



Common Questions and Answers Regarding JCI Accreditation, Primary Care, and These Standards

What is accreditation?

Accreditation is a process in which an entity, separate and distinct from the health care organization, usually nongovernmental, assesses a health care organization to determine whether it meets a set of requirements (standards) designed to improve the safety and quality of care. Accreditation is usually voluntary. Accreditation standards are usually regarded as optimal and achievable. Accreditation provides a visible commitment by an organization to improve the safety and quality of patient care, ensure a safe care environment, and continually work to reduce risks to patients and staff. Accreditation has gained worldwide attention as an effective quality evaluation and management tool.

What are the benefits of accreditation?

The accreditation process is designed to create a culture of safety and quality within primary care centers that strive to continually improve patient care processes and results. In doing so, primary care centers

- improve public trust that they are concerned for patient safety and the quality of care;
- provide a safe and efficient work environment that contributes to worker satisfaction;
- negotiate with sources of payment for care with data on the quality of care; listen to patients and their families, respect their rights, and involve them in the care process as partners;
- create a culture that is open to learning from the timely reporting of adverse events and safety concerns; and
- establish collaborative leadership that sets priorities for and provides continuous leadership for quality and patient safety.

What is JCI accreditation, and what is JCI's relationship to The Joint Commission?


JCI is the international arm of The Joint Commission. JCI's mission is to improve the quality of health care in the international community.

For more than 75 years, The Joint Commission and its predecessor organization have been dedicated to improving the quality and safety of health care services. Today, The Joint Commission is the largest accreditor of health care organizations in the United States; it surveys nearly 16,000 health care programs through a voluntary accreditation process. The Joint Commission and JCI are both nongovernmental, not-for-profit United States corporations.

What are the purpose and the goal of JCI accreditation initiatives?

JCI accreditation is a variety of initiatives designed to respond to a growing demand around the world for standards-based evaluation in health care. The purpose is to offer the international community standards-based, objective processes for evaluating health care organizations. The goal of the program is to stimulate demonstration of continuous, sustained improvement in health care organizations by applying international consensus standards and International Patient Safety Goals. In addition to the standards for primary care centers contained in this first edition, JCI has developed standards and accreditation programs for the following:

- Hospitals
- Clinical laboratories
- The care continuum (home care, assisted living, long term care, hospice care)
- Medical transport organizations
- Ambulatory care



JCI also offers certification of programs that provide disease- or condition-specific care, such as programs for stroke care or cardiac care.

JCI accreditation programs are based on an international framework of standards adaptable to local needs.

The programs have the following characteristics:

- International consensus standards, developed and maintained by an international task force, and approved by an international board, are the basis of each accreditation program.
- The underlying philosophy of the standards is based on principles of quality management and continuous quality improvement.
- The accreditation process is designed to accommodate the legal, religious, and/or cultural factors within a country. Although the standards set uniform, high expectations for the safety and quality of patient care, country-specific considerations related to compliance with those expectations are part of the accreditation process.
- The on-site survey team and agenda will vary depending on the organization's size and the type of services it provides. For example, a large primary care center may require a two- or three-day survey by a physician, a nurse, and an administrator, whereas a smaller community center may require a one- or two-day survey with only one or two surveyors.
- JCI accreditation is designed to be valid, reliable, and objective. Based on the analysis of the survey findings, final accreditation decisions are made by an international accreditation committee.

What definition of *primary health care* was used to guide the development of the standards?


The World Health Organization (WHO) definition of *primary health care* was used to guide the development of the standards. In the WHO's 1978 publication *Primary Health Care: Report on the Conference of Primary Health Care*, the term *primary health care* is defined as follows:

Primary health care is essential health care made universally accessible to individuals and families in the community by means acceptable to them through their full participation and at a cost that the community and country can afford. It forms an integral part both of the country's health care system of which it is the nucleus and of the overall social and economic development of the community.

Further, primary care centers are distinguished by the level of integration into the greater health community and involvement in improving the health of the immediate community served. Primary care centers strive for accessibility, comprehensiveness, coordination, continuity, and accountability on both an individual patient level and a community level. Primary care centers are also distinguished by their emphasis on health promotion and disease prevention.

Are the standards applicable to all types of primary care centers?

Yes, the standards presented in this manual are applicable to a wide variety of primary care centers, from small physician-led clinics to large public health primary care organizations. Also, the standards are equally applicable to public and private clinics. Many standards note that if a service is not available, the standard is not applicable. For example, if a primary care center contains a pharmacy to provide prescribed medications to patients, the standards for pharmacy services apply. If the primary care center only prescribes medications, and the patient obtains the medication in the community, then only the standards that relate to the medications administered directly to patients in the center apply. Although the standards set the same high expectations for all primary care centers, the



demonstration of compliance with the standards will be through simple means (for example, paper documents) for small centers and through more complex means (for example, high technology) for highly complex and large centers. Similarly, the on-site evaluation process will be tailored to the size and complexity of the primary care center.

How were the Primary Care Center standards developed?

A 16-member international standards subcommittee, composed of experienced physicians, nurses, administrators, and public policy experts, guides the development and revision process of the JCI international accreditation standards. The standards subcommittee consists of members from six major world regions: Latin America and the Caribbean, Asia and the Pacific Rim, the Middle East, central and eastern Europe, western Europe, and Africa. The work of the standards subcommittee is refined based on an international field review of the standards and the input from experts and others with unique content knowledge. In addition, the Primary Care Center standards benefited from the expertise of an expert panel composed of primary care experts from 13 countries and the WHO. The members of the standards subcommittee and expert panel are identified on pages 5-6.

How are the standards organized?

The Primary Care Center standards are organized around the important functions common to all primary care centers. This 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 according to the following functions:

- Community Involvement and Integration (CII)
- Patient-Centered Services (PCS)
- Organization and Delivery of Services (ODS)
- Improvement in Quality and Safety (IQS)
- International Patient Safety Goals

These functions apply to an entire primary care center as well as to each unit or service within the center. The survey process gathers standards compliance information throughout an entire primary care center, and the accreditation decision is based on the overall level of compliance found. Standards that set expectations related to services that are not provided by the center (for example, an on-site pharmacy) are considered not applicable.

Are the standards available for use by the international community?

Yes. The Primary Care Center standards are available in the international public domain for use by individual primary care centers and by public agencies in improving the quality of patient care. Organizations can download the standards only from the JCI Web site, at no cost, in order to consider adapting them to the needs of individual countries. The translation and use of the standards as published by JCI requires permission.

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

When standard compliance is related to a law or regulation, whichever sets the higher or stricter requirement applies.

How do I use this standards manual?

This international standards manual can be used to

- guide the efficient and effective management of a primary care center;
- 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 primary care center;
- become aware of the standards that all primary care centers must meet to be accredited by JCI;



- review the compliance expectations of standards as found in the measurable elements of each standard;
- become aware of the accreditation policies and procedures and the accreditation process; and
- become familiar with the terminology used in the manual.

What are the "measurable elements" of a standard?

The measurable elements of a standard are those requirements of the standard and its intent statement that will be reviewed and assigned a score during the accreditation survey process. The measurable elements list what is required in order for an organization to be in full compliance with a standard. Each element is already reflected in the standard or intent statement. Listing the measurable elements is intended to provide greater clarity to the standards and help educate staff about the standards and prepare for the accreditation survey.

How frequently will the standards be 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 currently anticipated that the standards will be revised and published at least every three years.