Joint Commission International
Accreditation Standards for
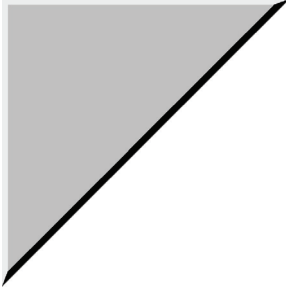
Hospitals

Including Standards for Academic Medical Center Hospitals

6th Edition | Effective 1 July 2017

**Joint Commission
International**

Section I:
Accreditation Participation Requirements

Accreditation Participation Requirements (APR)

Requirement: APR.1

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

Requirement: APR.2

The hospital provides JCI with accurate and complete information throughout all phases of the accreditation process.

Requirement: APR.3

The hospital reports within 30 days of the effective date of any change(s) in the hospital's profile (electronic database) or information provided to JCI via the E-App before and between surveys.

Requirement: APR.4

The hospital 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 hospital allows JCI to request (from the hospital 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

Currently not in effect.

Requirement: APR.7

The hospital selects and uses measures as part of its quality improvement measurement system.

Requirement: APR.8

The hospital accurately represents its accreditation status and the programs and services to which JCI accreditation applies. Only hospitals with current JCI accreditation may display the Gold Seal.

Requirement: APR.9

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

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

Qualified translators and interpreters provide to the hospital and JCI documentation of their experience in translation and interpretation. The documentation may include, but is not limited to, the following:
  • Evidence of advanced education in English and in the language of the host hospital
  • Evidence of translation and interpretation experience, preferably in the medical field
  • Evidence of employment as a professional translator or interpreter, preferably full-time
  • Evidence of continuing education in translation and interpretation, preferably in the medical field
  • Membership(s) in professional translation and interpretation associations
  • Translation and interpretation proficiency testing results, when applicable
  • Translation and interpretation certifications, when applicable
  • Other relevant translation and interpretation credentials

In some cases, JCI can provide organizations with a list of translators and interpreters that meet the requirements listed above.

Requirement: APR.11

The hospital notifies the public it serves about how to contact its hospital 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 hospital's website.

The following link is provided to report a patient safety or quality of care concern to JCI: http://www.jointcommissioninternational.org/contact-us/report-a-quality-and-safety-issue/.

Hospitals seeking initial accreditation should be prepared to discuss their plan on how compliance with this APR will be achieved once accredited.

Requirement: APR.12

The hospital 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)

Standards

Goal 1: Identify Patients Correctly
IPSG.1 The hospital develops and implements a process to improve accuracy of patient identifications. Ⓟ

Goal 2: Improve Effective Communication
IPSG.2 The hospital develops and implements a process to improve the effectiveness of verbal and/or telephone communication among caregivers. Ⓟ

    IPSG.2.1 The hospital develops and implements a process for reporting critical results of diagnostic tests. Ⓟ

    IPSG.2.2 The hospital develops and implements a process for handover communication. Ⓟ

Goal 3: Improve the Safety of High-Alert Medications
IPSG.3 The hospital develops and implements a process to improve the safety of high-alert medications. Ⓟ

    IPSG.3.1 The hospital develops and implements a process to manage the safe use of concentrated electrolytes. Ⓟ

Goal 4: Ensure Safe Surgery
IPSG.4 The hospital develops and implements a process for the preoperative verification and surgical/invasive procedure site-marking. Ⓟ

    IPSG.4.1 The hospital develops and implements a process for the time-out that is performed immediately prior to the start of the surgical/invasive procedure and the sign out that is conducted after the procedure. Ⓟ

Goal 5: Reduce the Risk of Health Care-Associated Infections
IPSG.5 The hospital 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
IPSG.6 The hospital develops and implements a process to reduce the risk of patient harm resulting from falls for the inpatient population. Ⓟ

    IPSG.6.1 The hospital develops and implements a process to reduce the risk of patient harm resulting from falls for the outpatient population. Ⓟ

Access to Care and Continuity of Care (ACC)

Standards

Screening for Admission to the Hospital

ACC.1   Patients who may be admitted to the hospital or who seek outpatient services are screened to identify if their health care needs match the hospital's mission and resources. Ⓟ

> **ACC.1.1**   Patients with emergent, urgent, or immediate needs are given priority for assessment and treatment.

> **ACC.1.2**   The hospital considers the clinical needs of patients and informs patients when there are unusual delays for diagnostic and/or treatment services. Ⓟ

Admission to the Hospital

ACC.2   The hospital has a process for admitting inpatients and for registering outpatients. Ⓟ

> **ACC.2.1**   Patient needs for preventive, palliative, curative, and rehabilitative services are prioritized based on the patient's condition at the time of admission as an inpatient to the hospital.

> **ACC.2.2**   At admission as an inpatient, the patient and family receive education and orientation to the inpatient ward, information on the proposed care and any expected costs for care, and the expected outcomes of care.

> > **ACC.2.2.1**   The hospital develops a process to manage the flow of patients throughout the hospital. Ⓟ

> **ACC.2.3**   Admission to departments/wards providing intensive or specialized services is determined by established criteria. Ⓟ

> > **ACC.2.3.1**   Discharge from departments/wards providing intensive or specialized services is determined by established criteria. Ⓟ

Continuity of Care

ACC.3   The hospital designs and carries out processes to provide continuity of patient care services in the hospital and coordination among health care practitioners. Ⓟ

> **ACC.3.1**   During all phases of inpatient care, there is a qualified individual identified as responsible for the patient's care. Ⓟ

> **ACC.3.2**   Information related to the patient's care is transferred with the patient.

Discharge, Referral, and Follow-Up

ACC.4   There is a process for the referral or discharge of patients that is based on the patient's health status and the need for continuing care or services. Ⓟ

ACC.4.1   Patient and family education and instruction are related to the patient's continuing care needs.

ACC.4.2   The hospital cooperates with health care practitioners and outside agencies to ensure timely referrals.

ACC.4.3   The complete discharge summary is prepared for all inpatients.

    ACC.4.3.1   Patient education and follow-up instructions are given in a form and language the patient can understand.

    ACC.4.3.2   The medical records of inpatients contain a copy of the discharge summary. Ⓟ

ACC.4.4   The records of outpatients requiring complex care or with complex diagnoses contain profiles of the medical care and are made available to health care practitioners providing care to those patients. Ⓟ

ACC.4.5   The hospital has a process for the management and follow-up of patients who notify hospital staff that they intend to leave against medical advice.

    ACC.4.5.1   The hospital has a process for the management of patients who leave the hospital against medical advice without notifying hospital staff.

Transfer of Patients

ACC.5   Patients are transferred to other organizations based on status, the need to meet their continuing care needs, and the ability of the receiving organization to meet patients' needs.

    ACC.5.1   The referring hospital develops a transfer process to ensure that patients are transferred safely.

    ACC.5.2   The receiving organization is given a written summary of the patient's clinical condition and the interventions provided by the referring hospital.

    ACC.5.3   The transfer process is documented in the patient's medical record. Ⓟ

Transportation

ACC.6   The hospital's transportation services comply with relevant laws and regulations and meet requirements for quality and safe transport. Ⓟ

Patient and Family Rights (PFR)

Standards

PFR.1 The hospital is responsible for providing processes that support patients' and families' rights during care. Ⓟ

> **PFR.1.1** The hospital seeks to reduce physical, language, cultural, and other barriers to access and delivery of services.
>
> **PFR.1.2** The hospital provides care that supports patient dignity, is respectful of the patient's personal values and beliefs, and responds to requests for spiritual and religious observance.
>
> **PFR.1.3** The patient's rights to privacy and confidentiality of care and information are respected. Ⓟ
>
> **PFR.1.4** The hospital takes measures to protect patients' possessions from theft or loss.
>
> **PFR.1.5** Patients are protected from physical assault, and populations at risk are identified and protected from additional vulnerabilities.

PFR.2 Patients are informed about all aspects of their medical care and treatment and participate in care and treatment decisions. Ⓟ

> **PFR.2.1** The hospital informs patients and families about their rights and responsibilities to refuse or discontinue treatment, withhold resuscitative services, and forgo or withdraw life-sustaining treatments. Ⓟ
>
> **PFR.2.2** The hospital supports the patient's right to assessment and management of pain and respectful compassionate care at the end of life.

PFR.3 The hospital informs patients and families about its process to receive and to act on complaints, conflicts, and differences of opinion about patient care and the patient's right to participate in these processes. Ⓟ

PFR.4 All patients are informed about their rights and responsibilities in a manner and language they can understand.

General Consent
PFR.5 General consent for treatment, if obtained when a patient is admitted as an inpatient or is registered for the first time as an outpatient, is clear in its scope and limits. Ⓟ

Informed Consent
> **PFR.5.1** Patient informed consent is obtained through a process defined by the hospital and carried out by trained staff in a manner and language the patient can understand. Ⓟ

PFR.5.2 Informed consent is obtained before surgery, anesthesia, procedural sedation, use of blood and blood products, and other high-risk treatments and procedures. Ⓟ

PFR.5.3 Patients and families receive adequate information about the patient's condition, proposed treatment(s) or procedure(s), and health care practitioners so that they can grant consent and make care decisions.

PFR.5.4 The hospital establishes a process, within the context of existing law and culture, for when others can grant consent.

Organ and Tissue Donation

PFR.6 The hospital informs patients and families about how to choose to donate organs and other tissues.

PFR.6.1 The hospital provides oversight for the process of organ and tissue procurement. Ⓟ

Assessment of Patients (AOP)

Standards

AOP.1   All patients cared for by the hospital have their health care needs identified through an assessment process that has been defined by the hospital. Ⓟ

    AOP.1.1   Each patient's initial assessment includes a physical examination and health history as well as an evaluation of psychological, spiritual/cultural (as appropriate), social, and economic factors.

    AOP.1.2   The patient's medical and nursing needs are identified from the initial assessments, which are completed and documented in the medical record within the first 24 hours after admission as an inpatient or earlier as indicated by the patient's condition. Ⓟ

        AOP.1.2.1   The initial medical and nursing assessments of emergency patients are based on their needs and conditions. Ⓟ

    AOP.1.3   The hospital has a process for accepting initial medical assessments conducted in a physician's private office or other outpatient setting prior to admission or outpatient procedure.

        AOP.1.3.1   A preoperative medical assessment is documented before anesthesia or surgical treatment and includes the patient's medical, physical, psychological, social, economic, and discharge needs.

    AOP.1.4   Patients are screened for nutritional status, functional needs, and other special needs and are referred for further assessment and treatment when necessary.

    AOP.1.5   All inpatients and outpatients are screened for pain and assessed when pain is present.

    AOP.1.6   Individualized medical and nursing initial assessments are performed for special populations cared for by the hospital. Ⓟ

    AOP.1.7   Dying patients and their families are assessed and reassessed according to their individualized needs.

    AOP.1.8   The initial assessment includes determining the need for discharge planning. Ⓟ

AOP.2   All patients are reassessed at intervals based on their condition and treatment to determine their response to treatment and to plan for continued treatment or discharge. Ⓟ

AOP.3   Qualified individuals conduct the assessments and reassessments. Ⓟ

AOP.4   Medical, nursing, and other individuals and services responsible for patient care collaborate to analyze and integrate patient assessments and prioritize the most urgent/important patient care needs.

Laboratory Services

AOP.5   Laboratory services are available to meet patient needs, and all such services meet applicable local and national standards, laws, and regulations.

AOP.5.1   A qualified individual(s) is responsible for managing the clinical laboratory service or pathology service. Ⓟ

AOP.5.1.1   A qualified individual is responsible for the oversight and supervision of the point-of-care testing program. Ⓟ

AOP.5.2   All laboratory staff have the required education, training, qualifications, and experience to administer and perform the tests and interpret the results.

AOP.5.3   A laboratory safety program is in place, followed, and documented, and compliance with the facility management and infection control programs is maintained. Ⓟ

AOP.5.3.1   The laboratory uses a coordinated process to reduce the risks of infection as a result of exposure to infectious diseases and biohazardous materials and waste. Ⓟ

AOP.5.4   Laboratory results are available in a timely way as defined by the hospital. Ⓟ

AOP.5.5   All equipment used for laboratory testing is regularly inspected, maintained, and calibrated, and appropriate records are maintained for these activities. Ⓟ

AOP.5.6   Essential reagents and supplies are available and all reagents are evaluated to ensure accuracy and precision of results. Ⓟ

AOP.5.7   Procedures for collecting, identifying, handling, safely transporting, and disposing of specimens are established and implemented. Ⓟ

AOP.5.8   Established norms and ranges are used to interpret and to report clinical laboratory results.

AOP.5.9   Quality control procedures for laboratory services are in place, followed, and documented. Ⓟ

AOP.5.9.1   There is a process for proficiency testing of laboratory services. Ⓟ

AOP.5.10   Reference/contract laboratories used by the hospital are licensed and accredited or certified by a recognized authority.

AOP.5.10.1 The hospital identifies measures for monitoring the quality of the services to be provided by the reference/contract laboratory.

Blood Bank and/or Transfusion Services

AOP.5.11   A qualified individual is responsible for blood bank and/or transfusion services and ensures that services adhere to laws and regulations and recognized standards of practice. Ⓟ

Radiology and Diagnostic Imaging Services

AOP.6   Radiology and diagnostic imaging services are available to meet patient needs, and all such services meet applicable local and national standards, laws, and regulations.

AOP.6.1   A qualified individual(s) is responsible for managing the radiology and diagnostic imaging services. Ⓟ

AOP.6.2   Individuals with proper qualifications and experience perform diagnostic imaging studies, interpret the results, and report the results.

AOP.6.3   A radiation safety program for staff and patients is in place, followed, and documented; and compliance with the facility management and infection control programs is maintained. Ⓟ

AOP.6.4   Radiology and diagnostic imaging study results are available in a timely way as defined by the hospital. Ⓟ

AOP.6.5   All equipment used to conduct radiology and diagnostic imaging studies is regularly inspected, maintained, and calibrated, and appropriate records are maintained for these activities. Ⓟ

AOP.6.6   X-ray film and the required supplies are available when the hospital uses film X-ray.

AOP.6.7   Quality control procedures are in place, followed, validated, and documented. Ⓟ

AOP.6.8   The hospital regularly reviews quality control results for all outside contracted sources of diagnostic services.

Care of Patients (COP)

Standards

Care Delivery for All Patients

COP.1 Uniform care of all patients is provided and follows applicable laws and regulations. Ⓟ

COP.2 There is a process to integrate and to coordinate the care provided to each patient.

> **COP.2.1** An individualized plan of care is developed and documented for each patient.

> **COP.2.2** The hospital develops and implements a uniform process for prescribing patient orders. Ⓟ

> **COP.2.3** Clinical and diagnostic procedures and treatments are carried out and documented as ordered, and the results or outcomes, are recorded in the patient's medical record.

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

COP.3 The care of high-risk patients and the provision of high-risk services are guided by professional practice guidelines, laws, and regulations. Ⓟ

Recognition of Changes to Patient Condition

> **COP.3.1** Clinical staff are trained to recognize and respond to changes in a patient's condition.

Resuscitation Services

> **COP.3.2** Resuscitation services are available throughout the hospital.

> **COP.3.3** Clinical guidelines and procedures are established and implemented for the handling, use, and administration of blood and blood products. Ⓟ

Food and Nutrition Therapy

COP.4 A variety of food choices, appropriate for the patient's nutritional status and consistent with his or her clinical care, is available.

COP.5 Patients at nutrition risk receive nutrition therapy.

Pain Management

COP.6 Patients are supported in managing pain effectively. Ⓟ

End-of-Life Care

COP.7 The hospital provides end-of-life care for the dying patient that addresses the needs of the patient and family and optimizes the patient's comfort and dignity.

Hospitals Providing Organ and/or Tissue Transplant Services

COP.8 The hospital's leadership provides resources to support the organ/tissue transplant program.

COP.8.1   A qualified transplant program leader is responsible for the transplant program.

COP.8.2   The transplant program includes a multidisciplinary team that consists of people with expertise in the relevant organ-specific transplant programs.

COP.8.3   There is a designated coordination mechanism for all transplant activities that involves physicians, nurses, and other health care practitioners.

COP.8.4   The transplant program uses organ-specific transplant clinical eligibility, psychological, and social suitability criteria for transplant candidates.

COP.8.5   The transplant program obtains informed consent specific to organ transplantation from the transplant candidate. Ⓟ

COP.8.6   The transplant program has documented protocols, clinical practice guidelines, or procedures for organ recovery and organ receipt to ensure the compatibility, safety, efficacy, and quality of human cells, tissues, and organs for transplantation. Ⓟ

COP.8.7   Individualized patient care plans guide the care of transplant patients.

Transplant Programs Using Living Donor Organs

COP.9   Transplant programs that perform living donor transplantation adhere to local and regional laws and regulation and protect the rights of prospective or actual living donors.

COP.9.1   Transplant programs performing living donor transplants obtain informed consent specific to organ donation from the prospective living donor. Ⓟ

COP.9.2   Transplant programs that perform living donor transplants use clinical and psychological selection criteria to determine the suitability of potential living donors.

COP.9.3   Individualized patient care plans guide the care of living donors.

Anesthesia and Surgical Care (ASC)

Standards

Organization and Management

ASC.1   Sedation and anesthesia services are available to meet patient needs, and all such services meet professional standards and applicable local and national standards, laws, and regulations.

ASC.2   A qualified individual(s) is responsible for managing the sedation and anesthesia services.

Sedation Care

ASC.3   The administration of procedural sedation is standardized throughout the hospital. Ⓟ

    ASC.3.1   Practitioners responsible for procedural sedation and individuals responsible for monitoring patients receiving procedural sedation are qualified. Ⓟ

    ASC.3.2   Procedural sedation is administered and monitored according to professional practice guidelines. Ⓟ

    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

ASC.4   A qualified individual conducts a preanesthesia assessment and preinduction assessment.

ASC.5   Each patient's anesthesia care is planned and documented, and the anesthesia and technique used are documented in the patient's medical record.

    ASC.5.1   The risks, benefits, and alternatives related to anesthesia and post-operative pain control are discussed with the patient and/or those who make decisions for the patient.

ASC.6   Each patient's physiological status during anesthesia and surgery is monitored according to professional practice guidelines and documented in the patient's medical record. Ⓟ

    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

ASC.7   Each patient's surgical care is planned and documented based on the results of the assessment.

    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.

    ASC.7.2   Information about the surgical procedure is documented in the patient's medical record to facilitate continuing care.

    ASC.7.3   Patient care after surgery is planned and documented.

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)

Standards

Organization and Management

MMU.1 Medication use in the hospital is organized to meet patient needs, complies with applicable laws and regulations, and is under the direction and supervision of a licensed pharmacist or other qualified professional. Ⓟ

> **MMU.1.1** The hospital develops and implements a program for the prudent use of antibiotics based on the principle of antibiotic stewardship. Ⓟ

Selection and Procurement

MMU.2 Medications for prescribing or ordering are stocked, and there is a process for medications not stocked or normally available to the hospital or for times when the pharmacy is closed. Ⓟ

> **MMU.2.1** There is a method for overseeing the hospital's medication list and medication use.

Storage

MMU.3 Medications are properly and safely stored. Ⓟ

> **MMU.3.1** There is a process for the management of medications and nutritional products that require special handling. Ⓟ

> **MMU.3.2** Emergency medications are available, uniformly stored, monitored, and secure when stored out of the pharmacy. Ⓟ

> **MMU.3.3** The hospital has a medication recall system. Ⓟ

Ordering and Transcribing

MMU.4 Prescribing, ordering, and transcribing are guided by policies and procedures. Ⓟ

> **MMU.4.1** The hospital defines the elements of a complete order or prescription. Ⓟ

> **MMU.4.2** The hospital identifies those qualified individuals permitted to prescribe or to order medications.

> **MMU.4.3** Medications prescribed and administered are written in the patient's medical record.

Preparing and Dispensing

MMU.5 Medications are prepared and dispensed in a safe and clean environment.

> **MMU.5.1** Medication prescriptions or orders are reviewed for appropriateness. Ⓟ

> **MMU.5.2** A system is used to safely dispense medications in the right dose to the right patient at the right time.

Administration

MMU.6   The hospital identifies those qualified individuals permitted to administer medications.

   MMU.6.1   Medication administration includes a process to verify the medication is correct based on the medication prescription or order.

   MMU.6.2   Policies and procedures govern medications brought into the hospital for patient self-administration or as samples. Ⓟ

Monitoring

MMU.7   Medication effects on patients are monitored. Ⓟ

   MMU.7.1   The hospital establishes and implements a process for reporting and acting on medication errors and near misses. Ⓟ

Patient and Family Education (PFE)

Standards

PFE.1   The hospital provides education that supports patient and family participation in care decisions and care processes.

PFE.2   Each patient's educational needs are assessed and recorded in his or her medical record.

   PFE.2.1   The patient's and family's ability to learn and willingness to learn are assessed.

PFE.3   Education methods take into account the patient's and family's values and preferences and allow sufficient interaction among the patient, family, and staff for learning to occur.

PFE.4   Health care practitioners caring for the patient collaborate to provide education.

Section III:
Health Care Organization Management Standards

Quality Improvement and Patient Safety (QPS)

Standards

Management of Quality and Patient Safety Activities

QPS.1   A qualified individual guides the implementation of the hospital's program for quality improvement and patient safety and manages the activities needed to carry out an effective program of continuous quality improvement and patient safety within the hospital. Ⓟ

Measure Selection and Data Collection

QPS.2   Quality and patient safety program staff support the measure selection process throughout the hospital and provide coordination and integration of measurement activities throughout the hospital.

QPS.3   The quality and patient safety program uses current scientific and other information to support patient care, health professional education, clinical research, and management.

Analysis and Validation of Measurement Data

QPS.4   The quality and patient safety program includes the aggregation and analysis of data to support patient care, hospital management, and the quality management program and participation in external databases.

> **QPS.4.1**   Individuals with appropriate experience, knowledge, and skills systematically aggregate and analyze data in the hospital.

QPS.5   The data analysis process includes at least one determination per year of the impact of hospitalwide priority improvements on cost and efficiency.

QPS.6   The hospital uses an internal process to validate data. Ⓟ

QPS.7   The hospital uses a defined process for identifying and managing sentinel events. Ⓟ

QPS.8   Data are always analyzed when undesirable trends and variation are evident from the data. Ⓟ

QPS.9   The organization uses a defined process for the identification and analysis of near-miss events.

Gaining and Sustaining Improvement

QPS.10   Improvement in quality and safety is achieved and sustained.

QPS.11   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)

Standards

Responsibilities

PCI.1   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.

PCI.2   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 hospital.

Resources

PCI.3   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.

PCI.4   Hospital leadership provides resources to support the infection prevention and control program.

Goals of the Infection Control Program

PCI.5   The hospital designs and implements a comprehensive infection control program that identifies the procedures and processes associated with the risk of infection and implements strategies to reduce infection risk. ℗

PCI.6   The hospital uses a risk-based approach in establishing the focus of the health care–associated infection prevention and reduction program. ℗

    PCI.6.1   The hospital tracks infection risks, infection rates, and trends in health care–associated infections to reduce the risks of those infections.

Medical Equipment, Devices, and Supplies

PCI.7   The hospital reduces the risk of infections associated with medical/surgical equipment, devices, and supplies by ensuring adequate cleaning, disinfection, sterilization, and storage; and implements a process for managing expired supplies. ℗

    PCI.7.1   The hospital identifies and implements a process for managing the reuse of single-use devices consistent with regional and local laws and regulations. ℗

Infectious Waste

    PCI.7.2   The hospital reduces the risk of infections through proper disposal of waste.

    PCI.7.3   The hospital implements practices for safe handling and disposal of sharps and needles. ℗

Food Services

PCI.7.4   The hospital reduces the risk of infections associated with the operations of food services.

Construction Risks

PCI.7.5   The hospital reduces the risk of infection in the facility associated with mechanical and engineering controls and during demolition, construction, and renovation.

Transmission of Infections

PCI.8   The hospital provides barrier precautions and isolation procedures that protect patients, visitors, and staff from communicable diseases and protects immunosuppressed patients from acquiring infections to which they are uniquely prone. Ⓟ

PCI.8.1   The hospital develops and implements a process to manage a sudden influx of patients with airborne infections and when negative-pressure rooms are not available. Ⓟ

PCI.8.2   The hospital develops, implements, and tests an emergency preparedness program to respond to the presentation of global communicable diseases. Ⓟ

PCI.9   Gloves, masks, eye protection, other protective equipment, soap, and disinfectants are available and used correctly when required. Ⓟ

Quality Improvement and Program Education

PCI.10   The infection prevention and control process is integrated with the hospital's overall program for quality improvement and patient safety, using measures that are epidemiologically important to the hospital.

PCI.11   The hospital provides education on infection prevention and control practices to staff, physicians, patients, families, and other caregivers when indicated by their involvement in care. Ⓟ

Governance, Leadership, and Direction (GLD)

Standards

Governance of the Hospital

GLD.1 The structure and authority of the hospital's governing entity are described in bylaws, policies and procedures, or similar documents. Ⓟ

> **GLD.1.1** The operational responsibilities and accountabilities of the governing entity are described in a written document(s). Ⓟ

> **GLD.1.2** The governing entity approves the hospital's program for quality and patient safety and regularly receives and acts on reports of the quality and patient safety program. Ⓟ

Chief Executive(s) Accountabilities

GLD.2 A chief executive(s) is responsible for operating the hospital and complying with applicable laws and regulations. Ⓟ

Hospital Leadership Accountabilities

GLD.3 Hospital leadership is identified and is collectively responsible for defining the hospital's mission and creating the programs and policies needed to fulfill the mission.

> **GLD.3.1** Hospital leadership identifies and plans for the type of clinical services required to meet the needs of the patients served by the hospital. Ⓟ

> **GLD.3.2** Hospital leadership ensures effective communication throughout the hospital. Ⓟ

> **GLD.3.3** Hospital leadership ensures that there are uniform programs for the recruitment, retention, development, and continuing education of all staff.

Hospital Leadership for Quality and Patient Safety

GLD.4 Hospital leadership plans, develops, and implements a quality improvement and patient safety program.

> **GLD.4.1** Hospital leadership communicates quality improvement and patient safety information to the governing entity and hospital staff on a regular basis.

GLD.5 The chief executive and hospital leadership prioritize which hospitalwide processes will be measured, which hospitalwide improvement and patient safety activities will be implemented, and how success of these hospitalwide efforts will be measured.

Hospital Leadership for Contracts

GLD.6 Hospital leadership is accountable for the review, selection, and monitoring of clinical or nonclinical contracts. Ⓟ

GLD.6.1   Hospital leadership ensures that contracts and other arrangements are included as part of the hospital's quality improvement and patient safety program.

GLD.6.2   Hospital leadership ensures that independent practitioners not employed by the hospital have the right credentials and are privileged for the services provided to the hospital's patients. Ⓟ

Hospital Leadership for Resource Decisions

GLD.7   Hospital 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.

GLD.7.1   Hospital leadership seeks and uses data and information on the safety of the supply chain to protect patients and staff from unstable, contaminated, defective, and counterfeit supplies.

Clinical Staff Organization and Accountabilities

GLD.8   Medical, nursing, and other leaders of departments and clinical services plan and implement a professional staff structure to support their responsibilities and authority. Ⓟ

Direction of Hospital Departments and Services

GLD.9   One or more qualified individuals provide direction for each department or service in the hospital. Ⓟ

GLD.10   Each department/service leader identifies, in writing, the services to be provided by the department, and integrates or coordinates those services with the services of other departments. Ⓟ

GLD.11   Department/service leaders improve quality and patient safety by participating in hospitalwide improvement priorities and in monitoring and improving patient care specific to the department/service.

GLD.11.1   Measures selected by the department/service leaders that are applicable to evaluating the performance of physicians, nurses, and other professional staff participating in the clinical care processes, are used in the staff's performance evaluation.

GLD.11.2   Department/service leaders select and implement clinical practice guidelines, and related clinical pathways, and/or clinical protocols, to guide clinical care. Ⓟ

Organizational and Clinical Ethics

GLD.12   Hospital 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. Ⓟ

GLD.12.1   The hospital's framework for ethical management addresses operational and business issues, including marketing, admissions, transfer, discharge, and disclosure of ownership and any business and professional conflicts that may not be in patients' best interests. Ⓟ

GLD.12.2   The hospital's framework for ethical management addresses ethical issues and decision making in clinical care. Ⓟ

GLD.13   Hospital leadership creates and supports a culture of safety program throughout the hospital. Ⓟ

GLD.13.1   Hospital leadership implements, monitors, and takes action to improve the program for a culture of safety throughout the hospital.

Health Professional Education

GLD.14   Health professional education, when provided within the hospital, is guided by the educational parameters defined by the sponsoring academic program and the hospital's leadership.

Human Subjects Research

GLD.15   Human subjects research, when provided within the hospital, is guided by laws, regulations, and hospital leadership. ℗

GLD.16   Patients and families are informed about how to gain access to clinical research, clinical investigations, or clinical trials involving human subjects. ℗

GLD.17   Patients and families are informed about how patients who choose to participate in clinical research, clinical investigations, or clinical trials are protected.

GLD.18   Informed consent is obtained before a patient participates in clinical research, clinical investigations, or clinical trials. ℗

GLD.19   The hospital has a committee or another way to oversee all research in the hospital involving human subjects. ℗

Facility Management and Safety (FMS)

Standards

Leadership and Planning

FMS.1 The hospital complies with relevant laws, regulations, building and fire safety codes and facility inspection requirements.

FMS.2 The hospital develops and maintains a written program(s) describing the processes to manage risks to patients, families, visitors, and staff. Ⓟ

FMS.3 One or more qualified individuals oversee the planning and implementation of the facility management program to reduce and control risks in the care environment.

Safety and Security

FMS.4 The hospital plans and implements a program to provide a safe physical facility through inspection and planning to reduce risks. Ⓟ

    FMS.4.1 The hospital plans and implements a program to provide a secure environment for patients, families, staff, and visitors. Ⓟ

    FMS.4.2 The hospital plans and budgets for upgrading or replacing key systems, buildings, or components based on the facility inspection and in keeping with laws and regulations.

        FMS.4.2.1 When planning for demolition, construction, or renovation, the organizations conducts a pre-construction risk assessment. Ⓟ

Hazardous Materials

FMS.5 The hospital has a program for the inventory, handling, storage, and use of hazardous materials and waste. Ⓟ

    FMS.5.1 The hospital has a program for the control and disposal of hazardous materials and waste. Ⓟ

Disaster Preparedness

FMS.6 The hospital develops, maintains, and tests an emergency management program to respond to emergencies and natural or other disasters that have the potential of occurring within the community. Ⓟ

Fire Safety

FMS.7 The hospital 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. Ⓟ

    FMS.7.1 The hospital regularly tests its fire and smoke safety program, including any devices related to early detection and suppression, and documents the results. Ⓟ

FMS.7.2   The fire safety program includes limiting smoking by staff and patients to designated non–patient care areas of the facility. Ⓟ

Medical Equipment

FMS.8   The hospital establishes and implements a program for inspecting, testing, and maintaining medical equipment and documenting the results. Ⓟ

FMS.8.1   The hospital has a system in place for monitoring and acting on medical equipment hazard notices, recalls, reportable incidents, problems, and failures. Ⓟ

Utility Systems

FMS.9   The hospital establishes and implements a program to ensure that all utility systems operate effectively and efficiently.

FMS.9.1   Utility systems are inspected, maintained, and improved.

FMS.9.2   The hospital utility systems program ensures that potable water and electrical power are available at all times and establishes and implements alternative sources of water and power during system disruption, contamination, or failure.

FMS.9.2.1   The hospital tests its emergency water and electrical systems and documents the results.

FMS.9.3   Designated individuals or authorities monitor water quality regularly.

Facility Management and Safety Program Monitoring

FMS.10   The hospital collects and analyzes data from each of the facility management and safety programs to support planning for replacing or upgrading medical equipment, technology and systems, and reducing risks in the environment.

Staff Education

FMS.11   The hospital educates, trains, and tests all staff about their roles in providing a safe and effective patient care facility.

FMS.11.1   Staff members are trained and knowledgeable about their roles in the hospital's programs for fire safety, security, hazardous materials, and emergencies.

FMS.11.2   Staff are trained to operate and to maintain medical equipment and utility systems.

Staff Qualifications and Education (SQE)

Standards

Planning

SQE.1   Leaders of hospital departments and services 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   Leaders of hospital departments and services develop and implement processes for recruiting, evaluating, and appointing staff as well as other related procedures identified by the hospital.

SQE.3   The hospital uses a defined process to ensure that clinical staff knowledge and skills are consistent with patient needs.

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

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

SQE.6   A staffing strategy for the hospital, developed by the leaders of hospital departments and services, identifies the number, types, and desired qualifications of staff. Ⓟ

    SQE.6.1   The staffing strategy is reviewed on an ongoing basis and updated as necessary.

SQE.7   All clinical and nonclinical staff members are oriented to the hospital, the department or unit to which they are assigned, and to their specific job responsibilities at appointment to the staff.

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 patient care and other staff identified by the hospital are trained and can demonstrate appropriate competence in resuscitative techniques.

    SQE.8.2   The hospital provides a staff health and safety program that addresses staff physical and mental health and safe working conditions. Ⓟ

        SQE.8.2.1   The hospital identifies staff who are at risk for exposure to and possible transmission of vaccine-preventable diseases and implements a staff vaccination and immunization program. Ⓟ

Determining Medical Staff Membership

SQE.9   The hospital has a uniform process for gathering the credentials of those medical staff members permitted to provide patient care without supervision. Ⓟ

    SQE.9.1   Medical staff members' education, licensure/registration, and other credentials required by law or regulation and the hospital are verified and kept current. Ⓟ

SQE.9.2   There is a uniform, transparent decision process for the initial appointment of medical staff members. Ⓟ

The Assignment of Medical Staff Clinical Privileges

SQE.10   The hospital has a standardized, objective, evidence-based procedure to authorize medical staff members to admit and to treat patients and/or to provide other clinical services consistent with their qualifications. Ⓟ

Ongoing Monitoring and Evaluation of Medical Staff Members

SQE.11   The hospital uses an ongoing standardized process to evaluate the quality and safety of the patient care provided by each medical staff member. Ⓟ

Medical Staff Reappointment and Renewal of Clinical Privileges

SQE.12   At least every three years, the hospital determines, from the ongoing monitoring and evaluation of each medical staff member, if medical staff membership and clinical privileges are to continue with or without modification. Ⓟ

Nursing Staff

SQE.13   The hospital has a uniform process to gather, to verify, and to evaluate the nursing staff's credentials (license, education, training, and experience). Ⓟ

SQE.14   The hospital has a standardized process to identify job responsibilities and to make clinical work assignments based on the nursing staff member's credentials and any regulatory requirements.

        SQE.14.1   The hospital has a standardized process for nursing staff participation in the hospital's quality improvement activities, including evaluating individual performance when indicated.

Other Health Care Practitioners

SQE.15   The hospital has a uniform process to gather, to verify, and to evaluate other health care practitioners' credentials (license, education, training, and experience). Ⓟ

SQE.16   The hospital has a uniform process to identify job responsibilities and to make clinical work assignments based on other health care practitioners' credentials and any regulatory requirements.

        SQE.16.1   The hospital has a uniform process for other health care practitioners' participation in the hospital's quality improvement activities.

Management of Information (MOI)

Standards

Information Management

MOI.1 The hospital plans and designs information management processes to meet internal and external information needs.

MOI.2 Information privacy, confidentiality, and security—including data integrity—are maintained. Ⓟ

MOI.3 The hospital determines the retention time of records, data, and information. Ⓟ

MOI.4 The hospital uses standardized diagnosis and procedure codes and ensures the standardized use of approved symbols and abbreviations across the hospital.

MOI.5 The data and information needs of those in and outside the hospital are met on a timely basis in a format that meets user expectations and with the desired frequency.

MOI.6 Records and information are protected from loss, destruction, tampering, and unauthorized access or use. Ⓟ

MOI.7 Decision makers and other staff members are educated and trained in the principles of information use and management.

Management and Implementation of Documents

MOI.8 Written documents, including policies, procedures, and programs, are managed in a consistent and uniform manner. Ⓟ

  MOI.8.1 The policies, procedures, plans, and other documents that guide consistent and uniform clinical and nonclinical processes and practices are fully implemented. Ⓟ

Medical Record

MOI.9 The hospital initiates and maintains a standardized medical record for every patient assessed or treated and determines the record's content, format, and location of entries. Ⓟ

  MOI.9.1 The medical record contains sufficient information to identify the patient (*also see* IPSG.1), to support the diagnosis, to justify the treatment, and to document the course and results of treatment.

MOI.10 The medical records of patients receiving emergency 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.

MOI.11 The hospital identifies those authorized to make entries in the patient medical record. Ⓟ

MOI.11.1 Every patient medical record entry identifies its author and when the entry was made in the medical record.

    MOI.11.1.1 The hospital has a process to address the proper use of the copy-and-paste function when electronic medical records are used. Ⓟ

MOI.12 As part of its monitoring and performance improvement activities, the hospital regularly assesses patient medical record content and the completeness of patient medical records.

Information Technology in Health Care

MOI.13 Health information technology systems are assessed and tested prior to implementation within the hospital and evaluated for quality and patient safety following implementation.

MOI.14 The hospital develops, maintains, and tests a program for response to planned and unplanned downtime of data systems. Ⓟ

Section IV: Academic Medical Center Hospital Standards

Medical Professional Education (MPE)

Standards

MPE.1 The hospital's governing body and leadership of the hospital approve and monitor the participation of the hospital in providing medical education.

MPE.2 The hospital's clinical staff, patient population, technology, and facility are consistent with the goals and objectives of the education program.

MPE.3 Clinical teaching staff are identified, and each staff member's role and relationship to the academic institution is defined.

MPE.4 The hospital understands and provides the required frequency and intensity of medical supervision for each type and level of medical student and trainee. Ⓟ

MPE.5 Medical education provided in the hospital is coordinated and managed through a defined operational mechanism and management structure.

MPE.6 Medical students and trainees comply with all hospital policies and procedures, and all care is provided within the quality and patient safety parameters of the hospital. Ⓟ

MPE.7 Medical trainees who provide care or services within the hospital—outside of the parameters of their academic program—are granted permission to provide those services through the hospital's established credentialing, privileging, job specification, or other relevant processes.

Human Subjects Research Programs (HRP)

Standards

HRP.1   Hospital leadership is accountable for the protection of human research subjects.

  HRP.1.1   Hospital leadership complies with all regulatory and professional requirements and provides adequate resources for effective operation of the research program.

HRP.2   Hospital leadership establishes the scope of the research program.

HRP.3   Hospital leadership establishes requirements for sponsors of research to ensure their commitment to the conduct of ethical research. Ⓟ

  HRP.3.1   When one or more of the research-related duties and functions of the sponsor are provided through an outside commercial or academic contract research organization, the accountabilities of the outside contract research organization are clearly defined. Ⓟ

HRP.4   Hospital leadership creates or contracts for a process to provide the initial and ongoing review of all human subjects research. Ⓟ

HRP.5   The hospital identifies and manages conflicts of interest with research conducted at the hospital. Ⓟ

HRP.6   The hospital integrates the human subjects research program into the quality and patient safety program of the hospital.

HRP.7   The hospital establishes and implements an informed consent process that enables patients to make informed and voluntary decisions about participating in clinical research, clinical investigations, or clinical trials.

  HRP.7.1   The hospital informs patients and families about how to gain access to clinical research, clinical investigations, or clinical trials and includes protections for vulnerable populations to minimize potential coercion or undue influence. Ⓟ