



Joint Commission International
Accreditation Standards for
Hospitals

Including Standards for Academic Medical Center Hospitals

Section I:
Accreditation Participation
Requirements



Accreditation Participation Requirements (APR)

Requirements

- APR.01.00** The hospital submits information to Joint Commission International (JCI) as required.
- APR.02.00** The hospital provides accurate information throughout the accreditation process.
- APR.03.00** The hospital reports any changes in the information provided in the application for accreditation and any changes made between surveys.
- APR.04.00** The hospital permits the performance of a survey at JCI's discretion.
- APR.05.00** 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.
- APR.06.00** The hospital selects and uses measures as part of its quality improvement measurement system.
- APR.07.00** 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.
- APR.08.00** 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.
- APR.09.00** 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.
- APR.10.00** 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.
- APR.11.00** The hospital provides patient care, treatment, services, and an environment that pose no risk of an "Immediate Threat to Health or Safety."

Section II:
Patient-Centered
Standards



Access to Care and Continuity of Care (ACC)

Standards

Admission to the Hospital

- ACC.01.00** Patients admitted to the hospital or who seek outpatient services are screened to identify if their health care needs match the hospital's mission, scope of care, and resources.
- ACC.01.01** Patients with emergent, urgent, or immediate needs are given priority for assessment and treatment.
- ACC.01.02** The hospital considers the clinical needs of patients and informs patients when there are unusual delays for diagnostic and/or treatment services.

Patient Flow

- ACC.02.00** The hospital has a process for managing the flow of patients throughout the hospital that includes the admission and registration of patients, as applicable to the patient care setting.
- ACC.02.01** At the time of admission, the patient and family receive education and orientation to the patient care area, information on the proposed care and any expected costs for care, and the expected outcomes of care.
- ACC.02.02** The hospital establishes criteria for admission to and discharge from units or departments providing specialized services.

Continuity of Care

- ACC.03.00** The hospital provides continuous patient care services and coordination among health care providers.
- ACC.03.01** There is a qualified individual responsible for the patient's care.

Discharge, Referral, and Follow-Up

- ACC.04.00** The hospital develops and implements a discharge planning and referral process based on the patient's readiness for discharge.
- ACC.04.01** The hospital's discharge process includes patient and family education related to the patient's ongoing need for continuing care, treatment, and services.
- ACC.04.02** The complete discharge summary is prepared for all patients and is included in the patient's medical record.
- ACC.04.03** Emergency care is documented.
- ACC.04.04** Medical records contain patient profiles.
- ACC.04.05** The hospital has a process for the management of patients who leave against medical advice.

Transfer of Patients

ACC.05.00 The hospital has a process to transfer patients to other health care organizations based on the patient's status and the hospital's ability to meet those needs.

ACC.05.01 The receiving organization is given a written summary of the patient's clinical condition and the interventions provided by the hospital, and the process is documented in the patient's medical record.

Transportation

ACC.06.00 The hospital's transportation services comply with relevant laws and regulations and meet requirements for high-quality, safe transport.



Assessment of Patients (AOP)

Standards

Patient Assessment

- AOP.01.00** All patients have their health care needs identified through an assessment process that has been defined by the hospital.
- AOP.01.01** Each patient's initial assessment includes a health history and an assessment of the patient's physical, psychological, spiritual/cultural, social, and economic needs.
- AOP.01.02** The hospital has a process for accepting initial assessments from outside sources.
- AOP.01.03** Patients are screened for nutritional, functional, and other special needs and are further assessed when indicated by the screening.
- AOP.01.04** All patients are screened for pain and assessed when pain is present.
- AOP.01.05** All patients are reassessed at intervals based on their condition and treatment.

Patient Falls

- AOP.02.00** The hospital develops and implements a process to reduce the risk of falls, and patient harm resulting from falls.

Laboratory Services

- AOP.03.00** Laboratory services are available to meet patient needs, and all laboratory services meet applicable local and national standards, laws, and regulations.
- AOP.03.01** A qualified individual(s) is responsible for managing the clinical laboratory service or pathology service, and all laboratory staff are qualified to perform the tests and interpret the results.
- AOP.03.02** The hospital has defined requirements for the oversight and supervision of the point-of-care testing program.
- AOP.03.03** Laboratory results are reported within time frames defined by hospital policy.
- AOP.03.04** All laboratory testing equipment is regularly inspected, maintained, and calibrated, and appropriate records are maintained for these activities.
- AOP.03.05** Essential reagents and supplies are available, and all reagents are evaluated to ensure accuracy and precision of results.
- AOP.03.06** Procedures for collecting, identifying, handling, safely transporting, and disposing of specimens are established and implemented.
- AOP.03.07** Established norms and ranges are used to interpret and to report clinical laboratory results.

AOP.03.08 The hospital has implemented processes for quality control and proficiency testing of laboratory services.

AOP.03.09 The hospital ensures the quality of services provided by contracted laboratories.

Blood Bank and/or Transfusion Services

AOP.04.00 A qualified individual(s) is responsible for blood bank and/or transfusion services and ensures that services adhere to laws and regulations and recognized standards of practice.

AOP.04.01 Clinical guidelines and procedures are implemented for the handling and administration of blood and blood products.

Radiology and Diagnostic Imaging Services

AOP.05.00 Radiology and diagnostic imaging services are available to meet patient needs, and all services meet applicable local and national standards, laws, and regulations.

AOP.05.01 A qualified individual(s) is responsible for managing the radiology and diagnostic imaging services, and individuals with proper qualifications and experience perform diagnostic imaging studies, interpret the results, and report the results.

AOP.05.02 A radiation and/or diagnostic imaging safety program for patients, staff, and visitors is implemented and is compliant with applicable professional standards, laws, and regulations.

AOP.05.03 Radiology and diagnostic imaging study results are available in a timely way as defined by hospital policy.

AOP.05.04 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.05.05 The hospital has implemented quality control procedures for radiology and diagnostic imaging services.

AOP.05.06 The hospital ensures the quality of services provided by all outside contracted sources of radiology and diagnostic imaging services.

Nuclear Medicine Services

AOP.06.00 When applicable, the hospital establishes and implements a nuclear medicine safety program that complies with applicable professional standards, laws, and regulations.



Anesthesia and Surgical Care (ASC)

Standards

Organization and Management

ASC.01.00 The hospital provides sedation and anesthesia services to meet patient needs, and in accordance with laws and regulations.

Sedation Care

ASC.02.00 The administration of procedural sedation is standardized throughout the hospital.

ASC.02.01 Practitioners responsible for procedural sedation and staff responsible for monitoring patients receiving procedural sedation are qualified.

ASC.02.02 Procedural sedation is administered and monitored according to professional practice guidelines and documented in the patient's medical record.

ASC.02.03 The risks, benefits, and alternatives related to procedural sedation are discussed with the patient, their family, or those who make decisions for the patient.

Anesthesia Care

ASC.03.00 A qualified individual conducts a preanesthesia assessment and preinduction assessment.

ASC.03.01 Each patient's anesthesia plan of care is discussed with the patient and/or those who make decisions for the patient and documented in the patient's medical record.

ASC.03.02 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.03.03 Each patient's postanesthesia status is monitored, and the patient is discharged from the recovery area by a qualified individual or by using established criteria.

Surgical Care

ASC.04.00 Each patient's surgical care is planned based on the results of the preoperative assessment and documented in the patient's medical record.

ASC.04.01 The risks, benefits, and alternatives are discussed with the patient and their family or those who make decisions for the patient.

ASC.04.02 Information about the surgical procedure is documented in the patient's medical record to facilitate continuing care.

ASC.04.03 Patient care after surgery is planned and documented.

ASC.04.04 Surgical care that includes the implanting of a medical device is planned with special consideration for how standard processes must be modified.



Care of Patients (COP)

Standards

Care Delivery for All Patients

- COP.01.00** There is a uniform process for prescribing and completing treatment orders.
- COP.01.01** An individualized plan of care is developed and documented for each patient.
- COP.01.02** The provision of high-risk services is guided by professional practice guidelines, laws, and regulations.

Clinical Alarm System Management

- COP.02.00** The hospital implements policies and procedures for safety of clinical alarm systems.

Recognition of Changes to Patient Condition

- COP.03.00** Clinical staff are trained to recognize and respond to changes in a patient's condition.

Resuscitation Services

- COP.04.00** Resuscitation services are available throughout the hospital.

Management of Patients at Risk of Suicide or Self-Harm

- COP.05.00** The hospital has a process to identify and protect patients at risk for suicide and self-harm.

Food and Nutrition Therapy

- COP.06.00** Food, nutrition products, and nutrition therapy are available to patients.

Pain Management

- COP.07.00** Pain is managed effectively.

End-of-Life Care

- COP.08.00** The hospital has a process to provide end-of-life care that addresses the needs of the patient and family and optimizes the patient's comfort and dignity.

Hospitals Providing Transplant Services

- COP.09.00** The hospital informs patients and families about how to donate organs and other tissues.
- COP.09.01** The hospital provides oversight for the process of organ and tissue procurement.
- COP.09.02** The hospital's leaders provide resources to support the organ, tissue, and/or cell transplant program.
- COP.09.03** The hospital identifies a qualified transplant program leader(s) and includes an interdisciplinary team that consists of clinical staff with expertise in the relevant transplant programs.

- COP.09.04** There is a designated coordination mechanism for all transplant activities.
- COP.09.05** The hospital complies with organ, tissue, and cell transplant responsibilities.
- COP.09.06** The transplant program obtains informed consent specific to organ, tissue, and/or cell transplant from the transplant recipient candidate.
- COP.09.07** 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.09.08** Clinical practice guidelines and clinical criteria guide the selection and care of organ, tissue, and cell transplant patients.

Transplant Programs Using Living Donor Organs

- COP.10.00** Transplant programs that perform living donor transplantation adhere to local and regional laws and regulations and protect the rights of prospective or actual living donors.
- COP.10.01** Transplant programs performing living donor transplants obtain informed consent specific to organ donation from the prospective living donor.
- COP.10.02** Transplant programs that perform living donor transplants use clinical and psychological selection criteria to determine the suitability of potential living donors.
- COP.10.03** Individualized patient care plans guide the care of living donors.



International Patient Safety Goals (IPSG)

Goals and Standards

Goal 1: Identify Patients Correctly

IPSG.01.00 The hospital implements a process to improve accuracy of patient identifications.

Goal 2: Improve Effective Communication

IPSG.02.00 The hospital implements a process for reporting critical results of diagnostic tests.

IPSG.02.01 The hospital implements a standardized process for handover communication.

Goal 3: Improve the Safety of Medications

IPSG.03.00 The hospital implements a process to improve the safety of high-alert medications.

IPSG.03.01 The hospital implements a process to improve the safety of look-alike/sound-alike medications.

IPSG.03.02 The hospital implements a process to manage the safe use of concentrated electrolytes.

Goal 4: Ensure Safe Surgery

IPSG.04.00 The hospital implements a process for the preoperative verification and surgical/invasive procedure site marking.

IPSG.04.01 The hospital 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.05.00 The hospital implements evidence-based hand-hygiene guidelines to reduce the risk of health care–associated infections.



Medication Management and Use (MMU)

Standards

Organization and Management

MMU.01.00 The hospital manages its medication management processes.

MMU.01.01 The hospital implements a program for the prudent use of antimicrobials based on the principle of antimicrobial stewardship.

MMU.01.02 The hospital has a medication recall system process.

MMU.01.03 The hospital has a process for handling expired medications.

Selection and Procurement

MMU.02.00 The hospital implements a process for the selection and procurement of medications.

Storage

MMU.03.00 Medications are properly and safely stored.

MMU.03.01 Emergency medications are available, uniformly stored, monitored, and secure when stored out of the pharmacy.

Ordering and Transcribing

MMU.04.00 The hospital identifies those qualified individuals permitted to prescribe or to order medications.

MMU.04.01 The hospital identifies safe prescribing, ordering, and transcribing practices and defines the elements of a complete order or prescription.

MMU.04.02 The hospital has a medication reconciliation process.

Preparing and Dispensing

MMU.05.00 Medications are prepared and dispensed in a safe and clean environment.

MMU.05.01 The hospital's process for radiopharmaceuticals is in accordance with laws, regulations, and guidelines.

MMU.05.02 Medication prescriptions or orders are reviewed for appropriateness.

MMU.05.03 A system is used to safely dispense medications in the right dose to the right patient at the right time.

Administration

MMU.06.00 Medication administration is safely performed by qualified individuals.

MMU.06.01 Policies and procedures govern medications brought into the hospital by the patient or family, medication prescribed for patient self-administration, and medications brought into the hospital as samples.

Monitoring

MMU.07.00 The hospital monitors and responds to actual or potential adverse drug events and adverse drug reactions.

MMU.07.01 The hospital implements a process for identifying, reporting, managing, and tracking all medication errors and near miss events (or close calls).



Patient-Centered Care (PCC)

Standards

Patient and Family Rights

- PCC.01.00** The hospital implements processes that support patient and family rights during care.
- PCC.01.01** The hospital respects, protects, and promotes patient rights.
- PCC.01.02** The hospital protects patient privacy, confidentiality, and access to health information.
- PCC.01.03** The hospital provides patients with information regarding the safety and security of personal possessions.
- PCC.01.04** The hospital identifies its vulnerable populations and the risks to those populations.

Patient Experience

- PCC.02.00** Patients and families are engaged in all aspects of their care, treatment, and services.
- PCC.02.01** 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.
- PCC.02.02** The hospital evaluates patient experience data and makes improvements to enhance the quality of patient care.
- PCC.02.03** The hospital informs patients and families about their right to report complaints and to be notified of errors related to their care and the hospital's process for acting on them.

Patient Consent Process

- PCC.03.00** Informed consent is obtained through a process defined by the hospital and carried out by trained staff in a manner and language the patient or their surrogate can understand.

Patient and Family Education

- PCC.04.00** The hospital provides an education program that is based on the care, treatment, and services it provides and meets the needs of the patient population it serves.
- PCC.04.01** Each patient's educational needs and learning ability are assessed and documented in their medical record.

Section III:
Health Care Organization
Management Standards



Facility Management and Safety (FMS)

Standards

Leadership and Planning

FMS.01.00 The hospital complies with relevant laws, regulations, building and fire safety codes, and facility inspection requirements.

FMS.01.01 A qualified individual(s) oversees the facility management and safety structure.

Risk Assessment and Monitoring

FMS.02.00 The hospital develops and documents a risk assessment based on facility management and safety risks identified throughout the organization, prioritizes the risks, establishes goals, and implements improvements to reduce and eliminate risks.

Safety

FMS.03.00 The hospital implements a program to provide a safe physical facility.

Security

FMS.04.00 The hospital implements a program to provide a secure environment for patients, families, staff, and visitors.

Hazardous Materials and Waste

FMS.05.00 The hospital implements a program for the management of hazardous materials and waste.

Fire Safety

FMS.06.00 The hospital establishes and implements a program for fire safety that complies with national and local codes, laws, and regulations.

FMS.06.01 The hospital maintains fire safety equipment and fire safety building features.

FMS.06.02 All fire safety equipment and systems, including devices related to early detection, alarm notification, and suppression, are inspected, evaluated, and maintained.

FMS.06.03 The hospital conducts regular exercises with staff to evaluate the fire safety program.

FMS.06.04 The fire safety program includes limiting smoking by staff and patients to designated non-patient care areas of the facility.

Medical Equipment

FMS.07.00 The hospital develops and implements a program for the management of medical equipment throughout the organization.

FMS.07.01 The hospital has a process for monitoring and acting on medical equipment hazard notices, recalls, reportable incidents, problems, and failures.

Utility Systems

- FMS.08.00** The hospital implements a program for the management of utility systems throughout the organization.
- FMS.08.01** The hospital utility systems program ensures that essential utilities, including power, water, and medical gases, are always available, and alternative sources for essential utilities are tested and evaluated.
- FMS.08.02** Designated individuals or authorities monitor water quality regularly.
- FMS.08.03** Quality of water used in hemodialysis is tested and evaluated for chemical, bacterial, and endotoxin contaminants, and processes for hemodialysis services follow professional standards for water quality and for infection prevention and control.
- FMS.08.04** The hospital reduces the risk of infection in the facility through the use of mechanical and engineering controls.

Emergency and Disaster Management

- FMS.09.00** The hospital develops, maintains, and evaluates an emergency management program to respond to internal and external emergencies and disasters that have the potential of occurring within the hospital and community.
- FMS.09.01** The hospital implements and evaluates an emergency management program to respond to the presentation of global communicable diseases.

Construction and Renovation

- FMS.10.00** When planning for construction, renovation, and demolition projects, or maintenance activities that affect patient care, the organization conducts a preconstruction risk assessment.



Governance, Leadership, and Direction (GLD)

Standards

Leadership Structure

GLD.01.00 The structure, authority, and responsibilities of the hospital's governing entity are described in bylaws, policies and procedures, or similar written documents.

Chief Executive(s) Accountabilities

GLD.02.00 A chief executive(s) is responsible for operating the hospital and complying with applicable laws and regulations.

Leader Accountabilities

GLD.03.00 Hospital leaders are identified and are collectively responsible for defining the hospital's mission and creating the programs and policies needed to fulfill the mission.

GLD.03.01 Hospital leaders identify, plan, and communicate the type of clinical services required to meet the needs of the patients served by the hospital.

GLD.03.02 Hospital leaders ensure effective communication throughout the hospital.

Leadership for Quality and Patient Safety

GLD.04.00 Hospital leaders plan, develop, and implement a quality and patient safety program.

GLD.04.01 Hospital leaders report quality improvement and patient safety information to the governing entity and hospital staff.

GLD.04.02 Hospital leaders collaborate to 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.

Leadership for Contracts and Resources

GLD.05.00 Hospital leaders are accountable for the review, selection, and monitoring of clinical and nonclinical contracts and inspect compliance with contracted services as needed.

GLD.05.01 Hospital leaders ensure that health care practitioners and clinical staff not employed by the hospital have the right credentials and are competent and/or privileged for the services provided to the hospital's patients.

GLD.05.02 Hospital leaders use data and information in resource decision-making to understand its implications on patient safety and quality.

GLD.05.03 Hospital leaders establish a supply chain strategy that includes protection of patients and staff from unstable, contaminated, defective, and counterfeit supplies.

Direction of Hospital Departments and Services

GLD.06.00 The hospital identifies the scope of services and structure of each department or service.

GLD.06.01 Department/service leaders participate in hospitalwide improvement priorities and in monitoring and improving patient care specific to the department/service.

GLD.06.02 Department/service leaders select and implement clinical practice guidelines, clinical pathways, and clinical protocols when designing or improving processes.

Organizational and Clinical Ethics

GLD.07.00 Hospital leaders establish 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.07.01 Hospital leaders create and maintain a culture of safety and quality throughout the hospital.

GLD.07.02 The hospital implements a workplace violence prevention program to provide a safe and secure workplace.

Health Professional Education

GLD.08.00 Health professional education, when provided within the hospital, is guided by the educational parameters defined by the sponsoring academic program and the hospital's leaders.

Human Subjects Research

GLD.09.00 Human subjects research, when provided within the hospital, is guided by laws, regulations, and hospital leaders.



Health Care Technology (HCT)

Standards

Information Technology in Health Care

- HCT.01.00** Hospital leaders identify a qualified individual to oversee the hospital's health information technology and processes.
- HCT.01.01** When patient data and information are sent electronically, via mobile devices or other forms of electronic communication, the hospital implements processes to ensure quality of patient care, compliance with local laws and regulations, and maintenance of security and confidentiality of patient information.
- HCT.01.02** For hospitals providing telehealth services, the hospital implements guidelines for the protection of patient data and information.
- HCT.01.03** For hospitals using clinical decision support tools, there are processes for selection, implementation, oversight, and improvement.
- HCT.01.04** The hospital develops, maintains, and tests a program for response to planned and unplanned downtime of data systems.
- HCT.01.05** The hospital develops and maintains processes and procedures for cybersecurity and cyber risk management.

Management of Lasers, Electrosurgical, and Other Optical Radiation Devices

- HCT.02.00** The hospital establishes and implements a program for the safe use of lasers, electrosurgical, and other optical radiation devices used for performing procedures and treatments.



Management of Information (MOI)

Standards

Planning for Management of Information

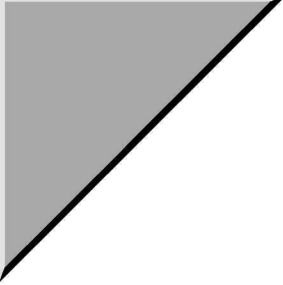
- MOI.01.00** The hospital plans for managing information and selects processes to meet the needs of those who require data and information.
- MOI.01.01** The hospital maintains the confidentiality, security, privacy, and integrity of data and information through processes to manage and control access.
- MOI.01.02** The hospital maintains the confidentiality, security, privacy, and integrity of data and information through processes that protect against loss, theft, damage, destruction, ransomware, and other cyberattacks.
- MOI.01.03** The hospital determines the retention time of patient medical records, data, and other information.
- MOI.01.04** Clinical staff, decision-makers, and other staff members are educated and trained on information systems, information security, and the principles of information use and management.

Standardized Use of Information

- MOI.02.00** Documents, including policies, procedures, and programs, are managed in a consistent and uniform manner.
- MOI.02.01** Leaders review, approve, and manage implementation of policies and procedures that guide and support patient care and services.
- MOI.02.02** The hospital uses standardized diagnosis and procedure codes and ensures the uniform use of approved symbols and abbreviations across the hospital.
- MOI.02.03** The hospital retrieves, disseminates, and transmits health information on a timely basis in a format that meets user expectations, and with the desired frequency.

Patient Medical Record

- MOI.03.00** The hospital initiates and maintains a standardized, accurate medical record for every patient assessed or treated and determines the record's content, format, and location of entries.
- MOI.03.01** As part of its monitoring and performance improvement activities, the hospital regularly assesses patient medical record content.



Prevention and Control of Infections (PCI)

Standards

Responsibilities

- PCI.01.00** A qualified individual(s) guides the implementation of the hospital's infection prevention and control program and oversees the activities needed to carry out the program throughout the hospital.
- PCI.01.01** The hospital coordinates infection prevention and control activities across all departments and services.
- PCI.01.02** Hospital leaders provide resources to support the infection prevention and control program.

Goals of the Infection Prevention and Control Program

- PCI.02.00** The hospital uses a risk-based data-driven method to establish priorities, implement interventions, and monitor the effectiveness of the health care–associated infection prevention and control program.
- PCI.02.01** The laboratory implements a process to reduce the risks of infection resulting from exposure to infectious diseases and biohazardous materials and waste.

Medical Equipment, Devices, and Supplies

- PCI.03.00** The hospital reduces the risk of infections associated with medical/surgical equipment, devices, and supplies by proper cleaning, disinfection, sterilization, and storage.
- PCI.03.01** The hospital implements a process for managing the reuse of single-use devices in accordance with manufacturer's requirements and any applicable laws and regulations.
- PCI.03.02** The hospital implements a process for managing expired and damaged devices and supplies.

Environmental Cleanliness

- PCI.04.00** The infection prevention and control program provides oversight for the cleaning and disinfection of the environment.
- PCI.04.01** The infection prevention and control program follows evidence-based guidelines related to cleaning and disinfection of laundry, linens, and scrub attire provided by the hospital.

Infectious Human Tissues and Waste

- PCI.05.00** The hospital implements processes for proper disposal of waste, proper management of human tissues, and safe handling and disposal of sharps and needles.
- PCI.05.01** The hospital reduces the risk of infections associated with exposure to blood, body fluids, and other potentially infectious materials.

Food Services

PCI.06.00 The hospital reduces the risk of infections associated with the operations of food and dietetics services.

Transmission of Infections

PCI.07.00 The hospital protects patients, visitors, and staff from transmission of infections and communicable diseases.

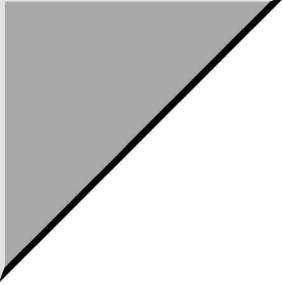
PCI.07.01 The hospital provides resources and equipment to protect staff, health care practitioners, patients, and visitors from biological, physical, and chemical hazards, and these are readily available for use.

PCI.07.02 The hospital implements processes to support preparedness for epidemiologically significant infectious diseases or special pathogens.

Quality Improvement and Program Education

PCI.08.00 The infection prevention and control process is integrated with the hospital's overall program for quality and patient safety, using data and measures that are epidemiologically important to the hospital.

PCI.08.01 The hospital provides education on infection prevention and control practices to staff, health care practitioners, patients, families, and others when indicated by their role in the hospital.



Quality and Patient Safety (QPS)

Standards

Management of Quality and Patient Safety Activities

QPS.01.00 A qualified individual(s) guides the implementation of the hospital's program for quality 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.02.00 The quality and patient safety program staff support the quality indicator and measure selection process and provide coordination and integration of measurement activities throughout the hospital.

Analysis and Validation of Measurement Data

QPS.03.00 The quality and patient safety program includes the collection, aggregation, and analysis of data to support patient care, treatment, and services; hospital management; the continuous quality improvement program; and participation in external databases.

QPS.03.01 The hospital uses an established, statistically sound process to validate data as a component of its quality and patient safety program.

QPS.03.02 Individuals with specialized experience, knowledge, and skills systematically aggregate, validate, and analyze data in the hospital.

QPS.03.03 The data analysis process includes at least one evaluation of the clinical, financial, and operational impact of hospitalwide improvement priorities per year.

QPS.03.04 The hospital identifies undesirable trends and variation, and always conducts an intensive analysis, or a comprehensive systematic analysis, when these are evident from its data collection.

Gaining and Sustaining Improvement

QPS.04.00 The hospital achieves and sustains improvement in quality and safety.

QPS.04.01 The hospital uses an ongoing program of risk management, overseen by qualified individuals with the appropriate experience, knowledge, and skills, to identify and proactively reduce unanticipated adverse events, and other safety risks to patients and staff.



Staff Qualifications and Education (SQE)

Standards

Staff Planning

- SQE.01.00** Leaders of hospital departments and services define the desired qualifications of all staff.
- SQE.01.01** The hospital defines the responsibilities for every staff member in a current job description.
- SQE.01.02** Leaders of hospital departments and services implement processes for the recruitment and retention of staff.
- SQE.01.03** The hospital evaluates staff performance.
- SQE.01.04** There is documented personnel information for each staff member.
- SQE.01.05** The hospital has the necessary staff to support the care, treatment, and services it provides.
- SQE.01.06** The hospital provides orientation for all staff.
- SQE.01.07** Staff participate in education and training.
- SQE.01.08** Staff are competent in resuscitative techniques appropriate to their role in the hospital.

Staff Health and Safety

- SQE.02.00** The hospital provides a staff health and safety program that addresses staff physical and mental health and safe working conditions.
- SQE.02.01** 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.
- SQE.02.02** Leaders and staff are trained and demonstrate competence in workplace violence prevention.

Nursing Staff

- SQE.03.00** The hospital has a uniform process to collect, verify, and evaluate credentials of the nursing staff.
- SQE.03.01** The hospital has a standardized process to identify job responsibilities and to plan clinical work assignments based on the nursing staff member's credentials and any regulatory requirements.
- SQE.03.02** The hospital has a standardized process for nursing staff participation in the hospital's continuous quality improvement activities, including evaluating individual performance when indicated.

Other Clinical Staff

- SQE.04.00** The hospital has a uniform process to collect, verify, and evaluate credentials of other clinical staff.

SQE.04.01 The hospital has a uniform process to identify job responsibilities and to make clinical work assignments based on other clinical staff's credentials and any regulatory requirements.

SQE.04.02 The hospital has a uniform process for other clinical staff participation in the hospital's continuous quality improvement activities.

Medical Staff

SQE.05.00 The hospital has a uniform process for collecting the credentials of medical staff members permitted to provide patient care without supervision.

SQE.05.01 Medical staff members' education, licensure/registration, and other credentials required by laws and regulations and the hospital are verified and kept current.

SQE.05.02 There is a uniform decision process for the initial appointment of medical staff members and others permitted to practice independently.

Medical Staff Appointment and Privileges

SQE.06.00 The hospital has a standardized, objective, evidence-based process to grant or deny privileges for medical staff members and others permitted to practice independently.

SQE.06.01 Hospital leaders grant temporary clinical privileges to medical staff for a limited period of time and for circumstances as defined by hospital policy.

SQE.06.02 At minimum every three years, the hospital decides to grant, deny, and/or modify requested medical staff membership and clinical privileges.

Medical Staff Evaluations

SQE.07.00 The hospital uses an ongoing standardized process to evaluate the quality and safety of the patient care provided by each medical staff member.

SQE.07.01 Hospital leaders define the circumstances requiring monitoring and evaluation of a medical staff member's professional performance.

Section IV:
Global Health
Impact Standards

Global Health Impact (GHI)*

Standards

Governance, Tracking, and Reporting

GHI.01.00 Hospital leaders ensure that environmental strategies are formally included and acted on as part of the organization's operations and governance.

Employee Engagement and Empowerment

GHI.02.00 Hospital leaders establish mechanisms to raise awareness and to engage and train employees on climate change and health across the organization.

Use of Environmental Resources, Green Operations, and Process

GHI.03.00 Hospital leaders develop and start to implement a plan to measure and reduce the use of materials and environmental resources, including energy, water, and emissions.

Procurement and Supply Chain

GHI.04.00 Hospital leaders implement actions to reduce the environmental impact of the supply chain across all operations and identify areas to reduce the unnecessary use of supplies within the hospital.

Infrastructure and Service Resilience

GHI.05.00 Hospital leaders assess the environmental risks and scenarios that may affect service delivery, hospital operations, and patient populations, with plans to comply with local emergency preparedness recommendations and rules, including those required by property insurance coverage.

* Standards in the GHI chapter are developed in collaboration with the International Hospital Federation's Geneva Sustainability Centre.

Section V:
Academic Medical
Center Standards



Human Subjects Research Programs (HRP)

Standards

Leadership Accountabilities

- HRP.01.00** Hospital leaders are accountable for the protection of human research subjects.
- HRP.01.01** Hospital leaders establish the scope of the research program.
- HRP.01.02** Hospital leaders establish a policy for sponsors of research to ensure their commitment to the conduct of ethical research.
- HRP.01.03** 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.01.04** Hospital leaders implement a process to provide the initial and ongoing review of all human subjects research.

Program Safety

- HRP.02.00** The hospital manages conflicts of interest with research conducted at the hospital.
- HRP.02.01** The hospital integrates the human subjects research program into the quality and patient safety program of the hospital.
- HRP.02.02** 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.



Medical Professional Education (MPE)

Standards

Scope of Medical Professional Education

- MPE.01.00** The hospital's governing body and leaders approve and monitor the hospital's participation in providing medical education.
- MPE.01.01** The hospital's teaching staff, patient population, technology, and facility are consistent with the goals and objectives of the education program.
- MPE.01.02** Teaching staff are identified, and each staff member's role and relationship to the academic institution is defined.

Quality Oversight and Coordination

- MPE.02.00** The hospital has a process for supervision of each type and level of medical student and trainee by a qualified physician.
- MPE.02.01** Medical education provided in the hospital is coordinated and managed through a defined operational mechanism and management structure.
- MPE.02.02** 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.02.03** 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.