

Prepublication Requirements

• Issued May 3, 2023 •



Revised Requirements Based on CMS Final Rule

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

Effective June 1, 2023

Information Management (IM) Chapter

IM.02.01.01

The critical access hospital protects the privacy of health information.

Element(s) of Performance for IM.02.01.01

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| 1. The critical access hospital follows a written policy addressing the privacy of health information.
(See also RI.01.01.01, EP 7) | <input type="checkbox"/> <input checked="" type="checkbox"/> D |
| 1. The critical access hospital follows a written policy addressing the privacy <u>and confidentiality of health information.</u>
(See also RI.01.01.01, EP 7) | <input type="checkbox"/> <input checked="" type="checkbox"/> D |

Leadership (LD) Chapter

LD.01.03.01

The governing body is ultimately accountable for the safety and quality of care, treatment, and services.

Element(s) of Performance for LD.01.03.01

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

R indicates an identified risk area;

14. If a critical access hospital is part of a system consisting of multiple separately accredited hospitals, critical access hospitals, and/or rural emergency hospitals using a system governing body that is legally responsible for the conduct of two or more hospitals, critical access hospital, and/or rural emergency hospitals, the system governing body can elect to have a unified and integrated quality assessment and performance improvement program for all of its member facilities after determining that such decision is in accordance with all applicable state and local laws. The system governing body is responsible and accountable for making certain that each of its separately certified critical access hospitals meets the requirements for quality assessment and performance improvement at 42 CFR 485.641.

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Each separately certified critical access hospital subject to the system governing body demonstrates that the unified and integrated quality assessment and performance improvement program does the following:

- Accounts for each member critical access hospital's unique circumstances and any significant differences in patient populations and services offered in each critical access hospital
- Establishes and implements policies and procedures to make certain that the needs and concerns of each of its separately certified hospitals, regardless of practice or location, are given due consideration, and that the unified and integrated program has mechanisms in place to ensure that issues localized to particular hospitals are duly considered and addressed

27. If a critical access hospital is part of a multihospital system with separately accredited hospitals, critical access hospitals, and/or rural emergency hospitals using a system governing body that is legally responsible for the conduct of two or more hospitals, critical access hospitals, and/or rural emergency hospitals, the system governing body can elect to have unified and integrated infection prevention and control and antibiotic stewardship programs for all of its member facilities after determining that such a decision is in accordance with applicable law and regulation. The system governing body is responsible and accountable for making certain that each of its separately certified critical access hospitals meet all of the requirements at 42 CFR 485.640(g).

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Each separately certified critical access hospital subject to the system governing body demonstrates that the unified and integrated infection prevention and control program and the antibiotic stewardship program do the following:

- Account for each member critical access hospital's unique circumstances and any significant differences in patient populations and services offered at each critical access hospital
- Establish and implement policies and procedures to make certain that the needs and concerns of each separately certified critical access hospital, regardless of practice or location, are given due consideration
- Have mechanisms in place to ensure that issues localized to particular critical access hospitals are duly considered and addressed
- Designate a qualified individual(s) at the critical access hospital with expertise in infection prevention and control and in antibiotic stewardship as responsible for communicating with the unified infection prevention and control and antibiotic stewardship programs, implementing and maintaining the policies and procedures governing infection prevention and control and antibiotic stewardship (as directed by the unified infection prevention and control and antibiotic stewardship programs), and providing education and training on the practical applications of infection prevention and control and antibiotic stewardship to critical access hospital staff

Medical Staff (MS) Chapter

MS.01.01.01

Medical staff bylaws address self-governance and accountability to the governing body.

Element(s) of Performance for MS.01.01.01

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| 5. For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff complies with the medical staff bylaws, rules and regulations, and policies. | <input type="checkbox"/> <input type="checkbox"/> |
| 5. The medical staff complies with the medical staff bylaws, rules and regulations, and policies. | <input type="checkbox"/> <input type="checkbox"/> |
| 14. For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff bylaws include the following requirements: The process for privileging and re-privileging physicians and other licensed practitioners.
(See also MS.06.01.13, EP 1) | <input type="checkbox"/> <input type="checkbox"/> |
| 14. The medical staff bylaws include the following requirements: The process for privileging and re-privileging physicians and other licensed practitioners.
(See also MS.06.01.13, EP 1) | <input type="checkbox"/> <input type="checkbox"/> |
| 17. The medical staff bylaws include the following requirements: A description of those members of the medical staff who are eligible to vote. | <input type="checkbox"/> <input type="checkbox"/> |
| 34. The medical staff bylaws include the following requirements: The process for fair hearings and appeals (refer to Standard MS.10.01.01), which at a minimum, includes the following:
- The process for scheduling hearings and appeals
- The process for conducting hearings and appeals | <input type="checkbox"/> <input type="checkbox"/> |
| 37. If a critical access hospital is part of a multihospital system with separately accredited hospitals, critical access hospitals, and/or rural emergency hospitals and chooses to establish a unified and integrated medical staff, the medical staff bylaws include the following requirements: A description of the process by which medical staff members at each separately accredited hospital (that is, all medical staff members who hold privileges to practice at that specific hospital) are advised of their right to opt out of the unified and integrated medical staff structure after a majority vote by the members to maintain a separate and distinct medical staff for their respective hospital. | <input type="checkbox"/> <input type="checkbox"/> |

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

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MS.01.01.05

Multihospital systems can choose to establish a unified and integrated medical staff in accordance with state and local laws.

Element(s) of Performance for MS.01.01.05

1. If a critical access hospital is part of a multihospital system with separately accredited hospitals, critical access hospitals, and/or rural emergency hospitals and chooses to establish a unified and integrated medical staff, the following occurs: Each separately accredited critical access hospital demonstrates that its medical staff members (that is, all medical staff members who hold privileges to practice at that specific hospital) have voted by majority either to accept the unified and integrated medical staff structure or to opt out of such a structure and maintain a separate and distinct medical staff for their critical access hospital.

2. If a critical access hospital is part of a multihospital system with separately accredited hospitals, critical access hospitals, and/or rural emergency hospitals and chooses to establish a unified and integrated medical staff, the following occurs: The unified and integrated medical staff takes into account each member hospital's unique circumstances and any significant differences in patient populations and services offered in each hospital, critical access hospital, and rural emergency hospital.

3. If a critical access hospital is part of a multihospital system with separately accredited hospitals, critical access hospital, and/or rural emergency hospitals and chooses to establish a unified and integrated medical staff, the following occurs: The unified and integrated medical staff establishes and implements policies and procedures to make certain that the needs and concerns expressed by members of the medical staff at each of its separately accredited hospitals, critical access hospitals, and/or rural emergency hospitals, regardless of practice or location, are given due consideration.

4. If a critical access hospital is part of a multihospital system with separately accredited hospitals, critical access hospitals, and/or rural emergency hospitals and chooses to establish a unified and integrated medical staff, the following occurs: The unified and integrated medical staff has mechanisms in place to make certain that issues localized to particular hospitals, critical access hospitals, and/or rural emergency hospitals within the system are duly considered and addressed.

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

PC.03.05.09

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has written policies and procedures that guide the use of restraint or seclusion.

The critical access hospital has written policies and procedures that guide the use of restraint or seclusion.

Element(s) of Performance for PC.03.05.09

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| <p>3. The critical access hospital has policies and procedures regarding the use of restraint or seclusion that are in accordance with current standards of practice. The policies and procedures also include the following:</p> <ul style="list-style-type: none"> - Restraint and seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient, a staff member, or others from harm. - A definition of restraint in accordance with 42 CFR 485.614 (e)(1)(i)(A–C). - A definition of seclusion in accordance with 42 CFR 485.614 (e)(1)(ii). <p>Note 1: The definition of restraint per 42 CFR 485.614 (e)(1)(i)(A–C) is as follows:
 42 CFR 485.614 (e)(1) Definitions. (i) A restraint is— (A) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or 42 CFR 485.614 (e)(1)(i)(B) (A restraint is—) A drug or medication when it is used as a restriction to manage the patient’s behavior or restrict the patient’s freedom of movement and is not a standard treatment or dosage for the patient’s condition.
 42 CFR 485.614 (e)(1)(i)(C) A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).</p> <p>Note 2: The definition of seclusion per 42 CFR 485.614 (e)(1)(ii) is as follows:
 Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may be used only for the management of violent or self-destructive behavior.</p> | <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 30px; height: 30px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; border-radius: 50%; text-align: center; line-height: 10px;">D</div> </div> |
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PC.03.05.17

For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital trains staff to safely implement the use of restraint or seclusion.

The critical access hospital trains staff to safely implement the use of restraint or seclusion.

Element(s) of Performance for PC.03.05.17

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| <p>8. Staff education and training include the following:</p> <ul style="list-style-type: none"> - Patient-centered, trauma-informed, competency-based training and education of staff, including medical staff, and as applicable, staff providing contract services, on the use of restraint and seclusion - Alternatives to the use of restraint and seclusion | <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 30px; height: 30px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; border-radius: 50%; text-align: center; line-height: 10px;">D</div> </div> |
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Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

PC.03.05.19

~~For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital reports deaths associated with the use of restraint and seclusion.~~

The critical access hospital reports deaths associated with the use of restraint and seclusion.

Element(s) of Performance for PC.03.05.19

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| <p>1. For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital reports the following information to the Centers for Medicare & Medicaid Services (CMS) regarding deaths related to restraint or seclusion (this requirement does not apply to deaths related to the use of soft wrist restraints; for more information, refer to EP 3 in this standard):</p> <ul style="list-style-type: none"> - Each death that occurs while a patient is in restraint or seclusion - Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion - Each death known to the critical access hospital that occurs within one week after restraint or seclusion was used when it is reasonable to assume that the use of the restraint or seclusion contributed directly or indirectly to the patient's death. The types of restraints included in this reporting requirement are all restraints except soft wrist restraints. <p>Note: In this element of performance "reasonable to assume" includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time or deaths related to chest compression, restriction of breathing, or asphyxiation.</p> | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> | | |
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| <p>2. For rehabilitation and psychiatric distinct part units in critical access hospitals: The deaths addressed in PC.03.05.19, EP 1, are reported to the Centers for Medicare & Medicaid Services (CMS) by telephone, by facsimile, or electronically no later than the close of the next business day following knowledge of the patient's death. The date and time that the patient's death was reported is documented in the patient's medical record.</p> | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">ⓓ</td> </tr> </table> | | ⓓ |
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Key: ⓓ indicates that documentation is required; Ⓜ indicates an identified risk area;

3. ~~For rehabilitation and psychiatric distinct part units in critical access hospitals:~~ When no seclusion has been used and when the only restraints used on the patient are wrist restraints composed solely of soft, non-rigid, cloth-like material, the critical access hospital does the following: D
- Records in a log or other system any death that occurs while a patient is in restraint. The information is recorded within seven days of the date of death of the patient.
 - Records in a log or other system any death that occurs within 24 hours after a patient has been removed from such restraints. The information is recorded within seven days of the date of death of the patient.
 - Documents in the patient record the date and time that the death was recorded in the log or other system
 - Documents in the log or other system the patient's name, date of birth, date of death, name of attending physician or other licensed practitioner responsible for the care of the patient, medical record number, and primary diagnosis(es)
 - Makes the information in the log or other system available to CMS, either electronically or in writing, immediately upon request

3. **When no seclusion has been used and when the only restraints used on the patient are wrist restraints composed solely of soft, non-rigid, cloth-like material, the critical access hospital does the following:** D
- **Records in a log or other system any death that occurs while a patient is in restraint. The information is recorded within seven days of the date of death of the patient.**
 - **Records in a log or other system any death that occurs within 24 hours after a patient has been removed from such restraints. The information is recorded within seven days of the date of death of the patient.**
 - **Documents in the patient record the date and time that the death was recorded in the log or other system.**
 - **Documents in the log or other system the patient's name, date of birth, date of death, name of attending physician or other licensed practitioner responsible for the care of the patient, medical record number, and primary diagnosis(es).**
 - **Makes the information in the log or other system available to CMS, either electronically or in writing, immediately upon request.**

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;

2. The critical access hospital informs the patient of the patient's rights. □ □
 Note 1: The critical access hospital informs the patient (or support person, where appropriate) of the patient's 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.
 Note 2: ~~For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital makes sure that each patient, or the patient's family, is informed of the patient's rights in advance of furnishing or discontinuing patient care whenever possible.~~
 (See also RI.01.01.03, EPs 1, 2, 3)

2. **The critical access hospital informs the patient of the patient's rights.** □ □
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Note 2: The critical access hospital informs each patient (or support person, where appropriate), of the patient's rights in advance of furnishing or discontinuing patient care whenever possible. (See also RI.01.01.03, EPs 1, 2, 3)

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. □ □
 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 recordkeeping system permits).~~

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.** □ □
Note: 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 recordkeeping system permits).

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

29. The critical access hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

29. **The critical access hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.**
Note: This includes prohibiting discrimination through restricting, limiting, or otherwise denying visitation privileges.

RI.01.02.01

The critical access hospital respects the patient's right to participate in decisions about their care, treatment, and services.

Note: ~~For rehabilitation and psychiatric distinct part units in critical access hospitals:~~ This right is not to be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.

The critical access hospital respects the patient's right to participate in decisions about their care, treatment, and services.

Note: This right is not to be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.

Element(s) of Performance for RI.01.02.01

8. ~~For rehabilitation and psychiatric distinct part units in critical access hospitals:~~ The critical access hospital involves the patient's family in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.

8. **The critical access hospital involves the patient's family in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.**

40. The patient has the right to participate in the development and implementation of their plan of care.

RI.01.05.01

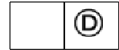
The critical access hospital addresses patient decisions about care, treatment, and services received at the end of life.

Element(s) of Performance for RI.01.05.01

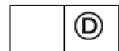
Key: **(D)** indicates that documentation is required;

(R) indicates an identified risk area;

1. The critical access hospital follows written policies on advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services that address the following:
- Providing patients with written information about advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services.
 - For outpatient settings: Communicating its policy on advance directives upon request or when warranted by the care, treatment, and services provided.
 - Providing the patient upon admission with information on the extent to which the critical access hospital is able, unable, or unwilling to honor advance directives.
 - Whether the critical access hospital will honor advance directives in its outpatient settings.
 - That the critical access hospital will honor the patient’s right to formulate or review and revise the patient’s advance directives.
 - Informing staff who are involved in the patient’s care, treatment, and services whether or not the patient has an advance directive.



1. **The critical access hospital follows written policies on advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services that address the following:**
- **Providing patients with written information about advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services.**
 - **For outpatient settings: Communicating its policy on advance directives upon request or when warranted by the care, treatment, and services provided.**
 - **Providing the patient upon admission with information on the extent to which the critical access hospital is able, unable, or unwilling to honor advance directives.**
 - **Whether the critical access hospital will honor advance directives in its outpatient settings.**
 - **That the critical access hospital will honor the patient’s right to formulate or review and revise the patient’s advance directives.**
 - **Informing staff who are involved in the patient’s care, treatment, and services whether or not the patient has an advance directive.**



Note: The patient’s right to formulate advance directives and have staff and licensed practitioners comply with these directives is in accordance with 42 CFR 489.100, 489.102, and 489.104.

RI.01.06.03

The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.

The patient has the right to be free from harassment; neglect; exploitation; and verbal, mental, physical, and sexual abuse.

Element(s) of Performance for RI.01.06.03

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

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| <p>1. The critical access hospital determines how it will protect the patient from neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, and services.
 Note: For critical access hospitals with swing beds: The critical access hospital also determines how it will protect residents from corporal punishment and involuntary seclusion.</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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RI.01.07.01

The patient and their family have the right to have complaints reviewed by the critical access hospital.

Element(s) of Performance for RI.01.07.01

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| <p>1. The critical access hospital establishes a complaint resolution process and informs the patient and the patient's family about it.
 Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: The governing body is responsible for the effective operation of the complaint resolution process unless it delegates this responsibility in writing to a complaint resolution committee.
 (See also LD.04.01.07, EP 1; MS.09.01.01, EP 1)</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. The critical access hospital establishes a complaint resolution process <u>that includes a clearly explained procedure for the submission of a patient's written or verbal complaint</u> and informs the patient and the patient's family about it.
 Note: The governing body is responsible for the effective operation of the complaint resolution process unless it delegates this responsibility in writing to a complaint resolution committee.
 (See also LD.04.01.07, EP 1; MS.09.01.01, EP 1)</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>18. For rehabilitation and psychiatric distinct part units in critical access hospitals: In its resolution of complaints, the critical access hospital provides the individual with a written notice of its decision, which contains the following:
 -The name of the critical access hospital contact person
 -The steps taken on behalf of the individual to investigate the complaint
 -The results of the process
 -The date of completion of the complaint process</p> | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">D</td> </tr> </table> | | D |
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Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

19. ~~For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital determines time frames for complaint review and response.~~

19. The critical access hospital determines time frames for complaint review and response.

20. ~~For rehabilitation and psychiatric distinct part units in critical access hospitals: The process for resolving complaints includes a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the quality improvement organization (QIO).~~

20. The process for resolving complaints includes a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Utilization and Quality Control Quality Improvement Organization.