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®), certified 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.

Standards Revisions for Critical Access Hospitals

Standard HR.01.01.01

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

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

15. A registered nurse satisfies the personnel requirements in 42 CFR 485.618(d)(1) for a temporary period if all of the following conditions are met:
   - The critical access hospital has no more than 10 beds.
   - The critical access hospital is located in an area designated as a frontier area or remote location as described in 42 CFR 485.618(d)(1)(ii)(A).
   - The state in which the critical access hospital is located submits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by the governor, following consultation on the issue of using registered nurses on a temporary basis as part of its state rural healthcare plan with the State Boards of Medicine and Nursing, and in accordance with state law, requesting that a registered nurse with training and experience in emergency care be included in the list of personnel specified in 42 CFR 485.618(d)(1). The letter from the governor must attest that he or she has consulted with the State Boards of Medicine and Nursing about issues related to access to and the quality of emergency services in the state. The letter from the governor must also describe the circumstances and duration of the temporary request to include the registered nurses on the list of personnel specified in 42 CFR 485.618(d)(1).
   - Once a governor submits a letter, as specified in 42 CFR 485.618(d)(3)(ii), a critical access hospital must submit documentation to the state survey agency demonstrating that it has been unable, due to the shortage of such personnel in the area, to provide adequate coverage as specified in 42 CFR 485.618(d).

Note: The critical access hospital’s request for using RNs on a temporary basis or its withdrawal of this request can be submitted to CMS at any time and is effective upon submission.
Standard 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

21. For rehabilitation and psychiatric distinct part units in critical access hospitals: The governing body is responsible for making sure that performance improvement activities reflect the complexity of the hospital’s organization and services, involve all departments and services, and include services provided under contract. (For more information on contracted services, see Standard LD.04.03.09)

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Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital is not required to participate in a quality improvement organization (QIO) cooperative project, but its own projects are required to be of comparable effort.

Standard LD.04.01.01

The critical access hospital complies with law and regulation.

Element(s) of Performance for LD.04.01.01

6. Except as permitted for critical access hospitals having distinct part units under 42 CFR 485.647, the critical access hospital maintains no more than 25 inpatient beds that can be used for either inpatient or swing bed services.

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Note: Any bed in a unit of the facility that is licensed as a distinct-part skilled nursing facility at the time the facility applies to the state for designation as a critical access hospital is not counted in this 25-bed count.

Standard LD.04.02.03

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

Element(s) of Performance for LD.04.02.03

23. The critical access hospital discloses the names and addresses of the following:
   - Its owners, or those with controlling interest in the critical access hospital, or in any subcontractor in which the critical access hospital directly or indirectly has a 5% or more ownership interest, in accordance with subpart C of 42 CFR Part 420
   - The person principally responsible for the operation of the critical access hospital
   - The person responsible for medical direction of the critical access hospital
Standard MS.01.01

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

**Element(s) of Performance for MS.01.01**

37. For rehabilitation and psychiatric distinct part units in critical access hospitals: When a multihospital system has a unified and integrated medical staff, the bylaws describe the process by which medical staff members at each separately accredited critical access hospital and hospital (that is, all medical staff members who hold privileges to practice at that specific critical access hospital or 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 critical access hospital or hospital.

Standard MS.01.01.05

For rehabilitation and psychiatric distinct part units in critical access hospitals: 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. For rehabilitation and psychiatric distinct part units in critical access hospitals: If a multihospital system with separately accredited critical access hospitals and hospitals chooses to establish a unified and integrated medical staff, the following occurs: Each separately accredited critical access hospital and hospital within a multihospital system that elects to have a unified and integrated medical staff demonstrates that the medical staff members of each accredited critical access hospital and hospital (that is, all medical staff members who hold privileges to practice at that specific critical access hospital or 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 or hospital.

2. For rehabilitation and psychiatric distinct part units in critical access hospitals: If a multihospital system with separately accredited critical access hospitals and hospitals chooses to establish a unified and integrated medical staff, the following occurs: The unified and integrated medical staff takes into account each member critical access hospital’s and hospital’s unique circumstances and any significant differences in patient populations and services offered in each critical access hospital and hospital.

3. For rehabilitation and psychiatric distinct part units in critical access hospitals: If a multihospital system with separately accredited critical access hospitals and hospitals 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 critical access hospitals and hospitals, regardless of practice or location, are given due consideration.

4. For rehabilitation and psychiatric distinct part units in critical access hospitals: If a multihospital system with separately accredited critical access hospitals and hospitals 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 critical access hospitals and hospitals within the system are duly considered and addressed.
Standard PC.02.01.03

The critical access hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.

**Element(s) of Performance for PC.02.01.03**

1. For rehabilitation and psychiatric distinct part units in critical access hospitals: Prior to providing care, treatment, and services, the critical access hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; critical access hospital policies; and medical staff bylaws, rules, and regulations. *

   Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following:
   - Responsible for the care of the patient
   - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements
   - Acting within his or her scope of practice under state law
   - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services

 Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).

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