

Effective 1 January 2015



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

English

Standards-Only Version

3rd Edition

Section I: Accreditation Participation Requirements





Accreditation Participation Requirements (APR)

Requirement: APR.1

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

Requirement: APR.2

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

Requirement: APR.3

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

Requirement: APR.4

The ambulatory care 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 ambulatory care organization allows JCI to request (from the ambulatory care 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

Not applicable to ambulatory care organizations

Requirement: APR.7

Not applicable to ambulatory care organizations

Requirement: APR.8

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

Requirement: APR.9

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

To support this culture of safety, the ambulatory care organization must communicate to staff that such reporting is permitted. In addition, the ambulatory care 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 ambulatory care 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 ambulatory care organization.

Requirement: APR.11

The ambulatory care organization notifies the public it serves about how to contact its ambulatory care 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 ambulatory care organization's website.

Requirement: APR.12

The ambulatory care 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: Patient-Centered Standards





International Patient Safety Goals (IPSG)

Goal 1: Identify Patients Correctly

Standard IPSG.1

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

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.

Standard IPSG.2.1

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

Standard IPSG.2.2

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

Goal 3: Improve the Safety of High-Alert Medications

Standard IPSG.3

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

Standard IPSG.3.1

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

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

Standard IPSG.4

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

Standard IPSG.4.1

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

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

Standard IPSG.5

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



Access to Care and Continuity of Care (ACC)

Access to Care

Standard ACC.1

Patients who seek health care services are screened to identify if their health care needs match the ambulatory care organization's mission and resources.

Standard ACC.1.1

Patient flow in the ambulatory care organization is designed to provide efficient care and uniform access based on the needs of the patient.

Coordination and Continuity of Care

Standard ACC.2

The ambulatory care organization designs and carries out processes to provide continuity of patient care services in the ambulatory care organization and coordination among health care practitioners.

Standard ACC.3

There is a qualified individual identified as responsible for the patient's care.

Standard ACC.4

The clinical records of patients seen over time who require complex care or have complex diagnoses contain profiles of the medical care and are made available to the health care practitioners providing care to those patients.

Referral, Transfer, and Follow-Up

Standard ACC.5

The ambulatory care organization develops and implements a process to refer patients to other health care practitioners, other health care settings, or other organizations to meet their continuing care needs.

Standard ACC.5.1

The ambulatory care organization develops and implements a process to transfer patients to another organization to meet their continuing care needs.

Standard ACC.5.2

Information about the care and services that the patient will need when he or she is referred by the ambulatory care organization is communicated to the patient, family, and continuing care practitioner and/or setting.

Standard ACC.6

Patient follow-up instructions are given in a form and language the patient can understand.

Standard ACC.7

The process for referring or transferring the patient evaluates the need for transportation.



Patient and Family Rights (PFR)

Standard PFR.1

The ambulatory care organization is responsible for developing and implementing processes that support patients' and families' rights during care.

Standard PFR.1.1

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

Standard PFR.1.2

The patient's rights to privacy and confidentiality of care and information are respected.

Standard PFR.1.3

Patients are protected from verbal abuse and physical assault, and vulnerable populations are identified and protected from additional risks.

Standard PFR.2

The ambulatory care organization provides care that is respectful of patients' and families' personal values and beliefs and supports their rights to participate in the care process.

Standard PFR.2.1

The ambulatory care organization identifies patient and family responsibilities in the care process.

Standard PFR.3

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

Informed Consent

Standard PFR.4

Patient informed consent is obtained through a process defined by the ambulatory care organization and carried out by trained staff in a manner and language that the patient can understand.

Standard PFR.4.1

Informed consent is obtained before surgery, anesthesia, procedural sedation, use of blood and blood products, and other high-risk treatments and procedures.

Standard PFR.4.2

Patients and families receive adequate information about the illness, proposed treatment(s), and health care practitioners so that they can make care decisions.

Standard PFR.4.3

The ambulatory care organization establishes a process, within the context of existing law and culture, for when others can grant consent.



Assessment of Patients (AOP)

Standard AOP.1

An initial assessment process is used to identify the health care needs of all patients.

Standard AOP.1.1

The scope and content of initial assessments conducted by different clinical disciplines is defined in writing and based on applicable laws and regulations.

Standard AOP.2

All patients are screened for pain and assessed when pain is present.

Standard AOP.3

The ambulatory care organization has a process for obtaining findings from relevant outside assessments and incorporating them into the organization's patient assessment process.

Standard AOP.4

There is an established reassessment process for patients requiring additional services or ongoing care.

Standard AOP.5

The ambulatory care organization has a process to identify those patients who may need additional care that is beyond the mission and resources of the organization and advises, refers, or transfers those patients for further assessment, treatment, and follow-up.

Standard AOP.6

The time frame for initial assessments and, as appropriate, reassessment is consistent with each patient's needs, organizational policy, and accepted professional guidelines.

Standard AOP.7

Assessment findings are integrated and documented in the patient's record and readily available to those responsible for the patient's care.

Laboratory Services

Standard AOP.8

Laboratory services are available to meet patient needs, and all such services meet applicable local and national standards, laws, and regulations.

Standard AOP.8.1

Laboratory services provided within the ambulatory care organization are directed and staffed by qualified individuals; are organized with adequate supplies; and provide proper specimen management.

Standard AOP.8.2

Laboratory quality, safety, and infection control programs are in place, followed, and documented and comply with the facility management and infection control programs.

Radiology and Diagnostic Imaging Services

Standard AOP.9

Radiology and diagnostic imaging services are available to meet patient needs, and all such services meet applicable local and national standards, laws, and regulations.

Standard AOP.9.1

Radiology and diagnostic imaging services provided within the ambulatory care organization are directed and staffed by qualified individuals and organized with adequate supplies.

Standard AOP.9.2

Radiology and diagnostic imaging quality and safety programs are in place, followed, and documented and comply with the facility management and infection control programs.



Care of Patients (COP)

Care Delivery for All Patients

Standard COP.1

Uniform care is provided to all patients and follows applicable laws and regulations.

Standard COP.2

The care provided to each patient is planned, revised when indicated by a change in the patient's condition, and documented in the patient record.

Care of High-Risk Patients and Provision of High-Risk Services

Standard COP.3

The care of high-risk patients and the provision of high-risk services are guided by professional practice guidelines, laws, and regulations.

Standard COP.3.1

Clinical guidelines and procedures are established and implemented for the handling, use, and administration of blood and blood products.

Resuscitation Services

Standard COP.4

Resuscitation services are available throughout the ambulatory care organization.

Food and Nutrition Therapy

Standard COP.5

When patients remain in the ambulatory care organization for extended periods, food is available that is appropriate for the patient's nutritional status and consistent with his or her clinical care.

Standard COP.5.1

Patients at nutritional risk receive nutrition therapy.

Pain Management

Standard COP.6

Patients are supported in managing pain effectively.

End-of-Life Care

Standard COP.7

The ambulatory care organization addresses end-of-life care appropriate to the patient's condition and needs, or refers the patient to outside sources of appropriate care.



Anesthesia and Surgical Care (ASC)

Organization and Management

Standard ASC.1

Sedation and anesthesia services, if provided by the ambulatory care organization, meet professional standards and applicable local and national standards, laws, and regulations.

Standard ASC.2

A qualified individual(s) is responsible for managing the sedation and anesthesia services.

Procedural Sedation Care

Standard ASC.3

The administration of procedural sedation is standardized throughout the ambulatory care organization.

Standard ASC.3.1

Practitioners responsible for procedural sedation and individuals responsible for monitoring patients receiving sedation are qualified.

Standard ASC.3.2

Procedural sedation is administered and monitored according to professional practice guidelines.

Standard ASC.3.3

The risks, benefits, and alternatives related to procedural sedation are discussed with the patient, his or her family, or those who make decisions for the patient.

Anesthesia Care

Standard ASC.4

A qualified individual conducts a preanesthesia assessment and preinduction assessment.

Standard ASC.5

Each patient's anesthesia care is planned and documented, and the anesthesia and technique used are documented in the patient's record.

Standard ASC.5.1

The risks, benefits, and alternatives related to anesthesia are discussed with the patient, his or her family, or those who make decisions for the patient.

Standard ASC.6

Each patient's physiological status during anesthesia and surgery is monitored according to professional practice guidelines and documented in the patient's record.

Standard ASC.6.1

Each patient's postanesthesia status is monitored and documented, and the patient is discharged from the recovery area by a qualified individual or by using established criteria.

Surgical Care

Standard ASC.7

Each patient's surgical care is planned and documented based on the results of the assessment.

Standard ASC.7.1

The risks, benefits, and alternatives are discussed with the patient and his or her family or those who make decisions for the patient.

Standard ASC.7.2

Information about the surgical procedure is documented in the patient's record to facilitate continuing care.

Standard ASC.7.3

Patient care after surgery is planned and documented.

Standard ASC.7.4

Surgical care that includes the implanting of a medical device is planned with special consideration of how standard processes and procedures must be modified.



Medication Management and Use (MMU)

Organization and Management

Standard MMU.1

The ambulatory care organization develops and implements a program for the management and use of medications.

Standard MMU.2

Medication administration within the ambulatory care organization follows standardized processes to ensure patient safety.

Standard MMU.3

Medications are monitored for patient adherence, effectiveness, and adverse medication effects.

Standard MMU.4

The ambulatory care organization establishes and implements a program for reporting and acting on medication errors and near misses.



Patient and Family Education (PFE)

Standard PFE.1

The ambulatory care organization provides education that supports patient and family participation in care decisions and care processes.

Standard PFE.2

Each patient's educational needs are assessed and recorded in his or her record.

Standard PFE.2.1

The patient's and family's ability to learn and willingness to learn are assessed.

Standard PFE.3

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

Standard PFE.4

Health care practitioners caring for the patient collaborate to provide education and have the knowledge, time, and communication skills to do so.

Section III: Health Care Organization Management Standards





Quality Improvement and Patient Safety (QPS)

Standard QPS.1

The ambulatory care organization's program for quality and patient safety includes both patient and staff safety and includes the organization's risk management and quality control activities.

Standard QPS.2

The quality and patient safety program includes the aggregation and analysis of data to support patient care, organization management, and the quality management program and participation in external databases.

Standard QPS.2.1

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

Standard QPS.3

The ambulatory care organization uses an internal process to validate data.

Standard QPS.4

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

Standard QPS.5

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

Standard QPS.6

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

Standard QPS.7

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)

Standard PCI.1

The ambulatory care organization designs and implements a comprehensive program to reduce the risks of health care–associated infections in patients and staff.

Standard PCI.2

One or more individuals oversee all infection prevention and control activities. This individual(s) is qualified in infection prevention and control practices through education, training, experience, or certification.

Standard PCI.3

There is a designated coordination mechanism for all infection prevention and control activities that involves physicians, nurses, and others based on the size and complexity of the ambulatory care organization.

Standard PCI.4

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.5

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



Governance, Leadership, and Direction (GLD)

Governance of the Organization

Standard GLD.1

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

Chief Executive/Managing Director(s) Accountabilities

Standard GLD.2

A chief executive/managing director(s) is responsible for operating the ambulatory care organization and complying with applicable laws and regulations.

Organization Leadership Accountabilities

Standard GLD.3

Ambulatory care organization leadership is identified and collectively responsible for defining the organization's mission and creating the programs and policies needed to fulfill the mission.

Standard GLD.3.1

Ambulatory care organization leadership identifies and plans for the type of clinical services required to meet the needs of the patients served by the organization.

Standard GLD.3.2

Ambulatory care organization leadership ensures that there are uniform programs for the recruitment, retention, development, and continuing education of all staff.

Organization Leadership for Quality and Patient Safety

Standard GLD.4

Ambulatory care organization leadership plans and oversees a quality improvement and patient safety program and sets measurement priorities and priorities for improvement.

Standard GLD.5

Quality monitoring includes both clinical and managerial processes and outcomes as selected by ambulatory care organization leadership.

Standard GLD.6

Improvement in quality and patient safety is achieved and sustained for the priority improvement areas and measures identified by ambulatory care organization leadership.

Organization Leadership for Contracts

Standard GLD.7

Ambulatory care organization leadership is accountable for the review, selection, and monitoring of clinical or nonclinical contracts.

Standard GLD.8

Ambulatory care organization leadership ensures that contracts and other arrangements are included as part of the ambulatory care organization's quality improvement and patient safety program.

Standard GLD.9

Ambulatory care organization leadership ensures that independent practitioners not employed by the ambulatory care organization have the right credentials for the services provided to the organization's patients.

Organization Leadership for Resource Decisions

Standard GLD.10

Ambulatory care organization leadership makes decisions related to the purchase or use of resources—human and technical—with an understanding of the quality and safety implications of those decisions.

Standard GLD.10.1

Ambulatory care organization leadership seeks and uses data and information on the safety of the supply chain for drugs, medical technology, and supplies to protect patients and staff from contaminated, fake, and diverted products.

Department/Service Leaders' Accountabilities

Standard GLD.11

Medical, dental, nursing, and other leaders of departments and services plan and implement a professional staff structure to support their responsibilities and authority.

Standard GLD.11.1

Leaders of departments and services select and implement clinical practice guidelines and related clinical pathways and/or clinical protocols to guide clinical care.

Organizational and Clinical Ethics

Standard GLD.12

Ambulatory care organization leadership establishes a framework for ethical management that promotes a culture of ethical practices and decision making to ensure that patient care is provided within business, financial, ethical, and legal norms and protects patients and their rights.

Standard GLD.12.1

The ambulatory care organization's framework for ethical management addresses operational and business issues, including marketing, transfer, referral, discharge, and disclosure of ownership and any business and professional conflicts that may not be in patients' best interests.

Standard GLD.13

Ambulatory care organization leadership creates and supports a culture of safety program throughout the organization.

Health Care Professional Education and Human Subjects Research

Standard GLD.14

Health care professional education, when provided within the ambulatory care organization, is guided by the educational parameters defined by the sponsoring academic program and the ambulatory care organization's leadership.

Standard GLD.15

Human subjects research, when conducted within the ambulatory care organization, is guided by laws, regulations, and organization leadership.

Standard GLD.16

The ambulatory care organization has a committee or another way to oversee all research in the ambulatory care organization involving human subjects.



Facility Management and Safety (FMS)

Safety and Security

Standard FMS.1

The ambulatory care organization plans and implements a program to provide a safe physical facility through inspection and planning to reduce risks.

Standard FMS.1.1

The ambulatory care organization plans and implements a program to provide a secure environment for patients, families, staff, and visitors.

Standard FMS.2

The ambulatory care organization's facility is designed to provide accessible, efficient, and safe clinical care in a secure and supportive environment.

Hazardous Materials

Standard FMS.3

The ambulatory care organization establishes and implements a program for the inventory, handling, storage, and use of hazardous materials and the control and disposal of hazardous materials and waste.

Fire Safety

Standard FMS.4

The ambulatory care organization establishes and implements a program for the prevention, early detection, suppression, abatement, and safe exit from the facility in response to fires and nonfire emergencies.

Standard FMS.4.1

The ambulatory care organization regularly tests its fire and smoke safety program, including any devices related to early detection and suppression, and documents the results.

Standard FMS.4.1.1

The fire safety program includes limiting smoking by staff and patients to designated non-patient care areas of the facility.

Medical Technology

Standard FMS.5

The ambulatory care organization establishes and implements a program for inspecting, testing, and maintaining medical technology and documenting the results.

Utility Systems

Standard FMS.6

The ambulatory care organization establishes and implements a program to ensure that all utility systems are inspected, tested, maintained, and improved.

Standard FMS.6.1

The ambulatory care organization has emergency processes to protect facility occupants in the event of water, power, and other utility system disruption, contamination, or failure.

Standard FMS.6.2

Designated individuals or authorities monitor water quality regularly.

Staff Education

Standard FMS.7

The ambulatory care organization educates, trains, and tests all staff about their roles in providing a safe and effective patient care facility.



Staff Qualifications and Education (SQE)

Planning

Standard SQE.1

Department and service leaders of the ambulatory care organization define the desired education, skills, knowledge, and other requirements of all staff members.

Standard SQE.1.1

Each staff member's responsibilities are defined in a current job description.

Standard SQE.2

The ambulatory care organization uses a defined process to ensure that clinical and nonclinical staff knowledge and skills are consistent with the requirements of the position.

Standard SQE.3

A staffing strategy for the ambulatory care organization, developed by the department/service leaders of the ambulatory care organization, identifies the number and types of staff needed to provide adequate and safe patient care.

Standard SQE.4

All clinical and nonclinical staff members are oriented to the ambulatory care organization and to their specific job responsibilities at appointment to the staff.

Standard SQE.5

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

Standard SQE.6

The ambulatory care organization provides a staff health and safety program.

Medical Staff

Standard SQE.7

The ambulatory care organization has a uniform process to gather, verify, and evaluate the credentials (education, licensure/registration, and other credentials) of those medical staff members permitted to provide patient care without supervision.

Standard SQE.8

The ambulatory care organization has a standardized, objective, evidence-based procedure to authorize medical staff members to treat patients and/or to provide other clinical services consistent with their qualifications.

Standard SQE.9

The ambulatory care organization uses an ongoing standardized process to evaluate the quality and safety of the patient care provided by each medical staff member and uses this information to continue clinical privileges with or without modification.

Nursing Staff

Standard SQE.10

The ambulatory care organization has a uniform process to gather, to verify, and to evaluate the nursing staff's credentials (license, education, training, and experience).

Other Health Care Practitioners

Standard SQE.11

The ambulatory care organization has a uniform process to gather, to verify, and to evaluate other health care practitioners' credentials (license, education, training, and experience).



Management of Information (MOI)

Information Management

Standard MOI.1

The ambulatory care organization plans and implements information management processes to meet internal and external information needs.

Standard MOI.2

Confidentiality, security, and accuracy of data and information are maintained.

Standard MOI.3

The ambulatory care organization determines the retention time of records, data, and information.

Standard MOI.4

The ambulatory care organization uses standardized diagnosis codes, procedure codes, symbols, abbreviations, and definitions.

Standard MOI.5

Health information technology systems are assessed and tested prior to implementation within the ambulatory care organization and evaluated for quality and patient safety following implementation.

Standard MOI.6

Records and information are protected against loss, destruction, tampering, and unauthorized access or use.

Management and Implementation of Documents

Standard MOI.7

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

Standard MOI.7.1

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

Patient Clinical Record

Standard MOI.8

The ambulatory care organization initiates and maintains a clinical record for every patient assessed or treated and determines the record's content, format, and location of entries.

Standard MOI.8.1

The clinical record contains sufficient information to identify the patient, support the diagnosis, justify the treatment, and document the course and results of treatment.

Standard MOI.8.1.1

The clinical records of patients receiving urgent care include the time of arrival and departure, the conclusions at termination of treatment, the patient's condition at discharge, and follow-up care instructions.

Standard MOI.9

The ambulatory care organization identifies those authorized to have access to and make entries in patient clinical records.

Standard MOI.10

As part of its monitoring and performance improvement activities, the ambulatory care organization regularly assesses the content, completeness, and legibility of patient clinical records.