Three Revised Requirements for Critical Access Hospitals

On May 12, 2014, the Centers for Medicare & Medicaid Services (CMS) published changes to its Conditions of Participation (CoPs) for critical access hospitals. The revisions are part of CMS’s recent efforts to remove requirements determined to be unnecessary, obsolete, or excessively burdensome.

As a result of these revisions, critical access hospitals are no longer required to have a medical doctor or doctor of osteopathy sign a sample of outpatient records every two weeks or be present at the critical access hospital every two weeks. This change allows for critical access hospitals to determine—based on scope of services, policies and procedures, and patient care needs—how often medical doctors or doctors of osteopathy need to review records and be present at the critical access hospital. CMS also deleted the requirement that health care services policies are developed with the advice of one individual who is not a member of the critical access hospital’s staff.

Effective July 22, 2014, The Joint Commission revised three of its elements of performance (EPs) to reflect these changes. The revised EPs are shown in the box below (new text is underlined and deleted text is shown in strikethrough) and are available on The Joint Commission’s website at http://www.jointcommission.org/standards_information/prepublication_standards.aspx. These revisions appear in E-dition® and will be published in print in October in the 2014 Update 2 to the Comprehensive Accreditation Manual for Critical Access Hospitals.

For more information, please contact Laura Smith, project director, Department of Standards and Survey Methods, at lsmith@jointcommission.org or 630-792-5098.

### Revised Requirements

#### Leadership (LD)

**Standard LD.04.01.07**
The critical access hospital has policies and procedures that guide and support patient care, treatment, and services.

**Element of Performance for LD.04.01.07**

A 6. Health care service policies are developed with the advice from the group of members of the critical access hospital’s professional health care staff, personnel including one or more doctors of medicine or osteopathy and one or more physician assistants, nurse practitioners, or clinical nurse specialists if they are on staff; at least one member is not a member of the critical access hospital’s staff.

#### Medical Staff (MS)

**Standard MS.03.01.03**
The management and coordination of each patient’s care, treatment, and services is the responsibility of a practitioner with appropriate privileges.

**Elements of Performance for MS.03.01.03**

A 10. A doctor of medicine or osteopathy is present for sufficient periods of time, at least once in every two-week period (except in extraordinary circumstances) to provide required medical direction, medical care services; consultation, and supervision for the services provided in the critical access hospital, and is available through direct radio, or telephone, or electronic communication for consultation, assistance with medical emergencies, or patient referral. Extraordinary circumstances, as described in this element of performance, must be documented in the records of the organization.

**Note:** A site visit is not required if no patients have been treated since the latest site visit.

A 11. When state law requires outpatient record reviews, or co-signatures, or both, by a collaborating physician, a doctor of medicine or osteopathy periodically reviews and signs the outpatient records of patients cared for by nurse practitioners, clinical nurse specialists, certified nurse midwives, or physician assistants according to current standards of practice, at least every two weeks.

**Note:** When state law allows a sample of outpatient records to be reviewed for the above mentioned practitioners, a review of at least 25% of outpatient records must be performed.