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Joint Commission International Standards for Clinical Care Program Certification

English

3rd Edition

Joint Commission International
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Foreword

Joint Commission International (JCI) is proud to present this third edition of its international standards for clinical care program certification. 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 proud to introduce the designation of Certified Specialty Centers. This new opportunity for specialty hospitals already accredited by JCI to achieve recognition for excellence in the care of their specialty services is in response to our customers' requests for new ways to test their specialty programs against the world's most comprehensive standards. In addition, this manual also includes the new Accreditation Participation Requirements that were first presented in the 5th edition of the hospital standards.

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.

Paula Wilson
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Introduction

This third edition of the *Joint Commission International Standards for Clinical Care Program Certification* contains the standards, intents, measurable elements (MEs), a summary of key changes to the standards, a summary of key certification 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 certification process, please contact Joint Commission International (JCI):

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What is certification?

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

What are the benefits of certification?

The certification process is designed to create a culture of safety and quality within a program that strives to continually improve patient care processes and results. In doing so, programs

- improve public trust that the clinical care program is 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.

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

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

- 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 to follow a logical order of evaluation. The first chapter identifies the updated International Patient Safety Goals. The second chapter evaluates the program structure and leadership support. The remaining four chapters follow a natural progression—delivering care, encouraging patients and families to self-manage their disease or condition, managing the clinical information, and monitoring performance measures for potential areas of improvement.

The survey process gathers standards compliance information throughout the entire program, and the certification decision is based on the overall level of compliance with the standards found throughout the program.

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 an organization'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 clinical care program;
- guide the program's delivery of patient care services and efforts to improve the quality and efficiency of those services;
- review the important functions of a clinical care program;
- become aware of those standards that all programs must meet to be certified by JCI;
- review the compliance expectations of standards and the additional requirements found in the associated intent;
- become aware of the certification policies and procedures and the certification 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 is 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, http://www.jointcommissioninternational.org/accreditation-policies/.

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 (including the International Patient Safety Goals)
- Intents
- Measurable Elements (MEs)

Accreditation Participation Requirements (APR)

The "Accreditation Participation Requirements" (APR) section, new in this edition, is composed of specific requirements for participation in the certification process and for maintaining a certification award. (**Note:** JCI uses the same chapter title for these requirements as it does for its accreditation programs despite the certification process's differences from JCI accreditation.) Organizations hosting a certification program and the clinical care program must be compliant with the requirements in this section at all times during the certification process. However, APRs are not scored like standards during the on-site survey; organizations and clinical care programs are considered either compliant or not compliant with the APR. When an organization and/or clinical care program is not compliant with a specific APR, the organization and/or clinical care program will be required to become compliant or risk losing certification.

Standards

JCI standards define the performance expectation, structures, or functions that must be in place for a clinical care program to be certified by JCI. JCI's International Patient Safety Goals 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 practitioners about the standards, and to guide the organization in certification preparation.

What is new in this third edition of the manual?

There are many changes to this third edition of the CCPC 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.

It is important for users to compare this new edition of the standards to the second edition carefully to ensure a full understanding of the new requirements.

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 second edition standards). If a standard is not listed in the table, it has not changed since the second 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 second edition standards
- New standards and established standards deemed by the field as more difficult to meet are supported with evidence-based references in the "International Patient Safety Goals" (IPSG) chapter. 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 chapter.
- A new section, "Accreditation Participation Requirements" (APR). *See* "JCI Requirement Categories (page 3)" for more information.
- The International Patient Safety Goals (IPSG) require the host organization to have a written policy or procedure for each specific process, which is why each of those standards are followed by a ℗ icon. Some program standards also require a written documentation of compliance, and those requirements are explicit in the ME text.
- Eligibility requirements for a new area of certification: "Certification as a Specialty Center for Specialty Hospitals That Are JCI Accredited (see page 7)."
- 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. 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 have been published on JCI's public website at http://www.jointcommissioninternational.org/accreditation-policies.
- 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 are present in this edition in the APR section and IPSG chapter.

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 third edition of the standards manual mean?

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

- For clinical care programs already certified under the second edition of the standards, this is the date by which they now must be in full compliance with all the standards in the third 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 clinical care programs seeking certification for the first time, the effective date indicates the date after which all surveys and certification decisions will be based on the standards of the third edition.

Any survey and certification decisions before the effective date will be based on the standards of the second edition.

Overview

Health care organizations that host a clinical care program seeking certification are accredited by Joint Commission International and have implemented the requirements of the International Patient Safety Goals (IPSG). All of the IPSG are applicable to every clinical care program, with the exception of IPSG.4 and IPSG.4.1, which may only apply to programs that use surgical interventions as part of their clinical practice guidelines.

Goals, Standards, Intents, and Measurable Elements

Goal 1: Identify Patients Correctly

Standard IPSG.1

The organization 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 organization; 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 organization 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 organization; **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.