

**Accepted:** Revised Requirements Maintain Alignment with CMS CoPs

The Centers for Medicare & Medicaid Services (CMS) final rule “Reform of Hospital and Critical Access Hospital Conditions of Participation [CoPs],” issued in May 2012, resulted in Medicare CoP changes that became effective July 16, 2012 (see July 2012 Perspectives, page 6). To align its requirements with these changes, The Joint Commission developed new and revised elements of performance (EPs) for—and deleted others from—the hospital and critical access hospital comprehensive accreditation manuals (see October 2012 Perspectives, pages 4 and 6, for a summary of the changes).

In response to further communications with CMS related to the May 2012 revisions, The Joint Commission recently made additional changes to requirements for hospitals using accreditation for deemed status purposes and for critical access hospitals. Revisions for hospitals, which also apply to distinct part rehabilitation and psychiatric units in critical access hospitals, relate to a Medication Management (MM) standard and a Medical Staff (MS) standard. Standard MM.07.01.03, EP 6, now requires medication administration errors, adverse drug

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reactions, and medication incompatibilities to be immediately reported—rather than to be immediately reported when possible. In addition, Standard MS.01.01.01, EP 13, now has a note clarifying that the medical staff may include other categories of nonphysician practitioners.

For critical access hospitals only, additional revisions to Leadership (LD) Standard LD.04.03.01, EPs 4 and 7, no longer require critical access hospitals to directly provide emergency services and outpatient services. While this change does not absolve critical access hospitals of the responsibility for overseeing these services, it does allow for provision via contractual agreement.

These revisions, which are effective immediately, will be published this spring in the 2013 Update 1 to the Comprehensive Accreditation Manual for Hospitals and the Comprehensive Accreditation Manual for Critical Access Hospitals as well as in the E-dition® for both manuals. The box below displays the new and revised requirements; new text is underlined and deleted text is shown in strikethrough.

Please note that any additional changes based on CMS final review and approval will be communicated in future issues of Perspectives and f/COncile. For more information, contact Laura Smith, project director, Department of Standards and Survey Methods, at lsmith@jointcommission.org or 630-792-5098.

Applicable to Hospitals and Rehabilitation and Psychiatric Distinct Part Units in Critical Access Hospitals

Effective Immediately

Medication Management (MM)

Standard MM.07.01.03
The hospital/critical access hospital responds to actual or potential adverse drug events, significant adverse drug reactions, and medication errors.

Element of Performance for MM.07.01.03

A 6. For hospitals that use Joint Commission accreditation for deemed status purposes/rehabilitation and psychiatric distinct part units in critical access hospitals: Medication administration errors, adverse drug reactions, and medication incompatibilities as defined by the hospital/critical access hospital are immediately reported to the attending physician or clinical psychologist, immediately when possible, and as appropriate to the organization-wide quality assessment and performance improvement program.

Note: The definition of “physician” is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).

Medical Staff (MS)

Standard MS.01.01.01
Medical staff bylaws address self-governance and accountability to the governing body.

Applicable to Critical Access Hospitals

Effective Immediately

Leadership (LD)

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

Elements of Performance for LD.04.03.01

A 4. Emergency services are provided as direct services on-site, and are available on a 24-hour basis.

A 7. The critical access hospital provides outpatient services as direct services.