After updating the Conditions of Participation (CoPs) related to patient visitation rights, The Centers for Medicare & Medicaid Services (CMS) asked The Joint Commission to revise its standards to remain aligned with the federal requirements for equal patient visitation rights in hospitals and critical access hospitals. In response, the Joint Commission’s Board of Commissioners subsequently accepted new notes to Standard RI.01.01.01, Elements of Performance (EPs) 1 and 2, which became effective July 1, 2011.

The new notes, which are underlined and shown in the box below, will be published in the 2011 Update 2 to the Comprehensive Accreditation Manual for Hospitals (CAMH) and the Comprehensive Accreditation Manual for Critical Access Hospitals (CAMCAH) and the E-dition® update being released in the fall.

Effective July 1, 2011, The Joint Commission began evaluating compliance with the CMS requirements under both the current EPs and Standard RI.01.01.01, EPs 28 and 29, for hospitals (both those seeking deemed status and those not) and critical access hospitals. As described in the March 2011 Perspectives, organizations can find guidance on implementing Standard RI.01.01.01, EPs 28 and 29, and meeting the intent of the revised CoPs in The

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New Notes for Patient Visitation Requirements

APPLICABLE TO HOSPITALS

Effective July 1, 2011

Standard RI.01.01.01
The hospital respects, protects, and promotes patient rights.

Elements of Performance for RI.01.01.01

A 1. The hospital has written policies on patient rights.
   
   Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital’s written policies address procedures regarding patient visitation rights, including any clinically necessary or reasonable restrictions or limitations.

A 2. The hospital informs the patient of his or her rights. (See also RI.01.01.03, EPs 1-3)
   
   Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs the patient (or support person, where appropriate) of his or her visitation rights. Visitation rights include the right to receive the visitors designated by the patient, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Also included is the right to withdraw or deny such consent at any time.

APPLICABLE TO CRITICAL ACCESS HOSPITALS

Effective July 1, 2011

Standard RI.01.01.01
The critical access hospital respects, protects, and promotes patient rights.

Elements of Performance for RI.01.01.01

A 1. The critical access hospital has written policies on patient rights.
   
   Note: The critical access hospital’s written policies address procedures regarding patient visitation rights, including any clinically necessary or reasonable restrictions or limitations.

A 2. The critical access hospital informs the patient of his or her rights. (See also RI.01.01.03, EPs 1-3)
   
   Note: The critical access hospital informs the patient (or support person, where appropriate) of his or her visitation rights. Visitation rights include the right to receive the visitors designated by the patient, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Also included is the right to withdraw or deny such consent at any time.
hospital will be required to submit an Evidence of Standards Compliance (ESC) within 45 days. This is consistent with the current requirement for hospitals to submit an ESC for noncompliance with direct impact standards. However, the ESC for this unique RFI will be a Plan of Correction describing how the hospital intends to meet the target. When addressing an RFI, keep the following in mind:

- Assuming an acceptable ESC is submitted, this RFI, by itself, will not impact the hospital’s accreditation decision that is rendered as part of the ESC process.
- The RFI can be cleared anytime during the 18 months after the full survey by demonstrating acceptable performance through official, quarterly ORYX data in which the quarter composite rate meets or exceeds 85% in each of any two consecutive quarters, assuming the quarter sample size is greater than or equal to 30 cases for the composite rate.
- To help hospitals meet the target rate of 85% and clear an RFI, The Joint Commission will communicate with the hospital approximately 10 to 12 months after the survey. Throughout the process, hospitals will be encouraged to use various resources provided to them from The Joint Commission—most notably, the Core Measure Solutions Exchange and the Leading Practices Library—to help them improve their performance.

**Failure to Meet the Composite Rate of at Least 85% after 18 Months Following a Survey**

Failure to meet the composite rate of at least 85% after 18 months following a full survey will result in the hospital being evaluated to determine whether a recommendation for Contingent Accreditation should be made to the Accreditation Committee. Potential criteria that may be considered in the evaluation are the following:

- Has the hospital made significant progress in meeting the composite rate?
- Did one or multiple measure set(s) cause the hospital to fail to meet the composite rate?
- Were new accountability measures added that caused the failure to meet the composite rate?
- The hospital’s accreditation history and whether any other RFIs suggest barriers that would impede progress towards meeting the composite rate target
- The hospital’s response to Joint Commission communications regarding its performance
- Any other unique circumstances that should be considered (for example, a sentinel event)

  If a recommendation is made to the Accreditation Committee for Contingent Accreditation and it is approved, the decision will be posted on Quality Check® in accordance with The Joint Commission’s Public Information Policy. The hospital will have two additional quarters to submit ORYX data to The Joint Commission demonstrating compliance with the composite target of 85%.

  If a recommendation is made to the Accreditation Committee for an exception to policy and it is approved, the hospital will have additional time to come into compliance. The hospital’s current accreditation status will remain posted on Quality Check in accordance with The Joint Commission’s Public Information Policy. The hospital will have the Accreditation Committee’s approved extension time to submit additional quarters of ORYX data to The Joint Commission demonstrating compliance with the composite target of 85%.


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**Accepted: Revisions to Standards for Patient Visitation Rights (continued)**

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Joint Commission’s monograph *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals* (available to download free of charge at http://www.jointcommission.org/Advancing_Effective_Communication_Cultural_Competence_and_Patient_and_Family_Centered_Care).

In addition to providing several recommendations addressing issues that extend beyond EPs 28 and 29, the *Roadmap for Hospitals* also includes example practices, legal and regulatory information, and links to supplemental guidance that may help both hospitals and critical access hospitals implement the requirements.