

Prepublication Requirements

• Issued June 18, 2021 •



Revisions to Accreditation Participation Requirements

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online *E-dition*®), accredited organizations and paid subscribers can also view them in the monthly periodical *The Joint Commission Perspectives*®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE CRITICAL ACCESS HOSPITAL ACCREDITATION PROGRAM

Effective January 1, 2022

Accreditation Participation Requirements (APR) Chapter

APR.04.01.01

The critical access hospital selects and uses performance measures relevant to the services it provides and the population(s) it serves.

~~Note 1: Performance measures are identified from among those available to meet specified ORYX® measure reporting requirements for accreditation.~~

~~Note 2: Organizations are encouraged to keep up-to-date on any changes in the ORYX® requirements by reviewing recent issues of The Joint Commission Perspectives® or by going to the “Measurement” area on The Joint Commission website at <http://www.jointcommission.org>.~~

The critical access hospital selects and uses performance measures from among those available that are relevant to the services it provides and the population(s) it serves to meet specified ORYX® measure reporting requirements for accreditation.

Note: Critical access hospitals are encouraged to keep up-to-date on any changes in the ORYX® requirements by reviewing recent issues of The Joint Commission Perspectives® or by going to the “Measurement” area on The Joint Commission website at <http://www.jointcommission.org>.

Element(s) of Performance for APR.04.01.01

11. The critical access hospital selects chart-abstracted measures and/or electronic clinical quality measures (eCQMs) based on its patient population/services offered to meet current ORYX® requirements.

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12. The critical access hospital selects performance measures within The Joint Commission’s data submission application.

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Key: **(D)** indicates that documentation is required;

(R) indicates an identified risk area;

16. ~~On initial surveys, the critical access hospital presents its measure selections to the surveyor.~~ (D)

18. The critical access hospital uses each individual measure to identify patterns, trends, or variations for improvement opportunities before replacing it (for example, chart-abstracted measures ~~should be used for at least four consecutive quarters before being replaced~~).

18. **The critical access hospital uses each individual measure to identify patterns, trends, or variations for improvement opportunities before replacing it. (For example, chart-abstracted measures should begin the first quarter of the calendar year or first quarter following receipt of an accreditation decision letter and be used for the remainder of the calendar year before replacing any measures.)**

19. The critical access hospital continues to use a measure if the data suggest an unstable pattern of performance or otherwise identify an opportunity for improvement.

19. **Based on Joint Commission statistical analysis, the critical access hospital continues to use a measure if the data suggest an unstable pattern of performance or otherwise identify an opportunity for improvement.**

22. The critical access hospital's performance measure data is submitted to The Joint Commission in timelines established and technical manner prescribed by The Joint Commission.

23. The organization resolves data quality issues for reported performance measures.

24. For the most recent 12-month calendar reporting period, the critical access hospital achieves and sustains an acceptable level of performance for each measure, as defined by Joint Commission statistical analysis, before it discontinues a measure's use in performance improvement activities.

Key: (D) indicates that documentation is required;

(R) indicates an identified risk area;