



**New Hospital Standard FAQ: Department/Service Leaders Selecting and Implementing Clinical Practice Guidelines (CPG), Clinical Pathways, and Protocols**

Joint Commission International (JCI) recognizes the importance of consistent interpretation of accreditation standards. A table of Frequently Asked Questions is also published on The Joint Commission International website:

[https://www.jointcommissioninternational.org/-/media/jci/jci-documents/contact-us/submit-a-jci-standards-interpretation-question/jci-hospitalstandards\\_7thedition\\_faq\\_120820.pdf](https://www.jointcommissioninternational.org/-/media/jci/jci-documents/contact-us/submit-a-jci-standards-interpretation-question/jci-hospitalstandards_7thedition_faq_120820.pdf)

To continuously support our accredited organizations in meeting JCI requirements, tabled below are new Frequently Asked Questions from the *Joint Commission International Accreditation Standards for Hospitals, 7th Edition*.

Standard	Subject	Interpretation Question	Response
GLD.11.2	Implementation and monitoring of CPGs	Can a hospital carry forward/continue the previous year's clinical practice guidelines/pathways to the next year to complete the annual requirement of at least five if the process and outcome measures still show need for improvement, or is it expected that the hospital has to select five new guidelines/pathways irrespective of the fact of where the previous ones stand?	GLD.11.2, ME 1 states that "On an annual basis, department/service leaders collectively determine at least five hospital-wide priority areas on which to focus the use of clinical practice guidelines." In meeting the required five CPGs/pathways that are identified annually, organizations may carry forward a CPGs from the previous year if the outcome measures continue to show the need for improvement. In addition, the organization may choose to select the same CPGs if the organization still wants to increase the goal for compliance or considers the CPG a high priority area to focus on. Please also note that GLD.11.2, ME 2 requires that CPGs, pathways, and protocols are selected, evaluated, implemented, and monitored following the items a) through h) of the intent.
GLD.11.2	Implementation and monitoring of CPGs	Since the standard requires us to have 5 CPG/protocols/pathways annually, how actively do we need to monitor it?	JCI does not specify monitoring frequency on the implementation and outcomes of the CPGs that were chosen (such as weekly or monthly).  It is recommended that when a new process, such as the implementation of a new CPG is implemented, it is frequently monitored to help educate staff and

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			<p>intervene while the CPG is new in practice.</p> <p>Once monitoring newly implemented CPGs shows that compliance is sufficient, the hospital may decide to monitor the CPG less actively, for example, completing chart audits monthly as opposed to weekly.</p>
GLD.11.2	Implementation and monitoring of CPGs	Of the sum total of all the CPGs established throughout the organization, can the hospital decide on the subset to monitor?	<p>GLD.11.2, ME 1 states that the hospital determines at least five CPGs to focus on.</p> <p>The hospital may utilize many CPGs depending on the scope of services provided; however, data may show that they do not necessarily need to monitor all CPGs as intensely. For example, monitoring for maintenance as opposed to the active monitoring that is covered in GLD.11.2, ME 4. The requirements in GLD.11.2 relate to the 5 (at least) CPGs that department/service leaders have identified as priority areas to focus on.</p>

JCI encourages customers to submit all standards-related questions through the Standards Interpretation webpage at <http://www.jointcommissioninternational.org/contact-us/submit-a-jci-standards-interpretation-question/>