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A large, glowing blue globe with several intersecting white and blue orbital lines, set against a dark blue background with starburst effects. The globe is the central focus of the cover.

Joint
Commission
International
Accreditation
Standards
for
Hospitals

Including Standards for Academic Medical Center Hospitals

5th Edition

Joint Commission International

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The mission of Joint Commission International (JCI) is to improve the safety and quality of care in the international community through the provision of education, publications, consultation, and evaluation services. Joint Commission Resources educational programs and publications support, but are separate from, the accreditation activities of Joint Commission International. Attendees at Joint Commission Resources educational programs and purchasers of Joint Commission Resources publications receive no special consideration or treatment in, or confidential information about, the accreditation process.

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Foreword

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

In this edition, we are publishing fewer standards and requirements than we have since our second set of standards were published in 2002. We have combined similar requirements, eliminated others that we did not consider essential to better patient outcomes, and reorganized the content across many chapters to ensure a better, more logical flow of requirements. We have provided more examples of proper compliance within the standards' intents to ensure that our requirements are clear. We have also included two chapters of standards for Academic Medical Center Hospitals, consolidating all of our requirements for our hospital customers in one place.

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

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

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Introduction

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

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

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

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How were the standards developed and refined for this fifth edition?

A 13-member Standards Advisory Panel, composed of experienced physicians, nurses, administrators, and public policy experts, guided the development and revision process of the JCI accreditation standards. The panel consists of members from most major world regions. Its work is refined based on the following:

- Focus groups composed of JCI-accredited organization leaders and other health care experts conducted in 16 countries
- An international field review of the standards
- Input from experts and others with unique content knowledge
- Ongoing literature searches for key health care practices

How are the standards organized?

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

The standards are grouped by functions related to providing patient care: those related to providing a safe, effective, and well-managed organization; and, for academic medical center hospitals only, those related to medical professional education and human subjects research programs. These standards apply to the entire organization as well as to each department, unit, or service within the organization. The survey process gathers standards compliance information throughout the entire organization, and the accreditation decision is based on the overall level of compliance found throughout the entire organization.

What are the Medical Professional Education and Human Subjects Research Programs standards and do they apply to my organization?

The Medical Professional Education (MPE) and Human Subjects Research Programs (HRP) standards for Academic Medical Center Hospitals were developed and first published in 2012 to recognize the unique resource such centers represent for health professional education and human subjects research in their community and country. These standards also present a framework for including medical education and human subjects research into the quality and patient safety activities of academic medical center hospitals. Unless deliberately included in the quality framework, education and research activities often are the unnoticed partners in patient care quality monitoring and improvement.

The standards are divided into two chapters, as medical education and clinical research are most frequently organized and administered separately within academic medical centers. For all hospitals meeting the eligibility criteria, compliance with the requirements in these two chapters, in addition to the other requirements detailed in this fifth edition manual, will result in an organization being deemed accredited under the JCI Standards for Academic Medical Center Hospitals.

Organizations with questions about their eligibility for Academic Medical Center Hospital accreditation should contact JCI Accreditation's Central Office at jciaccreditation@jcrinc.com.

Are the standards available for the international community to use?

Yes. These standards are available in the international public domain for use by individual health care organizations and by public agencies in improving the quality of patient care. The standards only can be downloaded at no cost from the JCI website for consideration of adapting them to the needs of individual countries. The translation and use of the standards as published by JCI requires written permission.

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

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

How do I use this standards manual?

This international standards manual can be used to

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

JCI requirements by category are described in detail below. JCI's policies and procedures are also summarized in this manual. Please note that these are neither the complete list of policies nor every detail of each policy. Current JCI policies are published on JCI's public website, www.jointcommissioninternational.org.

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

JCI Requirement Categories

JCI requirements are described in these categories:

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

Accreditation Participation Requirements (APR)

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

Standards

JCI standards define the performance expectation, structures, or functions that must be in place for a hospital to be accredited by JCI. JCI's International Patient Safety Goals (page) are considered standards and are evaluated as are standards in the on-site survey.

Intents

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

Measurable Elements (MEs)

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

What is new in this fifth edition of the manual?

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

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

In response to the field's request to eliminate all but the most essential accreditation requirements, JCI has reduced the total number of standards by more than 10% and MEs by more than 5% in this edition.

Other changes include the following:

- A table at the front of each chapter detailing the key changes to that chapter in this edition (compared to the fourth edition standards). If a standard is not listed in the table, it has not changed since the fourth edition standards. Changes are classified in four ways:
 - No significant change—Wording changes were made in the interest of clarity, but the requirements in the standard have not changed.

- Renumbered—The standard moved from a different place in the same chapter or from another chapter and is, therefore, renumbered.
- Requirement change—A change(s) to one or more MEs, which will change the way an organization is evaluated.
- New standard—A new requirement that did not appear in the fourth edition standards
- New standards and established standards deemed by the field as more difficult to meet are supported with evidence-based references. With this new feature, JCI is beginning to build an evidence base for its standards that both cites important clinical evidence and provides assistance with compliance. References of various types—from clinical research to practical guidelines—are cited in the text of the standard's intent and are listed at the end of the applicable standard chapter.
- A new section, “Accreditation Participation Requirements” (APR). *See* JCI Requirement Categories for more information.
- Some standards require the hospital to have a written policy or procedure for specific processes. Those standards are indicated by a © icon after the standard text. In previous editions, each required policy or procedure was specified in its own ME. In this edition, all policies and procedures will be scored together at MOI.9 and MOI.9.1.
- Examples that better illustrate compliance are provided in most standards' intents. To make the examples more obvious to the user, the term **for example** is printed in bold text.
- JCI's policies and procedures are summarized and moved from the front of the manual to their current location on page 253. This change reflects customer feedback that the policies and procedures, though important, are secondary in importance to the JCI standards, intents, and MEs. Starting in late 2013, JCI policies will be published on JCI's public website at <http://www.jointcommissioninternational.org/accreditation-policies>.
- The Medical Professional Education (MPE) and Human Subjects Research Programs (HRP) standards for Academic Medical Center Hospitals are now included in this manual. Academic medical center hospitals are evaluated on all of JCI's hospital requirements in addition to the MPE and HRP requirements. Hospitals not being surveyed for Academic Medical Center Hospital accreditation do not need to comply with MPE and HRP requirements.
- The “Management of Information” (MOI) chapter was changed from “Management of Communication and Information” (MCI) in the previous edition. Many communications-related requirements were consolidated with similar requirements in the “Access to Care and Continuity of Care” (ACC), “Governance, Leadership, and Direction” (GLD), and “Quality Improvement and Patient Safety” (QPS) chapters.
- Definitions of key terms used throughout the manual have been created or updated, and text including those terms has been reevaluated and revised to ensure that terminology is correct and clear. Many terms are defined within intents; look for these key terms in italics (**for example, leadership**). All key terms are defined in the Glossary in the back of this edition.
- Chapter overviews, presented for all chapters in past editions, are present only when necessary—specifically, in this edition, in the APR section and GLD chapter.
- Widespread wording changes for clarity, including frequently substituting the term *program* for *plan* or *process*. In past editions, JCI requirements called for hospitals to have a *plan* or a *process* for many clinical issues and matters. During the development of these standards, customer feedback indicated confusion over the definitions of *plan* and *process*, but *program* was considered more specific and clear.

How frequently are the standards updated?

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

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

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

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

Goals, Standards, Intent, and Measurable Elements

Goal 1: Identify Patients Correctly

Standard IPSG.1

The hospital develops and implements a process to improve accuracy of patient identifications. [Ⓟ]

Intent of IPSG.1

Wrong-patient errors occur in virtually all aspects of diagnosis and treatment. Patients may be sedated, disoriented, not fully alert, or comatose; may change beds, rooms, or locations within the hospital; may have sensory disabilities; may not remember their identity; or may be subject to other situations that may lead to errors in correct identification. The intent of this goal is twofold: first, to reliably identify the individual as the person for whom the service or treatment is intended; second, to match the service or treatment to that individual.

The identification process used throughout the hospital requires at least two ways in which to identify a patient, such as the patient's name, identification number, birth date, a bar-coded wristband, or other ways. The patient's room number or location cannot be used for identification. These two different identifiers are utilized in all locations within the hospital; **for example**, in the ambulatory care or other outpatient location, the emergency department, the operating theatre, diagnostic departments, and the like.

Two different patient identifiers are required in any circumstance involving patient interventions. **For example**, patients are identified before providing treatments (such as administering medications, blood, or blood products; serving a restricted diet tray; or providing radiation therapy); performing procedures (such as insertion of an intravenous line or hemodialysis); and before any diagnostic procedures (such as taking blood and other specimens for clinical testing, or performing a cardiac catheterization or diagnostic radiology procedure). Identification of the comatose patient with no identification is also included.

Measurable Elements of IPSG.1

- 1. Patients are identified using two patient identifiers, not including the use of the patient's room number or location.
 - 2. Patients are identified before providing treatments and procedures.
 - 3. Patients are identified before any diagnostic procedures. (*Also see AOP.5.7, ME 2*)
-

Goal 2: Improve Effective Communication

Standard IPSG.2

The hospital develops and implements a process to improve the effectiveness of verbal and/or telephone communication among caregivers. [Ⓟ]

Standard IPSG.2.1

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

Standard IPSG.2.2

The hospital develops and implements a process for handover communication. [Ⓟ]