

Prepublication Requirements

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>.



Revisions to Deemed Program Requirements Rehabilitation and Psychiatric Distinct Part Units in Critical Access Hospitals

APPLICABLE TO CRITICAL ACCESS HOSPITALS

Effective September 29, 2014

Medical Staff (MS)

Standard MS.01.01.01

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

Element of Performance for MS.01.01.01

A 37. For rehabilitation and psychiatric distinct part units in critical access hospitals: When a multihospital system has a unified and integrated medical staff, the bylaws describe the process by which medical staff members at each separately accredited critical access hospital and hospital (that is, all medical staff members who hold privileges to practice at that specific critical access hospital or hospital) are advised of their right to opt out of the unified and integrated medical staff structure after a majority vote by the members to maintain a separate and distinct medical staff for their respective critical access hospital or hospital.

Standard MS.01.01.05

For rehabilitation and psychiatric distinct part units in critical access hospitals: Multihospital systems can choose to establish a unified and integrated medical staff in accordance with state and local laws.

Elements of Performance for MS.01.01.05

- A 1. For rehabilitation and psychiatric distinct part units in critical access hospitals:** If a multihospital system with separately accredited critical access hospitals and hospitals chooses to establish a unified and integrated medical staff, the following occurs: Each separately accredited critical access hospital and hospital within a multihospital system that elects to have a unified and integrated medical staff demonstrates that the medical staff members of each accredited critical access hospital and hospital (that is, all medical staff members who hold privileges to practice at that specific critical access hospital or hospital) have voted by majority either to accept the unified and integrated medical staff structure or to opt out of such a structure and maintain a separate and distinct medical staff for their critical access hospital or hospital.
- A 2. For rehabilitation and psychiatric distinct part units in critical access hospitals:** If a multihospital system with separately accredited critical access hospitals and hospitals chooses to establish a unified and integrated medical staff, the following occurs: The unified and integrated medical staff takes into account each member critical access hospital's and hospital's unique circumstances and any significant differences in patient populations and services offered in each critical access hospital and hospital.

Key: **A** indicates scoring category A; **C** indicates scoring category C; **D** indicates that documentation is required; **M** indicates Measure of Success is needed; **▲** indicates an Immediate Threat to Health or Safety; **▲** indicates situational decision rules apply; **△** indicates direct impact requirements apply; **R** indicates an identified risk area

A 3. For rehabilitation and psychiatric distinct part units in critical access hospitals: If a multihospital system with separately accredited critical access hospitals and hospitals chooses to establish a unified and integrated medical staff, the following occurs: The unified and integrated medical staff establishes and implements policies and procedures to make certain that the needs and concerns expressed by members of the medical staff at each of its separately accredited critical access hospitals and hospitals, regardless of practice or location, are given due consideration.

A 4. For rehabilitation and psychiatric distinct part units in critical access hospitals: If a multihospital system with separately accredited critical access hospitals and hospitals chooses to establish a unified and integrated medical staff, the following occurs: The unified and integrated medical staff has mechanisms in place to make certain that issues localized to particular critical access hospitals and hospitals within the system are duly considered and addressed.

Provision of Care, Treatment, and Services (PC)

Standard PC.02.01.03

The critical access hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.

Element of Performance for PC.02.01.03

A 1. For rehabilitation and psychiatric distinct part units in critical access hospitals: Prior to providing care, treatment, and services, the critical access hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; critical access hospital policies; and medical staff bylaws, rules, and regulations. * ³

Note: *Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following:*

- *Responsible for the care of the patient*
- *Licensed in the state where he or she provides care to the patient*
- *Acting within his or her scope of practice under state law*

Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services

*: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).