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 THE CRITICAL ACCESS HOSPITAL ACCREDITATION PROGRAM**

**Effective July 1, 2021**

Accreditation Participation Requirements (APR) Chapter

**APR.01.03.01**

The critical access hospital reports any changes in the information provided in the application for accreditation and any changes made between surveys.

**Element(s) of Performance for APR.01.03.01**

1. The critical access hospital notifies The Joint Commission in writing within 30 days of a change in ownership, control, location, capacity, or services offered.
   
   Note: When the critical access hospital changes ownership, control, location, capacity, or services offered, it may be necessary for The Joint Commission to survey the critical access hospital again. If the critical access hospital does not provide written notification to The Joint Commission within 30 days of these changes, the critical access hospital could lose its accreditation.

1. The critical access hospital notifies The Joint Commission in writing within 30 days of a change in ownership, control, location, capacity, or services offered.
   
   Note: When the critical access hospital changes ownership, control, location, capacity, or services offered, it may be necessary for The Joint Commission to survey the critical access hospital again. If the critical access hospital does not provide written notification to The Joint Commission within 30 days of these changes, the critical access hospital may be denied accreditation.

**APR.03.01.01**

The critical access hospital fulfills requirements for Focused Standards Assessment.

**Element(s) of Performance for APR.03.01.01**

Key: □ indicates that documentation is required; □ indicates an identified risk area;
1. The critical access hospital, at 12 and 24 months after its full triennial survey, updates and submits to The Joint Commission the full Focused Standards Assessment (FSA) and its Plan of Action on any recommendations cited. (Refer also to the “Focused Standards Assessment [FSA]” section in “The Accreditation Process” [ACC] chapter.)

Note 1: For critical access hospitals that select Options 1, 2, or 3, the requirement to transmit the FSA and its Plan of Action to The Joint Commission may not apply in part or in whole.

Note 2: Neither the full FSA nor FSA Options 1, 2, or 3 are due in the year of the critical access hospital’s triennial survey.

2. The critical access hospital completing the full Focused Standards Assessment (FSA) collaborates with the medical staff.

3. The critical access hospital exercising Option 1, 2, or 3 for the Focused Standards Assessment (FSA) attests at 12 and 24 months after its full triennial survey that the organization has decided not to participate in the submission of the full FSA.

Note: Neither the full FSA nor FSA Options 1, 2, or 3 are due in the year of the organization’s triennial survey.

4. The critical access hospital exercising Option 1 for the Focused Standards Assessment (FSA) completes an FSA and Plan of Action.

Note: The critical access hospital does not submit this information to The Joint Commission.

5. The critical access hospital exercising Option 1 for the Focused Standards Assessment (FSA) collaborates with the medical staff in completing the FSA and developing Plan(s) of Action.

6. The critical access hospital exercising Option 2 for the Focused Standards Assessment agrees to undergo a limited survey and then submit a Plan of Action for recommendations cited as a result of the survey.

7. The critical access hospital exercising Option 3 for the Focused Standards Assessment agrees to undergo a limited survey.

Note: The critical access hospital does not receive a written report after the survey.

APR.06.01.01

Applicants and accredited critical access hospitals do not use Joint Commission employees to provide accreditation-related consulting services.

Element(s) of Performance for APR.06.01.01

Key: □ indicates that documentation is required; □ indicates an identified risk area;
1. The critical access hospital does not use Joint Commission employees to provide any accreditation-related consulting services.

Note: Consulting services include, but are not limited to, the following:
- Helping the critical access hospital to meet Joint Commission standards
- Helping the critical access hospital to complete its Focused Standards Assessment (FSA)
- Assisting the critical access hospital in remedying areas identified in its FSA as needing improvement
- Conducting mock surveys

1. The critical access hospital does not use Joint Commission employees to provide any accreditation-related consulting services.

APR.09.04.01

The critical access hospital provides care, treatment, services, and an environment that pose no risk of an “Immediate Threat to Health or Safety,” also known as “Immediate Threat to Life” or ITL situation.

The critical access hospital provides care, treatment, services, and an environment that pose no risk of an “Immediate Threat to Health or Safety.”

Element(s) of Performance for APR.09.04.01

1. The critical access hospital provides care, treatment, services, and an environment that pose no risk of an “Immediate Threat to Health or Safety,” also known as “Immediate Threat to Life” or ITL situation.

1. The critical access hospital provides care, treatment, services, and an environment that pose no risk of an “Immediate Threat to Health or Safety.”