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 CRITICAL ACCESS HOSPITALS

Effective January 1, 2019

Standard EC.02.03.01

The critical access hospital manages fire risks.

Elements of Performance for EC.02.03.01

9. The written fire response plan describes the specific roles of staff and licensed independent practitioners at and away from a fire's point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, and how to evacuate to areas of refuge. Staff and licensed independent practitioners are periodically instructed on and kept informed of their duties under the plan. A copy of the plan is readily available with the telephone operator or security. Note: For full text, refer to NFPA 101-2012: 18/19.7.1; 7.2.

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Key: © indicates that documentation is required. □ indicates an identified risk area
Standard LD.04.03.01

The critical access hospital provides services that meet patient needs.

Elements of Performance for LD.04.03.01

2. For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital provides essential services, including the following:
   - Diagnostic radiology
   - Dietary
   - Emergency
   - Medical records
   - Nuclear medicine
   - Nursing care
   - Pathology and clinical laboratory
   - Pharmaceutical
   - Physical rehabilitation
   - Respiratory care
   - Social work

Note: Critical access hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services.

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   - Respiratory care
   - Social work

Note 1: Critical access hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services.

Note 2: For rehabilitation and psychiatric distinct part units in critical access hospitals: For the provision of emergency services, the critical access hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to “Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units” (AXB).

Note 3: The diagnostic radiology services provided by the critical access hospital, as well as staff qualifications, meet professionally approved standards.
Standard LS.01.01.01

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

Elements of Performance for LS.01.01.01

1. The critical access hospital assigns an individual(s) to assess compliance with the Life Safety Code and manage the Statement of Conditions (SOC) when addressing survey-related deficiencies.
   Note: The critical access hospital complies with the 2012 Life Safety Code.

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   Note 1: The critical access hospital complies with the 2012 Life Safety Code.
   Note 2: For rehabilitation and psychiatric distinct part units in critical access hospitals:
   The provisions of the Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid Services finds that a fire and safety code imposed by state law adequately protects patients in critical access hospitals.

Standard PC.02.02.03

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

Elements of Performance for PC.02.02.03

7. Food and nutrition products are consistent with each patient’s care, treatment, and services.

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   Note 1: The nutritional needs of inpatients are met in accordance with recognized dietary practices and the orders of the practitioner responsible for the care of inpatients.
   Note 2: For swing beds in critical access hospitals: The critical access hospital meets the assisted nutrition and hydration requirement at 42 CFR 483.25(g) with respect to inpatients receiving posthospital skilled nursing facility care.

Standard PC.03.01.01

The critical access hospital plans operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.
Note: Equipment identified in the elements of performance is available to the operating room suites.

Elements of Performance for PC.03.01.01

5. A registered nurse supervises perioperative nursing care.

5. A registered nurse supervises perioperative nursing care.
   Note: A qualified registered nurse who is immediately available to respond to emergencies may delegate circulatory duties to licensed practical nurses and surgical technologists in accordance with law and regulation and critical access hospital policy.
8. For rehabilitation and psychiatric distinct part units in critical access hospitals: At a minimum, operating room suites have the following equipment available:
   - Call-in system (process to communicate with or summon staff outside of the operating room when needed)
   - Cardiac monitor
   - Resuscitator (hand-held or mechanical device that provides positive airway pressure)
   - Defibrillator
   - Aspirator (hand-held or mechanical device used to suction out fluids or secretions)
   - Tracheotomy set