

Prepublication Requirements

• Issued January 20, 2022 •



Revisions Resulting from the Hospital Deeming Application

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 July 1, 2022

Environment of Care (EC) Chapter

EC.02.03.01

The critical access hospital manages fire risks.

Element(s) of Performance for EC.02.03.01

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| <p>9. The written fire response plan describes the specific roles of staff and licensed independent practitioners at and away from a fire's point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, and how to evacuate to areas of refuge. Staff and licensed independent practitioners are periodically instructed on and kept informed of their duties under the plan, including cooperation with firefighting authorities. A copy of the plan is readily available with the telephone operator or security. Note: For full text, refer to NFPA 101-2012: 18/19.7.1; 7.2.</p> | <input type="checkbox"/> <input checked="" type="checkbox"/> (D) |
| <p>9. The written fire response plan describes the specific roles of staff at and away from a fire's point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, how to evacuate to areas of refuge, and how staff will cooperate with firefighting authorities. Staff are periodically instructed on and kept informed of their duties under the plan, including cooperation with firefighting and disaster authorities. A copy of the plan is readily available with the telephone operator or security. Note: For full text, refer to NFPA 101-2012: 18/19.7.1; 7.2.</p> | <input type="checkbox"/> <input checked="" type="checkbox"/> (D) |

EC.02.06.05

Key: (D) indicates that documentation is required;

(R) indicates an identified risk area;

The critical access hospital manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.

Element(s) of Performance for EC.02.06.05

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| <p>1. When planning for new, altered, or renovated space, the critical access hospital uses one of the following design criteria:</p> <ul style="list-style-type: none"> - State rules and regulations - Guidelines for Design and Construction of Hospitals, 2018 edition, published by the Facility Guidelines Institute <p>When the above rules, regulations, and guidelines do not meet specific design needs, use other reputable standards and guidelines that provide equivalent design criteria.</p> | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> | | |
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| <p>1. When planning for new, altered, or renovated space, the critical access hospital uses one of the following design criteria:</p> <ul style="list-style-type: none"> - State rules and regulations - Guidelines for Design and Construction of Hospitals, 2018 edition, published by the Facility Guidelines Institute <p>When the above rules, regulations, and guidelines do not meet specific design needs, use other reputable standards and guidelines that provide equivalent design criteria.</p> <p><u>Note: The critical access hospital complies with National Fire Protection Association requirements, including emergency generator location requirements, as follows:</u></p> <ul style="list-style-type: none"> - <u>Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6)</u> - <u>Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4)</u> - <u>NFPA 110-2010 when a new structure is built or when an existing structure or building is renovated.</u> | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> | | |
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Leadership (LD) Chapter

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.

Element(s) of Performance for LD.04.01.03

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| <p>3. For rehabilitation and psychiatric distinct part units in critical access hospitals: The operating budget reflects the critical access hospital's goals and objectives.</p> | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> | | |
| | | | |
| <p>3. For rehabilitation and psychiatric distinct part units in critical access hospitals: The operating budget reflects the critical access hospital's goals and objectives.</p> <p><u>Note: The critical access hospital meets the Centers for Medicare & Medicaid Services' (CMS) Institutional Plan and Budget requirements in accordance with 42 CFR 482.12(d). (See Appendix B [AXB] for the language of this CMS requirement.)</u></p> | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> | | |
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Key: **D** indicates that documentation is required;

R indicates an identified risk area;

LD.04.01.11

The critical access hospital makes space and equipment available as needed for the provision of care, treatment, and services.

Element(s) of Performance for LD.04.01.11

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| 3. | For rehabilitation and psychiatric distinct part units in critical access hospitals: The interior and exterior space provided for care, treatment, and services meets the needs of patients. | <input type="checkbox"/> <input type="checkbox"/> |
| 3. | For rehabilitation and psychiatric distinct part units in critical access hospitals: The interior and exterior space provided for care, treatment, and services meets the needs of patients.
<u>Note: The extent and complexity of facilities must be determined by the services offered.</u> | <input type="checkbox"/> <input type="checkbox"/> |

Medication Management (MM) Chapter

MM.05.01.07

The critical access hospital safely prepares medications.

Element(s) of Performance for MM.05.01.07

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| 5. | For rehabilitation and psychiatric distinct part units in critical access hospitals: Medications are prepared and administered in accordance with the orders of a licensed independent practitioner or other practitioner responsible for the patient's care, and in accordance with critical access hospital policies; medical staff bylaws, rules, and regulations; and law and regulation. | <input type="checkbox" value="R"/> <input type="checkbox"/> |
| 5. | For rehabilitation and psychiatric distinct part units in critical access hospitals: Medications are prepared and administered in accordance with the orders of a <u>physician</u> or other <u>licensed practitioner</u> responsible for the patient's care, and in accordance with critical access hospital policies; medical staff bylaws, rules, and regulations; and law and regulation. | <input type="checkbox" value="R"/> <input type="checkbox"/> |

Medical Staff (MS) Chapter

MS.03.01.03

The management and coordination of each patient's care, treatment, and services is the responsibility of a practitioner with appropriate privileges.

Element(s) of Performance for MS.03.01.03

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

R indicates an identified risk area;

3. For rehabilitation and psychiatric distinct part units in critical access hospitals: A patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. A doctor of medicine or osteopathy manages and coordinates the care of any Medicare patient's psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist. □ □

3. **For rehabilitation and psychiatric distinct part units in critical access hospitals: A patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. A doctor of medicine or osteopathy manages and coordinates the care of any Medicare or Medicaid patient's psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.** □ □

Provision of Care, Treatment, and Services (PC) Chapter

PC.02.01.03

The critical access hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.

Element(s) of Performance for PC.02.01.03

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

R indicates an identified risk area;

1. Prior to providing care, treatment, and services, the critical access hospital obtains or renews orders (verbal or written) from a ~~licensed independent practitioner~~ or other practitioner in accordance with professional standards of practice; law and regulation; critical access hospital policies; and medical staff bylaws, rules, and regulations. □ □

Note 1: For rehabilitation and psychiatric distinct part units in critical access hospitals: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as the practitioner meets the following:

- Responsible for the care of the patient
- Licensed to practice in the state where the practitioner provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements
- Acting within the practitioner's scope of practice under state law
- Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services

Note 2: Patient diets, including therapeutic diets, are ordered by the practitioner responsible for the patient's care, or by a qualified dietitian or qualified nutrition professional who is authorized by the medical staff and acting in accordance with state law governing dietitians and nutrition professionals. The requirement of 42 CFR 483.25(i) is met for inpatients receiving care at a skilled nursing facility subsequent to critical access hospital care.

1. **Prior to providing care, treatment, and services, the critical access hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; critical access hospital policies; and medical staff bylaws, rules, and regulations.** □ □

Note 1: For rehabilitation and psychiatric distinct part units in critical access hospitals: Outpatient services may be ordered by a physician or other licensed practitioner not appointed to the medical staff as long as the physician or other licensed practitioner meets the following:

- Responsible for the care of the patient
- Licensed to practice in the state where the practitioner provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements
- Acting within the practitioner's scope of practice under state law
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Rights and Responsibilities of the Individual (RI) Chapter

RI.01.01.01

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

Element(s) of Performance for RI.01.01.01

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

R indicates an identified risk area;

10. The critical access hospital allows the patient to access, request amendment to, and obtain information on disclosures of the patient's health information, in accordance with law and regulation.

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10. The critical access hospital allows the patient, through oral or written request, to access, request amendment to, and obtain information on disclosures of the patient's health information, in accordance with law and regulation.

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Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: Access to medical records, including past and current records, is in the form and format requested by the patient (including in electronic form or format when available). If electronic is unavailable, the medical record is in hard copy form or another form agreed to by the organization and patient. The critical access hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these electronic or hard-copy requests within a reasonable time frame (that is, as quickly as its record keeping system permits).
