JOINT COMMISSION INTERNATIONAL ACCREDITATION STANDARDS FOR
LONG TERM CARE

1st Edition

Joint Commission International
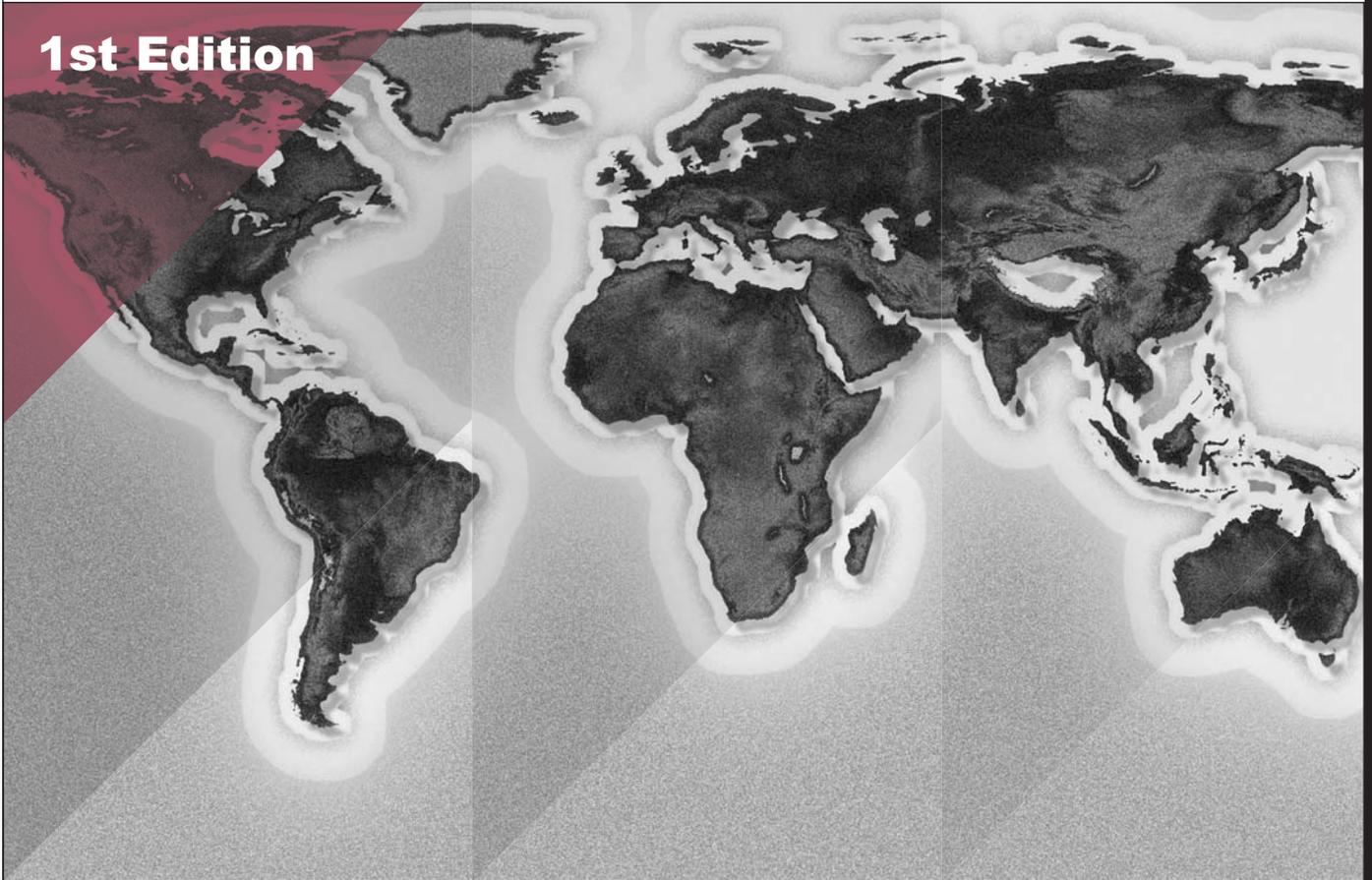
Effective 1 July 2012

International Patient Safety Goals (IPSG)

Overview

This chapter addresses the International Patient Safety Goals (IPSG), as required for implementation as of 1 July 2012 in all long term care organizations accredited by Joint Commission International (JCI) under the International Standards for Long Term Care. The purpose of the IPSG is to promote specific improvements in patient and resident safety.

The goals highlight problematic areas in health care and describe evidence- and expert-based consensus solutions to these problems. Recognizing that sound system design is intrinsic to the delivery of safe, high-quality health care, the goals generally focus on systemwide solutions, wherever possible.

The goals are structured in the same manner as the other standards, including a standard (goal statement), an intent statement, and measurable elements. The goals are scored similar to other standards as "met," "partially met," or "not met." The accreditation decision rules include compliance with the IPSG as a separate decision rule.

Applicability

Some International Patient Safety Goals may not be applicable to the long term care organization. For example, IPSG.4 may not be applicable if the organization does not provide any type of surgical services (as described in the minimum definition of surgery). If the organization believes one or more goals are not applicable, the organization is responsible for contacting the Joint Commission International Accreditation office at the time of application for survey.

Goals

The following is a list of all goals. They are presented here for your convenience without their requirements, intent statements, or measurable elements. For more information about these goals, please *see* the next section in this chapter, Goals, Standards, Intents, and Measurable Elements.

IPSG.1 Identify Residents Correctly

IPSG.2 Improve Effective Communication

IPSG.3 Improve the Safety of High-Alert Medications

IPSG.4 Ensure Correct-Site, Correct-Procedure, Correct-Resident Surgery

IPSG.5 Reduce the Risk of Health Care–Associated Infections

IPSG.6 Reduce the Risk of Resident Harm Resulting from Falls

Goals, Standards, Intents, and Measurable Elements

Goal 1: Identify Residents Correctly

Standard IPSG.1

The long term care organization develops an approach to improve accuracy of resident identification.

Intent of IPSG.1

Wrong-resident errors occur in virtually all aspects of diagnosis and treatment. Residents may be sedated, disoriented, or not fully alert; may have sensory disabilities; or may be subject to other situations that may lead to errors in correct identification. The intent of this goal is twofold: first, to reliably identify the resident as the person for whom the service or treatment is intended; second, to match the service or treatment to that resident.

Policies and/or procedures are collaboratively developed to improve identification processes; in particular, the processes used to identify a resident when giving medications, blood, or blood products; taking blood and other specimens for clinical testing; or providing any other treatments or procedures. The policies and/or procedures require at least two ways to identify a resident, such as the resident's name, identification number, birth date, a picture ID, or other ways. The policies and/or procedures clarify the use of the selected two different identifiers within the long term care organization. A collaborative process is used to develop the policies and/or procedures to ensure they address all possible identification situations.

Measurable Elements of IPSG.1

❏   1.   Residents are identified using two resident identifiers before administering medications, blood, or blood products.

❏   2.   Residents are identified using two resident identifiers before taking blood and other specimens for clinical testing.

❏   3.   Residents are identified using two resident identifiers before providing treatments and procedures.

❏   4.   Policies and procedures support consistent practice in all situations and locations.

Goal 2: Improve Effective Communication

Standard IPSG.2

The long term care organization develops an approach to improve the effectiveness of communication among caregivers.

Resident Access and Assessment (RAA)

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please *see* the next section in this chapter, Standards, Intents, and Measurable Elements.

Access

RAA.1 Residents have access to services based on their identified health care needs and the long term care organization's mission, resources, and scope of services.

  RAA.1.1 When the long term care organization accepts the resident for care, the organization provides information to residents and/or family members on the proposed care and services, the expected results of the care and services, and any expected cost for the care and services.

  RAA.1.2 The long term care organization seeks to reduce physical, language, cultural, and other barriers to access and delivery of services.

Assessment

RAA.2 An initial assessment process that includes an evaluation of physical, psychological, social, and economic factors is used to identify the care and services necessary to support the resident's needs.

  RAA.2.1 The organization has determined the minimum content of assessments, based on applicable laws and regulations and professional practice.

  RAA.2.2 The long term care organization conducts individualized initial assessments for special populations cared for by the organization.

    RAA.2.2.1 The long term care organization has a process to identify, report, and refer suspected or alleged victims of abuse or neglect, according to law and regulation.

  RAA.2.3 Residents are screened for nutritional status and functional needs and receive an in-depth assessment when needs are identified.

RAA.2.4   All residents are screened for pain and assessed when pain is present.

RAA.2.5   Residents are referred for any additional assessments when the need is identified through findings from the initial assessment, reassessments, the resident's need and desire for services, the resident's response to previous services, or the setting, and as required by law and regulation.

RAA.3   All residents are reassessed at intervals based on residents' needs to determine residents' response to care and services and to plan for continued care and services or discharge.

RAA.4   Assessment findings from each clinical discipline are documented in the resident's record and are readily available to those responsible for the resident's care and services.

RAA.4.1   Resident assessment findings are analyzed, integrated, and prioritized by the health professional responsible for the care and services provided.

Clinical Laboratory Services

RAA.5   Policies and procedures for ordering tests and collecting, identifying, handling, safely transporting, and disposing of specimens are followed.

RAA.5.1   Laboratory services are readily available through arrangements with outside sources to meet resident needs.

RAA.5.2   Laboratory services provided through arrangements with outside sources meet applicable local and national standards, laws, and regulations; and have a quality control program.

RAA.5.3   Policies and procedures guide the use of laboratory services provided through point-of-care testing.

Diagnostic Imaging Services

RAA.6   The long term care organization provides access to diagnostic imaging services within a time frame to meet residents' needs.

RAA.6.1   Diagnostic imaging services meet applicable local and national standards, laws, and regulations; meet quality expectations and professional standards; and are managed by an individual qualified through training and experience.

RAA.6.2   Diagnostic imaging services are available within a time frame to meet the resident's needs as defined by the long term care organization.

RAA.7   The long term care organization has access to experts in specialized diagnostic areas based on residents' needs.

Resident Rights and Responsibilities (RRR)

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please *see* the next section in this chapter, Standards, Intents, and Measurable Elements.

RRR.1   The long term care organization is responsible for providing processes that support the residents' and families' rights and responsibilities during care and services.

> **RRR.1.1**   Care and services are considerate and respectful of the resident's personal values and beliefs and support the resident's personal freedom, dignity, independent expression, and choices.

> > **RRR.1.1.1**   Care and services support residents' abilities to reach their highest practical, social, physical, and functional level within the long term care organization's mission and services.

RRR.2   Care and services are respectful of residents' need for privacy.

RRR.3   The resident has the right to keep and use personal clothing and possessions and to have those possessions protected from theft, damage, or loss when living in the long term care setting.

> **RRR.3.1**   The long term care organization provides an environment that contributes to the resident's well-being and dignity.

> **RRR.3.2**   The long term care organization supports resident contact with family, visitors, and others.

> **RRR.3.3**   The long term care organization supports resident communication outside the organization.

> **RRR.3.4**   The resident's decisions to participate or not to participate in spiritual, social, or other activities or groups are supported.

RRR.4   The resident has the right to receive protection from neglect, exploitation, and abuse.

RRR.5   Resident information is confidential and protected from loss or misuse.

RRR.6 The long term care organization supports the residents' and families' rights to participate in the care and services process.

> **RRR.6.1** The long term care organization informs residents and families, in a method and language they can understand, about how they will be told of medical conditions and treatments and how they can participate in care and services decisions, to the extent they wish to participate.

> **RRR.6.2** The long term care organization informs residents and families about their rights and responsibilities related to refusing or discontinuing treatment.

> **RRR.6.3** The long term care organization respects resident wishes and preference about resuscitative services and forgoing or withdrawing life-sustaining treatments.

RRR.7 The long term care organization informs residents and families about its process to receive and act on complaints, conflicts, and differences of opinion about resident care and services and about the resident's right to participate in these processes.

> **RRR.7.1** The long term care organization allows residents and/or families to meet as an organized group to discuss issues of importance related to resident care and services provided by the organization.

RRR.8 All residents are informed about their rights and responsibilities in a manner and language they can understand.

Informed Consent

RRR.9 Resident informed consent is obtained through a process defined by the long term care organization and is carried out by trained staff.

> **RRR.9.1** Residents and families receive adequate information about the illness, proposed treatment, and health professionals so that they can make care and services decisions.

> **RRR.9.2** The long term care organization establishes a process, within the context of existing law and culture, for when others can grant consent.

Research

RRR.10 The long term care organization informs residents and families about how to gain access to clinical research, investigation, or clinical trials involving human subjects.

> **RRR.10.1** The long term care organization informs residents and families about how residents who choose to participate in clinical research, investigations, or clinical trials are protected.

> **RRR.10.2** Informed consent is obtained before a resident participates in clinical research, investigations, and trials.

RRR.11 The long term care organization has a committee or another way to oversee all research involving human subjects.

Organ Donation

RRR.12 The long term care organization informs residents and families about how to choose to donate organs and other tissues.

Resident Care and Continuity of Care (RCC)

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please *see* the next section in this chapter, Standards, Intents, and Measurable Elements.

Care Delivery

RCC.1   Policies, procedures, and applicable laws and regulations guide the uniform care and services of all residents.

RCC.2   The care and services planned for each resident are evidence based, individualized, and written in the clinical record.

> **RCC.2.1**   Care and services provided to the resident maintain the resident's daily routine when possible and meet the resident's identified needs.

> **RCC.2.2**   The resident's plan of care and services are revised when indicated by a change in the resident's condition.

RCC.3   The long term care organization identifies those permitted to write orders and the uniform location in which those orders are to be written in the clinical record.

RCC.4   Policies and procedures guide the care of high-risk residents, including when the care or services pose a high risk.

Food and Nutrition Therapy

RCC.5   A variety of nutritional food choices, consistent with the resident's physical condition and clinical care and services, is regularly available.

> **RCC.5.1**   All residents are hydrated according to their fluid tolerance.

> **RCC.5.2**   Policies and procedures govern the preparation, handling, storage, and distribution of parenteral and enteral tube nutrition therapy.

RCC.6   A nutritional plan is developed and implemented for residents assessed to be at nutritional risk, and the response to the plan is monitored and recorded.

Pain Management

RCC.7 Pain assessment and management are designed to meet the resident's needs and support the care and services provided.

> **RCC.7.1** Pain management for residents, when provided within the long term care organization, is included in the resident's plan for care and services.

End-of-Life Care

RCC.8 The long term care organization addresses end-of-life care.

> **RCC.8.1** Care of the dying resident optimizes his or her comfort and dignity.

Transfer of Residents

RCC.9 There is a process to transfer residents to other health care organizations or health professional to meet their continuing care and services needs.

> **RCC.9.1** The transferring organization determines that the receiving organization can meet the resident's continuing care and services needs.

> **RCC.9.2** The receiving organization is given a written summary of the resident's clinical and nonclinical condition and the care provided.

> **RCC.9.3** During direct transfer, a qualified staff member monitors the resident's condition

> **RCC.9.4** The transfer process is documented in the resident's record.

RCC.10 The process for referring, transferring, or arranging needed services considers transportation needs.

Standards, Intents, and Measurable Elements

Care Delivery

Standard RCC.1

Policies, procedures, and applicable laws and regulations guide the uniform care and services of all residents.

Intent of RCC.1

Residents with the same health problems and care and services needs have a right to receive the same quality of care and services throughout the long term care organization. Carrying out the principle of "one level of quality of care and services" requires that the clinical and managerial leaders plan and coordinate the care and services provided to residents. In particular, services provided to similar resident populations in multiple settings are guided by policies and procedures that result in their uniform delivery. Those policies and procedures respect applicable laws and regulations that shape the care and services process and are best developed collaboratively.

Uniform resident care and services are reflected in the following:
- Access to and suitability of care and services do not depend on the resident's ability to pay or the source of payment.

Resident Medication Management (RMM)

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please *see* the next section in this chapter, Standards, Intents, and Measurable Elements.

Management and Use

RMM.1 Medication use in the long term care organization is efficiently organized and compliant with applicable laws and regulations.

> **RMM.1.1** Policies and procedures govern a resident's use of medications in the home setting and the control of medication samples.

> **RMM.1.2** A selection of medications, for prescribing or ordering, based on the organization's mission, resident needs, and types of services provided, is stocked or readily available.

Preparation, Dispensing, and Storage

RMM.2 Policies and procedures govern the safe preparation, dispensing, and storage of medications.

> **RMM.2.1** A system is used to dispense medications in the right dose to the right resident at the right time.

>> **RMM.2.1.1** Policies and procedures govern the storage, distribution, handling, and dispensing of chemotherapeutic, investigational, radioactive, or other hazardous medications.

> **RMM.2.2** Emergency medications are available, monitored, and safe when stored out of the pharmacy.

> **RMM.2.3** The long term care organization has a medication recall system.

Ordering and Transcribing

RMM.3 Prescribing, ordering, and transcribing are guided by policies and procedures.

> **RMM.3.1** The organization defines the elements of a complete order or prescription and the types of orders that are acceptable for use.

RMM.3.2 The organization identifies those qualified individuals permitted to prescribe or to order medications.

RMM.3.3 Medications prescribed and administered are written in the resident's record.

Administration

RMM.4 The long term care organization identifies those qualified individuals permitted to administer medications.

RMM.4.1 Medication administration performed by the long term care organization's staff includes a process to verify the medication is correct based on the medication order and verify the correct resident before administering the medication.

RMM.4.2 Medications prescribed and administered by long term care staff are documented.

Monitoring

RMM.5 Medication effects on residents are monitored, including adverse effects.

RMM.5.1 Medication errors, including near misses, are reported through a process and time frame defined by the long term care organization.

Standards, Intents, and Measurable Elements

Management and Use

Standard RMM.1

Medication use in the long term care organization is efficiently organized and compliant with applicable laws and regulations.

Intent of RMM.1

Medications are frequently used for treating illness and moderating symptoms. As an important resource, medication use must be organized effectively and efficiently within the long term care setting. Medication management is the responsibility of those providing pharmaceutical services as well as clinical care and service providers. How this responsibility is shared depends on the long term care organization's scope of service and staffing. Residents may receive their medications from a variety of sources. In some cases, the long term care organization providing services may have pharmacy services available, and in other cases, the pharmacy may be a part of the community setting. Applicable laws and regulations are incorporated into the operations of the long term care organization and the medication management system used in the long term care organization.

Measurable Elements of RMM.1

❏ 1. There is a plan or policy or other written document in place that identifies how medication use is organized and managed throughout the long term care organization.

❏ 2. All settings, services, and individuals who manage medication processes are included in the long term care organization medication management process.

Resident and Family Education (RFE)

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please *see* the next section in this chapter, Standards, Intents, and Measurable Elements.

RFE.1   The long term care organization provides education that supports resident and family participation in care decisions and care processes.

RFE.2   Each resident's educational needs are assessed and recorded in his or her record.

  RFE.2.1   The resident's and family's ability to learn and willingness to learn are assessed.

RFE.3   Education and training help meet residents' ongoing health needs.

RFE.4   Resident and family education includes the following topics related to the resident's care: the safe use of medications, the safe use of medical equipment, potential interactions between medications and food, nutritional guidance, pain management, and rehabilitation techniques.

  RFE.4.1   Resident and family education includes basic safety and emergency planning.

RFE.5   Education methods include the resident's and family's values and preferences and allow sufficient interaction among the resident, family, and staff for learning to occur.

  RFE.5.1   The resident and family are taught in a format and language that they understand.

RFE.6   Health professionals caring for the resident collaborate to provide education.

Section II:
Health Care Organization Management Standards
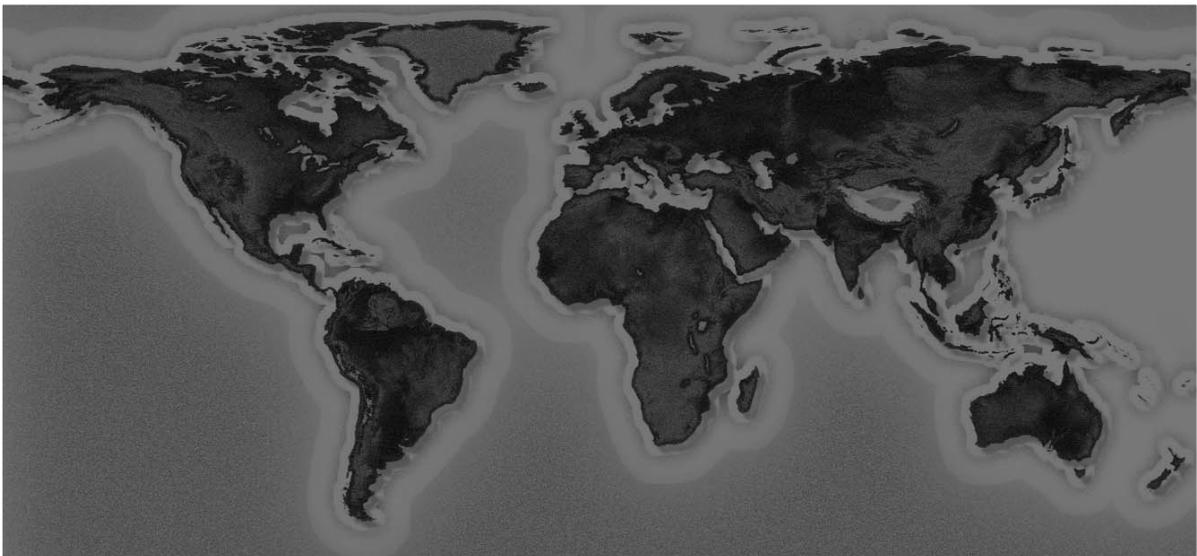
Improvement in Quality and Resident Safety (IQS)

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please *see* the next section in this chapter, Standards, Intents, and Measurable Elements.

Leadership and Planning

IQS.1 Those responsible for governing and managing the long term care organization participate in planning and measuring a quality improvement and resident safety program.

> **IQS.1.1** The organization's leaders collaborate to carry out the quality improvement and resident safety program.
>
> **IQS.1.2** The leaders prioritize which processes should be measured and which improvement and resident safety activities should be carried out.
>
> **IQS.1.3** The leaders provide technological and other support to the quality improvement and resident safety program.
>
> **IQS.1.4** Quality improvement and resident safety information are communicated to staff.
>
> **IQS.1.5** Staff are trained to participate in the program.

Design of Clinical and Managerial Processes

IQS.2 The organization designs new and modified systems and processes according to quality improvement principles.

> **IQS.2.1** Clinical practice guidelines, clinical pathways, and/or clinical protocols are used to guide clinical care.

Measure Selection and Data Collection

IQS.3 The organization's leaders identify key measures in the organization's structures, processes, and outcomes to be used in the organizationwide quality improvement and resident safety plan.

> **IQS.3.1** The organization's leaders identify key measures for each of the organization's clinical structures, processes, and outcomes.

IQS.3.2 The organization's leaders identify key measures for each of the organization's managerial structures, processes, and outcomes.

IQS.3.3 The organization's leaders identify key measures for each of the International Patient Safety Goals that are applicable to the long term care surveys provided.

Validation and Analysis of Measurement Data

IQS.4 Individuals with experience, knowledge, and skills systematically aggregate and analyze data in the organization.

IQS.4.1 The frequency of data analysis is consistent with the process being studied and meets organization requirements.

IQS.4.2 The analysis process includes comparisons internally, with other organizations when available, and with scientific standards and desirable practices.

IQS.5 The organization uses an internal process to validate data.

IQS.5.1 When the organization publishes data or posts data on a public website, the leaders of the organization ensure the reliability of the data.

IQS.6 The organization uses a defined process for identifying and managing sentinel events.

IQS.7 Data are analyzed when undesirable trends and variation are evident from the data.

IQS.8 The organization uses a defined process for the identification and analysis of near-miss events.

Gaining and Sustaining Improvement

IQS.9 Improvement in quality and safety is achieved and sustained.

IQS.10 Improvement and safety activities are undertaken for the priority areas identified by the organization's leaders.

IQS.11 An ongoing program of risk management is used to identify and to reduce unanticipated adverse events and other safety risks to residents and staff.

Infection Prevention and Control (IPC)

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please *see* the next section in this chapter, Standards, Intents, and Measurable Elements.

Leadership and Planning

IPC.1 One or more individuals, qualified in infection control practices through education, training, experience, or certification, oversee all infection prevention and control activities.

IPC.2 The long term care organization designs, implements, and designates a coordination mechanism for a comprehensive program to reduce the risks of organization-acquired infections in residents and staff.

IPC.3 The infection prevention and control program is based on current scientific knowledge, accepted practice guidelines, and applicable law and regulation.

Focus of the Program

IPC.4 The long term care organization uses a risk-based approach in establishing the focus of the health care–associated infection prevention and reduction program.

   IPC.4.1 The long term care organization implements and supports an evidence-based immunization program.

IPC.5 The long term care organization identifies the procedures and processes associated with the risk of infection and implements strategies to reduce infection risk.

   IPC.5.1 The organization reduces the risk of infections by ensuring adequate equipment cleaning and sterilization and the proper management of laundry and linen.

      IPC.5.1.1 There is a policy and procedure in place that identifies the process for managing expired supplies and defines the conditions for reuse of single-use devices when laws and regulations permit.

   IPC.5.2 Food preparation, handling, storage, and distribution are safe and comply with laws, regulations, and current acceptable practice.

IPC.5.3   The organization reduces the risk of infections through proper disposal of waste and the disposal of sharps and needles.

IPC.5.4   The organization reduces the risk of infection in the facility during demolition, construction, and renovation.

Isolation Procedures
IPC.6   The organization provides barrier precautions and isolation procedures that protect residents, visitors, and staff from communicable diseases and protects immunosuppressed residents from acquiring infections to which they are uniquely prone.

Barrier Techniques and Hand Hygiene
IPC.7   Gloves, masks, eye protection, other protective equipment, soap, and disinfectants are available and used correctly when required.

Education About the Program
IPC.8   The long term care organization provides education on infection control practices to family, residents, and all care providers.

Management and Safety of the Environment (MSE)

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please *see* the next section in this chapter, Standards, Intents, and Measurable Elements.

Planning and Direction

MSE.1 One or more qualified professionals oversee the planning and implementation of a program to ensure a safe and effective long term care environment.

> **MSE.1.1** The long term care organization complies with relevant laws, regulations, and inspection requirements.
>
> **MSE.1.2** The long term care organization plans and budgets for upgrading or replacing key systems, buildings, and components in the long term care environment.

MSE.2 The long term care organization plans and implements a program to identify and manage risks to the physical environment.

> **MSE.2.1** The long term care organization inspects inpatient buildings, warehouses, delivery vehicles, and equipment for safety and has a plan to reduce evident risks and provide a safe environment for residents, families, staff, and visitors.

Fire Prevention and Safety

MSE.3 The long term care organization plans and implements a program to ensure that all residents, staff, families, and visitors are safe from fire, smoke, other potential fire hazards, or other emergencies.

> **MSE.3.1** The fire safety plan includes prevention, early detection, suppression, abatement, and safe exit from the environment in response to fires and nonfire emergencies.
>
> **MSE.3.2** The long term care organization regularly tests its fire and smoke safety plan, including any devices related to early detection and suppression, and documents the results.
>
> **MSE.3.3** The long term care organization develops and implements a plan to limit smoking by staff and residents served to designated areas not used to provide care and services.

Emergency Preparedness

MSE.4 The long term care organization develops and maintains an emergency management plan and program to respond to likely community emergencies, epidemics, and natural or other disasters.

> **MSE.4.1** The long term care organization tests its response to emergencies, epidemics, and disasters.

Utility Systems

MSE.5 Potable water and electrical power are available 24 hours a day, seven days a week, through regular or alternate sources to meet essential resident care needs.

> **MSE.5.1** The organization has emergency processes to protect facility occupants in the event of water or electrical system disruption, contamination, or failure.

> **MSE.5.2** The organization tests its emergency water and electrical systems on a regular basis according to the system and documents the results.

MSE.6 Electrical, water, waste, ventilation, medical gas, and other key systems are regularly inspected, maintained, and, when indicated, improved.

> **MSE.6.1** Designated individuals or authorities monitor water quality regularly.

> **MSE.6.2** The organization collects monitoring data for the utility system management program. These data are used to plan the organization's long-term needs for upgrading or replacing the utility system.

Hazardous Materials

MSE.7 The long term care organization has a plan for the inventory, handling, storage, and use of hazardous materials and the control and disposal of hazardous materials and waste.

Medical Equipment

MSE.8 The organization plans and implements a program for inspecting, testing, and maintaining medical equipment and documenting the results.

> **MSE.8.1** The organization collects monitoring data for the medical equipment management program. These data are used to plan the organization's long-term needs for upgrading or replacing equipment.

> **MSE.8.2** The organization has a product/equipment recall system.

Staff Education

MSE.9 The long term care organization educates and trains all staff members about their roles in providing a safe and effective resident care environment.

> **MSE.9.1** Staff members are trained and knowledgeable about their roles in the long term care organization's plans for fire safety, security, hazardous materials, and emergencies.

> **MSE.9.2** Staff are trained to operate and maintain medical equipment and assess utility systems.

> **MSE.9.3** The long term care organization periodically tests and documents staff knowledge through demonstrations, written tests, and other suitable methods.

Management and Safety of the Environment (MSE)

Staff Qualifications and Education (SQE)

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please *see* the next section in this chapter, Standards, Intents, and Measurable Elements.

Planning

SQE.1 Long term care organization leaders define the desired education, skills, knowledge, and other requirements of all staff members.

> **SQE.1.1** Each staff member's responsibilities are defined in a current job description.

SQE.2 Long term care organization leaders develop and implement processes for recruiting, evaluating, and appointing staff as well as other related procedures identified by the long term care organization.

SQE.3 The long term care organization uses a defined process to ensure that clinical staff knowledge and skills are consistent with resident needs.

SQE.4 The long term care organization uses a defined process to ensure that nonclinical staff knowledge and skills are consistent with organization needs and the requirements of the position.

SQE.5 There is documented personnel information for each staff member.

SQE.6 A staffing plan for the organization identifies the number, types, and desired qualifications of staff and includes an adequate number of supervisors available during all hours care and services are provided.

> **SQE.6.1** The staffing plan is reviewed on an ongoing basis and updated as necessary.

Orientation and Education

SQE.7 Upon appointment to the staff, all clinical and nonclinical staff members are oriented to the long term care organization and the service to which they are assigned and to their specific job responsibilities.

SQE.8 Each staff member receives ongoing in-service and other education and training to maintain or to advance his or her skills and knowledge.

SQE.8.1 Staff members who provide resident care and other staff identified by the long term care organization are trained and can demonstrate competence in resuscitative techniques.

SQE.8.2 The long term care organization provides facilities and time for staff education and training.

SQE.8.3 Staff are given the opportunity to participate in other educational experiences to acquire new skills and knowledge and to support job advancement.

SQE.8.4 The long term care organization provides a staff health and safety program.

Medical Staff

Determining Medical Staff Membership

SQE.9 The long term care organization has an effective process for gathering, verifying, and evaluating the credentials (license, education, training, competence, and experience) of the long term care organization's medical staff permitted to provide resident care without supervision.

SQE.9.1 Leadership makes an informed decision about renewing permission for each medical staff member to continue providing resident care services at least every three years.

The Assignment of Clinical Privileges

SQE.10 The long term care organization has a standardized, objective, evidence-based procedure to authorize all of its own medical staff members to admit and to treat residents and to provide other clinical services consistent with their qualifications.

Ongoing Monitoring and Evaluation of Medical Staff Members

SQE.11 The long term care organization uses an ongoing standardized process to evaluate the quality and safety of the resident services provided by each medical staff member.

Nursing Staff

SQE.12 The long term care organization has an effective process to gather, to verify, and to evaluate the nursing staff's credentials (license, education, training, and experience).

SQE.13 The long term care organization has a standardized procedure to identify job responsibilities and to make clinical work assignments based on the nursing staff member's credentials and any regulatory requirements.

SQE.14 The long term care organization has a standardized procedure for nursing staff participation in the organization's quality improvement activities, including evaluating individual performance when indicated.

Other Health Care Practitioners

SQE.15 The long term care organization has a standardized procedure to gather, to verify, and to evaluate other health professional staff members' credentials (license, education, training, and experience).

SQE.16 The long term care organization has a standardized procedure to identify job responsibilities and to make clinical work assignments based on other health professional staff members' credentials and any regulatory requirements.

SQE.17 The long term care organization has an effective process for other health professional staff members' participation in the long term care organization's quality improvement activities

Governance and Leadership (GAL)

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please *see* the next section in this chapter, Standards, Intents, and Measurable Elements.

Governance of the Long Term Care Organization

GAL.1 Governance responsibilities and accountabilities are described in bylaws, policies and procedures, or similar documents that guide how they are to be carried out.

> **GAL.1.1** Those responsible for governance approve and make public the long term care organization's mission statement and values.
>
> **GAL.1.2** Those responsible for governance approve the policies and plans to operate the long term care organization.
>
> **GAL.1.3** Those responsible for governance approve the budget and allocate the resources required to meet the long term care organization's mission.
>
> **GAL.1.4** Those responsible for governance appoint the long term care organization's senior manager(s) or director(s).
>
> **GAL.1.5** Those responsible for governance approve the long term care organization's plan for quality and resident safety and regularly receive and act on reports of the quality and resident safety program.

Leadership of the Organization

GAL.2 A senior manager or director is responsible for operating the long term care organization and complying with applicable laws and regulations.

GAL.3 The long term care organization's leaders are identified and are collectively responsible for defining the long term care organization's mission and values and creating the plans and policies needed to fulfill the mission.

> **GAL.3.1** Organization leaders plan with community leaders and leaders of other organizations to meet the community's health care needs.

GAL.3.2 The leaders identify and plan for the type of clinical services required to meet the needs of the residents served by the long term care organization.

> **GAL.3.2.1** Equipment, supplies, and medications recommended by professional organizations or by alternative authoritative sources are used.

GAL.3.3 The leaders are accountable for contracts for clinical or management services.

> **GAL.3.3.1** Contracts and other arrangements are included as part of the long term care organization's quality improvement and resident safety program.

> **GAL.3.3.2** Independent practitioners not employed by the long term care organization have the right credentials for the services provided to the long term care organization's residents.

GAL.3.4 The leaders are educated in the concepts of quality improvement.

GAL.3.5 Organization leaders ensure that there are uniform programs for the recruitment, retention, development, and continuing education of all staff.

GAL.4 Medical, nursing, and other leaders of clinical services plan and implement an effective organizational structure to support their responsibilities and authority.

Direction of Services

GAL.5 One or more qualified individuals provide direction for each service provided by the long term care organization.

> **GAL.5.1** The directors of each clinical service area identify, in writing, the services to be provided.

> > **GAL.5.1.1** Services are coordinated and integrated with other services.

> **GAL.5.2** Directors recommend equipment, staffing, and other resources needed by the service.

> **GAL.5.3** Directors recommend criteria for selecting the service's professional staff and choose or recommend individuals who meet those criteria.

> **GAL.5.4** The long term care organization's leaders provide orientation and training for all staff of the duties and responsibilities for the service to which they are assigned.

> **GAL.5.5** The long term care organization's leaders evaluate the service's performance as well as staff performance.

Organizational Ethics

GAL.6 The long term care organization establishes a framework for ethical management that ensures that resident care is provided within business, financial, ethical, and legal norms and that protects residents and their rights.

> **GAL.6.1** The long term care organization's framework for ethical management includes marketing, admissions, transfer, discharge, and disclosure of ownership and any business and professional conflicts that may not be in residents' best interests.

GAL.6.2 The long term care organization's framework for ethical management supports ethical decision making in clinical care and nonclinical services.

Culture of Safety

GAL.7 Leaders create and support a culture of safety throughout the organization.

GAL.7.1 Leaders implement, monitor, and take action to improve the program for a culture of safety throughout the organization.

Communication and Information Management (CIM)

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please *see* the next section in this chapter, Standards, Intents, and Measurable Elements.

Communication with the Community

CIM.1   The long term care organization communicates with its community to facilitate access to care and access to information about its resident care services.

Communication with Residents and Families

CIM.2   The long term care organization informs residents and families about its care and services and how to obtain those services.

CIM.3   Resident and family communication and education are provided in an understandable format and language.

Communication Between Professionals Within and Outside the Organization

CIM.4   Communication is effective throughout the long term care organization.

CIM.5   The leaders ensure that there is effective communication and coordination among those responsible for providing clinical services.

CIM.6   Information about the resident's care and services and response to care and services is communicated between all health care practitioners involved with the resident's care and services.

CIM.7   The resident's record(s) is available to the health care practitioners to facilitate the communication of essential information.

Leadership and Planning

CIM.8   The long term care organization plans and designs information management processes to meet internal and external information needs.

CIM.9   Information privacy and confidentiality are maintained.

CIM.10 Information security, including data integrity, is maintained.

CIM.11 The long term care organization has a policy on the retention time of records, data, and information.

CIM.12 The long term care organization uses standardized diagnosis codes, procedure codes, symbols, abbreviations, and definitions.

CIM.13 The data and information needs of those in and outside the long term care organization are met on a timely basis in a format that meets user expectations and with the desired frequency.

CIM.14 Clinical and managerial staff participate in selecting, integrating, and using information management technology.

CIM.15 Records and information are protected from loss, destruction, tampering, and unauthorized access or use.

CIM.16 Decision makers and other staff members are educated and trained in the principles of information management.

CIM.17 A written policy or protocol defines the requirements for development and maintenance of internal policies and procedures and a process for managing external policies and procedures.

Resident Record

CIM.18 The long term care organization initiates and maintains a record for every resident assessed or treated.

> **CIM.18.1** The resident record contains sufficient information to identify the resident, to support the diagnosis, to justify the treatment, to document the course and results of treatment, and to promote continuity of care among health care professionals.

> **CIM.18.2** Organization policy identifies those authorized to make entries in the resident record and determines the record's content and format.

> **CIM.18.3** Every resident record entry identifies its author and when the entry was made in the record.

> **CIM.18.4** As part of its performance improvement activities, the long term care organization regularly assesses resident record content and the completeness of resident records.

Aggregate Data and Information

CIM.19 Aggregate data and information support resident care, organization management, and the quality management program.

> **CIM.19.1** The long term care organization has a process to aggregate data and has determined which data and information are to be regularly aggregated to meet the needs of clinical and managerial staff in the long term care organization and agencies outside the organization.

> **CIM.19.2** The long term care organization has a process for using or participating in external databases.

CIM.20 The long term care organization supports resident care, education, research, and management with timely information from current sources.