

Prepublication Requirements

• Issued April 25, 2017 •

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>.



Standards and Elements of Performance Deletions Related to EP Review Phase III

APPLICABLE TO CRITICAL ACCESS HOSPITALS

Effective July 1, 2017

Environment of Care Chapter

EC.01.01.01

The critical access hospital plans activities to minimize risks in the environment of care.

Note: One or more persons can be assigned to manage risks associated with the management plans described in this standard.

Elements of Performance for EC.01.01.01

2. Leaders identify an individual(s) to intervene whenever environmental conditions immediately threaten life or health or threaten to damage equipment or buildings.



Rationale: Implicit in EP 1 of this standard

EC.02.01.03



The critical access hospital prohibits smoking except in specific circumstances.

Elements of Performance for EC.02.01.03

4. If the critical access hospital decides that patients may smoke in specific circumstances, it designates smoking areas that are physically separate from care, treatment, and service areas.



Rationale: Duplicative of EP 1 in this standard

Key:  indicates that documentation is required;  indicates an identified risk area

EC.02.03.01

The critical access hospital manages fire risks.

Elements of Performance for EC.02.03.01

2. If patients are permitted to smoke, the critical access hospital takes measures to minimize fire risk. (See also EC.02.01.03, EP 4)

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Rationale: Duplicative of EP 1 in this standard

EC.02.04.01

The critical access hospital manages medical equipment risks.

Elements of Performance for EC.02.04.01

1. The critical access hospital solicits input from individuals who operate and service equipment when it selects and acquires medical equipment.

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Rationale: Issue that should be left to the discretion of the organization

8. The critical access hospital monitors and reports all incidents in which medical equipment is suspected in or attributed to the death, serious injury, or serious illness of any individual, as required by the Safe Medical Devices Act of 1990.

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Rationale: Required by law or other external requirements

EC.02.05.01

The critical access hospital manages risks associated with its utility systems.

Elements of Performance for EC.02.05.01

12. The critical access hospital's procedures address how to obtain emergency repair services.

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Rationale: Issue should be left to organization discretion

EC.02.05.07

The critical access hospital inspects, tests, and maintains emergency power systems.

Note: This standard does not require critical access hospitals to have the types of emergency power equipment discussed below. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply.

Elements of Performance for EC.02.05.07

11. If a required emergency power system test fails, the critical access hospital implements measures to protect patients, visitors, and staff until necessary repairs or corrections are completed.

Rationale: Part of regular operations/processes

12. If a required emergency power system test fails, the critical access hospital performs a retest after making the necessary repairs or corrections.

Rationale: Part of regular operations/processes

EC.03.01.01

Staff and licensed independent practitioners are familiar with their roles and responsibilities relative to the environment of care.

Elements of Performance for EC.03.01.01

1. Staff and licensed independent practitioners can describe or demonstrate methods for eliminating and minimizing physical risks in the environment of care. (See also HR.01.04.01, EP 1)

Rationale: Should be left to organization discretion

3. Staff and licensed independent practitioners can describe or demonstrate how to report environment of care risks. (See also HR.01.04.01, EP 1)

Rationale: Should be left to organization discretion

EC.04.01.01

The critical access hospital collects information to monitor conditions in the environment.

Elements of Performance for EC.04.01.01

12. The critical access hospital conducts environmental tours every six months in patient care areas to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate environment of care risks.

Rationale: Should be left to organization discretion

13. The critical access hospital conducts annual environmental tours in nonpatient care areas to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate risks in the environment.

Rationale: Should be left to organization discretion

14. The critical access hospital uses its tours to identify environmental deficiencies, hazards, and unsafe practices.

Rationale: Should be left to organization discretion

EC.04.01.03

For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital analyzes identified environment of care issues.

Elements of Performance for EC.04.01.03

1. For rehabilitation and psychiatric distinct part units in critical access hospitals: Representatives from clinical, administrative, and support services participate in the analysis of environment of care data.

Rationale: Should be left to organization discretion

3. For rehabilitation and psychiatric distinct part units in critical access hospitals: Annually, representatives from clinical, administrative, and support services recommend one or more priorities for improving the environment of care.

Rationale: Implicit in other EPs in this standard

EC.04.01.05

For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital improves its environment of care.

Elements of Performance for EC.04.01.05

2. For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital evaluates changes to determine if they resolved environmental safety issues.

Rationale: Implicit in EC.04.01.05, EP 1

3. For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital reports performance improvement results to those responsible for analyzing environment of care issues.

Rationale: Implicit in other EPs in this standard

Human Resources Chapter

HR.01.02.05

The critical access hospital verifies staff qualifications.

Elements of Performance for HR.01.02.05

6. The critical access hospital uses the following information from HR.01.02.05, Elements of Performance 1–5, to make decisions about staff job responsibilities:
- Required licensure, certification, or registration verification
 - Required credentials verification
 - Education and experience verification
 - Criminal background check
 - Applicable health screenings

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Rationale: Issue should be left to organization discretion

17. For swing beds in critical access hospitals: A qualified social worker is an individual who has a bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, or psychology, and has one year of supervised social work experience in a health care setting working directly with individuals.

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Rationale: Move to glossary – Phase 2

HR.01.04.01

The critical access hospital provides orientation to staff.

Elements of Performance for HR.01.04.01

7. The critical access hospital orients external law enforcement and security personnel on the following:
- How to interact with patients
 - Procedures for responding to unusual clinical events and incidents
 - The critical access hospital's channels of clinical, security, and administrative communication
 - Distinctions between administrative and clinical seclusion and restraint

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Rationale: Issue should be left to the discretion of the organization

HR.01.05.03

Staff participate in ongoing education and training.

Elements of Performance for HR.01.05.03

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| 5. | Staff participate in education and training that is specific to the needs of the patient population served by the critical access hospital. Staff participation is documented. (See also PC.01.02.09, EP 3) | <input type="checkbox"/> <input checked="" type="checkbox"/> (D) |
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Rationale: Implicit in EPs 1 and 4 of this standard

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| 6. | Staff participate in education and training that incorporates the skills of team communication, collaboration, and coordination of care. Staff participation is documented. | <input type="checkbox"/> <input checked="" type="checkbox"/> (D) |
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Rationale: Content should be left to the discretion of the organization

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| 7. | Staff participate in education and training that includes information about the need to report unanticipated adverse events and how to report these events. Staff participation is documented. | <input type="checkbox"/> <input checked="" type="checkbox"/> (D) |
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Rationale: Implicit in EPs 1 and 4 of this standard and in safety program reporting requirements in the Leadership chapter

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| 8. | Staff participate in education and training on fall reduction activities. Staff participation is documented. | <input type="checkbox"/> <input checked="" type="checkbox"/> (D) |
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Rationale: Content should be left to the discretion of the organization

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| 13. | The critical access hospital provides education and training that addresses how to identify early warning signs of a change in a patient's condition and how to respond to a deteriorating patient, including how and when to contact responsible clinicians. Education is provided to staff and licensed independent practitioners who may request assistance and those who may respond to those requests. Participation in this education is documented. | <input type="checkbox"/> <input checked="" type="checkbox"/> (D) |
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Rationale: Duplicative of PC chapter requirement of PC.02.01.19

HR.01.06.01

Staff are competent to perform their responsibilities.

Elements of Performance for HR.01.06.01

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| 2. | The critical access hospital uses assessment methods to determine the individual's competence in the skills being assessed.
Note: Methods may include test taking, return demonstration, or the use of simulation. | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Process should be left to the discretion of the organization

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| 15. | The critical access hospital takes action when a staff member's competence does not meet expectations. | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Part of regular operations; process should be left to the discretion of the organization

Infection Prevention and Control Chapter

IC.01.05.01

The critical access hospital has an infection prevention and control plan.

Elements of Performance for IC.01.05.01

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| 3. | The critical access hospital's infection prevention and control plan includes a written description of the process to evaluate the infection prevention and control plan. | <input type="checkbox"/> <input checked="" type="checkbox"/> |
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Rationale: Process should be left to the discretion of the organization

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| 7. | The critical access hospital has a method for communicating responsibilities about preventing and controlling infection to licensed independent practitioners, staff, visitors, patients, and families. Information for visitors, patients, and families includes hand and respiratory hygiene practices. (See also IC.02.01.01, EP 7)
Note: Information may be in different forms of media, such as posters or pamphlets. | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Duplicative of IC.02.01.01, EP 7

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| 8. | The critical access hospital identifies methods for reporting infection surveillance and control information to external organizations. (See also IC.02.01.01, EP 9) | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Duplicative of IC.02.01.01, EP 9

IC.01.06.01

The critical access hospital prepares to respond to an influx of potentially infectious patients.

Elements of Performance for IC.01.06.01

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| 1. | The critical access hospital identifies resources that can provide information about infections that could cause an influx of potentially infectious patients.
Note: Resources may include local, state, and federal public health systems. | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Process should be left to the discretion of the organization

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| 5. | If the critical access hospital decides to accept an influx of potentially infectious patients, then the critical access hospital describes in writing its methods for managing these patients over an extended period of time. | <input type="checkbox"/> <input checked="" type="checkbox"/> (D) |
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Rationale: Duplicative of EP 4 in this standard

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| 6. | When the critical access hospital determines it is necessary, the critical access hospital activates its response to an influx of potentially infectious patients. | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Process should be left to the discretion of the organization

Information Management Chapter

IM.01.01.01

The critical access hospital plans for managing information.

Elements of Performance for IM.01.01.01

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| 1. | The critical access hospital identifies the internal and external information needed to provide safe, quality care. | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Duplicative of LD.03.02.01, EP 1

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| 3. | The critical access hospital uses the identified information to guide development of processes to manage information. | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Duplicative of LD.03.02.01, EP 1

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| 4. | Staff and licensed independent practitioners, selected by the critical access hospital, participate in the assessment, selection, integration, and use of information management systems for the delivery of care, treatment, and services. | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Duplicative of LD.03.02.01, EP 1

IM.01.01.03

The critical access hospital plans for continuity of its information management processes.

Elements of Performance for IM.01.01.03

5. The critical access hospital's plan for managing interruptions to electronic information processes is tested for effectiveness according to time frames defined by the organization.

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Rationale: Duplicative of EC utilities management requirements and EM emergency management requirements

6. The critical access hospital implements its plan for managing interruptions to information processes to maintain access to information needed for patient care, treatment, and services. (See also IM.03.01.01, EP 1)

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Rationale: Duplicative of EC utilities management requirements and EM emergency management requirements

IM.02.01.01

The critical access hospital protects the privacy of health information.

Elements of Performance for IM.02.01.01

5. The critical access hospital monitors compliance with its policy on the privacy of health information. (See also RI.01.01.01, EP 7)

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Rationale: Implicit in EP 3 of this standard

IM.02.01.03

The critical access hospital maintains the security and integrity of health information.

Elements of Performance for IM.02.01.03

8. The critical access hospital monitors compliance with its policies on the security and integrity of health information.

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Rationale: Part of regular operations; process should be left to the discretion of the organization

IM.02.02.01

The critical access hospital effectively manages the collection of health information.

Elements of Performance for IM.02.02.01

1. The critical access hospital uses uniform data sets to standardize data collection throughout the critical access hospital.

Rationale: Process should be left to the discretion of the organization

IM.02.02.03

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

Elements of Performance for IM.02.02.03

1. The critical access hospital has written policies addressing data capture, display, transmission, and retention.

Rationale: Operational issue that should be left to organization discretion

IM.03.01.01

Knowledge-based information resources are available, current, and authoritative.

Elements of Performance for IM.03.01.01

2. The critical access hospital makes cooperative or contractual arrangements with another institution(s) to provide knowledge-based information resources that are not available on site.

Rationale: Implicit in EP 1 of this standard

IM.04.01.01

The critical access hospital maintains accurate health information.

Elements of Performance for IM.04.01.01

1. The critical access hospital has processes to check the accuracy of health information.

Rationale: Duplicative of RC.01.04.01, EP 1

Leadership Chapter

LD.01.02.01

The critical access hospital identifies the responsibilities of its leaders.

Elements of Performance for LD.01.02.01

2. The governing body establishes a process for making decisions when a leadership group fails to fulfill its responsibilities and/or accountabilities.

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Rationale: Issue that should be left to the discretion of the organization

LD.01.04.01

A chief executive manages the critical access hospital.

Elements of Performance for LD.01.04.01

2. The chief executive provides for the following: Recruitment and retention of staff.

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Rationale: Duplicative of LD.03.06.01, EP 3

11. When the chief executive is absent from the critical access hospital, a qualified individual is designated to perform the duties of this position.

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Rationale: Issue should be left to the discretion of the organization

LD.01.05.01

The critical access hospital has an organized medical staff that is accountable to the governing body.

Elements of Performance for LD.01.05.01

5. The organized medical staff oversees the quality of care, treatment and services provided by those individuals with clinical privileges.

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Rationale: Duplicative. Covered in MS.03.01.01

LD.01.07.01

The governing body, senior managers, and leaders of the organized medical staff have the knowledge needed for their roles in the critical access hospital or they seek guidance to fulfill their roles.

Rationale: Issue should be left to the discretion of the organization. Applies to all EPs within this standard.

Elements of Performance for LD.01.07.01

1. The governing body, senior managers, and leaders of the organized medical staff work together to identify the skills required of individual leaders.

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| <p>2. Individual members of the governing body, senior managers, and leaders of the organized medical staff are oriented to all of the following:</p> <ul style="list-style-type: none"> - The critical access hospital's mission and vision - The critical access hospital's safety and quality goals - The critical access hospital's structure and the decision-making process - The development of the budget as well as the interpretation of the critical access hospital's financial statements - The population(s) served by the critical access hospital and any issues related to that population(s) - The individual and interdependent responsibilities and accountabilities of the governing body, senior managers, and leaders of the organized medical staff as they relate to supporting the mission of the critical access hospital and to providing safe and quality care - Applicable law and regulation | <table border="1" style="border-collapse: collapse; width: 60px; height: 20px; margin-left: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> | | |
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| <p>3. The governing body provides leaders with access to information and training in areas where they need additional skills or expertise.</p> | <table border="1" style="border-collapse: collapse; width: 60px; height: 20px; margin-left: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> | | |
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LD.02.03.01

The governing body, senior managers, and leaders of the organized medical staff regularly communicate with one another on issues of safety and quality.

Elements of Performance for LD.02.03.01

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| <p>1. Leaders discuss issues that affect the critical access hospital and the population(s) it serves, including the following:</p> <ul style="list-style-type: none"> - Performance improvement activities - Reported safety and quality issues - Proposed solutions and their impact on the critical access hospital's resources - Reports on key quality measures and safety indicators - Safety and quality issues specific to the population served - Input from the population(s) served <p>(See also NR.01.01.01, EP 3)</p> | <table border="1" style="border-collapse: collapse; width: 60px; height: 20px; margin-left: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> | | |
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Rationale: Leave to organization discretion. Also implicit in other requirements such as LD.04.04.05

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| <p>2. The critical access hospital establishes time frames for the discussion of issues that affect the critical access hospital and the population(s) it serves.</p> | <table border="1" style="border-collapse: collapse; width: 60px; height: 20px; margin-left: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> | | |
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Rationale: Leave to organization discretion

LD.02.04.01

The critical access hospital manages conflict between leadership groups to protect the quality and safety of care.

Elements of Performance for LD.02.04.01

2. The governing body approves the process for managing conflict among leadership groups.

Rationale: Process should be left to the discretion of the organization

4. The conflict management process includes the following:
 - Meeting with the involved parties as early as possible to identify the conflict
 - Gathering information regarding the conflict
 - Working with the parties to manage and, when possible, resolve the conflict
 - Protecting the safety and quality of care

Rationale: Process should be left to the discretion of the organization

LD.03.01.01

Leaders create and maintain a culture of safety and quality throughout the critical access hospital.

Elements of Performance for LD.03.01.01

3. Leaders provide opportunities for all individuals who work in the critical access hospital to participate in safety and quality initiatives.

Rationale: Process should be left to the discretion of the organization

6. Leaders provide education that focuses on safety and quality for all individuals.

Rationale: Process should be left to the discretion of the organization

7. Leaders establish a team approach among all staff at all levels.

Rationale: Process should be left to the discretion of the organization

8. All individuals who work in the critical access hospital, including staff and licensed independent practitioners, are able to openly discuss issues of safety and quality. (See also LD.04.04.05, EP 6)

Rationale: Process should be left to the discretion of the organization

9. Literature and advisories relevant to patient safety are available to all individuals who work in the critical access hospital.

Rationale: Process should be left to the discretion of the organization

10. Leaders define how members of the population(s) served can help identify and manage issues of safety and quality within the critical access hospital.

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Rationale: Process should be left to the discretion of the organization

LD.04.01.03

For rehabilitation and psychiatric distinct part units in critical access hospitals: The leaders develop an annual operating budget and, when needed, a long-term capital expenditure plan.

Elements of Performance for LD.04.01.03

5. For rehabilitation and psychiatric distinct part units in critical access hospitals: Leaders monitor the implementation of the budget and long-term capital expenditure plan.

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Rationale: Part of regular operations/processes

LD.04.02.03

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

Elements of Performance for LD.04.02.03

3. The critical access hospital follows ethical practices for marketing and billing.

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Rationale: Part of operations

4. Marketing materials accurately represent the critical access hospital and address the care, treatment, and services that the critical access hospital provides either directly or by contractual arrangement.

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Rationale: Part of regular operations/processes

6. When leaders excuse staff members from a job responsibility, care, treatment, and services are not affected in a negative way.

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Rationale: Process should be left to the discretion of the organization

7. Patients receive information about charges for which they will be responsible.

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Rationale: Part of operations

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.

Elements of Performance for LD.04.02.05

- 2. The safety and quality of care, treatment, and services do not depend on the patient's ability to pay.

Rationale: Covered by law and regulation and other external requirements

LD.04.03.07

Patients with comparable needs receive the same standard of care, treatment, and services throughout the critical access hospital.

Elements of Performance for LD.04.03.07

- 2. For rehabilitation and psychiatric distinct part units in critical access hospitals: Care, treatment, and services are consistent with the critical access hospital's mission, vision, and goals.

Rationale: Issue should be left to the discretion of the organization

LD.04.04.03

New or modified services or processes are well designed.

Elements of Performance for LD.04.04.03

- 6. The critical access hospital tests and analyzes its design of new or modified services or processes to determine whether the proposed design or modification is an improvement.

Rationale: Process should be left to the discretion of the organization

- 7. Leaders involve staff and patients in the design of new or modified services or processes.

Rationale: Process should be left to the discretion of the organization

Medication Management Chapter

MM.03.01.05

The critical access hospital safely controls medications brought into the critical access hospital by patients, their families, or licensed independent practitioners.

Elements of Performance for MM.03.01.05

3. The critical access hospital informs the prescriber and patient if the medications brought into the critical access hospital by patients, their families, or licensed independent practitioners are not permitted.
Note: This element of performance is also applicable to sample medications.

Rationale: Implicit in EPs 1 and 2 of this standard

MM.08.01.01

The critical access hospital evaluates the effectiveness of its medication management system.

Note: This evaluation includes reconciling medication information. (Refer to NPSG.03.06.01 for more information)

Elements of Performance for MM.08.01.01

4. The critical access hospital reviews the literature and other external sources for new technologies and best practices.

Rationale: Process should be left to the discretion of the organization

Nursing Chapter

NR.01.01.01

The nurse executive directs the delivery of nursing care, treatment, and services.

Elements of Performance for NR.01.01.01

4. The nurse executive participates in defined and established meetings of the critical access hospital's corporate leaders (when such leaders exist) and with other senior clinical and managerial leaders. (See also LD.01.04.01, EP 5)

Rationale: Implicit in EP 5 of this standard

NR.01.02.01

The nurse executive is a licensed professional registered nurse qualified by advanced education and management experience.

Elements of Performance for NR.01.02.01

4. When appointing the nurse executive, the critical access hospital considers: The education and experience required for peer leadership positions.
 Note: For example, when leadership peers are expected to have a master's degree, doctoral degree, or professional certification, the nurse executive possesses similar qualifications.

Rationale: Implicit in EP 3 of this standard. Determination of qualifications should be left to the discretion of the organization

5. When appointing the nurse executive, the critical access hospital considers: The critical access hospital's scope of services and complexity and the position's authority and responsibility.

Rationale: Determination of qualifications should be left to the discretion of the organization

6. When appointing the nurse executive, the critical access hospital considers: The scope and complexity of the nursing care needs of the major patient population(s) served by the critical access hospital.

Rationale: Determination of qualifications should be left to the discretion of the organization

7. When appointing the nurse executive, the critical access hospital considers: The availability of nursing and administrative staff and services needed to assist the nurse executive in the execution of responsibilities.

Rationale: Determination of qualifications should be left to the discretion of the organization

NR.02.01.01

The nurse executive directs the critical access hospital's nursing services.

Elements of Performance for NR.02.01.01

1. The nurse executive coordinates: The development of organizationwide plans to provide nursing care, treatment, and services.

Rationale: Covered by EP 4 of this standard

NR.02.02.01

The nurse executive establishes guidelines for the delivery of nursing care, treatment, and services.

Elements of Performance for NR.02.02.01

5. The nurse executive, registered nurses, and other designated nursing staff write: Standards to measure, assess, and improve patient outcomes.



Rationale: Implicit in other EPs in this standard. Also covered by PI responsibilities of leaders in the LD and PI chapters

Provision of Care, Treatment, and Services Chapter

PC.01.02.01

The critical access hospital assesses and reassesses its patients.

Elements of Performance for PC.01.02.01

4. Based on the patient's condition, information gathered in the initial assessment includes the following:
- Physical, psychological, and social assessment
 - Nutrition and hydration status
 - Functional status
 - For patients who are receiving end-of-life care, the social, spiritual, and cultural variables that influence the patient's and family members' perception of grief (See also RC.02.01.01, EP 2)



Rationale: Part of clinical care process; identification of components of the assessment should be defined by the organization; also covered at PC.01.02.01, EPs 1 and 2

23. During patient assessments and reassessments, the critical access hospital gathers the data and information it requires.



Rationale: Part of clinical care process; also covered at PC.01.02.01, EP 1

PC.01.02.03

The critical access hospital assesses and reassesses the patient and his or her condition according to defined time frames.

Elements of Performance for PC.01.02.03

7. The critical access hospital completes a nutritional screening (when warranted by the patient's needs or condition) within 24 hours after inpatient admission. (See also PC.01.02.01, EPs 2 and 3; RC.02.01.01, EP 2)



Rationale: Part of clinical care process; identification of components of the assessment should be defined by the organization

8. The critical access hospital completes a functional screening (when warranted by the patient's needs or condition) within 24 hours after inpatient admission. (See also PC.01.02.01, EP 2; RC.02.01.01, EP 2)

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Rationale: Part of clinical care process; identification of components of the assessment should be defined by the organization

PC.01.02.09

The critical access hospital assesses the patient who may be a victim of possible abuse and neglect.

Elements of Performance for PC.01.02.09

5. The critical access hospital either assesses the patient who meets criteria for possible abuse and neglect or refers the patient to a public or private community agency for assessment.

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Rationale: Implicit in other EPs in this standard

PC.01.02.15

The critical access hospital provides for diagnostic testing.

Elements of Performance for PC.01.02.15

1. Diagnostic testing and procedures are performed as ordered.

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Rationale: Part of clinical care process

3. When a test report requires clinical interpretation, information necessary to interpret the results is provided with the request for the test.

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Rationale: Part of clinical care process

PC.02.01.11

Resuscitation services are available throughout the critical access hospital.

Elements of Performance for PC.02.01.11

3. Resuscitation equipment is located strategically throughout the critical access hospital.

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Rationale: Implicit in EP 2 of this standard

PC.02.01.19

The critical access hospital recognizes and responds to changes in a patient’s condition.

Note: Critical access hospitals are not required to create “rapid response teams” or “medical emergency teams” in order to meet this standard. The existence of these types of teams does not mean that all of the elements of performance are automatically achieved.

Elements of Performance for PC.02.01.19

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|----|---|---|
| 3. | Based on the critical access hospital’s early warning criteria, staff seek additional assistance when they have concerns about a patient’s condition. | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Part of the clinical care process determined by the organization

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| 4. | The critical access hospital informs the patient and family how to seek assistance when they have concerns about a patient’s condition. | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Part of the clinical care process determined by the organization

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

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| 1. | The critical access hospital assigns responsibility for the safe and accurate provision of food and nutrition products. | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Part of regular operations/processes determined by the organization

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|----|---|---|
| 8. | The critical access hospital accommodates a patient’s special diet and altered diet schedule, unless contraindicated. | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Covered by current PC.02.02.03, EP 7

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| 10. | When a patient refuses food, the critical access hospital offers substitutes of equal nutritional value. | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Covered by current PC.02.02.03, EP 7

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

1. Individuals administering moderate or deep sedation and anesthesia are qualified and have credentials to manage and rescue patients at whatever level of sedation or anesthesia is achieved, either intentionally or unintentionally. (See also MS.06.01.03, EP 6)



Rationale: Duplicative of EP 9 in this standard and MS.06.01.03, EP 6; LD.03.06.01, EP 3; Also covered at HR.01.02.01, EP 1; HR.01.02.05, EP 3; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1

2. In addition to the individual performing the procedure, a sufficient number of qualified staff are present to evaluate the patient, to provide the sedation and/or anesthesia, to help with the procedure, and to monitor and recover the patient.
Note: Critical access hospitals that provide obstetric emergency operative services can provide anesthesia services as required by law or regulation.



Rationale: Duplicative of EP 9 in this standard and MS.06.01.03, EP 6; LD.03.06.01, EP 3; Also covered at HR.01.02.01, EP 1; HR.01.02.05, EP 3; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1

8. For operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia: The critical access hospital has resuscitation equipment available. (See also MM.03.01.03, EP 2)



Rationale: Duplicative of PC.02.01.11, EP 2

PC.03.01.03

The critical access hospital provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.

Elements of Performance for PC.03.01.03

2. Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered: The critical access hospital assesses the patient's anticipated needs in order to plan for the postprocedure care.



Rationale: Part of the clinical care process determined by the organization

7. Before administering moderate or deep sedation or anesthesia, a licensed independent practitioner plans or concurs with the plan for sedation or anesthesia.

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Rationale: Part of the clinical care process determined by the organization; also covered at PC.01.03.01, EP 1

PC.03.02.01

The critical access hospital limits its use of restraint for non-behavioral health purposes.

Rationale: As with hospital, the PC.03.02s and PC.03.03s were deleted as they were redundant to the PC.03.05s. PC.03.02.01 EPs 1 and 2, and PC.03.03.01 EPs 1 and 2 will be replaced with PC.03.05.01 EPs 1-5 and PC.03.05.03 EPs 1 and 2.

Elements of Performance for PC.03.02.01

1. Leadership determines the critical access hospital's approach to limiting the use of restraint for non-behavioral health purposes.

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2. The critical access hospital justifies its use of restraint in clinical settings for non-behavioral health purposes.

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Note: The critical access hospital uses criteria drawn from evidence-based national practice guidelines, pathways of care, or other nationally recognized standardized care processes. In the absence of such information, the critical access hospital establishes its own criteria.

PC.03.03.01

The critical access hospital defines its approach to the use of restraint and seclusion for behavioral health purposes.

Rationale: As with hospital, the PC.03.02s and PC.03.03s were deleted as they were redundant to the PC.03.05s. PC.03.02.01 EPs 1 and 2, and PC.03.03.01 EPs 1 and 2 will be replaced with PC.03.05.01 EPs 1-5 and PC.03.05.03 EPs 1 and 2.

Elements of Performance for PC.03.03.01

1. The critical access hospital's approach to the use of restraint and seclusion for behavioral health purposes includes the following:

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- Its commitment to prevent, reduce, and work to eliminate the use of restraint and seclusion
- The need to prevent emergencies that have the potential to lead to the use of restraint or seclusion
- The use of non-physical interventions as the preferred interventions
- Limitation of the use of restraint and seclusion to emergencies involving imminent risk of a patient causing self harm or harm to others, including staff
- The responsibility to discontinue restraint or seclusion as soon as possible
- The need to raise awareness among staff about what restraint or seclusion may feel like to the patient
- Preservation of the patient's safety and dignity when restraint or seclusion is used

2. The critical access hospital communicates its approach to the use of restraint and seclusion for behavioral health purposes to those licensed independent practitioners and staff who are involved in their use.

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PC.04.01.01

The critical access hospital has a process that addresses the patient's need for continuing care, treatment, and services after discharge or transfer.

Elements of Performance for PC.04.01.01

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| 3. | The critical access hospital describes the mechanisms for external transfer of the patient. | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Duplicative of PC.04.01.01, EP 2

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| 4. | The critical access hospital agrees with the receiving organization about each of their roles to keep the patient safe during transfer. | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Duplicative of PC.04.01.01, EP 2

PC.04.01.05

Before the critical access hospital discharges or transfers a patient, it informs and educates the patient about his or her follow-up care, treatment, and services.

Elements of Performance for PC.04.01.05

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| 3. | Before the patient is discharged or transferred, the critical access hospital provides the patient with information about why he or she is being discharged or transferred. | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Covered by other EPs in this standard

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| 5. | Before the patient is transferred, the critical access hospital provides the patient with information about any alternatives to the transfer. | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Covered by other EPs in this standard

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| 8. | The critical access hospital provides written discharge instructions in a manner that the patient and/or the patient's family or caregiver can understand. (See also RI.01.01.03, EP 1) | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Duplicative of RI.01.01.03, EP 1

Performance Improvement Chapter

PI.01.01.01

The critical access hospital collects data to monitor its performance.

Elements of Performance for PI.01.01.01

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| <p>30. The critical access hospital considers collecting data on the following:</p> <ul style="list-style-type: none"> - Staff opinions and needs - Staff perceptions of risk to individuals - Staff suggestions for improving patient safety - Staff willingness to report adverse events | <table border="1" style="border-collapse: collapse; width: 60px; height: 20px;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> | | |
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Rationale: Issue should be left to organization discretion

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| <p>38. The critical access hospital evaluates the effectiveness of all fall reduction activities including assessment, interventions, and education.
Note: Examples of outcome indicators to use in the evaluation include number of falls and number and severity of fall-related injuries.</p> | <table border="1" style="border-collapse: collapse; width: 60px; height: 20px;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> | | |
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Rationale: Data collection on this topic should be left to the discretion of the organization

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| <p>39. The critical access hospital collects data on the effectiveness of its response to change or deterioration in a patient's condition.
Note: Measures may include length of stay, response time for responding to changes in vital signs, cardiopulmonary arrest, respiratory arrest, and mortality rates before and after implementation of an early intervention plan.</p> | <table border="1" style="border-collapse: collapse; width: 60px; height: 20px;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> | | |
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Rationale: Data collection on this topic should be left to the discretion of the organization

PI.02.01.01

The critical access hospital compiles and analyzes data.

Elements of Performance for PI.02.01.01

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| <p>1. The critical access hospital compiles data in usable formats.</p> | <table border="1" style="border-collapse: collapse; width: 60px; height: 20px;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> | | |
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Rationale: Issue should be left to organization discretion

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| <p>2. The critical access hospital identifies the frequency for data analysis.</p> | <table border="1" style="border-collapse: collapse; width: 60px; height: 20px;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> | | |
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Rationale: Issue should be left to organization discretion

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| <p>5. The critical access hospital compares data with external sources, when available.</p> | <table border="1" style="border-collapse: collapse; width: 60px; height: 20px;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> | | |
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Rationale: Issue should be left to organization discretion

PI.03.01.01

The critical access hospital improves performance on an ongoing basis.

Elements of Performance for PI.03.01.01

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| 1. | Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8; MS.05.01.01, EPs 3–7, 9) | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Issue should be left to organization discretion

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| 3. | The critical access hospital evaluates actions to confirm that they resulted in improvements. (See also MS.05.01.01, EPs 3–7, 9) | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Duplicative of PI.03.01.01, EPs 2 and 4

Record of Care, Treatment, and Services Chapter

RC.01.01.01

The critical access hospital maintains complete and accurate medical records for each individual patient.

Elements of Performance for RC.01.01.01

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| 4. | The medical record contains information unique to the patient, which is used for patient identification. | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Duplicative of RC.02.01.01, EPs 1 and 2

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| 9. | The critical access hospital uses standardized formats to document the care, treatment, and services it provides to patients. | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Operational issue that should be left to organization discretion

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| 12. | For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital tracks the location of all components of the medical record. | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Operational issue that should be left to organization discretion

RC.01.04.01

The critical access hospital audits its medical records.

Elements of Performance for RC.01.04.01

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| 3. | The critical access hospital measures its medical record delinquency rate at regular intervals, but no less than every three months. | <input type="checkbox"/> <input type="checkbox"/> |
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Rationale: Part of regular operations/process that should be determined by the organization

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| 4. | The medical record delinquency rate averaged from the last four quarterly measurements is 50% or less of the average monthly discharge (AMD) rate. Each individual quarterly measurement is no greater than 50% of the AMD rate.
Note: To calculate the quarterly and annual average medical record delinquency rate, the Medical Record Statistics Form can be used. This form is available at http://www.jointcommission.org/Hospital_Medical_Record_Statistics_Form/ | <input type="checkbox"/> <input checked="" type="checkbox"/> |
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Rationale: Part of regular operations/process that should be determined by the organization; also covered at RC.01.03.01, EP 2

RC.02.01.07

The medical record contains a summary list for each patient who receives continuing ambulatory care services.

Rationale: Part of regular operations/process that should be determined by the organization. Applies to all EPs within this standard.

Elements of Performance for RC.02.01.07

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|----|---|---|
| 1. | A summary list is initiated for the patient by his or her third visit. | <input type="checkbox"/> <input type="checkbox"/> |
| 2. | The patient's summary list contains the following information:
- Any significant medical diagnoses and conditions
- Any significant operative and invasive procedures
- Any adverse or allergic drug reactions
- Any current medications, over-the-counter medications, and herbal preparations | <input type="checkbox"/> <input type="checkbox"/> |
| 3. | The patient's summary list is updated whenever there is a change in diagnoses, medications, or allergies to medications, and whenever a procedure is performed. | <input type="checkbox"/> <input type="checkbox"/> |
| 4. | The summary list is readily available to practitioners who need access to the information of patients who receive continuing ambulatory care services in order to provide care, treatment, and services. | <input type="checkbox"/> <input type="checkbox"/> |

Rights and Responsibilities of the Individual Chapter

RI.01.03.01

The critical access hospital honors the patient's right to give or withhold informed consent.

Elements of Performance for RI.01.03.01

12. The informed consent process includes a discussion about any circumstances under which information about the patient must be disclosed or reported.

Note: Such circumstances may include requirements for disclosure of information regarding cases of HIV, tuberculosis, viral meningitis, and other diseases that are reported to organizations such as health departments or the Centers for Disease Control and Prevention.

Rationale: Covered by law and regulation or external requirements

RI.01.03.03

The critical access hospital honors the patient's right to give or withhold informed consent to produce or use recordings, films, or other images of the patient for purposes other than his or her care.

Elements of Performance for RI.01.03.03

2. When recordings, films, or other images of patients are made for external use, the critical access hospital obtains and documents informed consent prior to producing the recordings, films, or other images. This informed consent includes an explanation of how the recordings, films, or other images will be used.

Note: Recordings, films, or other images made for external use are those that will be heard or seen by the public (for example, commercial filming, television programs, or marketing materials).

Rationale: Process issue that should be left to the discretion of the organization

3. When a patient is unable to give informed consent prior to the production of recordings, films, or other images, the production may occur provided that doing so is permitted by the critical access hospital's written policy, which is established through an ethical mechanism (for example, an ethics committee) that includes community input.

Rationale: Process issue that should be left to the discretion of the organization

4. When a patient is unable to give informed consent prior to the production of recordings, films, or other images, the product remains in the critical access hospital's possession and is not used for any purpose until and unless informed consent is obtained.

Rationale: Process issue that should be left to the discretion of the organization

5. When a patient is unable to give informed consent prior to the production of recordings, films, or other images and informed consent for use cannot subsequently be obtained, the critical access hospital either destroys the product or removes the nonconsenting patient from the product.

Rationale: Process issue that should be left to the discretion of the organization

6. The critical access hospital informs the patient of his or her right to request cessation of the production of the recordings, films, or other images.

Rationale: Process issue that should be left to the discretion of the organization

7. Before engaging in the production of recordings, films, or other images of patients, anyone who is not already bound by the critical access hospital's confidentiality policy signs a confidentiality statement to protect the patient's identity and confidential information.

Rationale: Process issue that should be left to the discretion of the organization

8. The organization accommodates the patient's right to rescind consent before the recording, film, or image is used.

Rationale: Process issue that should be left to the discretion of the organization

RI.01.03.05

The critical access hospital protects the patient and respects his or her rights during research, investigation, and clinical trials.

Elements of Performance for RI.01.03.05

1. The critical access hospital reviews all research protocols and weighs the risks and benefits to the patient participating in the research.

Rationale: Part of clinical care; process should be left to the discretion of the organization. Implicit in other EPs in this standard

9. The critical access hospital keeps all information given to subjects in the medical record or research file along with the consent forms.

Rationale: Operational issue that should be left to the discretion of the organization

RI.01.07.01

The patient and his or her family have the right to have complaints reviewed by the critical access hospital.

Elements of Performance for RI.01.07.01

10. The critical access hospital allows the patient to voice complaints and recommend changes freely without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care. (See also MS.09.01.01, EP 1)

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Rationale: Covered by law and regulation or other external requirements

RI.01.07.03

The patient has the right to access protective and advocacy services.

Elements of Performance for RI.01.07.03

2. The critical access hospital maintains a list of names, addresses, and telephone numbers of patient advocacy groups, such as a state authority or a protection and advocacy network.

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Rationale: Operational issue that should be left to the discretion of the organization

3. The critical access hospital gives the list of patient advocacy groups to the patient when requested.

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Rationale: Operational issue that should be left to the discretion of the organization

Transplant Safety Chapter

TS.01.01.01

The critical access hospital, with the medical staff's participation, develops and implements written policies and procedures for donating and procuring organs and tissues.

Elements of Performance for TS.01.01.01

2. The critical access hospital's written policies and procedures identify the organ procurement organization (OPO) with which it is affiliated.

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Rationale: Implicit in EP 1 of this standard

TS.03.01.01

The critical access hospital uses standardized procedures for managing tissues.

Elements of Performance for TS.03.01.01

4. The critical access hospital coordinates its acquisition, receipt, storage, and issuance of tissues throughout the critical access hospital.

Rationale: Part of regular operations that should be left to the discretion of the organization

11. The critical access hospital complies with state and/or federal regulations when it acts as a tissue supplier. *
 Note: The US Food and Drug Administration (FDA) considers the routine policy or practice of shipping tissue to another facility as distribution which requires FDA registration. Returning unused tissue back to the tissue supplier is not considered distribution and does not require FDA registration.
 Footnote *: Please refer to the following website:
<http://www.fda.gov/cber/tissue/tisreg.htm>.

Rationale: Covered by law and regulation or other external requirements

Waived Testing Chapter

WT.01.01.01

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

Elements of Performance for WT.01.01.01

5. Current and complete policies and procedures are available for use during testing to the person performing the waived test.

Rationale: Part of regular operations that should be left to the discretion of the organization

6. Written policies, procedures, and manufacturers' instructions for waived testing are followed. (See also WT.04.01.01, EPs 3-5)
 Note: Manufacturers' recommendations and suggestions are surveyed as requirements.

Rationale: Part of regular operations that should be left to the discretion of the organization; covered by law and regulation or other external requirements; also covered at WT.01.01.01, EPs 1 and 2

7. The criteria for confirmatory testing are followed as specified in the waived testing written procedures.

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Rationale: Part of regular operations that should be left to the discretion of the organization

8. Clinical use of results is consistent with the critical access hospital's policies and the manufacturers' recommendations for waived tests.

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Rationale: Part of regular operations that should be left to the discretion of the organization; covered by law and regulation or other external requirements
