CAH Revisions Related to CMS Final Rule

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 PROGRAM

Effective March 30, 2021

Leadership (LD) Chapter

LD.01.03.01

The governing body is ultimately accountable for the safety and quality of care, treatment, and services.

Element(s) of Performance for LD.01.03.01

21. For rehabilitation and psychiatric distinct part units in critical access hospitals: The governing body is responsible for making sure that performance improvement activities reflect the complexity of the hospital's organization and services, involve all departments and services, and include services provided under contract. (For more information on contracted services, see Standard LD.04.03.09)

Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital is not required to participate in a quality improvement organization (QIO) cooperative project, but its own projects are required to be of comparable effort.

21. The governing body is responsible for the performance improvement program. The governing body makes sure that performance improvement activities reflect the complexity of the critical access hospital's organization and services; are ongoing and comprehensive; involve all departments and services, including those services provided under contract; and use objective measures to evaluate its organizational processes, functions, and services. (For more information on contracted services, see Standard LD.04.03.09)

Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital is not required to participate in a quality improvement organization (QIO) cooperative project, but its own projects are required to be of comparable effort.

Key: ☐ indicates that documentation is required; ☐ indicates an identified risk area;
LD.03.02.01
The critical access hospital uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.

**Element(s) of Performance for LD.03.02.01**

1. Leaders set expectations for using data and information for the following:
   - Improving the safety and quality of care, treatment, or services
   - Creating a culture of safety and quality
   - Decision making that supports the safety and quality of care, treatment, and services
   - Identifying and responding to internal and external changes in the environment

   **Note:** Leaders set expectations for using data and information, including patient care data and other relevant data, for the following:
   - Improving the safety and quality of care, treatment, or services in order to achieve the goals of the performance improvement program
   - Creating a culture of safety and quality
   - Decision making that supports the safety and quality of care, treatment, and services
   - Identifying and responding to internal and external changes in the environment

5. The performance improvement program addresses outcome indicators related to improved health outcomes and the prevention and reduction of medical errors, adverse events, sentinel events, critical access hospital–acquired conditions, and transitions of care, including unplanned readmissions.

LD.03.07.01
Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)

**Element(s) of Performance for LD.03.07.01**

1. For rehabilitation and psychiatric distinct part units in critical access hospitals: Performance improvement occurs organizationwide.

1. The critical access hospital has an effective, ongoing, data-driven performance improvement program that occurs organizationwide.
2. For rehabilitation and psychiatric distinct part units in critical access hospitals: As part of performance improvement, leaders do the following:
- Set priorities for performance improvement activities and patient health outcomes (See also PI.01.01.01, EPs 1 and 2)
- Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities (See also PI.01.01.01, EPs 3, 5–10, 12, and 13)
- Reprioritize performance improvement activities in response to changes in the internal or external environment

2. As part of performance improvement, leaders do the following:
- Set priorities for performance improvement activities and patient health outcomes that are shown to be predictive of desired patient outcomes (See also PI.01.01.01, EPs 1 and 2)
- Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities (See also PI.01.01.01, EPs 3, 5–10, 12, and 13)
- Reprioritize performance improvement activities in response to changes in the internal or external environment