The Centers for Medicare & Medicaid Services (CMS) final rule issued August 19, 2013, included Medicare Condition of Participation (CoP) changes that became effective October 1, 2013. To align its requirements with these changes, The Joint Commission developed new and revised existing elements of performance (EPs)—effective immediately—for the hospital and critical access hospital accreditation programs.

For both hospitals and critical access hospitals, Medication Management (MM) Standard MM.04.01.01, EP 14, has been revised to remove the word polysaccharide. The remaining three revisions, all involving Leadership (LD) standards, apply only to critical access hospitals:

1. Deletion of an obsolete effective date from Standard LD.04.01.01, EP 6
2. Addition of Standard LD.04.03.01, EP 27, to clarify that critical access hospitals are required to provide acute care inpatient services
3. Revision of Standard LD.04.03.09, EP 20, to reflect the deletion of “inpatient hospital care” from the list of services that can be provided through contractual agreement

The box that begins below displays the new and revised requirements; new text is underlined and deleted text is shown in strikethrough. The requirements are also available on The Joint Commission website at http://www.jointcommission.org/standards_information/prepublication_standards.aspx. These revisions will be published in the spring 2014 E-dition® for both hospital and critical access hospitals as well as the 2014 Update 1 to the Comprehensive Accreditation Manual for both programs.

Please note that any additional changes that may result from CMS’s final review will be communicated in future issues of Perspectives and JCOline. For more information, contact Laura Smith, project director, Department of Standards and Survey Methods, at lsmith@jointcommission.org or 630-792-5098.

Reference

**Effective immediately**

**Applicable to Hospitals and Critical Access Hospitals**

**Medication Management (MM)**

**Standard MM.04.01.01**
Medication orders are clear and accurate.

**Element of Performance for MM.04.01.01**
A 14. The [critical access] hospital requires an order from a doctor of medicine or osteopathy, or, as permitted by law and regulation, a [critical access] hospital-specific protocol(s) approved by a doctor of medicine or osteopathy, to administer influenza and pneumococcal polysaccharide vaccines.

**Applicable to Critical Access Hospitals**

**Leadership (LD)**

**Standard LD.04.01.01**
The critical access hospital complies with law and regulation.

**Element of Performance for LD.04.01.01**
A 6. Except as permitted for critical access hospitals having distinct part units under 42 CFR 485.647, as of January 1, 2004, the critical access hospital maintains no more than 25 inpatient beds that can be used for either inpatient or swing bed services.

**Standard LD.04.03.01**
The critical access hospital provides services that meet patient needs.

**Element of Performance for LD.04.03.01**
A 27. The critical access hospital provides acute care inpatient services.

**Standard LD.04.03.09**
Care, treatment, and services provided through contractual agreement are provided safely and effectively.

**Element of Performance for LD.04.03.09**
A 20. The critical access hospital has agreements or
Revisions Related to CMS Final Rule Issued August 19, 2013 (continued)

<table>
<thead>
<tr>
<th>arrangements, as appropriate, with one or more providers or suppliers participating under Medicare to furnish other services to its patients, including the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Inpatient hospital care</td>
</tr>
<tr>
<td>• Services of doctors of medicine or osteopathy</td>
</tr>
<tr>
<td>• Additional or specialized diagnostic and clinical laboratory services not available at the critical access hospital</td>
</tr>
<tr>
<td>• Food and other services to meet inpatient nutritional needs to the extent they are not provided directly by the critical access hospital</td>
</tr>
</tbody>
</table>