

Prepublication Requirements

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Select Retired and Revised Accreditation 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 deleted language struckthrough and new language underlined.

APPLICABLE TO THE CRITICAL ACCESS HOSPITAL ACCREDITATION PROGRAM

Effective February 19, 2023

RETIRED ELEMENTS OF PERFORMANCE

Environment of Care (EC) Chapter

Standard EC.02.01.03

The critical access hospital prohibits smoking except in specific circumstances.

EC.02.01.03, EP 1

The critical access hospital develops a written policy prohibiting smoking in all buildings. Exceptions for patients in specific circumstances are defined.

Note: The scope of this EP is concerned with all smoking types—tobacco, electronic, or other.

Human Resources (HR) Chapter

Standard HR.01.02.07

The critical access hospital determines how staff function within the organization.

HR.01.02.07, EP 5

Staff supervise students when they provide patient care, treatment, and services as part of their training.

Standard HR.01.07.01

The critical access hospital evaluates staff performance.

HR.01.07.01, EP 5

When a licensed independent practitioner brings a nonemployee individual into the critical access hospital to provide care, treatment, and services, the critical access hospital reviews the individual's competencies and performance at the same frequency as individuals employed by the critical access hospital.

Note: This review can be accomplished either through the critical access hospital's regular process or with the licensed independent practitioner who brought staff into the critical access hospital.

Information Management (IM) Chapter**Standard IM.02.02.03**

The critical access hospital retrieves, disseminates, and transmits health information in useful formats.

IM.02.02.03, EP 13

For critical access hospitals in California that provide computed tomography (CT) services: The critical access hospital complies with radiation event reporting requirements specified in section 115113 of the California Health and Safety Code.

Leadership (LD) Chapter**Standard LD.03.06.01**

Those who work in the critical access hospital are focused on improving safety and quality.

LD.03.06.01, EP 5

Those who work in the critical access hospital adapt to changes in the environment.

Standard LD.04.02.01

The leaders address any conflict of interest involving licensed independent practitioners and/or staff that affects or has the potential to affect the safety or quality of care, treatment, and services.

LD.04.02.01, EP 2

The leaders follow a written policy that defines situations that represent a conflict of interest involving licensed independent practitioners and/or staff and how the critical access hospital will address these conflicts of interest.

LD.04.02.01, EP 3

Existing or potential conflicts of interest involving licensed independent practitioners and/or staff, as defined by the critical access hospital, are disclosed.

LD.04.02.01, EP 4

The critical access hospital reviews its relationships with other care providers, educational institutions, manufacturers, and payers to determine whether conflicts of interest exist and whether they are within law and regulation.

LD.04.02.01, EP 5

Policies, procedures, and information about the relationship between care, treatment, and services and financial incentives are available upon request to all patients and those individuals who work in the critical access hospital, including staff and licensed independent practitioners.

Standard LD.04.02.03

Ethical principles guide the critical access hospital's business practices.

LD.04.02.03, EP 1

The critical access hospital follows a process that allows staff, patients, and families to address ethical issues or issues prone to conflict.

Standard LD.04.02.05

When internal or external review results in the denial of care, treatment, and services, or payment, the critical access hospital makes decisions regarding the ongoing provision of care, treatment, and services, and discharge or transfer, based on the assessed needs of the patient.

LD.04.02.05, EP 1

Decisions regarding the provision of ongoing care, treatment, and services, discharge, or transfer are based on the assessed needs of the patient, regardless of the recommendations of any internal or external review.

Life Safety (LS) Chapter**Standard LS.02.01.40**

The critical access hospital provides and maintains special features to protect individuals from the hazards of fire and smoke.

LS.02.01.40, EP 2

The critical access hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012: 18/19.4.2.

Medication Management (MM) Chapter**Standard MM.03.01.01**

The critical access hospital safely stores medications.

MM.03.01.01, EP 9

The critical access hospital keeps concentrated electrolytes present in patient care areas only when patient safety necessitates their immediate use, and precautions are used to prevent inadvertent administration.

Standard MM.05.01.19

The critical access hospital safely manages returned medications.

MM.05.01.19, EP 1

The critical access hospital determines under what circumstances unused, expired, or returned medications will be managed by the pharmacy or the critical access hospital.

Note: This element of performance is also applicable to sample medications.

MM.05.01.19, EP 3

The critical access hospital determines if and when outside sources are used for destruction of medications.

Note: This element of performance is also applicable to sample medications.

Standard MM.06.01.05

The critical access hospital safely manages investigational medications.

MM.06.01.05, EP 1

The critical access hospital follows a written process addressing the use of investigational medications that includes review, approval, supervision, and monitoring.

MM.06.01.05, EP 3

The written process for the use of investigational medications specifies that when a patient is involved in an investigational protocol that is independent of the critical access hospital, the critical access hospital evaluates and, if no contraindication exists, accommodates the patient's continued participation in the protocol.

National Patient Safety Goals (NPSG) Chapter**Standard NPSG.03.04.01**

Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings.

Note: Medication containers include syringes, medicine cups, and basins.

NPSG.03.04.01, EP 6

Immediately discard any medication or solution found unlabeled.

NPSG.03.04.01, EP 7

Remove all labeled containers on the sterile field and discard their contents at the conclusion of the procedure.

Note: This does not apply to multiuse vials that are handled according to infection control practices.

NPSG.03.04.01, EP 8

All medications and solutions both on and off the sterile field and their labels are reviewed by entering and exiting staff responsible for the management of medications.

Standard NPSG.03.05.01

Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

Note: This requirement does not apply to routine situations in which short-term prophylactic anticoagulation is used for preventing venous thromboembolism (for example, related to procedures or hospitalization).

NPSG.03.05.01, EP 1

The critical access hospital uses approved protocols and evidence-based practice guidelines for the initiation and maintenance of anticoagulant therapy that address medication selection; dosing, including adjustments for age and renal or liver function; drug–drug and drug–food interactions; and other risk factors as applicable.

NPSG.03.05.01, EP 4

The critical access hospital has a written policy addressing the need for baseline and ongoing laboratory tests to monitor and adjust anticoagulant therapy.

Note: For all patients receiving warfarin therapy, use a current international normalized ratio (INR) to monitor and adjust dosage. For patients on a direct oral anticoagulant (DOAC), follow evidence-based practice guidelines regarding the need for laboratory testing.

NPSG.03.05.01, EP 5

The critical access hospital addresses anticoagulation safety practices through the following:

- Establishing a process to identify, respond to, and report adverse drug events, including adverse drug event outcomes
- Evaluating anticoagulation safety practices, taking actions to improve safety practices, and measuring the effectiveness of those actions in a time frame determined by the critical access hospital

NPSG.03.05.01, EP 6

The critical access hospital provides education to patients and families specific to the anticoagulant medication prescribed, including the following:

- Adherence to medication dose and schedule
- Importance of follow-up appointments and laboratory testing (if applicable)
- Potential drug–drug and drug–food interactions
- The potential for adverse drug reactions

NPSG.03.05.01, EP 8

When heparin is administered intravenously and continuously, the critical access hospital uses programmable pumps in order to provide consistent and accurate dosing.

Standard NPSG.06.01.01

Improve the safety of clinical alarm systems.

NPSG.06.01.01, EP 4

Educate staff and licensed independent practitioners about the purpose and proper operation of alarm systems for which they are responsible.

Standard UP.01.01.01

Conduct a preprocedure verification process.

UP.01.01.01, EP 3

Match the items that are to be available in the procedure area to the patient.

Provision of Care, Treatment, and Services (PC) Chapter**Standard PC.02.02.03**

The critical access hospital makes food and nutrition products available to its patients.

PC.02.02.03, EP 9

When possible, the critical access hospital accommodates the patient’s cultural, religious, or ethnic food and nutrition preferences, unless contraindicated.

Performance Improvement (PI) Chapter**Standard PI.03.01.01**

The critical access hospital compiles and analyzes data.

PI.03.01.01, EP 7

The critical access hospital analyzes its organ procurement conversion rate data as provided by the organ procurement organization (OPO).

Note: Conversion rate is defined as the number of actual organ donors over the number of eligible donors defined by the OPO, expressed as a percentage.

PI.03.01.01, EP 19

The critical access hospital monitors the use of opioids to determine if they are being used safely (for example, the tracking of adverse events such as respiratory depression, naloxone use, and the duration and dose of opioid prescriptions).

PI.03.01.01, EP 20

For critical access hospitals that provide fluoroscopic services: The critical access hospital reviews and analyzes instances where the radiation exposure and skin dose threshold levels identified by the organization are exceeded.

Note: Radiation exposure thresholds may be established based on metrics such as reference-air kerma, cumulative-air kerma, kerma-area product, or fluoroscopy time.

PI.03.01.01, EP 21

The critical access hospital provides incidence data to key stakeholders, including leaders, licensed practitioners, nursing staff, and other clinicians on the following:

- Multidrug-resistant organisms (MDRO)
- Central line–associated bloodstream infections (CLABSI)
- Surgical site infections (SSI)

Rights and Responsibilities of the Individual (RI) Chapter**Standard RI.01.05.01**

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

RI.01.05.01, EP 15

When required by policy or upon patient request, the critical access hospital documents the patient's wishes concerning organ donation and honors the wishes within the limits of its capability, policy, and law and regulation.

Waived Testing (WT) Chapter**Standard WT.01.01.01**

Policies and procedures for waived tests are established, current, approved, and readily available.

WT.01.01.01, EP 4

The person from the critical access hospital whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate, or a qualified designee, approves in writing policies and procedures for waived testing at the following times:

- Before initial use of the test for patient testing
- Periodically thereafter, as defined by the person whose name appears on the CLIA certificate but at least once every three years
- When changes in procedures occur (for example, when manufacturers' updates to package inserts include procedural changes or when a different manufacturer is used)

Standard WT.02.01.01

The person from the critical access hospital whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate identifies the staff responsible for performing and supervising waived testing.

Note 1: Responsible staff may be employees of the critical access hospital, contracted staff, or employees of a contracted service.

Note 2: Responsible staff may be identified within job descriptions or by listing job titles or individual names.

WT.02.01.01, EP 2

The person from the critical access hospital whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate, or a qualified designee, identifies in writing the staff responsible for supervising waived testing.

Standard WT.04.01.01

The critical access hospital performs quality control checks for waived testing on each procedure.

Note: Internal quality controls may include electronic, liquid, or control zone. External quality controls may include electronic or liquid.

WT.04.01.01, EP 1

The person from the critical access hospital whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate establishes a written quality control plan for waived testing that specifies the method(s) for controlling procedures for quality, establishes timetables, and explains the rationale for choice of procedures and timetables.

Standard WT.05.01.01

The critical access hospital maintains records for waived testing.

WT.05.01.01, EP 2

Test results for waived testing are documented in the patient's medical record.

REVISED ELEMENTS OF PERFORMANCE**Standard LD.02.02.01**

The governing body, senior managers and leaders of the organized medical staff address any conflict of interest involving leaders that affect or could affect the safety or quality of care, treatment and services.

~~Note: This standard addresses conflict of interest involving individual members of leadership groups. For conflicts of interest among staff and licensed independent practitioners who are not members of leadership groups, see Standard LD.04.02.01.~~

LD.02.02.01, EP 1

The governing body, senior managers, and leaders of the organized medical staff work together to define in writing conflicts of interest involving leaders that could affect safety and quality of care, treatment, and services.

LD.02.02.01, EP 2

The governing body, senior managers, and leaders of the organized medical staff work together to develop a written policy that defines how conflict of interest involving leaders will be addressed.

LD.02.02.01, EP 3

Conflicts of interest involving leaders are disclosed as defined by the critical access hospital.

Standard WT.02.01.01

The person from the critical access hospital whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate identifies the staff responsible for performing and supervising waived testing.

Note 1: Responsible staff may be employees of the critical access hospital, contracted staff, or employees of a contracted service.

Note 2: Responsible staff may be identified within job descriptions or by listing job titles or individual names.

WT.02.01.01, EP 1

The person from the critical access hospital whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate, or a qualified designee, identifies in writing the staff responsible for performing and supervising waived testing.