State of California Department of CONSUMER'

DENTAL BOARD OF CALIFORNIA

1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241 TELEPHONE: (916) 263-2300 FAX. (916) 263-2140



onsumer [Adopt]

APPLICATION FOR ORAL CONSCIOUS SEDATION FOR MINORS CERTIFICATE

Sections 1647.10-1647.17 Business and Professions Code; Title 16 California Code of Regulations Sections 1044 - 1044.5

Non Refundable FEE: \$200

(must be enclosed with application)
Section 1021 Title 16 California Code of Regulations

Receipt No	RC	
Amount	_Initials	
Certificate No		
Issued		

Name
Address of Record (Mail) Street and Number
City Zn? Code
Address of Practice if different Street and Number
City ZIP Code
Telephone number ()
FAX number
Email address
Birthdate
Dental License Number
QUALIFICATION – Indicate under which method listed below you qualify for an oral conscious sedation certificate for minors and attach appropriate documentation.
Successful completion of a postgraduate program in oral and maxillofacial surgery, pediatric dentistry, or periodontics approved by the Commission on Dental Accreditation or a comparable organization approved by the Board.
Successful completion of a general practice residency or other advanced education in a general dentistry program approved by the Board.
Successful completion of a Board-approved educational program on oral medications and sedation. Applicant must provide completed Form OCS-2 to document completion.

By initialing below and completing the application you are certifying that any location where you administer oral conscious sedation to minor patients meets the Board's requirements set forth in regulation and in this application.

FA 1.	CILITIES AND EQUIPMENT An operatory large enough to adequately accommodate the patient and perm	it a team consisting of at least
	three individuals to freely move about the patient.	Initial
2.	A table or dental chair that permits the patient to be positioned so the attending airway, quickly alter patient position in an emergency and that provides a firm of cardiopulmonary resuscitation.	ng team can maintain the platform for the management
3.	A lighting system that is adequate to permit evaluation of the patient's skin ar backup lighting system that is battery-powered and of sufficient intensity to permit that may be underway at the time of a general power failure.	ermit completion of any
		Initial
4.	An appropriate functional suctioning device that permits aspiration of the backup suction device that can function at the time of general power ailure management.	st also be available.
5.	A positive-pressure oxygen delivery system capable of adminis pring greater liter/minute flow for at least sixty minutes (650 liter "E" cylinder), elean in the effailure. All equipment must be capable of accommodating minor patients of a	vent of a general power
		Initial
6.	Inhalation sedation equipment, if used in conjunction virtuoral sedation, must delivering 100%, and never less than 25%, ougger concentration at a flow rapatient's size and have a fail-safe system. The quipment must be maintained to be a size of the standard of the stan	te appropriate for a minor
	at least annually.	Initial
7.	Ancillary equipment maintained in Jook sperating condition, which must include (a) Oral airways capable of accommodating minor patients of all ages and (b) Sphygmomanometer with orals of appropriate size for minor patients of (c) Precordial/pretrach Janaten ascripe.	d sizes.
	(d) Pulse oximeter.	Initial
<u>RE</u> 1.	Adequate medical history and physical evaluation records updated prior to ea conscious sedation that show at a minimum: (a) Name, age, sex and weight.	ch administration of oral
	(b) ASA Risk Assessment (American Society of Anesthesiologists Classic)(c) Rationale for sedation of the minor patient	fication) Initial
2.	Oral Conscious Sedation records which show: (a) Baseline vital signs. If obtaining baseline vital signs is prevented by the resistance or emotional condition, the reason or reasons must be doed (b) Intermittent quantitative monitoring of oxygen saturation, heart and responsive as appropriate for specific techniques. (c) Drugs administered, amounts administered and time or times administing inhalation anesthetics. (d) Length of the procedure. (e) Any complication of oral sedation.	cumented. spiratory rates and blood tered, including local and
	(f) Statement of patient's condition at the time of discharge.	Initial
3.	Written informed consent of the parent or guardian.	Initial

EMERGENCY CART OR KIT

- Equipment and drugs appropriate for the age and size of the patients to resuscitate a non breathing and unconscious minor patient and provide continuous support while the patient is transported to a medical facility.
- 2. Vasopressor
- 3. Corticosteroid
- 4. Bronchodilator
- 5. Appropriate drug antagonists
- 6. Antihistaminic
- 7. Anticholinergic
- 8. Anticonvulsant
- 9. Oxygen
- 10. Dextrose or other antihypoglycemic
- 11. Documentation that all emergency equipment and drugs are checked and maintained on a prudent and regularly scheduled basis.

	Initial
EMERGENCIES All persons directly involved with the care of life support (CPR) and recertified biennially.	minor patie +s must be certified in basic cardiac
Pursuant to Business and Professions Code 1647.14(b), a de administration of oral conscious sedation for a minor patient s while the patient is sedated and shall be present until discharge.	. all be physically present in the treatment facility
Provide the addresses of all locations of practice where you of minor patients. All offices must meet the standar 's riet forth badopted by the Board.	Initial rder or administer oral conscious sedation to y the Dental Board of California in regulations
F NECESSARY, CONTINUE ON BACK OF THIS PAGE	
THE CECONNICOUNTINGE ON DACK OF THIS PAGE	

Certification - I certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct and I hereby request a certificate to administer or order the administration of oral conscious sedation of minors in my office setting(s) as specified by the Dental Practice Act and regulations adopted by the Board. Falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking this certificate.

Signature of Applicant

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California. 1432 Howe Ave. Suite 85. Sacramento. CA 95825. Executive Officer. 916-263-2300. in accordance with Business & Professions Code. §1600 et seq. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.



DENTAL BOARD OF CALIFORNIA

1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241 TELEPHONE: (916) 263-2300 FAX: (916) 263-2140



[REPEAL]

APPLICATION FOR ADULT ORAL CONSCIOUS SEDATION CERTIFICATE

Sections 1647.18-1647.26 Business and Professions Code;

Non Refundable FEE: \$200

(must be enclosed with application)
Section 1021 Title 16 California Code of Regulations

Receipt N	NoRC_
Amount_	Initials
Certifica	te No
Issued	

Name	
Address of Record (Mail) Street and Number	
City	ZIP Code
Address of Practice if different Street and Number	
City	ZIP Code
Telephone number ()	FAX
Email address	
Birthdate Dental Lic	ense Number
QUALIFICATION – Indicate under which method lissedation certificate for adults and attach appropriate	sted below you qualify for an oral conscious e documentation.
Successful completion of a postgraduate prograthe Commission on Dental Accreditation or a co-Applicant must provide a copy of his or her diplo	emparable organization approved by the Board.
Successful completion of a periodontics or general dentistry post-doctoral program accredithat meets the didactic and clinical requirements Professions Code. Applicant must provide a complete section.	ted by the Commission on Dental Accreditation solutions solution 1044.3 of the Business and
Successful completion of a Board-approved edusedation. Applicant must provide a copy of his o	ucational program on oral medications and or her certificate of completion.
Documentation of 10 successful cases 1647.20 records.	(d). Attach Form OCS-4 with copy of treatment

Form OCS-3 Rev. 03/07

Pursuant to Business and Professions Code 1647.22(b), a dentist who administers, or who orders the administration of oral conscious sedation for an adult patient shall be physically present in the treatment facility while the patient is sedated and shall be present until discharge of the patient from the facility.

Provide the addresses of all locations of practice where you order or administer oral conscious sedation to adult patients.
IF NECESSARY, CONTINUE ON BACK OF THIS PAGE.
Certification - I certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct and I hereby request a certificate to administer or order the administration of adult oral conscious sedation in my office setting(s) as specified by the Dental Practice Act. I understand that falsification or misrepresentation of any item or response on this application or any attachment is grounds for denying my application for a certificate.

Signature of Applicant

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 1432 Howe Ave, Suite 85, Sacramento, CA 95825, Executive Officer, in accordance with Business & Professions Code, §1600 et seq. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted will be release to the public upon request and may be posted on the Internet.

State of California Department of Consumer Affairs

DENTAL BOARD OF CALIFORNIA

1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241 TELEPHONE: (916) 263-2300 FAX: (916) 263-2140



[Adopt]

DOCUMENTATION OF ADULT ORAL CONSCIOUS SEDATION CASES

An applicant for an Oral Conscious Sedation Certificate may document ten cases of oral conscious sedation of patients 13 years or older performed by the applicant in any three-year period ending no later than December 31, 2005. To document, complete this form summarizing the ten cases, and attach legible copies of records of pre-operative evaluation, medical history, monitoring of vital signs throughout the procedure, and condition at discharge. Redact all personal information on the records, and number them as cases 1-10. Submit these documents with the application (Form OCS-3 Rev 03/07). (Print or Type)

Name of Applicant			Dental License	
CASE 1 - Patient Sex	Patient Age	Patient Weight		
	95	(EE)	Date of Procedure	
Briefly describe the method, amou	nt, and specific oral cons	cious sedation agent administered		
How was the patient monitored an	d by whom?			
Patient's condition at discharge				
CASE 2 –	· · · · · · · · · · · · · · · · · · ·			
CASE 2 – Patient Sex	Patient Age	Patient Weight	Date of Procedure	
Type of Procedure Performed			Duration of Sedation	· · · · · · · · · · · · · · · · · · ·
Briefly describe the method, amou	nt, and specific oral cons	cious sedation agent administered		
How was the patient monitored and	d by whom?			
Patient's condition at discharge				
CASE 3				
Patient Sex	Patient Age	Patient Weight	Date of Procedure	
Type of Procedure Performed	nt and specific oral cons	cious sedation agent administered	Duration of Sedation	
and the method, amount	n, and opcome oral const	Sous sediction agent administered		
How was the patient monitored and	d by whom?			28)
Patient's condition at discharge				_

--Attach legible copies of required records to completed form--

005-4 03/07

CASE 4 – Patient Sex	Patient Age	Patient Weight	Date of Procedure
	3		
Type of Procedure Performed			
Briefly describe method, amount	, and specific oral consci	ous sedation agent administered	
How was the patient monitored a	and by whom?		
Patient's condition at discharge_			
200 300			
CASE 5			
Patient Sex	Patient Age	Patient Weight	Date of Procedure
Type of Procedure Performed			Duration of Sedation
Briefly describe the method, amo	ount, and specific oral con	scious sedation agent administe	ered
200 W			
How was the patient monitored a	nd by whom?		
Patient's condition at discharge_			
Patient's condition at discharge_			
CASF 6 -			
CASE 6 – Patient Sex	Patient Age	Patient Weight	Date of Procedure
Type of Procedure Performed			Duration of Sedation
Briefly describe the method, amo	unt, and specific oral con	scious sedation agent administe	ered
		*	3 C
How was the patient monitored a			
Patient's condition at discharge		***	44.5
NAME OF TAXABLE PARTY OF TAXABLE PARTY.			
CASE 7 – Patient Sex	Patient Age	Patient Weight	Date of Procedure
Type of Procedure Performed			Duration of Sedation
The state of the s			ered
bhony describe the method, allio	rain, and specific traitton	sources southern agent denninote	
	MAD TRANSPORT		
2500 2500 400 400 400			
How was the patient monitored a	and by whom?		
Patient's condition at discharge_			

--Attach legible copies of required records to completed form--

		Patient Weight	Date of Procedure
Type of Procedure Performed			Duration of Sedation
Briefly describe the method, amount	, and specific oral consci	ous sedation agent administered	
		-	
Patient's condition at discharge			
CASE 9 -	* *		
Patient Sex	Patient Age	Patient Weight	Date of Procedure
Type of Procedure Performed			
Briefly describe the method, amount,	and specific oral conscio	ous sedation agent administered	8 8
How was the nations manistered and h			
Patient's condition at discharge			
CASE 10			
		Patient Weight	Date of Procedure
Type of Procedure Performed			Duration of Sedation
Type of Procedure Performed			
Type of Procedure Performed			Duration of Sedation
Type of Procedure Performed			Duration of Sedation
Type of Procedure Performed	and specific oral conscio	us sedation agent administered _	Duration of Sedation
Type of Procedure Performed Briefly describe the method, amount, How was the patient monitored and b	and specific oral conscio	us sedation agent administered _	Duration of Sedation
Type of Procedure Performed Briefly describe the method, amount, How was the patient monitored and b	and specific oral conscio	us sedation agent administered _	Duration of Sedation
Type of Procedure Performed	and specific oral conscio	us sedation agent administered _	Duration of Sedation
Type of Procedure Performed	and specific oral conscio	us sedation agent administered _	Duration of Sedation
Type of Procedure Performed	and specific oral conscio	us sedation agent administered _	Duration of Sedation
Type of Procedure Performed	and specific oral conscio	us sedation agent administered es of required records to co	Duration of Sedation
How was the patient monitored and b Patient's condition at discharge Certification – I certify un	and specific oral conscio	us sedation agent administered es of required records to co	Duration of Sedation
Type of Procedure Performed	and specific oral conscions of periods of the penalty of periods of this form is true ar	us sedation agent administered es of required records to co	Duration of Sedation

<u>Addendum to Initial Statement of Reasons</u>

The Board proposes to amend section 1044.1 to repeal outdated forms and to consolidate requirements for the adult conscious sedation permit. Existing forms OCS-1 is proposed to be repealed as the underlying authority for that form was repealed under the provisions of SB 501. OCS-1 is being added to the rulemaking file with a watermark to show "repeal" of that form consistent with the proposed text and to futher demonstrate to the public the need to repeal and replace that form with the new OCS-C form.

In reviewing comments received on the proposed amendments to regulations, staff determined that Form OCS-C (New 05/21), "Application for Use of Oral Conscious Sedation on Adult Patients" needed to list each of the four requirements in Business and Professions Code section 1647.20 for applicants to demonstrate sufficient education and/or experience in oral conscious sedation as currently provided in OCS-3, which is being added to the rulemaking file (with a "repealed" watermark) to show the transfer and consolidation of requirements from that form to the new OCS-C form. The OCS-C form has been amended to list each of the requirements and to have applicants check a box corresponding to the requirement that they are demonstrating compliance with by attaching relevant evidence as specified. In the Board's experience, these questions and the applicable documentation requirements (including proof of academic completion via a diploma or certificate of completion) provide the Board with sufficient verification of the educational experience requirements for this permit. Cross-references have been added to the existing text from the originally adopted Form OCS-3 to further clarify the Board's existing educational requirements and provide notice to the applicants of the educational criteria necessary to qualify for the permit.

Additionally, the proposed amendments to regulations would remove reference to Form OCS-3 (Rev. 03/07), "Application for Adult Oral Conscious Sedation Certificate," in section 1044.1. As removing the reference effectively repeals the form, the Board is providing additional notice of that fact to the public by including in the rulemaking file a copy of Form OCS-3, with "Repealed" watermark.

A copy of the Form OCS-4 (Rev 03/07) "Documentation of Oral Conscious Sedation Cases" incorporated by reference in section 1044.4 is also being added to the rulemaking file to further justify and explain the Board's decision not to repeal that form as originally noticed.

Ch. 8861

separately for each permit.

Nothing in this section shall limit or restrict the application of Section 35782.

CHAPTER 884

An act to add Section 12811.1 to, the Vehicle Code, relating to licenses.

[Approved by Governor September 21, 1979. Filed with Secretary of State September 22, 1979.]

The people of the State of California do enact as follows:

SECTION 1. Section 12811.1 is added to the Vehicle Code, to read:

12811.1. (a) Upon the applicant's request, the department shall issue an adhesive backed medical information card which contains a format permitting the licensee to specify blood type, allergies, past or present medical problems, any medication being taken, the name of the licensee's doctor, the person to notify in case of an emergency. and whether the licensee is under a doctor's care.

(b) The medical information card, which shall be a different color than the anatomical gift sticker authorized by Section 12811, shall be the same size as a driver's license and shall be designed to be affixed to the reverse side of the license.

This section shall become operative on January 1, 1981.

SEC. 2. The Department of Motor Vehicles' cost in issuing the medical information card shall be included in the department's budget commencing with the budget for the 1980-81 fiscal year and shall be appropriated from the General Fund.

CHAPTER 885

An act making an appropriation to the Office of Statewide Health Planning and Development, relating to health personnel training programs.

> [Approved by Governor September 21, 1979. Filed with Secretary of State September 22, 1979.]

The people of the State of California do enact as follows:

SECTION 1. The sum of three million one hundred eight thousand four hundred fifty dollars (\$3,108,450) is hereby appropriated from the General Fund to the Office of Statewide Health Planning and Development for expenditure during the 1980-81, 1981-82, 1982-83, and 1983-84 fiscal years in accordance with the following schedule: Schedule

(a) For contracts with accredited medical schools, with programs which train primary care physician's assistants, with programs which train primary care nurse practitioners, and with hospitals or other health care delivery systems located in California, which meet the standards of the Health Manpower Policy Commission established pursuant to Chapter 1 (commencing with Section 69270) of Part 42 of Division 5 of Title 3 of the Education Code\$3,002,450

(b) For the period from July 1, 1980, to September 30, 1984, for insuring proper administration and evaluation of training contracted for pursuant to Chapter 1 (commencing with Section 69270) of Part 42 of Division 5 of Title 3 of the Education Code \$106,000

CHAPTER 886

An act to add Article 2.7 (commencing with Section 1646) to Chapter 4 of Division 2 of the Business and Professions Code, relating to dentistry, and making an appropriation therefor.

> [Approved by Governor September 21, 1979. Filed with Secretary of State September 22, 1979.]

The people of the State of California do enact as follows:

SECTION 1. Article 2.7 (commencing with Section 1646) is added to Chapter 4 of Division 2 of the Business and Professions Code, to read:

Article 2.7. Use of General Anesthesia

- 1646. (a) General anesthesia, as used in this article, consists of the use of any drug, element, or other material which results in the elimination of all sensations accompanied by a state of unconsciousness.
- (b) The conscious patient, as opposed to the patient in an unconscious state, is defined, for purposes of this article, as one with intact protective reflexes, including the ability to maintain an airway and who is capable of rational response to question or command.
- 1646.1. No dentist shall administer or directly supervise the administration of general anesthesia on an outpatient basis for dental patients unless such dentist possesses a permit of authorization issued by the board. The dentist holding such permit shall be subject to review by the board and such permit shall be renewed annually.

This article shall not apply to the administration of local anesthesia

or to conscious-patient sedation.

Ch. 887]

1646.2. In order to receive a permit for the use of general anesthesia, a dentist shall apply to the board on an application form prescribed by the board. The dentist must submit an application fee and produce evidence showing that he or she has completed a minimum of one year of advanced training in anesthesiology and related academic subjects approved by the board, or equivalent training or experience approved by the board, beyond the undergraduate school level. The board may, by regulation, establish additional requirements under this section.

1646.3. Prior to the issuance or renewal of a permit for the use of general anesthesia, the board may, at its discretion, require an onsite inspection and evaluation of the facility, equipment, personnel, licentiate, and the procedures utilized by such licentiate. Every person issued a permit under this article shall have an onsite inspection at least once in every five-year period. An onsite inspection performed by a public or private organization may be accepted by the board in satisfaction of the requirements of this section.

1646.4. On or before January 1, 1981, each dentist who has been using general anesthesia prior to the enactment of this chapter, shall make a permit application to the board if such dentist desires to continue to use general anesthesia.

The board shall issue the permit to such dentist and may only refuse if, at the board's discretion, an onsite inspection and evaluation of facilities, equipment, personnel, the licentiate, and the procedures utilized by such licentiate indicates that a permit should not be issued.

1646.5. New applicants not subject to Section 1646.4, who are otherwise properly qualified, may be granted a temporary permit by the board for one year, and such permit may be renewed at the option of the board.

1646.6. The board shall renew permits for the use of general anesthesia annually, unless the holder is informed in writing 60 days prior to such renewal date that a reevaluation of his or her credentials is to be required. In determining whether such reevaluation is necessary, the board shall consider such factors as it deems appropriate, including, but not limited to, patient complaints and reports of adverse occurrences.

A reevaluation may include an onsite inspection of the facility, equipment, personnel, licentiate, and the procedures utilized by such licentiate.

1646.7. The fee for a permit or renewal under this article shall not exceed fifty dollars (\$50). The fee for an onsite inspection shall not exceed one hundred fifty dollars (\$150).

1646.8. The board may contract with private organizations expert in dental outpatient anesthesia to perform onsite inspections. The board may not, however, delegate its authority to issue permits or to determine the persons or facilities to be inspected.

1646.9. Violation of any provision of this article may result in the

revocation or suspension of the dentist's permit, license, or both, or the dentist may be reprimanded or placed on probation. The proceedings under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein.

CHAPTER 887

An act to amend Section 1275.1 of the Health and Safety Code, and to amend Section 5652.5 of the Welfare and Institutions Code, relating to mental health, and declaring the urgency thereof, to take effect immediately.

[Approved by Governor September 21, 1979. Filed with Secretary of State September 22, 1979.]

The people of the State of California do enact as follows:

SECTION 1. Section 1275.1 of the Health and Safety Code is amended to read:

1275.1. (a) Notwithstanding any rules or regulations governing other health facilities, the regulations developed by the state department for psychiatric health facilities shall prevail. The regulations applying to psychiatric health facilities shall prescribe standards of adequacy, safety, and sanitation of the physical plant, of staffing with duly qualified licensed personnel, and of services based on the needs of the persons served thereby.

(b) The regulations shall include standards appropriate for two levels of disorder:

(1) Involuntary ambulatory psychiatric patients.

(2) Voluntary ambulatory psychiatric patients.

For purposes of this subdivision, "ambulatory patients" shall include, but not be limited to, deaf, blind, physically handicapped, and disoriented persons who are not bedridden or confined to a wheelchair.

(c) The regulations shall not require, but may permit building and services requirements for hospitals which are only applicable to physical health care needs of patients that can be met in an affiliated hospital or in outpatient settings including, but not limited to, such requirements as surgical, dietary, laboratory, laundry, central supply, radiologic, and pharmacy.

(d) The regulations shall include provisions for an "open

planning" architectural concept.

(e) The regulations shall exempt from seismic requirements all structures of Type V and of one-story construction.

(f) Standards for involuntary patients shall include provisions to allow for restraint



The Joint Commission 70-year Historical Timeline

















Present

1950-51

- The American College of Physicians, the American Hospital Association, the American Medical Association, and the Canadian Medical Association join with the ACS as corporate members to create the Joint Commission on Accreditation of Hospitals (JCAH), an independent, not-forprofit organization, whose primary purpose is to provide voluntary accreditation.

1952

 Edwin L. Crosby, M.D., becomes the first director

1953-1959

- JCAH publishes Standards for Hospital Accreditation.
- Kenneth Babcock. M.D., becomes director of JCAH.

1965

1960s

 Congress passes the Social Security Amendments of 1965 with a provision that hospitals accredited by JCAH are "deemed" to be in compliance and, thus, able to participate in the Medicare and Medicaid programs.

1970

1970s

- The Accreditation Council for Psychiatric Facilities is established and accreditation for psychiatric facilities, substance abuse programs and community mental health programs begins.

1975-77

- The Accreditation Council for Ambulatory Health Care is established and accreditation for ambulatory health care facilities begins.

1978-79

- JCAH establishes an agreement with the College of American Pathologists to recognize CAP accreditation of a laboratory in a JCAH-accredited hospital in lieu of the Commission's accreditation of the laboratory.

1980s 1982-83

- Accreditation for hospice care organizations begins. 1986 Quality Healthcare

Resources® (OHR). Inc. is formed as a not-for-profit consulting subsidiary of JCAH. (QHR later becomes

Joint Commission Resources.)

1987-1989 The organization name changes to the Joint Commission on Accreditation of Healthcare Organizations to reflect an expanded scope of activities.

1994

1990s

 Quality Healthcare Resources. Inc.® and the Joint Commission form Joint Commission International.

1995

- The federal government recognizes Joint Commission laboratory accreditation services.

1999

 The Joint Commission establishes a toll free hot line to encourage patients, their families. caregivers, and others to share concerns regarding quality of care issues at accredited health care organizations.

2000

2000s

- Joint Commission International publishes the first comprehensive set of international quality standards for hospitals

2001

- A new accreditation program for office-based surgery practices is introduced.
- A new accreditation program for critical access hospitals is launched.

2002

- The Disease-Specific Care Certification program launches.

2003

- The Joint Commission creates The Gold Seal of Approval® that is displayed on all certificates of accreditation.

2006

- The Joint Commission begins conducting on-site accreditation surveys and certification reviews on an unannounced basis.

2007

- The Joint Commission on Accreditation of Healthcare Organizations shortens its name to The Joint Commission.

2009

- The Joint Commission launches its Center for Transforming Healthcare.

2010

- The Centers for Medicare and Medicaid Services names The Joint Commission a designated accreditor of advanced diagnostic imaging centers.

2012

 The Joint Commission and the American Heart Association / American Stroke Association announce the launch of the Disease-Specific Care **Advanced Certification** Program for Comprehensive Stroke Centers.

2013

 The Joint Commission debuts its new Nursing and Rehabilitation Center Accreditation program, and for the first time offers a Rehabilitation and **Advanced Care Certification** option.

2016

 Advanced Certification for Total Hip and Total Knee Replacement launched for hospitals, critical access hospitals and ambulatory surgery centers.

2017

 Comprehensive Cardiac Center Certification was introduced to recognize hospitals that demonstrate excellence in cardiac care.

2018

- The American Academy of Orthopaedic Surgeons and The Joint Commission announce a collaboration to incorporate AAOS clinical expertise into standards development and performance measurement requirements for Total Hip and Knee Replacement Certification.

2019

 Joint Commission Resources introduced its Tracers with AMP Analytics Reporting Tool, a cloudbased software platform that helps organizations assess quality of care. levels of compliance, and identify areas of vulnerability in their organizations.

2020

- The Joint Commission issued a statement supporting the use of standard face masks and/ or respirators provided from home when health care organizations cannot provide access to protective equipment that is commensurate with the risk health care workers are exposed to amid the COVID -19 pandemic.

