Revisions Related to CAH Redeeming

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 August 27, 2023

Environment of Care (EC) Chapter

EC.01.01.01

The critical access hospital plans activities to minimize risks in the environment of care.

Note 1: One or more persons can be assigned to manage risks associated with the management plans described in this standard.


Element(s) of Performance for EC.01.01.01

12. The critical access hospital complies with the 2012 edition of NFPA 99: Health Care Facilities Code, including Tentative Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.

EC.02.04.01

The critical access hospital manages medical equipment risks.

Element(s) of Performance for EC.02.04.01
4. The critical access hospital identifies the activities and associated frequencies, in writing, for maintaining, inspecting, and testing all medical equipment on the inventory. These activities and associated frequencies are in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance (AEM) program.

Note 1: The strategies of an AEM program must not reduce the safety of equipment and must be based on accepted standards of practice, such as the American National Standards Institute/Association for the Advancement of Medical Instrumentation handbook ANSI/AAMI EQ56: 2013, Recommended Practice for a Medical Equipment Management Program.

Note 2: Medical equipment with activities and associated frequencies in accordance with manufacturers' recommendations must have a 100% completion rate.

Note 3: Scheduled maintenance activities for both high-risk and non-high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the critical access hospital's AEM program.

4. The critical access hospital identifies the activities and associated frequencies, in writing, for maintaining, inspecting, and testing all medical equipment on the inventory. Note: Activities and associated frequencies for maintaining, inspecting, and testing of medical equipment must have a 100% completion rate.

5. The critical access hospital's activities and frequencies for inspecting, testing, and maintaining the following items must be in accordance with manufacturers' recommendations:
   - Equipment subject to federal or state law or Medicare Conditions of Participation in which inspecting, testing, and maintaining must be in accordance with the manufacturers' recommendations, or otherwise establishes more stringent maintenance requirements
   - Medical laser devices
   - Imaging and radiologic equipment (whether used for diagnostic or therapeutic purposes)
   - New medical equipment with insufficient maintenance history to support the use of alternative maintenance strategies

Note: Maintenance history includes any of the following documented evidence:
   - Records provided by the critical access hospital's contractors
   - Information made public by nationally recognized sources
   - Records of the critical access hospital's experience over time

6. A qualified individual(s) uses written criteria to support the determination whether it is safe to permit medical equipment to be maintained in an alternate manner that includes the following:
   - How the equipment is used, including the seriousness and prevalence of harm during normal use
   - Likely consequences of equipment failure or malfunction, including seriousness of and prevalence of harm
   - Availability of alternative or backup equipment in the event the equipment fails or malfunctions
   - Incident history of identical or similar equipment
   - Maintenance requirements of the equipment

(For more information on defining staff qualifications, refer to Standard HR.01.01.01)
7. The critical access hospital identifies medical equipment on its inventory that is included in an alternative equipment-maintenance program.

EC.02.04.03

The critical access hospital inspects, tests, and maintains medical equipment.

**Element(s) of Performance for EC.02.04.03**

2. The critical access hospital inspects, tests, and maintains all high-risk equipment. These activities are documented.
   Note 1: High-risk equipment includes medical equipment for which there is a risk of serious injury or even death to a patient or staff member should it fail, which includes life-support equipment.
   Note 2: Required activities and associated frequencies for maintaining, inspecting, and testing of medical equipment must have a 100% completion rate.
   Note 3: Scheduled maintenance activities for high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the critical access hospital's AEM program.
   (See also PC.02.01.09, EP 8; PC.02.01.11, EP 2)

2. The critical access hospital inspects, tests, and maintains all high-risk equipment. These activities are documented.
   Note 1: High-risk equipment includes medical equipment for which there is a risk of serious injury or even death to a patient or staff member should it fail, which includes life-support equipment.
   Note 2: Required activities and associated frequencies for maintaining, inspecting, and testing of medical equipment must have a 100% completion rate.

3. The critical access hospital inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented.
   Note: Scheduled maintenance activities for non-high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the hospital’s AEM program.

3. The critical access hospital inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented.

EC.02.05.01

The critical access hospital manages risks associated with its utility systems.

**Element(s) of Performance for EC.02.05.01**

Key: D indicates that documentation is required; R indicates an identified risk area;
5. The critical access hospital identifies the activities and associated frequencies, in writing, for inspecting, testing, and maintaining all operating components of utility systems on the inventory. These activities and associated frequencies are in accordance with manufacturers’ recommendations or with strategies of an alternative equipment maintenance (AEM) program. 

Note 1: The strategies of an AEM program must not reduce the safety of equipment and must be based on accepted standards of practice. An example of guidelines for physical plant equipment maintenance is the American Society for Healthcare Engineering (ASHE) book Maintenance Management for Health Care Facilities.

Note 2: For guidance on maintenance and testing activities for Essential Electric Systems (Type I), see NFPA 99-2012: 6.4.4.

5. The critical access hospital identifies the activities and associated frequencies, in writing, for inspecting, testing, and maintaining all operating components of utility systems on the inventory.

Note: For guidance on maintenance and testing activities for Essential Electric Systems (Type I), see NFPA 99-2012: 6.4.4.

6. The critical access hospital’s activities and frequencies for inspecting, testing, and maintaining the following items must be in accordance with manufacturers’ recommendations:
   - Equipment subject to federal or state law or Medicare Conditions of Participation in which inspecting, testing, and maintaining be in accordance with the manufacturers’ recommendations, or otherwise establishes more stringent maintenance requirements
   - New operating components with insufficient maintenance history to support the use of alternative maintenance strategies

Note: Maintenance history includes any of the following documented evidence:
   - Records provided by the critical access hospital’s contractors
   - Information made public by nationally recognized sources
   - Records of the critical access hospital’s experience over time

7. A qualified individual(s) uses written criteria to support the determination of whether it is safe to permit operating components of utility systems to be maintained in an alternate manner that includes the following:
   - How the equipment is used, including the seriousness and prevalence of harm during normal use
   - Likely consequences of equipment failure or malfunction, including seriousness of and prevalence of harm
   - Availability of alternative or backup equipment in the event the equipment fails or malfunctions
   - Incident history of identical or similar equipment
   - Maintenance requirements of the equipment

(For more information on defining staff qualifications, refer to Standard HR.01.01.01)

8. The critical access hospital identifies operating components of utility systems on its inventory that are included in an alternative equipment maintenance program.
EC.02.05.05

The critical access hospital inspects, tests, and maintains utility systems. 
Note: At times, maintenance is performed by an external service. In these cases, critical access hospitals are not required to possess maintenance documentation but must have access to such documentation during survey and as needed.

Element(s) of Performance for EC.02.05.05

4. The critical access hospital inspects, tests, and maintains the following: High-risk utility system components on the inventory. The completion date and the results of the activities are documented.
   Note 1: A high-risk utility system includes components for which there is a risk of serious injury or even death to a patient or staff member should it fail, which includes life-support equipment.
   Note 2: Required activities and associated frequencies for maintaining, inspecting, and testing of utility systems components that are completed in accordance with manufacturers’ recommendations must have a 100% completion rate.
   Note 3: Scheduled maintenance activities for high-risk utility systems components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate.

5. The critical access hospital inspects, tests, and maintains the following: Infection control utility system components on the inventory. The completion date and the results of the activities are documented.
   Note 1: Required activities and associated frequencies for maintaining, inspecting, and testing of utility systems components completed in accordance with manufacturers’ recommendations must have a 100% completion rate.
   Note 2: Scheduled maintenance activities for infection control utility systems components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate.

Key: ❘ indicates that documentation is required; ❨ indicates an identified risk area;
6. The critical access hospital inspects, tests, and maintains the following: Non-high-risk utility system components on the inventory. The completion date and the results of the activities are documented. Note: Scheduled maintenance activities for non-high-risk utility systems components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the critical access hospital AEM program.

6. The critical access hospital inspects, tests, and maintains the following: Non-high-risk utility system components on the inventory. The completion date and the results of the activities are documented.

EC.02.06.05

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**

1. When planning for new, altered, or renovated space, the critical access hospital uses one of the following design criteria:
   - State rules and regulations

   When the above rules, regulations, and guidelines do not meet specific design needs, use other reputable standards and guidelines that provide equivalent design criteria.

   Note: The critical access hospital complies with National Fire Protection Association requirements, including emergency generator location requirements, as follows:
   - 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)
   - Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4)
   - NFPA 110-2010 when a new structure is built or when an existing structure or building is renovated

1. When planning for new, altered, or renovated space, the critical access hospital uses one of the following design criteria:
   - State rules and regulations

   When the above rules, regulations, and guidelines do not meet specific design needs, use other reputable standards and guidelines that provide equivalent design criteria.

Human Resources (HR) Chapter

**HR.01.02.05**

The critical access hospital has the necessary staff to support the care, treatment, and services it provides.

**Element(s) of Performance for HR.01.02.05**
43. Staff that provide care, treatment, and services meet the personnel qualifications required by the Centers for Medicare & Medicaid Services' (CMS) regulations at 42 CFR 485.604.

Note: The following terms are defined in the Glossary: clinical nurse specialist, nurse practitioner, physician assistant.

Leadership (LD) Chapter

**LD.04.01.01**

The critical access hospital complies with law and regulation.

**Element(s) of Performance for LD.04.01.01**

25. If the critical access hospital is a member of a rural health network, the network meets the criteria required by the Centers for Medicare & Medicaid Services' (CMS) regulations at 42 CFR 485.603.

Note: See the Glossary for a definition of rural health network.

Life Safety (LS) Chapter

**LS.01.01.01**

The critical access hospital designs and manages the physical environment to comply with the Life Safety Code.

**Element(s) of Performance for LS.01.01.01**