


2022 Top Standards Noncompliance Data for Select Certification Programs

The Joint Commission regularly analyzes standards compliance data to identify areas that result in the highest number of Requirements for Improvement (RFIs) in its certified programs. These data help The Joint Commission identify trends and tailor education related to challenging standards.

The following bar charts display the most frequently cited elements of performance (EPs) from January 1 through December 31, 2022, for four categories of certification programs across two certification manuals. These four categories are stroke-specific certification programs, cardiac-specific programs, orthopedic-specific programs, and health care staffing. Immediately following each bar chart is a table with the following:

- Standard/EP text
Note: The standards/EPs table does not include standards notes, footnotes, references, or rationales. For a comprehensive look at each standard, refer to E-dition®.
- Applicable addenda for advanced disease-specific care programs
Note: The addenda content is not included. Refer to E-dition for the complete addenda content.

The Joint Commission hopes that, by publishing these lists of frequently cited standards/EPs, it will help organizations proactively assess their performance and address areas of potential noncompliance. 

2022 Most Frequently Cited Certification Requirements for Stroke Programs

Cited from January 1 through December 31, 2022

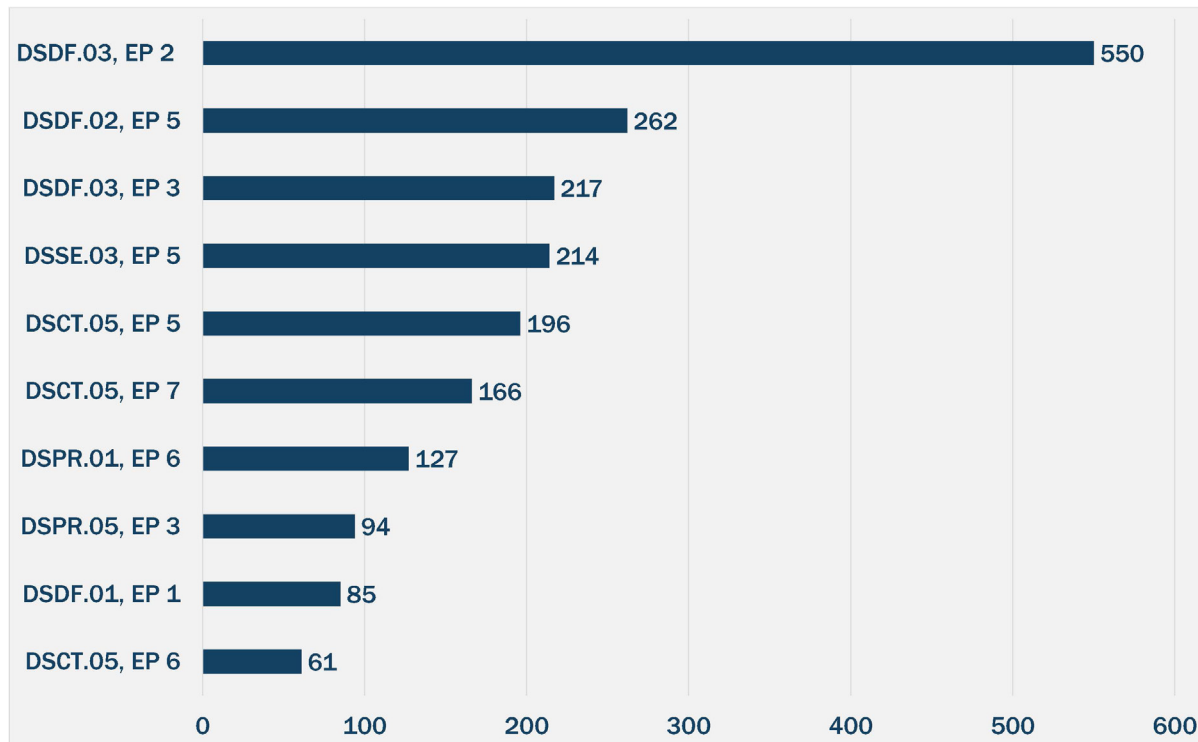
785 REVIEWS CONDUCTED IN 2022 FOR THE FOLLOWING ADVANCED DISEASE-SPECIFIC CARE CERTIFICATION PROGRAMS:

ACUTE STROKE READY HOSPITAL (ASRH): 71 REVIEWS CONDUCTED

COMPREHENSIVE STROKE CENTER (CSC): 127 REVIEWS CONDUCTED

PRIMARY STROKE CENTER (PSC): 535 REVIEWS CONDUCTED

THROMBECTOMY-CAPABLE STROKE CENTER (TSC): 52 REVIEWS CONDUCTED



Standard	EP	Program-Specific Addenda
DSDF.03: The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.	EP 2: The assessment(s) and reassessment(s) are completed according to the patient's needs and clinical practice guidelines.	ASRH: Addenda a–h CSC: Addenda a–c PSC: Addenda a–h TSC: Addenda a–h
DSDF.02: The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.	EP 5: The program demonstrates evidence that it is following the clinical practice guidelines when providing care, treatment, and services.	ASRH: No addenda CSC: Addenda a and b PSC: Addenda a and b* TSC: Addendum a

* Note that Addendum b is applicable only to PSCs that perform mechanical thrombectomy.

DSD.F.03: The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.	EP 3: The program implements care, treatment, and services based on the patient's assessed needs.	ASRH: Addenda a–d CSC: Addenda a–c PSC: Addenda a–c TSC: Addenda a–c
DSSE.03: The program addresses the patient's education needs.	EP 5: The program addresses the education needs of the patient regarding their disease or condition and care, treatment, and services.	ASRH: No addenda CSC: Addenda a–d PSC: No addenda TSC: Addenda a–d
DSCT.05: The program initiates, maintains, and makes accessible a medical record for every patient.	EP 5: The medical record contains sufficient information to document the course and results of care, treatment, and services.	ASRH: Addendum a CSC: Addendum a PSC: Addendum a TSC: Addendum a
DSCT.05: The program initiates, maintains, and makes accessible a medical record for every patient.	EP 7: The program reviews its medical records for completeness and accuracy.	ASRH: No addenda CSC: No addenda PSC: No addenda TSC: No addenda
DSPR.01: The program defines its leadership roles.	EP 6: The program leader(s) provides for the uniform performance of care, treatment, and services.	ASRH: No addenda CSC: No addenda PSC: No addenda TSC: No addenda
DSPR.05: The program determines the care, treatment, and services it provides.	EP 3: The program provides care, treatment, and services to patients in a planned and timely manner.	ASRH: Addenda a–c CSC: No addenda PSC: Addendum a TSC: Addenda a and b
DSD.F.01: Practitioners are qualified and competent.	EP 1: Practitioners have education, experience, training, and/or certification consistent with the program's scope of services, goals and objectives, and the care provided.	ASRH: Addenda a and b CSC: Addenda a–g PSC: Addenda a–d TSC: Addenda a–d
DSCT.05: The program initiates, maintains, and makes accessible a medical record for every patient.	EP 6: The medical record contains sufficient information to facilitate continuity of care.	ASRH: No addenda CSC: No addenda PSC: No addenda TSC: No addenda

EP, element of performance; DSD.F, delivering or facilitating clinical care; DSSE, supporting self-management; DSCT, clinical information management; DSPR, program management.

2022 Most Frequently Cited Certification Requirements for Cardiac Programs

Cited from January 1 through December 31, 2022

226 REVIEWS CONDUCTED IN 2022 FOR THE FOLLOWING CORE AND ADVANCED DISEASE-SPECIFIC CARE CERTIFICATION PROGRAMS:

ACUTE MYOCARDIAL INFARCTION: 6 REVIEWS CONDUCTED

ACUTE HEART ATTACK READY (AHAR): 14 REVIEWS CONDUCTED

ADVANCED CERTIFICATION IN HEART FAILURE (HF): 20 REVIEWS CONDUCTED

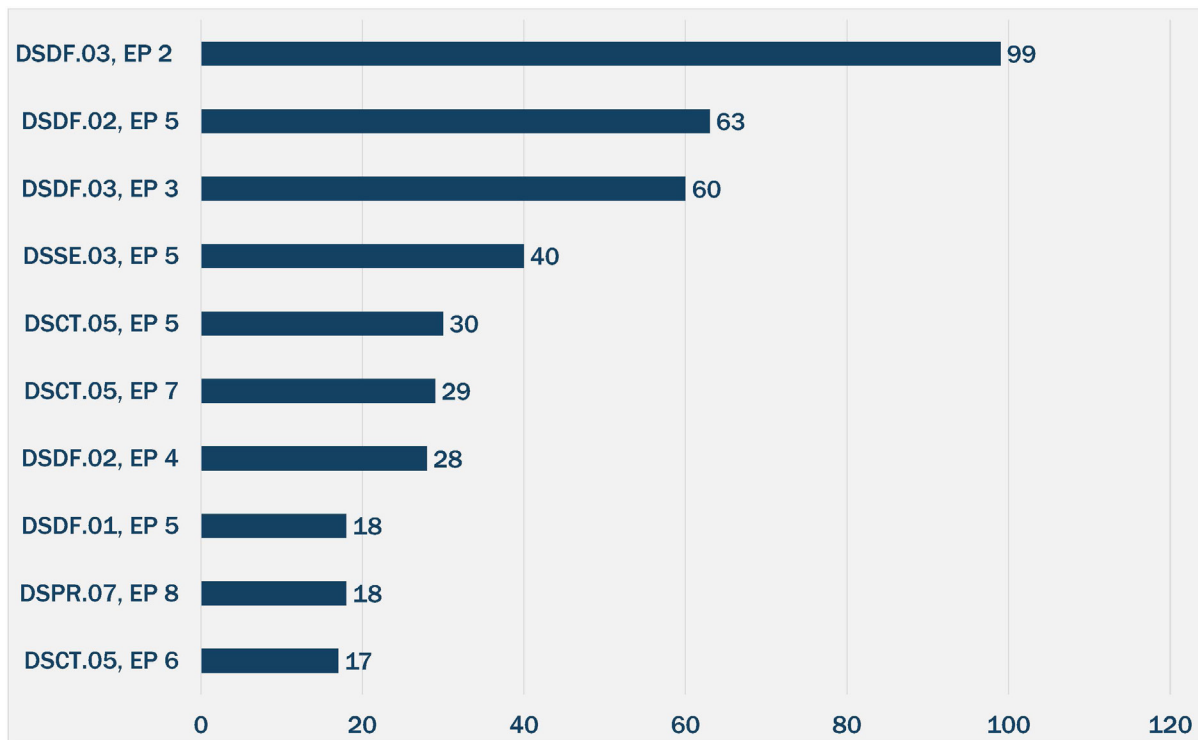
CHEST PAIN: 60 REVIEWS CONDUCTED

COMPREHENSIVE HEART ATTACK CENTER (CHAC): 4 REVIEWS CONDUCTED

HEART FAILURE: 14 REVIEWS CONDUCTED

PRIMARY HEART ATTACK CENTER (PHAC): 30 REVIEWS CONDUCTED

VENTRICULAR ASSIST DEVICE (VAD): 78 REVIEWS CONDUCTED



Standard	EP	Program-Specific Addenda
DSDF.03: The program is implemented through the use of clinical practice guidelines selected to meet the patient’s needs.	EP 2: The assessment(s) and reassessment(s) are completed according to the patient’s needs and clinical practice guidelines.	AHAR: No addenda CHAC: No addenda HF: Addenda a–k PHAC: No addenda VAD: Addenda a and b

DSDF.02: The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.	EP 5: The program demonstrates evidence that it is following the clinical practice guidelines when providing care, treatment, and services.	AHAR: No addenda CHAC: No addenda HF: Addendum a PHAC: No addenda VAD: No addenda
DSDF.03: The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.	EP 3: The program implements care, treatment, and services based on the patient's assessed needs.	AHAR: Addenda a–c CHAC: Addenda a and b HF: Addenda a–e PHAC: Addenda a–c VAD: Addenda a and b
DSSE.03: The program addresses the patient's education needs.	EP 5: The program addresses the education needs of the patient regarding their disease or condition and care, treatment, and services.	AHAR: No addenda CHAC: No addenda HF: Addendum a PHAC: No addenda VAD: No addenda
DSCT.05: The program initiates, maintains, and makes accessible a medical record for every patient.	EP 5: The medical record contains sufficient information to document the course and results of care, treatment, and services.	AHAR: No addenda CHAC: No addenda HF: No addenda PHAC: No addenda VAD: No addenda
DSCT.05: The program initiates, maintains, and makes accessible a medical record for every patient.	EP 7: The program reviews its medical records for completeness and accuracy.	AHAR: No addenda CHAC: No addenda HF: No addenda PHAC: No addenda VAD: No addenda
DSDF.02: The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.	EP 4: Practitioners are educated about clinical practice guidelines and their use.	AHAR: No addenda CHAC: No addenda HF: Addendum a PHAC: No addenda VAD: No addenda
DSDF.01: Practitioners are qualified and competent.	EP 5: The program assesses practitioner competence on an ongoing basis. This assessment is documented.	AHAR: No addenda CHAC: No addenda HF: No addenda PHAC: No addenda VAD: No addenda
DSPR.07: The program's facilities are safe and accessible.	EP 8: The program implements activities to minimize risks associated with medical equipment used in the program.	AHAR: No addenda CHAC: No addenda HF: No addenda PHAC: No addenda VAD: No addenda

<p>DSCT.05: The program initiates, maintains, and makes accessible a medical record for every patient.</p>	<p>EP 6: The medical record contains sufficient information to facilitate continuity of care.</p>	<p>AHAR: No addenda CHAC: No addenda HF: Addendum a PHAC: No addenda VAD: No addenda</p>
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EP, element of performance; DSDF, delivering or facilitating clinical care; DSSE, supporting self-management; DSCT, clinical information management; DSPR, program management.

2022 Most Frequently Cited Certification Requirements for Orthopedic Programs

Cited from January 1 through December 31, 2022

588 REVIEWS CONDUCTED IN 2022 FOR THE FOLLOWING CORE AND ADVANCED DISEASE-SPECIFIC CARE CERTIFICATION PROGRAMS:

ADVANCED CERTIFICATION IN SPINE SURGERY (ACSS): 10 REVIEWS CONDUCTED

ADVANCED TOTAL HIP AND TOTAL KNEE REPLACEMENT (THKR): 108 REVIEWS CONDUCTED

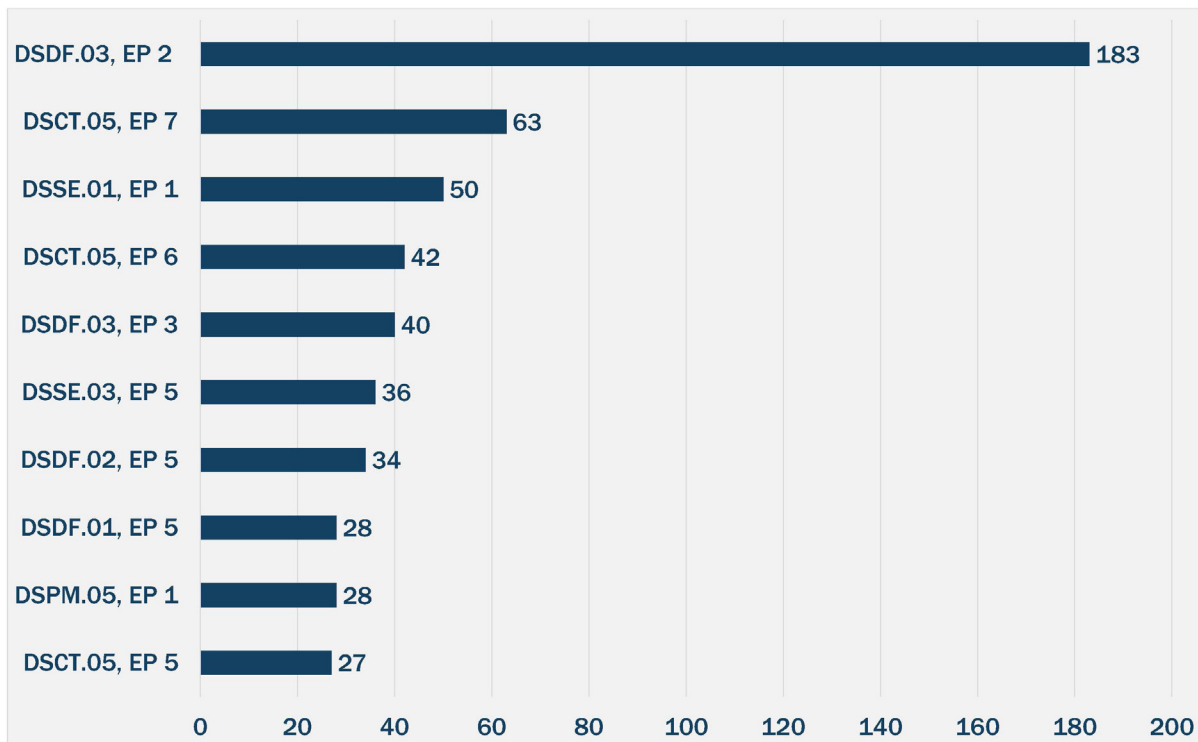
JOINT REPLACEMENT—HIP: 187 REVIEWS CONDUCTED

JOINT REPLACEMENT—KNEE: 190 REVIEWS CONDUCTED

JOINT REPLACEMENT—SHOULDER: 30 REVIEWS CONDUCTED

SPINAL FUSION: 5 REVIEWS CONDUCTED

SPINAL SURGERY: 58 REVIEWS CONDUCTED



Standard	EP	Program-Specific Addenda
DSDF.03: The program is implemented through the use of clinical practice guidelines selected to meet the patient’s needs.	EP 2: The assessment(s) and reassessment(s) are completed according to the patient’s needs and clinical practice guidelines.	ACSS: Addenda a–e THKR: Addenda a–f
DSCT.05: The program initiates, maintains, and makes accessible a medical record for every patient.	EP 7: The program reviews its medical records for completeness and accuracy.	ACSS: No addenda THKR: No addenda

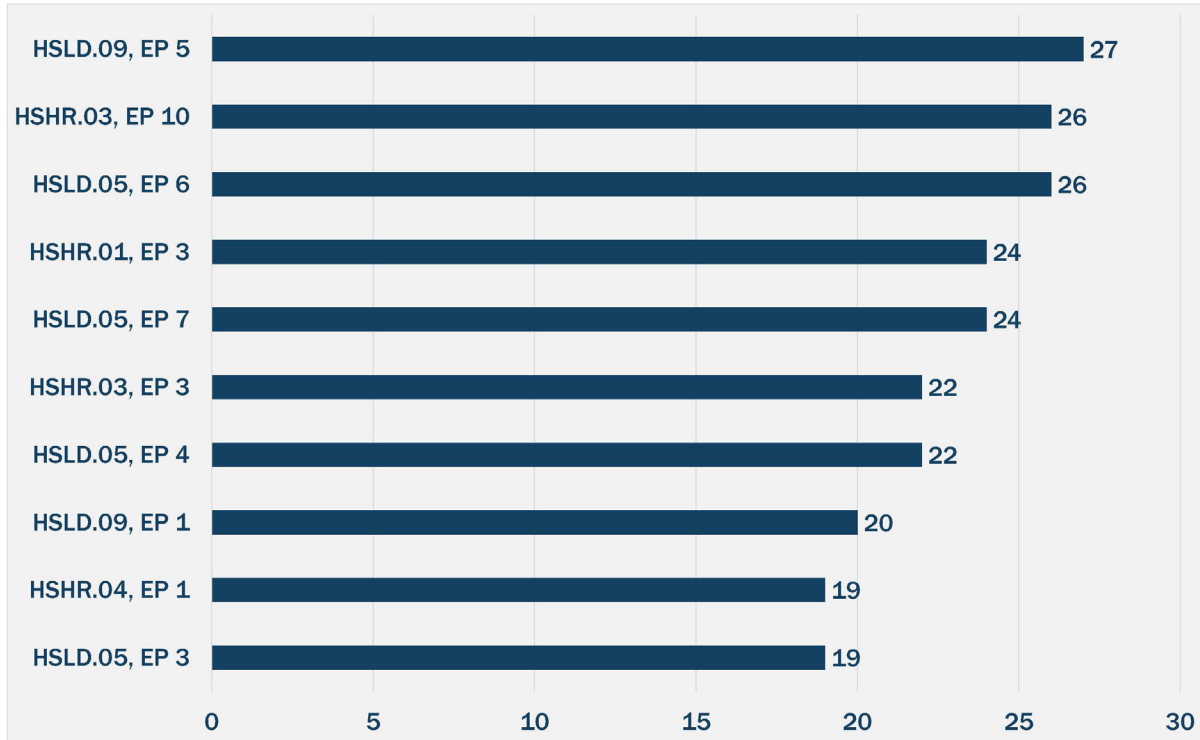
DSSE.01: The program involves patients in making decisions about managing their disease or condition.	EP 1: The program involves patients in decisions about their care, treatment, and services.	ACSS: Addenda a–d THKR: Addenda a–f
DSCT.05: The program initiates, maintains, and makes accessible a medical record for every patient.	EP 6: The medical record contains sufficient information to facilitate continuity of care.	ACSS: No addenda THKR: No addenda
DSDF.03: The program is implemented through the use of clinical practice guidelines selected to meet the patient’s needs.	EP 3: The program implements care, treatment, and services based on the patient’s assessed needs.	ACSS: Addenda a–c THKR: Addenda a–c
DSSE.03: The program addresses the patient’s education needs.	EP 5: The program addresses the education needs of the patient regarding their disease or condition and care, treatment, and services.	ACSS: Addenda a–d THKR: Addenda a–d
DSDF.02: The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.	EP 5: The program demonstrates evidence that it is following the clinical practice guidelines when providing care, treatment, and services.	ACSS: Addenda a–c THKR: Addenda a and b
DSDF.01: Practitioners are qualified and competent.	EP 5: The program assesses practitioner competence on an ongoing basis. This assessment is documented.	ACSS: Addenda a and b THKR: Addenda a and b
DSPM.05: The program evaluates patient satisfaction with the quality of care.	EP 1: The program evaluates patient satisfaction with and perception of quality of care at the program level.	ACSS: No addenda THKR: No addenda
DSCT.05: The program initiates, maintains, and makes accessible a medical record for every patient.	EP 5: The medical record contains sufficient information to document the course and results of care, treatment, and services.	ACSS: Addenda a–c THKR: Addenda a–c

EP, element of performance; DSDF, supporting self-management; DSCT, delivering or facilitating clinical care; DSSE, clinical information management; DSPM, program measurement.

2022 Most Frequently Cited Certification Requirements for Health Care Staffing Services

Cited from January 1 through December 31, 2022

302 REVIEWS CONDUCTED IN 2022



Standard	EP
HSLD.09: The HCSS firm addresses emergency management.	EP 5: The firm tests the emergency management plan at least annually documenting the test date and any opportunities to improve the plan.
HSR.03: The HCSS firm provides new employee orientation to clinical staff before their first assignment start date.	EP 10: The firm documents that clinical staff orientation has been completed prior to providing care, treatment, or services.
HSLD.05: The HCSS firm provides services to customers according to a written agreement.	EP 6: At a minimum, as part of or in addition to the agreement, the firm provides the customer with a written description of the following: How unexpected incidents, errors, and sentinel events that involve HCSS staff are communicated to the firm.
HSR.01: The HCSS firm confirms that a person’s qualifications are consistent with their assignment(s).	EP 3: For clinical staff, the firm does the following: Verifies and documents compliance with applicable health screening and immunization requirements established by law, regulation, and the firm’s policy or its customers’ requirements.

HSLD.05: The HCSS firm provides services to customers according to a written agreement.	EP 7: At a minimum, as part of or in addition to the agreement, the firm provides the customer with a written description of the following: How occupational safety hazards or events that involve HCSS staff are communicated to the firm.
HSHR.03: The HCSS firm provides new employee orientation to clinical staff before their first assignment start date.	EP 3: The firm orients clinical staff to the following: Safety, including applicable National Patient Safety Goals.
HSLD.05: The HCSS firm provides services to customers according to a written agreement.	EP 4: At a minimum, as part of or in addition to the agreement, the firm provides the customer with a written description of the following: The reassignment of staff only to areas of practice within their clinical competence.
HSLD.09: The HCSS firm addresses emergency management.	EP 1: The firm conducts a hazard vulnerability analysis to identify potential emergencies that could affect its ability to provide services.
HSHR.04: The HCSS firm assesses and reassesses the competence of clinical staff.	EP 1: The firm assesses and documents clinical staff competence based on the techniques, procedures, technology, and skills needed to provide care, treatment, and services to the population(s) served.
HSLD.05: The HCSS firm provides services to customers according to a written agreement.	EP 3: At a minimum, as part of or in addition to the agreement, the firm provides the customer with a written description of the following: Which party (the firm or the customer) determines the competencies required for the assignment.

EP, element of performance; HSLD, leadership; HCSS, health care staffing services; HSHR, human resources management.