly attired as defined by the organization's written policy.

Rationale for Change: Separate existing standard related to aseptic technique and surgical hand antisepsis	☒ Existing Standard	10.I.M-3 **now 10.I.N-3 and new 10.I.N-4**

A safe environment for treating surgical patients, including adequate safeguards to protect the patient from cross-infection, is ~~assured~~ ensured through the provision of adequate space, equipment, supplies and personnel.

3. Acceptable aseptic techniques are used by all persons in the surgical area ~~and all such persons must decontaminate hands either by using a hygienic hand scrub or by washing with a disinfectant soap prior to and after direct contact with each patient~~.

4. A written policy outlines the appropriate and timely surgical hand antisepsis (scrub) using either an antimicrobial soap or an alcohol-based hand rub according to product manufacturer's recommended guidelines.

~~4~~5. Only authorized persons are allowed in the surgical or treatment area, including laser rooms.

~~7~~6. Environmental controls are implemented to ensure a safe and sanitary environment.

~~8~~7. Suitable equipment is provided for the regular cleaning of all interior surfaces.

~~9~~8. Operating/procedure rooms are appropriately cleaned before each procedure.

Rationale for Change: Expand safe surgical environment sub-elements	☒ New Standard	**10.I.N-9-13**
A safe environment for treating surgical patients, including adequate safeguards to protect the patient from cross-infection, is ~~assured~~ ensured through the provision of adequate space, equipment, supplies and personnel. 9. Freshly laundered attire is donned in an area inside of the organization prior to entry into areas designated as restricted 10. Attire used for personal protective equipment (PPE) or attire contaminated with blood or body fluid is laundered by a laundry that adheres to CDC or other nationally recognized guidelines and is approved by the organization 11. As needed to minimize the potential contamination of the surgical environment and surgical staff, patient clothing is removed or covered prior to the patient's entry into a surgical area. 12. Measures are implemented to prevent skin and tissue injury from chemicals, cleaning solutions and other hazardous exposure, and to minimize the risk of fire. 13. Policies are in place for pre-procedure site antisepsis, as appropriate to service(s) provided and patient requirements and needs.		

Rationale for Change: Clarify, expand and combine existing 10.I.M, sub-elements 5 and 6, and move to full standard level	☒ New Standard	**10.I.O**
Suitable equipment for rapid and routine sterilization is available to ensure that operating room materials are sterile. Sterilized materials are packaged, labeled and stored in a consistent manner to maintain sterility and identify sterility dates. 1. The processes for cleaning and sterilization of supplies and equipment adhere to manufacturer's instructions and recommendations. 2. Internal and external indicators are used to demonstrate the safe processing of items undergoing high level disinfection and sterilization. **Due to the standard inserted at 10.I.N; the current existing standards will be reordered accordingly.**		

Rationale for Change: Requires organizations to have written policies if blood or blood products are administered.	☒ Existing Standard	10.I.O **now 10.I.P**
~~Protocols have been developed for obtaining and administering blood and blood products on a timely basis, as determined by the governing body, as necessary and appropriate for the type of surgery/ procedure performed at the organization.~~ Organizations that perform procedures where blood loss and subsequent blood replacement is a potential, have policies and procedures to address this type of situation and/or need.		

Rationale for Change: Risk avoidance for surgical organizations	☒ New Standard	**10.I.V**
The organization has a procedure to address when sponge, sharps and instrument counts will occur, the items that will be counted, and the types of procedures requiring counts, when applicable. When appropriate, there is a process to ensure that counts are done before and after the procedure. **This standard is inserted at 10.I.U; the current existing standards will be reordered accordingly.**		

Rationale for Change: Safe medication practice requirements	☒ Existing Standard	**11.J**
Pharmaceutical services provided by the organization are directed ~~supervised~~ by a licensed pharmacist or, when appropriate, by a physician or dentist who is qualified to assume professional, organizational and administrative responsibility for the quality of services rendered.		

Rationale for Change: Safe medication practice requirements	☒ New Standard	**11.K**
Providers who prescribe, dispense, administer and provide patient education on medications have easy access to current drug information and other decision support resources. **The next three standards are inserted beginning at 11.K; the current existing standards will be reordered accordingly.**		

Rationale for Change: Safe medication practice requirements	☒ New Standard	**11.L**
If such medications are present, the organization identifies and maintains a current list of look-alike and sound-alike medications, and actions to prevent errors are evident.		

Rationale for Change: Safe medication practice requirements	☒ New Standard	**11.M**
Procedures are established by the organization for maintenance, cleaning, distribution and use of devices such as nebulizer units, intravenous infusion pumps or any other mechanical device used in the medication delivery process.		

Rationale for Change:	☒ Existing Standard	**13.F**
The organization implements a process to identify the correct site and correct service that is to be performed and involves the patient in the process.		

Rationale for Change: Expand safe travel medication practices	☒ Existing Standard	**15.II.A-4**
4. Entries in a patient's clinical record include: a. Travel destination and current health status b. Immunization and vaccines name(s), dosage form, dosage administered, lot number, and quantity. c. Prescription m~~M~~edications given, quantity and, date, dosage and directions for use d. Preventive health education		

Rationale for Change: Outline responsibilities of training facilities and trainees such as residents and Fellows.	☒ Existing Standard	**18.A**
~~Policies concerning teaching activities address~~: Policies concerning teaching activities address the formal relationship and responsibilities between the organization and the training institution and its trainees. Such policies include but are not limited to: 1. The terms and conditions of reimbursement or other compensation 2. The reasonableness of the time spent away from direct patient care and administrative activities 3. The training of all students and postgraduate trainees, including the extent of their involvement in patient care activities. 4. The requirement or non-requirement for liability coverage 5. Adherence by trainees to organizational policies including state and federal guidelines such as HIPAA and OSHA.		

Rationale for Change: Safe food handling	☒ Existing Standard	**20.M**
Food service and refreshments are provided to meet the needs of patients. 1. ~~Food is purchased prepared, stored, serviced and disposed of in compliance with local health department requirements. Written policies that~~ Evidence of compl~~y~~iance with local, state and federal guidelines ~~are~~ is present and adhered to regarding preparing, serving, disposal and storing of food and drink for patient use. ~~2. Only patients are allowed to consume food or drink in patient care areas.~~ ~~2~~3. Special dietary requirements for patient care are met. ~~3~~4. Personnel providing food services meet local health department requirements.		

Rationale for Change: 1. Clarify in chapter preamble the type of organization where these standards might apply. 2. Provide specificity regarding life support training requirements in immediate/urgent care settings.	☒ Existing Standard	**22 preamble and 22.K**
Chapter 22 Immediate/Urgent Care Services preamble: If an accreditable organization implies by its activities, advertising, or practices that its primary mission is to provides medical care of an urgent or immediate nature on a non-appointment basis , such care meets the needs of the patients it intends to serve. Such immediate care and urgent care is provided in accordance with ethical and professional practices and adheres to applicable local, state and federal requirements. Such an organization has the following characteristics: K. Health care professionals who maintain skills in advanced cardiac life support (ACLS) ~~and~~ or advanced trauma life support (ATLS) are present in the facility ~~at all times.~~when patients are present.		

Rationale for Change: This standard is redundant to 23.J.	☒ Existing Standard	**23.I**
~~Health care professionals who maintain skills in advanced cardiac life support (ACLS) and trauma life support (TLS) are present in the facility at all times.~~		