

Effective 1 July 2015

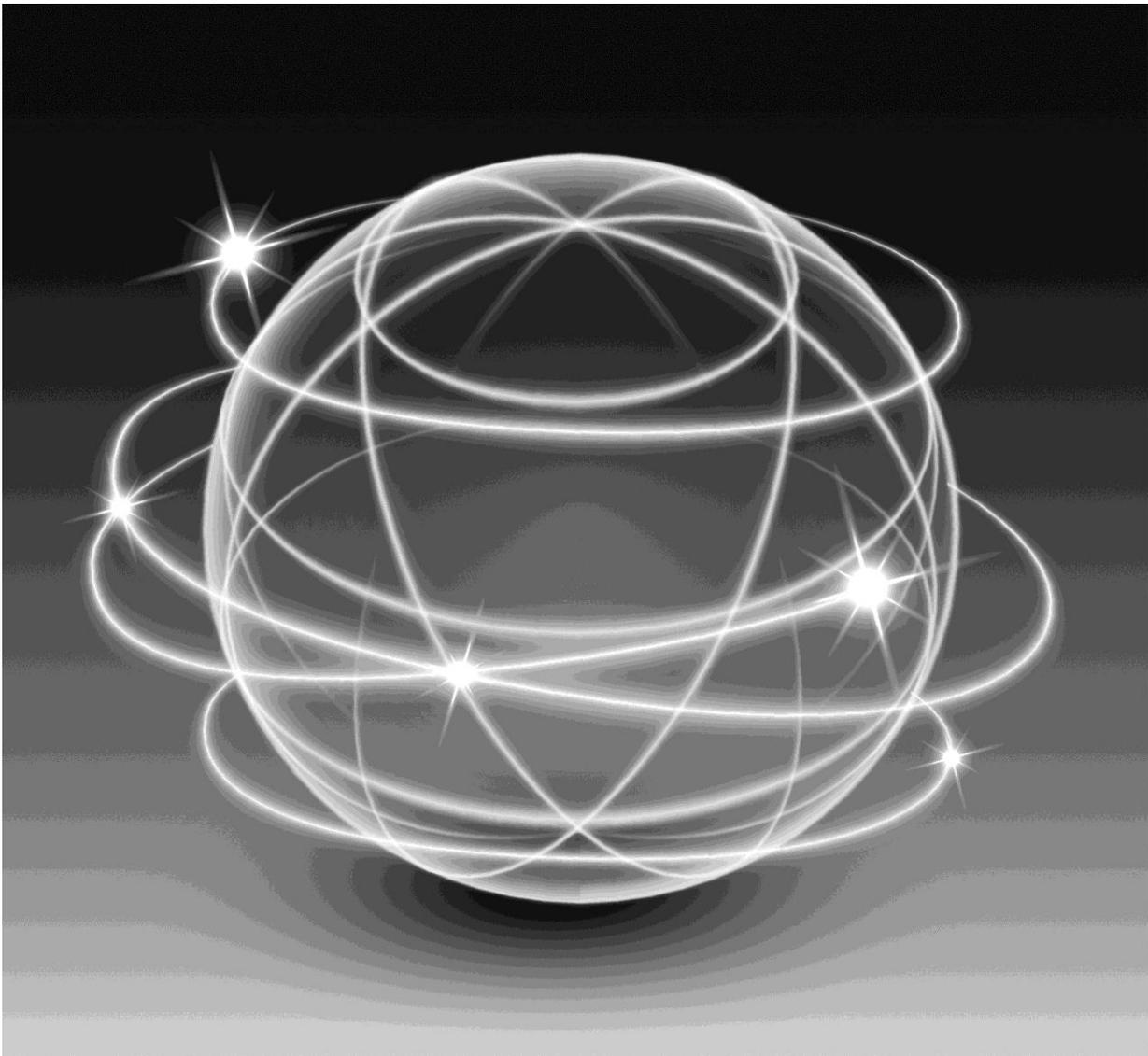
A large, glowing purple globe with several white orbital lines and starburst effects, serving as a background for the title text.

**Joint
Commission
International
Accreditation
Standards for
Medical
Transport
Organizations**

English

2nd Edition

Section I: Accreditation Participation Requirements





Accreditation Participation Requirements (APR)

Requirement: APR.1

The transport organization meets all requirements for timely submissions of data and information to Joint Commission International (JCI).

Requirement: APR.2

The transport organization provides JCI with accurate and complete information through all phases of the accreditation process.

Requirement: APR.3

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

Requirement: APR.4

The transport organization 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

The transport organization allows JCI to request (from the transport organization or outside agency) and review an original or authenticated copy of the results and reports of external evaluations from publicly recognized bodies.

Requirement: APR.6

The transport organization allows JCI Accreditation Program staff and members of JCI's Board of Directors to observe the on-site survey.

Requirement: APR.7

Not applicable to transport organization accreditation

Requirement: APR.8

The transport organization accurately represents its accreditation status and the programs and services to which JCI accreditation applies.

Requirement: APR.9

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

To support this culture of safety, the transport organization must communicate to staff that such reporting is permitted. In addition, the transport organization 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 transport organization for an accreditation survey and any related activities are provided by licensed and/or qualified translation and interpretation professionals who have no relationship to the transport organization.

Requirement: APR.11

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

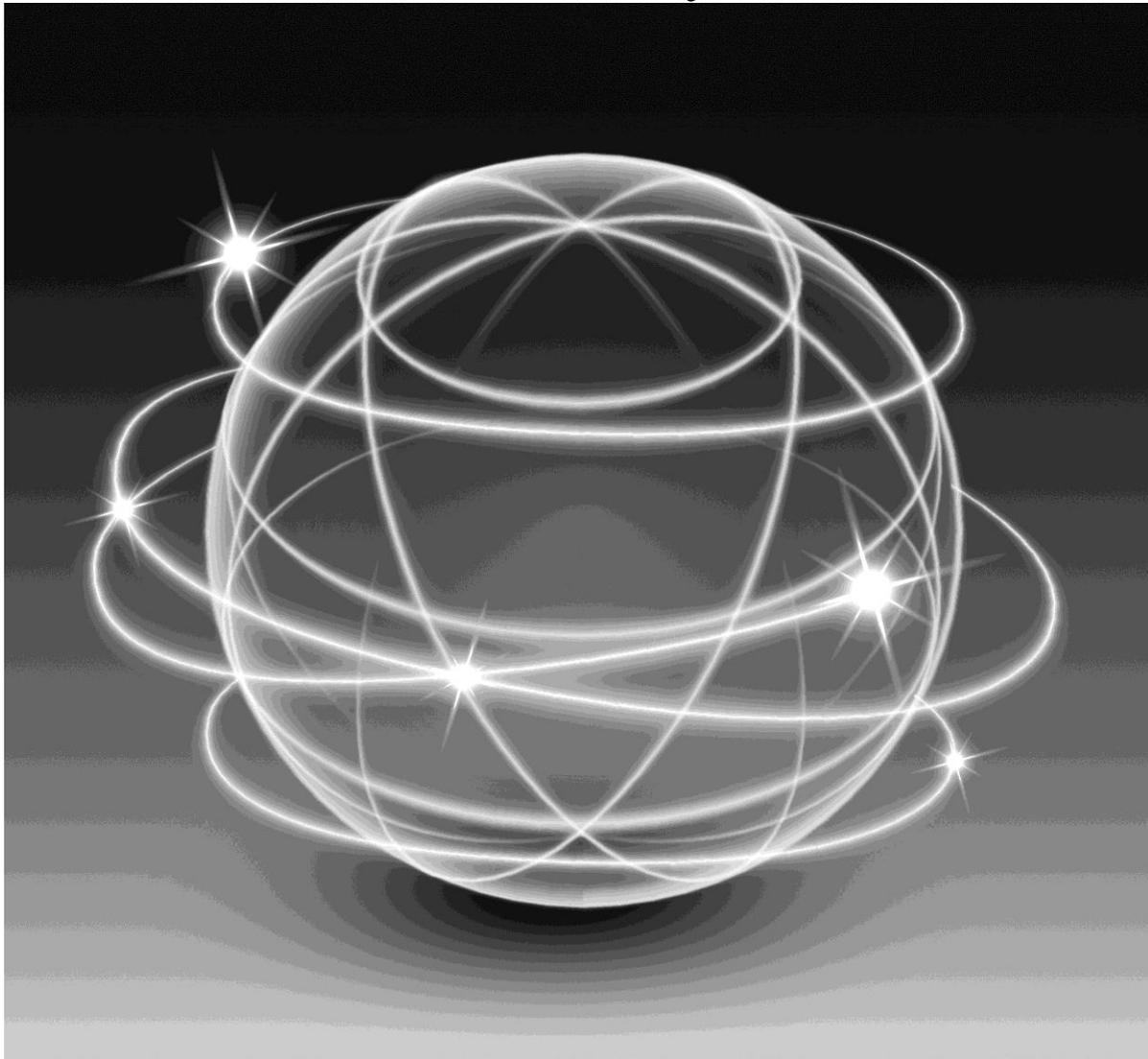
Methods of notice may include, but are not limited to, distribution of information about JCI, including contact information in published materials such as brochures and/or posting this information on the transport organization's website.

Rationale for APR.11

Requirement: APR.12

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

Section II: International Patient Safety Goals





International Patient Safety Goals (IPSG)

Goals, Standards, Intents, and Measurable Elements

Goal 1: Identify Patients Correctly

Standard IPSG.1

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

Goal 2: Improve Effective Communication

Standard IPSG.2

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

Standard IPSG.2.1

The transport organization develops and implements a process for handover communication.

Goal 3: Improve the Safety of High-Alert Medications

Standard IPSG.3

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

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

Standard IPSG.4

Not applicable to transport organizations. *See* COP.3 and COP.6 for requirements related to invasive procedures performed during medical transport.

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

Standard IPSG.5

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

***Goal 7: Reduce the Risk of Vehicle-Related
Accidents and Injuries***

Standard IPSG.7

The transport organization develops and implements a process to reduce the risks of vehicle accidents and risks related to vehicle operation that can result in injuries.

Section III: Health Care Organization Management Standards





Quality Improvement and Patient Safety (QPS)

Quality Program Organization

Standard QPS.1

A qualified individual implements the transport organization's program for continuous improvement in quality and patient safety and manages the activities needed to carry out an effective program within the transport organization.

Data Collection for Quality Monitoring

Standard QPS.2

The transport organization's leaders identify key measures (indicators) to monitor the transport organization's clinical and managerial processes, procedures, and outcomes.

Aggregation and Analysis of Monitoring Data

Standard QPS.3

Aggregate data and information support patient transport processes, management of the transport organization, the information needs of outside agencies, and the quality and patient safety program.

Standard QPS.3.1

Individuals with appropriate experience, knowledge, and skills systematically aggregate and analyze data in the transport organization.

Standard QPS.3.2

Data are intensively assessed when significant unexpected events and undesirable trends and variation occur.

Standard QPS.3.3

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

Standard QPS.3.4

The transport organization uses an internal process to validate data.

Quality Improvement

Standard QPS.4

Improvement in quality and safety is achieved and sustained.

Standard QPS.5

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



Prevention and Control of Infections (PCI)

Direction, Coordination, and Focus of the Program

Standard PCI.1

One or more qualified individuals provide leadership and direction for all infection prevention and control activities.

Standard PCI.2

There is a designated coordination mechanism for all infection prevention and control activities that involves physicians, nurses, paramedics, emergency medical technicians, and others as appropriate to the services provided by the transport organization.

Standard PCI.3

The transport organization describes in a plan, policy, or procedure the focus of the infection prevention and control program.

Standard PCI.3.1

The infection prevention and control program is based on current scientific knowledge, accepted practice guidelines, applicable laws and regulations, and standards for sanitation and cleanliness.

Standard PCI.3.2

The transport organization identifies the policies and processes associated with the risk of infection and implements strategies to reduce infection risk.

Standard PCI.4

Gloves, masks, protective clothing, soap, and disinfectants are available and used correctly when required.



Governance, Leadership, and Direction (GLD)

Mission of the Transport Organization

Standard GLD.1

The transport organization defines its mission and makes it known to the community it serves.

Governance/Ownership of the Transport Organization

Standard GLD.2

Governance/ownership structure is described in written documents, such as bylaws, policies and procedures, or articles of incorporation.

Standard GLD.2.1

Governance/ownership responsibilities and accountabilities are described in written documents.

Standard GLD.2.2

Governance/ownership supports and promotes quality management and improvement efforts.

Standard GLD.2.3

The transport organization provides all services within business, financial, ethical, and legal norms that protect patients and their rights.

Standard GLD.2.4

There is full disclosure of the ownership of the transport organization.

Organization Leadership

Standard GLD.3

A senior manager or director is responsible for operating the transport organization and for complying with applicable laws and regulations.

Standard GLD.4

Clinical leadership and/or supervision is consistent with the clinical needs of patients and the services provided by the transport organization.

Standard GLD.5

The transport organization's medical and managerial leaders are identified and are collectively responsible for defining the transport organization's mission and creating the plans and policies needed to fulfill the mission.

Standard GLD.5.1

Organization leaders plan with community leaders and the leaders of other organizations to meet the community's emergency and medical transport system needs.

Standard GLD.6

The transport organization's clinical and/or nonclinical leaders implement measures to monitor and improve the transport program.

Standard GLD.7

The transport organization's leaders provide management of contracts for services.

Standard GLD.8

Leaders create and support a culture of safety program throughout the transport organization.

Standard GLD.8.1

Leaders implement, monitor, and takes action to improve the program for a culture of safety throughout the transport organization.



Facility Management and Safety (FMS)

Planning and Direction

Standard FMS.1

The transport organization complies with relevant laws, regulations, and vehicle, equipment, and physical environment inspection requirements.

Standard FMS.2

One or more qualified individuals provide direction to the facility management program to reduce and control risks in the care environment.

Standard FMS.3

The transport organization plans and implements a program to manage its physical environment that includes inspection and risk reduction.

Standard FMS.4

The transport organization plans and implements an inspection and maintenance program to identify and reduce evident risks and provide safe transport vehicles.

Standard FMS.5

The transport organization plans, tests and implements a program to ensure that all occupants are safe from fire, smoke, or other emergencies in any physical environments owned or used by the transport organization.

Hazardous Materials

Standard FMS.6

The transport organization has a program for the inventory, handling, storage, and use of hazardous materials and control and disposal of hazardous materials and waste.

Standard FMS.7

The transport organization develops and implements a plan for response and mitigation of hazardous materials incidents.

Medical Equipment, Communication, and Utility Systems

Standard FMS.8

The transport organization plans, implements, and monitors a program for purchasing, inspecting, testing, and maintaining equipment.

Standard FMS.9

Electrical power is available 24 hours a day, 7 days a week, through regular or alternative sources, to meet essential communication, dispatch, and operational needs.

Staff Education

Standard FMS.10

The transport organization educates and trains all staff members about their roles in providing a safe working environment, including all physical environments, equipment, and transport vehicles.



Staff Qualifications and Education (SQE)

Planning

Standard SQE.1

Transport organization leaders define the desired education, skills, knowledge, and other requirements to plan the number of staff needed and develop a job description for each staff member.

Standard SQE.2

There is a current staffing plan for the transport organization that is developed by the appropriate clinical and managerial leaders and that identifies the number, types, and desired qualifications of staff.

Standard SQE.3

Transport organization leaders develop and implement processes for recruiting, evaluating, appointing, and terminating staff as well as other procedures identified by the transport organization.

Standard SQE.4

The transport organization uses a defined process to ensure that staff knowledge and skills are consistent with the transport organization's mission.

Standard SQE.4.1

There is documented personnel information for each staff member.

Orientation and Education

Standard SQE.5

All staff members are oriented to the transport organization, to their specific job responsibilities upon appointment to the staff, and to their role during medical transports.

Standard SQE.5.1

Organizations that provide training follow the educational parameters defined by the sponsoring academic program and guidelines developed by the transport organization.

Standard SQE.6

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

Standard SQE.6.1

Transport organization staff members who provide patient care, and other staff identified by the transport organization, are trained in basic or advanced cardiac, pediatric, and trauma life support, as appropriate for their job description, and can demonstrate competence in resuscitative techniques.

Standard SQE.7

The transport organization provides a staff health and safety program.

Staff Credentials

Standard SQE.8

The transport organization has an effective process to gather, verify, and evaluate the staff's credentials and maintain a current file on all staff members.

Standard SQE.8.1

The transport organization has an effective process to identify job responsibilities and make work assignments based on the staff member's credentials and any regulatory requirements.

Standard SQE.8.2

The transport organization has an effective process for staff participation in the transport organization's quality improvement activities, including evaluating individual performance when indicated.

Standard SQE.9

The transport organization has a process to ensure that staff /individuals who are neither employees nor contractors of the transport organization, but accompany a patient during a transfer, and provide services to



Management of Information (MOI)

Information Management

Standard MOI.1

The transport organization plans and implements processes to meet information needs.

Standard MOI.1.1

The information plan includes how the confidentiality, security, and integrity of data and information will be maintained.

Standard MOI.1.2

The transport organization has a policy on the retention time of records, data, and information.

Standard MOI.1.3

The transport organization uses standardized abbreviations, codes, symbols, and definitions.

Standard MOI.1.4

The data and information needs of those within and outside the transport organization are met.

Standard MOI.1.5

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

Management and Implementation of Documents

Standard MOI.2

Written documents, including policies, procedures, and programs, are managed in a consistent and uniform manner.

Standard MOI.2.1

The policies, procedures, plans, and other documents that guide consistent and uniform clinical and nonclinical processes and practices are fully implemented.

Dispatch Records

Standard MOI.3

The transport organization initiates and maintains dispatch records for each request for service.

Patient Records

Standard MOI.4

The transport organization initiates and maintains a standardized clinical record for every patient assessed or treated during emergency medical transport.

Standard MOI.4.1

Treat-and-release and nontreat, nontransport occurrences are documented.

Standard MOI.4.2

As part of its performance improvement activities, the transport organization regularly assesses patient clinical record content and the completeness of records.

External Reporting and Benchmarking

Standard MOI.5

The security and confidentiality of patient-specific data and information are maintained when contributing to or using information from external databases as required by laws and regulations or for comparative purposes.

Section IV: Patient-Centered Standards





Access to Care and Continuity of Care (ACC)

Access to Services

Standard ACC.1

Patients have access to transport services based on their identified needs and the transport service's mission, services, and resources.

Standard ACC.1.1

The transport organization seeks to reduce physical, language, cultural, and other barriers to access and delivery of services.

Response and Deployment Plan

Standard ACC.2

The transport organization has a comprehensive response and deployment plan consistent with its mission and resources.

Standard ACC.2.1

The plan includes a process for prioritizing requests for transport services.

Standard ACC.2.2

The plan includes standards for response times and the monitoring of actual response times.

Dispatch and Communication

Standard ACC.3

There is a process for obtaining and documenting transport service request information.

Standard ACC.3.1

There is direct communication capability between the caller and the dispatch system and the dispatch system and the transport/vehicle staff at all times.

Standard ACC.3.2

The dispatch system has a plan for continued operation and communication in the event of a service disruption.

Transitions of Care

Standard ACC.4

There is a process for the transfer of active patients between health care organizations and discharged patients to their home or place of discharge.

Standard ACC.4.1

Information related to the patient's care is transferred with the patient.

Standard ACC.4.2

The receiving organization, during interfacility transfer, is given a written summary of the patient's clinical condition and the interventions provided by the referring organization.

Standard ACC.4.3

During transfer, a qualified staff member monitors the patient's condition.

- 2. The qualifications of the staff member are appropriate for the patient's condition.
 - 3. The transport organization has clear guidelines for how to manage patients with unanticipated emergency or urgent needs during transport.
-

Standard ACC.4.4

The transfer process is documented in the patient's record.



Patient and Family Rights (PFR)

Transport Organization Support for Patient Rights

Standard PFR.1

The transport organization is responsible for providing processes that support patients' and families' rights during transport and care.

Standard PFR.1.1

Care is considerate and respectful of the patient's personal values and beliefs.

Standard PFR.1.2

The transport organization takes measures to protect patients from physical assault and their possessions from theft or loss.

Right to Participate in Care and Transport Decisions

Standard PFR.2

The transport organization supports patients' and families' rights to participate in decisions regarding their care and transport.

Standard PFR.2.1

The transport organization informs patients and families about their rights and responsibilities related to refusing or discontinuing treatment.

Standard PFR.2.2

The transport organization has a policy on initiating resuscitative services.

Standard PFR.2.3

Patients and families are informed about their right to donate organs and tissues.

Right to Comment or Complain

Standard PFR.3

The transport organization informs patients and families about its process to receive and act on complaints, conflicts, and differences of opinion about patient care, and the patient's right to participate in these processes.

Right to Give Consent

Standard PFR.4

Patient informed consent is obtained through a process defined by the transport organization and carried out by trained staff.

Standard PFR.4.1

Informed consent is obtained before the use of blood and blood products, and other high-risk treatments and procedures.



Assessment of Patients (AOP)

Standard AOP.1

All patients transported by the transport organization have their health care and transport needs identified through an established assessment and reassessment process.

Standard AOP.1.1

The transport organization has determined the scope and content of assessments and reassessments, and who is qualified to conduct the assessments based on applicable laws and regulations.

Standard AOP.1.2

Clinical practice guidelines, when available and adopted by the emergency medical transport organization, or other standards of practice or guidelines for nonemergency transport organizations, are used to guide patient assessment and reassessment and reduce unwanted variation.

Standard AOP.1.3

Assessment and reassessment findings are documented in the patient's record and are readily available to those responsible for the patient's subsequent or continuing care.

Standard AOP.2

Each patient's initial assessment includes an evaluation of physical, emotional, and mental status, through a physical examination and health history.

Standard AOP.3

All patients are reassessed at defined intervals based on their clinical condition and transport conditions.

Point-of-Care Testing

Standard AOP.4

The emergency medical transport organization identifies any point-of-care testing that will be conducted, and the extent to which such test results are used in patient care (definitive or used only as a screen).

Standard AOP.4.1

Staff performing tests have adequate, specific training and orientation to perform the tests and demonstrate satisfactory levels of competence.

Planning and Prioritizing Care Needs

Standard AOP.5

The transport organization has a process to review and integrate the assessment and reassessment information on patients to prioritize clinical care and transport services.

Standard AOP.6

The transport organization has processes to screen, assess, and manage pain.



Care of Patients (COP)

Care Delivery for All Patients

Standard COP.1

Policies and procedures and applicable laws and regulations guide the uniform care of all patients.

Standard COP.2

Transport organizations implement guidelines, pathways, protocols, and other tools to guide care and/or patient monitoring during transport.

The Transport of High-Risk Patients and Provision of High-Risk Services

Standard COP.3

Policies and procedures identify and guide the care and transport of high-risk patients and the provision of high-risk clinical and nonclinical services.

Sedation and Paralyzation

Standard COP.4

Procedural sedation is standardized and provided by qualified individuals.

Standard COP.5

Each patient's physiological status is monitored during and following administration of procedural sedation.

Invasive Procedures

Standard COP.6

Invasive procedures are based on the results of a patient's assessment.

Medication Use

Standard COP.7

Medication management and use in the transport organization meet patient needs and comply with laws and regulations and standards of practice.

Standard COP.7.1

There is a list of medications stored and available for use in the transport organization's base or transport vehicles, and the medications are protected from loss, theft, damage, or abuse.

Standard COP.7.2

The transport organization, through its clinical leaders, identifies those qualified individuals permitted to authorize medications and those permitted to administer medications.

Standard COP.7.3

Medications are labeled and stored in a safe and clean environment.

Standard COP.7.3.1

The transport organization has a medication recall system.

Standard COP.7.4

Medication effects on patients are monitored and adverse effects recorded.

Standard COP.7.5

Medication errors and near misses are reported through a process and time frame defined by the transport organization.

Nontreatment and Nontransport

Standard COP.8

There is a process to treat-and-release patients.

Standard COP.8.1

Criteria are used to determine when a patient will not be treated or transported.