

Effective 1 January 2015

A glowing orange and yellow globe with several bright, starburst-like light points and intersecting orbital lines, set against a dark background.

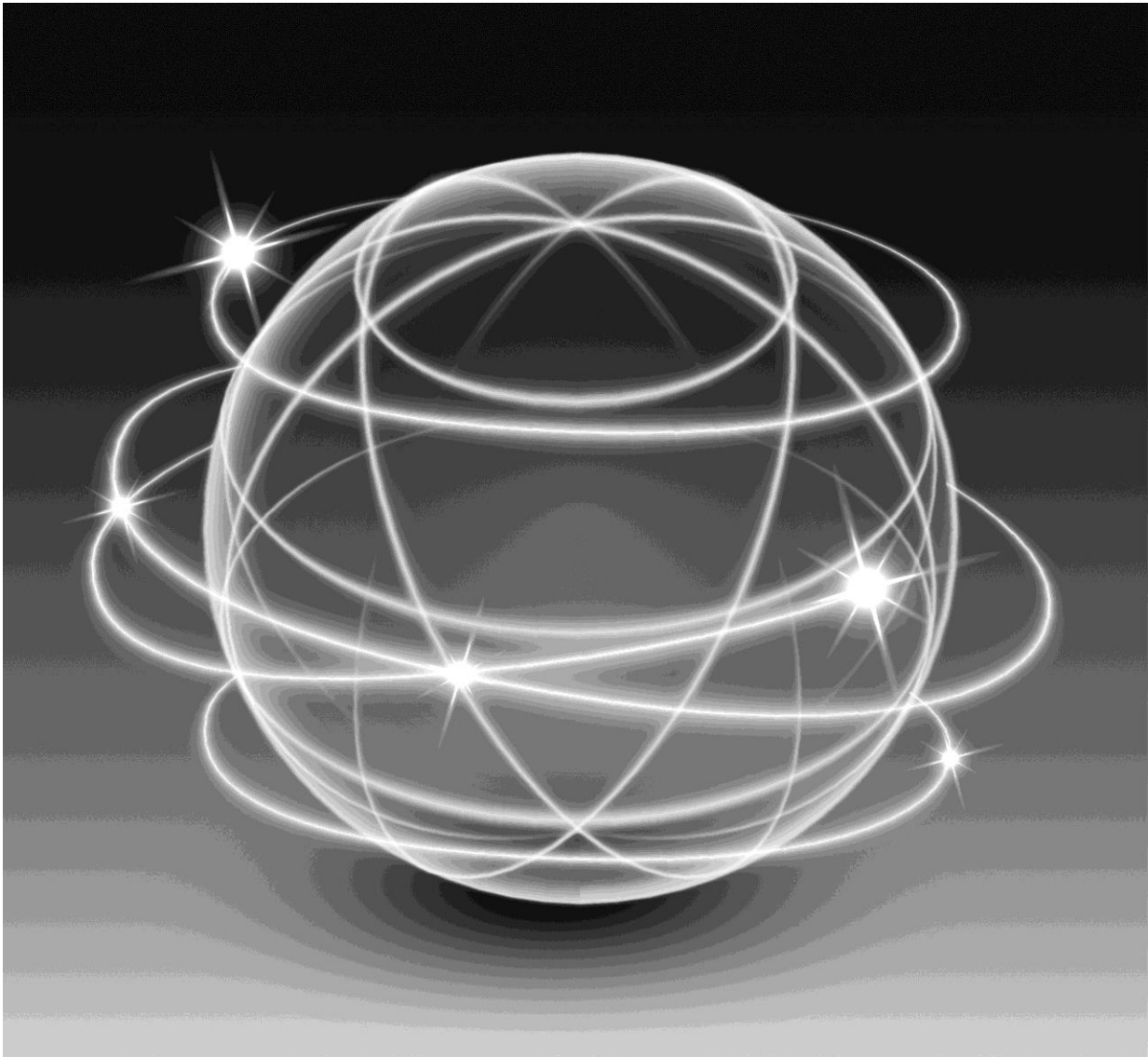
**Joint
Commission
International
Standards for
Clinical Care
Program
Certification**

English

Standards-Only Version

3rd Edition

Section I: Accreditation Participation Requirements





Accreditation Participation Requirements (APR)

Requirement: APR.1

The clinical care program meets all requirements for timely submissions of data and information to Joint Commission International (JCI).

Requirement: APR.2

The program provides JCI with accurate and complete information through all phases of the certification process.

Requirement: APR.3

The program reports within 15 days any changes in the program's profile (electronic database) or information provided to JCI via the E-App before and between surveys.

Requirement: APR.4

The program permits on-site evaluations of standards and policy compliance or verification of quality and safety concerns, reports, or regulatory authority sanctions at the discretion of JCI.

Requirement: APR.5

Requirement: APR.6

Not applicable to Clinical Care Program Certification

Requirement: APR.7

Not applicable to Clinical Care Program Certification

Requirement: APR.8

The program accurately represents its certification status and the programs and services to which JCI certification applies.

Requirement: APR.9

Any individual program staff member (clinical or administrative) can report concerns about patient safety and quality of care to JCI without retaliatory action from the program.

To support this culture of safety, the program must communicate to staff that such reporting is permitted. In addition, the program must make it clear to staff that no formal disciplinary actions (**for example**, demotions, reassignments, or change in working conditions or hours) or informal punitive actions (**for example**, harassment, isolation, or abuse) will be threatened or carried out in retaliation for reporting concerns to JCI.

Requirement: APR.10

Translation and interpretation services arranged by the program for a certification survey and any related activities are provided by translation and interpretation professionals who are licensed and/or qualified and have no relationship to the program.

Requirement: APR.11

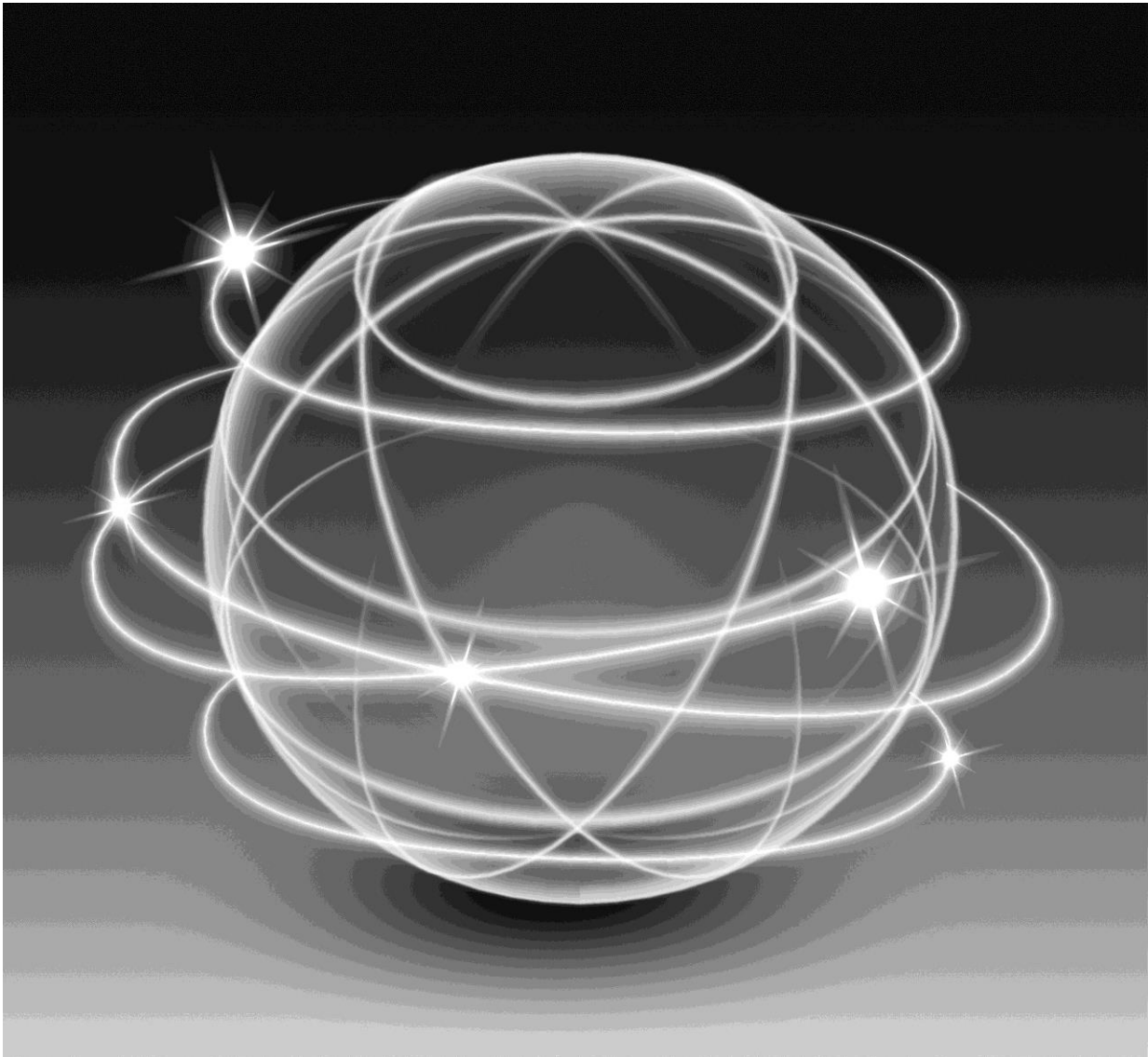
The program notifies the public it serves about how to contact its program management and JCI to report concerns about patient safety and quality of care.

Methods of notice may include, but are not limited to, distribution of information about JCI, including contact information in published materials such as brochures and/or posting this information on the program's website.

Requirement: APR.12

The program provides patient care in an environment that poses no risk of an immediate threat to patient safety, public health, or staff safety.

Section II: Standards





International Patient Safety Goals (IPSG)

Goal 1: Identify Patients Correctly

Standard IPSG.1

The organization develops and implements a process to improve accuracy of patient identifications.

Goal 2: Improve Effective Communication

Standard IPSG.2

The organization develops and implements a process to improve the effectiveness of verbal and/or telephone communication among caregivers.

Standard IPSG.2.1

The organization develops and implements a process for reporting critical results of diagnostic tests.

Standard IPSG.2.2

The organization develops and implements a process for handover communication.

Goal 3: Improve the Safety of High-Alert Medications

Standard IPSG.3

The organization develops and implements a process to improve the safety of high-alert medications.

Standard IPSG.3.1

The organization develops and implements a process to manage the safe use of concentrated electrolytes.

Goal 4: Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery

Standard IPSG.4

The organization develops and implements a process for ensuring correct-site, correct-procedure, and correct-patient surgery.

Standard IPSG.4.1

The organization develops and implements a process for the time-out that is performed in the operating theatre immediately prior to the start of surgery to ensure correct-site, correct-procedure, and correct-patient surgery.

Goal 5: Reduce the Risk of Health Care–Associated Infections

Standard IPSG.5

The organization adopts and implements evidence-based hand-hygiene guidelines to reduce the risk of health care–associated infections.

Goal 6: Reduce the Risk of Patient Harm Resulting from Falls

Standard IPSG.6

The organization develops and implements a process to reduce the risk of patient harm resulting from falls.



Program Leadership and Management (PLM)

Standard PLM.1

Program leaders and roles are clearly identified, and leadership is collectively responsible for defining the program.

Standard PLM.2

The program is designed, implemented, and evaluated collaboratively.

Standard PLM.3

The program is relevant to and meets the needs of the target population and/or health care service area.

Standard PLM.4

The scope and level of care and/or services offered by the program are provided to patients and, when appropriate, families.

Standard PLM.5

The scope and level of care and/or services provided are uniform and comparable for patients with the same acuity and type of disease or condition being managed, regardless of their ability to pay or the source of payment.

Standard PLM.6

Eligible patients have access to the care and/or services provided by the program.

Standard PLM.7

The program operates in an ethical manner.

Standard PLM.8

The program uses current scientific information, reference materials, and resource materials to support patient care, health professional education, and clinical research.

Standard PLM.9

Facilities where patients receive care maintain and implement a program that provides a safe and secure physical environment.



Delivering or Facilitating Clinical Care (DFC)

Standard DFC.1

All clinical staff are qualified, competent, and appropriately trained.

Standard DFC.2

All clinical and nonclinical staff are oriented to the program and to their specific job responsibilities.

Standard DFC.3

There are continuous, ongoing professional practice evaluations of the quality and safety of the clinical care provided by each staff member.

Standard DFC.4

The program uses a standardized process originating in clinical practice guidelines or evidence-based practice to deliver or facilitate the delivery of clinical care.

Standard DFC.5

All clinical staff are knowledgeable about the adapted or adopted clinical practice guidelines and implement activities that are consistent with the clinical practice guidelines.

Standard DFC.6

The program tailors the standardized process to meet the patient's needs.

Standard DFC.7

Concurrently occurring conditions and comorbidities are managed, or the information necessary for their management is communicated to the appropriate clinical staff.

Standard DFC.8

The program identifies the procedures and processes associated with the risk of infection and implements strategies to reduce infection risk.

Standard DFC.9

Medication storage, preparation, and administration follow standardized processes to ensure patient safety.



Supporting Self- Management (SSM)

Standard SSM.1

The program involves the patient and, when appropriate, the family in making decisions about managing their diseases or conditions.

Standard SSM.2

The program addresses the patient's and, when appropriate, the family's educational needs.

Standard SSM.3

The program addresses the patient's and, when appropriate, the family's readiness, willingness, and ability to learn.

Standard SSM.4

The program materials are consistent with the clinical guidelines and relevant and appropriate to the population served.

Standard SSM.5

The program addresses lifestyle changes that support self-management regimens.



Clinical Information Management (CIM)

Standard CIM.1

The confidentiality, security, and retention of patient information are protected.

Standard CIM.2

The program identifies those authorized to have access to and/or to make entries in the patient clinical record.

Standard CIM.3

The program uses standardized diagnosis codes, procedure codes, symbols, abbreviations, definitions, and methods for adding comments/addenda.

Standard CIM.4


Information management processes meet the program's internal and external information needs.

Standard CIM.5

The program has a process to provide continuity of patient care services and coordination among health care practitioners across the continuum of care.

Standard CIM.6

The program initiates, maintains, and makes accessible a health or clinical record for every patient.



Performance Measurement and Improvement (PMI)

Standard PMI.1

The program has an organized, comprehensive approach to performance improvement.

Standard PMI.2

The program maintains data quality and integrity.

Standard PMI.3

The program uses measurement data to evaluate and to improve processes and outcomes.

Standard PMI.4

The program uses a defined process for identifying and managing sentinel events.

Standard PMI.5

The process for identifying, reporting, managing, and tracking errors and adverse events is defined and implemented.

Standard PMI.6

The process for identifying, reporting, managing, and tracking “near-miss” events is defined and implemented.

Standard PMI.7

The program evaluates patient and family perceptions of the quality of care at the program level.