


APPROVED: Revisions to Requirements for Critical Access Hospitals with Distinct Part Units

The Joint Commission has revised some requirements to align them with the Centers for Medicare & Medicaid Services (CMS) Medicare Hospital Conditions of Participation (CoPs). The revised requirements pertain to rehabilitation and psychiatric distinct part units (DPUs) in **critical access hospitals**.

These revisions add nine new elements of performance (EPs), as shown in the box below and on page 6; revise several dozen EPs; and eliminate several dozen more EPs for critical access hospitals with DPUs. The concepts in the eliminated EPs have been addressed in revisions to other EPs, existing language in other EPs, information added to Appendix B in

the *Comprehensive Accreditation Manual for Critical Access Hospitals*, and within the survey process. All of these changes have been communicated to critical access hospitals with DPUs in phone calls from The Joint Commission.

The new EPs for rehabilitation and psychiatric DPUs in critical access hospitals, which went into effect **January 1, 2010**, are shown in underlined text in the box below. These new EPs, as well as the revised EPs and a list of the deleted EPs, are on The Joint Commission's Web site at <http://www.jointcommission.org/AccreditationPrograms/CriticalAccessHospitals>. 



Official Publication of Joint Commission Requirements

New Elements of Performance for Rehabilitation and Psychiatric DPUs in Critical Access Hospitals

APPLICABLE TO CRITICAL ACCESS HOSPITALS

Effective January 1, 2010

Standard LD.01.05.01

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

New Element of Performance for LD.01.05.01

A 8. For rehabilitation and psychiatric distinct part units in critical access hospitals: There is a single medical staff.

Standard LD.04.01.03

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

New Element of Performance for LD.04.01.03

A 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.

Standard LD.04.01.05

The critical access hospital effectively manages its programs, services, sites, or departments.

New Elements of Performance for LD.04.01.05

A 4. For rehabilitation and psychiatric distinct part units in critical access hospitals: Staff are held accountable for their responsibilities.

A 8. For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital assigns an individual who is responsible for outpatient services.

A 9. For rehabilitation and psychiatric distinct part units in critical access hospitals: The anesthesia service is responsible for all anesthesia administered in the critical access hospital.

Standard MS.01.01.01

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

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New EPs for Rehabilitation and Psychiatric DPUs

New Element of Performance for MS.01.01.01

A 8. For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff bylaws include the following:

When departments of the medical staff exist, the definition of the qualifications and roles and responsibilities of the department chair, including the following:

Qualifications

- Certification by an appropriate specialty board or affirmatively established comparable competence through the credentialing process

Roles and responsibilities

- Clinically related activities of the department
- Administratively related activities of the department, unless otherwise provided by the critical access hospital
- Continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges
- Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department
- Recommending clinical privileges for each member of the department
- Assessing and recommending to the relevant critical access hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the critical access hospital
- The integration of the department or service into the primary functions of the critical access hospital
- The coordination and integration of interdepartmental and intradepartmental services
- The development and implementation of policies and procedures that guide and support the provision of care, treatment, and services
- The recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services
- The determination of the qualifications and competence of department or service personnel who are not licensed independent

practitioners and who provide patient care, treatment, and services

- The continuous assessment and improvement of the quality of care, treatment, and services
- The maintenance of quality control programs, as appropriate
- The orientation and continuing education of all persons in the department or service
- Recommending space and other resources needed by the department or service

Note: *When departments of the medical staff do not exist, the medical staff is responsible for the development of policies and procedures that minimize medication errors. The medical staff may delegate this responsibility to the organized pharmaceutical service.*

Standard MS.03.01.01

The medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.

New Elements of Performance for MS.03.01.01

A 16. For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff determines the qualifications of the radiology staff who use equipment and administer procedures.

A 17. For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff approves the nuclear services director's specifications for the qualifications, training, functions, and responsibilities of the nuclear medicine staff.

Standard RC.01.05.01

The critical access hospital retains its medical records.

New Element of Performance for RC.01.05.01

A 1. © For rehabilitation and psychiatric distinct part units in critical access hospitals: The retention time of the original or legally reproduced medical record is determined by its use and critical access hospital policy, in accordance with law and regulation.