New Elements of Performance for Rehabilitation and Psychiatric Distinct Part Units in Critical Access Hospitals
Effective January 1, 2010
Critical Access Hospital Accreditation Program

Standard LD.01.05.01
The critical access hospital has an organized medical staff that is accountable to the governing body.

Elements of Performance for LD.01.05.01

4. For rehabilitation and psychiatric distinct part units in critical access hospitals: The governing body approves the structure of the medical staff. A

5. The medical staff oversees the quality of care, treatment and services provided by those individuals with clinical privileges. A

6. The medical staff is accountable to the governing body. A

7. For rehabilitation and psychiatric distinct part units in critical access hospitals: A doctor of medicine or osteopathy, or, if permitted by state law, a doctor of dental surgery or dental medicine, is responsible for the organization and conduct of the medical staff. A

8. For rehabilitation and psychiatric distinct part units in critical access hospitals: There is a single organized medical staff. A

Standard LD.04.01.03
For rehabilitation and psychiatric distinct part units in critical access hospitals: The leaders develop an annual operating budget and, when needed, a long-term capital expenditure plan.

Elements of Performance for LD.04.01.03

1. For rehabilitation and psychiatric distinct part units in critical access hospitals: Leaders solicit comments from those who work in the critical access hospital when developing the operational and capital budgets. (See also NR.01.01.01, EP 3) A

3. For rehabilitation and psychiatric distinct part units in critical access hospitals: The operating budget reflects the critical access hospital's goals and objectives. A

4. D For rehabilitation and psychiatric distinct part units in critical access hospitals: The governing body approves an annual operating budget and, when needed, a long-term capital expenditure plan. A

5. For rehabilitation and psychiatric distinct part units in critical access hospitals: Leaders monitor the implementation of the budget and long-term capital expenditure plan. A
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Standard LD.04.01.05
The critical access hospital effectively manages its programs, services, sites, or departments.

Elements of Performance for LD.04.01.05

1. Leaders of the program, service, site, or department oversee operations.  
2. For rehabilitation and psychiatric distinct part units in critical access hospitals: Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical privileges.  
3. For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. (See also NR.01.01.01, EP 5)  
4. For rehabilitation and psychiatric distinct part units in critical access hospitals: Staff are held accountable for their responsibilities.  
5. For rehabilitation and psychiatric distinct part units in critical access hospitals: Leaders provide for the coordination of care, treatment, and services among the critical access hospital's different programs, services, sites, or departments. (See also NR.01.01.01, EP 1)  
6. For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital's emergency services are as follows:  
   - Integrated with other departments of the critical access hospital  
   - Directed by a qualified member of the medical staff  
   - Supervised by a qualified member of the medical staff  
7. For rehabilitation and psychiatric distinct part units in critical access hospitals: A qualified doctor of medicine or osteopathy directs the following services:  
   - Anesthesia  
   - Nuclear medicine  
   - Respiratory care  
8. For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital assigns an individual who is responsible for outpatient services.  
9. For rehabilitation and psychiatric distinct part units in critical access hospitals: The anesthesia service is responsible for all anesthesia administered in the critical access hospital.
## Elements of Performance for MS.01.01.01

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<td>1.</td>
<td>The medical staff develops medical staff bylaws.</td>
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<td>For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff bylaws are adopted and amended by the medical staff.</td>
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<td>The governing body approves and complies with the medical staff bylaws.</td>
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<td>4.</td>
<td>For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff enforces and complies with the medical staff bylaws.</td>
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<td>6.</td>
<td>For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff bylaws include the following: The definition of the medical staff structure.</td>
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<td>7.</td>
<td>For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff bylaws include the following: The definition of the criteria and qualifications for appointment to the medical staff.</td>
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<td>8.</td>
<td>For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff bylaws include the following: When departments of the organized medical staff exist, the definition of the qualifications and roles and responsibilities of the department chair, including the following:</td>
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### Qualifications
- Certification by an appropriate specialty board or affirmatively established comparable competence through the credentialing process

### Roles and responsibilities
- Clinically related activities of the department
- Administratively related activities of the department, unless otherwise provided by the critical access hospital
- Continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges
- Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department
- Recommending clinical privileges for each member of the department
- Assessing and recommending to the relevant critical access hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the critical access hospital
- The integration of the department or service into the primary functions of the critical access hospital
- The coordination and integration of interdepartmental and intradepartmental services
- The development and implementation of policies and procedures that guide and support the provision of care, treatment, and services
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- The recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services
- The determination of the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services
- The continuous assessment and improvement of the quality of care, treatment, and services
- The maintenance of quality control programs, as appropriate
- The orientation and continuing education of all persons in the department or service
- Recommending space and other resources needed by the department or service

Note: When departments of the medical staff do not exist, the medical staff is responsible for the development of policies and procedures that minimize medication errors. The medical staff may delegate this responsibility to the organized pharmaceutical service.

| 17. | For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff bylaws must also include the following: A description of the privileging process (including temporary and disaster privileging). (See also MS.06.01.07, EP 7) |
| 18. | For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff bylaws must also include the following: A description of the process of appointment to membership of the medical staff. |
| 20. | For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff bylaws include the following: The requirements for completing and documenting medical histories and physical examinations. The medical history and physical examination are completed and documented by a physician (as defined in section 1861(r) of the Act), an oromaxillofacial surgeon, or other qualified licensed individual in accordance with state law and hospital policy. |
| 21. | For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff bylaws include the following: A statement of the duties and privileges related to each category of the medical staff (for example, active, courtesy). |

Standard MS.03.01.01
The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.

**Elements of Performance for MS.03.01.01**

| 1. | Licensed independent practitioner members of the medical staff are designated to perform the oversight activities of the medical staff. |
| 2. | Practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff. |
| 3. | For rehabilitation and psychiatric distinct part units in critical access hospitals: Licensed independent practitioners are responsible for the oversight activities of the medical staff. |
| 6. | The medical staff specifies the minimal content of medical histories and physical examinations, which may vary by setting or level of care, treatment, and services. (See also PC.01.02.03, EP 4) |

**KEY:**
- A indicates scoring category A;
- C indicates scoring category C;
- A indicates situational decision rules apply;
- D indicates direct impact requirements apply;
- M indicates Measure of Success if needed;
- D indicates that documentation is required.

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8. The medical staff requires that a practitioner who has been granted privileges by the critical access hospital to do so performs a patient's medical history and physical examination and required updates. (See also PC.01.02.03, EP 5)  
9. As permitted by state law and policy, the medical staff may choose to allow individuals who are not licensed independent practitioners to perform part or all of a patient’s medical history and physical examination under the supervision of, or through appropriate delegation by, a specific qualified physician who is accountable for the patient’s medical history and physical examination.  
10. The medical staff defines when a medical history and physical examination must be validated and countersigned by a licensed independent practitioner with appropriate privileges.  
13. For rehabilitation and psychiatric distinct part units in critical access hospitals: When emergency services are provided at the critical access hospital but not at one or more off-campus locations, the medical staff has written policies and procedures for appraisal of emergencies, initial treatment, and referral of patients at the off-campus locations.  
14. For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff has written policies and procedures for appraisal of emergencies, initial treatment, and referral of patients when needed.  
16. For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff determines the qualifications of the radiology staff who use equipment and administer procedures.  
17. For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff approves the nuclear services director's specifications for the qualifications, training, functions, and responsibilities of the nuclear medicine staff.

**Standard RC.01.05.01**
The critical access hospital retains its medical records.

**Elements of Performance for RC.01.05.01**

1. For rehabilitation and psychiatric distinct part units in critical access hospitals: The retention time of the original or legally reproduced medical record is determined by its use and critical access hospital policy, in accordance with law and regulation.  
2. The medical record is retained for at least six years from the date of its last entry and longer if required by state statute or if the record is needed in any pending proceeding.  
8. Original medical records are not released unless the critical access hospital is responding to law and regulation.