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**Joint
Commission
International
Accreditation
Standards for
Ambulatory
Care**

English

3rd Edition

Joint Commission International

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Foreword

Joint Commission International (JCI) is proud to present this 3rd edition of its international standards for ambulatory care organizations. Our customers told us clearly and repeatedly they want standards that are challenging, achievable, and focused on the safety and quality of patient care. We listened and we believe these standards exceed those expectations.

In this edition, in order to provide consistency with our multiple accreditation programs and accompanying standards manuals, we standardized the chapter titles, acronyms, and content with the JCI 5th edition hospital manual. We combined similar requirements, eliminated others that we did not consider essential to better patient outcomes, and reorganized the content across many chapters to ensure a better, more logical flow of requirements. We provided more examples of proper compliance within the standards' intents to ensure that our requirements are clear. In addition, this manual includes the new Accreditation Participation Requirements that were first presented in the 5th edition of the hospital standards.

We are thankful for the input and feedback we received from our esteemed Standards Advisory Panel, which reviewed, informed, and otherwise guided us through the development of these standards. We are grateful to our customers, who responded to our field review, confirming that we were headed in the right direction with our proposed standards and making us think longer and more fully about other requirements, all of which eventually pushed us to do our jobs better and in a more patient-centric way.

We hope you appreciate the effort that we put into this edition of the standards. As always, let us know what you think—your opinion is as much on these pages as ours.

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Introduction

This 3rd edition of the *Joint Commission International Accreditation Standards for Ambulatory Care* contains the standards, intents, measurable elements (MEs), a summary of changes, a summary of accreditation policies and procedures, a glossary of terms, and an index. This Introduction is designed to provide you with information on the following topics:

- The origin of these standards
- How the standards are organized
- How to use this standards manual
- What is new in this edition of the manual

If, after reading this publication, you have questions about the standards or the accreditation process, please contact JCI:

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How were the standards developed and refined for this 3rd edition?

A 15-member Standards Advisory Panel, composed of experienced physicians, nurses, administrators, and public policy experts, guided the development and revision process of the JCI accreditation standards. The panel consists of members from most major world regions. Its work is refined based on the following:

- An international field review of the standards
- Input from experts and others with unique content knowledge
- Ongoing literature searches for key health care practices

How are the standards organized?

The standards are organized around the important functions common to all health care organizations. The functional organization of standards is now the most widely used around the world and has been validated by scientific study, testing, and application.

The standards are grouped by functions related to providing patient care: those related to providing a safe, effective, and well-managed organization. These standards apply to the entire organization as well as to each department, unit, or service within the organization. The survey process gathers standards compliance information throughout the entire organization, and the accreditation decision is based on the overall level of compliance found throughout the entire organization.

Are the standards available for the international community to use?

Yes. These standards are available in the international public domain for use by individual health care organizations and by public agencies in improving the quality of patient care. The standards only can be

downloaded at no cost from the JCI website for consideration of adapting them to the needs of individual countries. The translation and use of the standards as published by JCI requires written permission.

When there are national or local laws related to a standard, what applies?

When standard compliance is related to laws and regulations, whichever sets the higher or stricter requirement applies. **For example**, if a JCI standard on documenting services in the patient record is more stringent than an ambulatory care organization's national standard, the JCI standard is applied.

How do I use this standards manual?

This international standards manual can be used to

- guide the efficient and effective management of a health care organization;
- guide the organization and delivery of patient care services and efforts to improve the quality and efficiency of those services;
- review the important functions of a health care organization;
- become aware of those standards that all ambulatory care organizations must meet to be accredited by JCI;
- review the compliance expectations of standards and the additional requirements found in the associated intent;
- become aware of the accreditation policies and procedures and the accreditation process; and
- become familiar with the terminology used in the manual.

JCI requirements by category are described in detail below. JCI's policies and procedures are also summarized in this manual. Please note that these are neither the complete list of policies nor every detail of each policy.

Current JCI policies are published on JCI's public website,

<http://www.jointcommissioninternational.org/accreditation-policies>.

A glossary of important terms and a detailed index follow the standards chapters.

JCI Requirement Categories

JCI requirements are described in these categories:

- Accreditation Participation Requirements (APR)
- Standards
- Intents
- Measurable Elements (MEs)

Accreditation Participation Requirements (APR)

The Accreditation Participation Requirements (APR) section, new in this edition, is composed of specific requirements for participation in the accreditation process and for maintaining an accreditation award. Ambulatory care organizations must be compliant with the requirements in this section at all times during the accreditation process. However, APRs are not scored like standards during the on-site survey; ambulatory care organizations are considered either compliant or not compliant with the APR. When an ambulatory care organization is not compliant with a specific APR, the ambulatory care organization will be required to become compliant or risk losing accreditation.

Standards

JCI standards define the performance expectation, structures, or functions that must be in place for an ambulatory care organization to be accredited by JCI. JCI's International Patient Safety Goals are considered standards and are evaluated as such in the on-site survey.

Intents

A standard's intent helps explain the full meaning of the standard. The intent describes the purpose and rationale of the standard, providing an explanation of how the standard fits into the overall program, sets parameters for the requirement(s), and otherwise “paints a picture” of the requirements and goals.

Measurable Elements (MEs)

Measurable elements (MEs) of a standard indicate what is reviewed and assigned a score during the on-site survey process. The MEs for each standard identify the requirements for full compliance with the standard. The MEs are intended to bring clarity to the standards and to help the organization fully understand the requirements, to help educate leaders and health care workers about the standards, and to guide the organization in accreditation preparation.

What is new in this 3rd edition of the manual?

There are many changes to this 3rd edition of the ambulatory care organization manual. A thorough review is strongly recommended. In general, all of the significant changes—changes that, in the view of JCI and the experts and customers who helped develop the standards, “raise the bar” on compliance expectations—are listed in a table at the beginning of the chapter in which those standards appear.

In addition to requirement changes, JCI has edited nearly all of the text that appeared in the 2nd edition for clarity, so it will be important for users to compare this and the 2nd edition carefully to ensure a full understanding of the new requirements.

Many chapter names are also changed in this edition. Whenever possible, JCI is aligning names of its standards chapters across programs for easier identification of similar requirements.

Changes include the following:

- A table at the front of each chapter detailing the key changes to that chapter in this edition (compared to the 2nd edition standards). If a standard is not listed in the table, it has not changed since the 2nd edition standards. Changes are classified in four ways:
 - No significant change—Wording changes were made in the interest of clarity, but the requirements in the standard have not changed.
 - Renumbered—The standard moved from a different place in the same chapter or from another chapter and is, therefore, renumbered.
 - Requirement change—A change(s) to one or more MEs, which will change the way an organization is evaluated.
 - New standard—A new requirement that did not appear in the second edition standards
- New standards and established standards deemed by the field as more difficult to meet are supported with evidence-based references. With this new feature, JCI is beginning to build an evidence base for its standards that both cites important clinical evidence and provides assistance with compliance. References of various types—from clinical research to practical guidelines—are cited in the text of the standard's intent and are listed at the end of the applicable standard chapter.
- A new section, “Accreditation Participation Requirements” (APR). *See* JCI Requirement Categories for more information.
- Some standards require the ambulatory care organization to have a written policy or procedure for specific processes. Those standards are indicated by a  icon after the standard text. In previous editions, each required policy or procedure was specified in its own ME. In this edition, all policies and procedures will be scored together at MOI.7 and MOI.7.1.
- Examples that better illustrate compliance are provided in most standards' intents. To make the examples more obvious to the user, the term **for example** is printed in bold text.
- JCI's policies and procedures are summarized and moved from the front of the manual to their current location. This change reflects customer feedback that the policies and procedures, though important, are secondary in importance to the JCI standards, intents, and MEs. Starting in late 2013, JCI policies have been published on JCI's public website at <http://www.jointcommissioninternational.org/accreditation-policies>.

- Definitions of key terms used throughout the manual have been created or updated, and text including those terms has been reevaluated and revised to ensure that terminology is correct and clear. Many terms are defined within intents; look for these key terms in italics (**for example, leadership**). All key terms are defined in the Glossary in the back of this edition.
- Chapter overviews, presented for all chapters in past editions, are present only when necessary—specifically, in this edition, in the APR section and “Governance, Leadership, and Direction” (GLD) chapter.
- Widespread wording changes for clarity, including frequently substituting the term *program* for *plan* or *process*. In past editions, JCI requirements called for ambulatory care organizations to have a *plan* or a *process* for many clinical issues and matters. During the development of these standards, customer feedback indicated confusion over the definitions of *plan* and *process*, but *program* was considered more specific and clear.

How frequently are the standards updated?

Information and experience related to the standards will be gathered on an ongoing basis. If a standard no longer reflects contemporary health care practice, commonly available technology, quality management practices, and so forth, it will be revised or deleted. It is current practice that the standards are revised and published approximately every three years.

What does the “effective” date on the cover of this 3rd edition of the standards manual mean?

The “effective” date found on the cover means one of two things:

- For ambulatory care organizations already accredited under the 2nd edition of the standards, this is the date by which they now must be in full compliance with all the standards in the 3rd edition. Standards are published at least six months in advance of the effective date to provide time for organizations to come into full compliance with the revised standards by the time they are effective.
- For ambulatory care organizations seeking accreditation for the first time, the effective date indicates the date after which all surveys and accreditation decisions will be based on the standards of the 3rd edition. Any survey and accreditation decisions before the effective date will be based on the standards of the 2nd edition.

Goals, Standards, Intent, and Measurable Elements

Goal 1: Identify Patients Correctly

Standard IPSG.1

The ambulatory care organization develops and implements a process to improve accuracy of patient identifications. ⑥

Intent of IPSG.1

Wrong-patient errors occur in virtually all aspects of diagnosis and treatment. Patients may be sedated, disoriented, not fully alert, or comatose; may change beds, rooms, or locations within the ambulatory care organization; may have sensory disabilities; may not remember their identity; 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 individual as the person for whom the service or treatment is intended; second, to match the service or treatment to that individual.

The identification process used throughout the ambulatory care organization requires at least two ways in which to identify a patient, such as the patient's name, identification number, birth date, a bar-coded wristband, or other ways. The patient's room number or location cannot be used for identification. These two different identifiers are utilized in all locations within the ambulatory care organization.

Two different patient identifiers are required in any circumstance involving patient interventions. **For example**, patients are identified before providing treatments (such as administering medications, blood, or blood products; or providing radiation therapy); performing procedures (such as insertion of an intravenous line or hemodialysis); and before any diagnostic procedures (such as taking blood and other specimens for clinical testing, or performing a cardiac catheterization or diagnostic radiology procedure).

Measurable Elements of IPSG.1

- 1. Patients are identified using two patient identifiers, not including the use of the patient's room number or location.
- 2. Patients are identified before providing treatments and procedures. (*Also see* MMU.2 and COP.3.1, ME 3)
- 3. Patients are identified before any diagnostic procedures. (*Also see* AOP.8.1, ME 4)

Goal 2: Improve Effective Communication

Standard IPSG.2

The ambulatory care organization develops and implements a process to improve the effectiveness of verbal and/or telephone communication among caregivers. ⑥

Standard IPSG.2.1

The ambulatory care organization develops and implements a process for reporting critical results of diagnostic tests. ⑥

Standard IPSG.2.2

The ambulatory care organization develops and implements a process for handover communication. ⑥