

# Prepublication Requirements

• Issued April 20, 2021 •



## Revision to IM.02.02.07, EP 5

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 May 1, 2021

## Information Management (IM) Chapter

### IM.02.02.07

The critical access hospital meets requirements for the electronic exchange of patient health information.

Note: This standard only applies to critical access hospitals that utilize an electronic medical records system or other electronic administrative system that conforms with the content exchange standard at 45 CFR 170.205(d)(2).

#### Element(s) of Performance for IM.02.02.07

5. The critical access hospital makes a reasonable effort to confirm that its electronic medical records system (or other electronic administrative system) sends the notifications to the following ~~(as applicable)~~   ~~post-acute care services providers and suppliers~~ who need to receive notification of the patient's status for treatment, care coordination, or quality improvement purposes:
- The patient's established primary care practitioner
  - The patient's established primary care practice group or entity
  - Other practitioners, or other practice groups or entities, identified by the patient as primarily responsible for his or her care

Note: The term "reasonable effort" means that a critical access hospital has a process to send patient event notifications while working within the constraints of its technology infrastructure. There may be instances in which a critical access hospital (or its intermediary) cannot identify an applicable recipient for a patient event notification despite establishing processes for identifying recipients. In addition, some recipients may not be able to receive patient event notifications in a manner consistent with a critical access hospital system's capabilities.

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

**R** indicates an identified risk area;

5. The critical access hospital makes a reasonable effort to confirm that its electronic medical records system (or other electronic administrative system) sends the notifications to all applicable post-acute care services providers and suppliers, as well as any of the following who need to receive notification of the patient's status for treatment, care coordination, or quality improvement purposes:

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- The patient's established primary care practitioner
- The patient's established primary care practice group or entity
- Other practitioners, or other practice groups or entities, identified by the patient as primarily responsible for his or her care

**Note:** The term "reasonable effort" means that a critical access hospital has a process to send patient event notifications while working within the constraints of its technology infrastructure. There may be instances in which a critical access hospital (or its intermediary) cannot identify an applicable recipient for a patient event notification despite establishing processes for identifying recipients. In addition, some recipients may not be able to receive patient event notifications in a manner consistent with a critical access hospital system's capabilities.