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A large, glowing purple globe graphic with several bright starburst points, serving as a background for the title text.

**Joint  
Commission  
International  
Accreditation  
Standards for  
Medical  
Transport  
Organizations**

**English**

**2nd Edition**

# Joint Commission International

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# Contents

<i>Foreword</i> .....	v
<i>Standards Advisory Panel</i> .....	vii
<i>Introduction</i> .....	1
<i>General Eligibility Requirements</i> .....	5
<b>Section I: Accreditation Participation Requirements</b> .....	7
<b>Accreditation Participation Requirements (APR)</b> .....	9
<b>Section II: International Patient Safety Goals</b> .....	17
<b>International Patient Safety Goals (IPSG)</b> .....	19
<b>Section III: Health Care Organization Management Standards</b> .....	27
<b>Quality Improvement and Patient Safety (QPS)</b> .....	29
<b>Prevention and Control of Infections (PCI)</b> .....	37
<b>Governance, Leadership, and Direction (GLD)</b> .....	43
<b>Facility Management and Safety (FMS)</b> .....	53
<b>Staff Qualifications and Education (SQE)</b> .....	63
<b>Management of Information (MOI)</b> .....	73
<b>Section IV: Patient-Centered Standards</b> .....	83
<b>Access to Care and Continuity of Care (ACC)</b> .....	85
<b>Patient and Family Rights (PFR)</b> .....	93
<b>Assessment of Patients (AOP)</b> .....	101
<b>Care of Patients (COP)</b> .....	109
<i>Summary of Key Accreditation Policies</i> .....	121
<i>Glossary</i> .....	131
<i>Index</i> .....	143





# Foreword

Joint Commission International (JCI) is proud to present this second edition of its international standards for medical transport organizations. 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 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 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 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  
President and CEO  
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# Introduction

This 2nd edition of the *Joint Commission International Accreditation Standards for Medical Transport Organizations* contains the standards, intents, measurable elements (MEs), a summary of key accreditation policies and procedures, a glossary of key terms, and an index. Each chapter of standards contains a revised overview, including comments on what has changed in the chapter. 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 Joint Commission International (JCI):

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## How were the standards developed and refined for this 2nd edition?

A 14-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:

- An international field review of the standards
- Input from experts and others with unique content knowledge
- Evaluating the standards during a live on-site medical transport survey
- Ongoing literature searches for key health care practices

## How are the standards organized?

The standards are organized around the important functions common to all medical transport 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 safe patient care and a safe, effective, and well-managed transport organization. These standards apply to the entire transport organization, and to all types of transport services provided on land, air, or water. 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.

## 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 transport 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 the medical transport organization;
- guide the transport organization and delivery of patient care services and efforts to improve the quality and efficiency of those services;
- review the important functions of a transport organization;
- become aware of those standards that all transport 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/accreditation-policies](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 International Patient Safety Goals)
- Intents
- Measurable Elements (MEs)

#### Accreditation Participation Requirements (APR)

The Accreditation Participation Requirements (APR) section, new to this 2nd edition, is composed of specific requirements for participation in the accreditation process and for maintaining an accreditation award. Medical transport organizations 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; transport organizations are considered either compliant or not compliant with the APR. When a transport organization is not compliant with a specific APR, the transport organization will be required to become compliant or risk losing accreditation.

## Standards

JCI standards define the performance expectations, structures, or functions that must be in place for a transport organization to be accredited 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 transport 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 2nd edition of the manual?

There are many changes to this 2nd edition of the medical transport organization 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 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 1st edition for clarity, so it will be important for users to compare this and the 1st edition carefully to ensure a full understanding of the new requirements.

Changes include the following:

- The addition of the International Patient Safety Goals (IPSG), including an additional goal unique to the transport organization standards, IPSG.7, which addresses reducing the risk of vehicle-related accidents and injuries.
- A new section, "Accreditation Participation Requirements" (APR). *See* JCI Requirement Categories for more information.
- JCI is aligning names of its standards chapters across programs for easier identification of similar requirements. The chapter names that changed in this edition are:
  - "Quality Improvement and Patient Safety" ("Quality Management and Improvement")
  - "Prevention and Control of Infections" (Exposure to and Transmission of Biologic and Chemical Agents)
  - "Access to Care and Continuity of Care" ("Access to Services and Coordination of Services")
- The former "Patient and Family Education" (PFE) chapter has been deleted and the content incorporated into "Patient and Family Rights" (PFR) and "Governance, Leadership, and Direction" (GLD) standards.
- Some standards require the transport organization to have a written document, policy, procedure, or program for specific processes. Those standards are indicated by a  icon after the standard text. In previous editions, each required policy, procedure, or other written document was specified in its own ME. In this edition, all required policies, procedures, or other written documents will be scored together at "Management of Information" (MOI) standards MOI.2 and MOI.2.1.
- A bulleted list at the front of each chapter listing the key changes to that chapter in this edition
- 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.

- 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.
- Widespread wording changes for clarity

## 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 2nd edition of the standards manual mean?

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

- For medical transport organizations already accredited under the 1st edition of the standards, this is the date by which they now must be in full compliance with all the standards in the 2nd 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 medical transport organizations 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 2nd edition. Any survey and accreditation decisions before the effective date will be based on the standards of the 1st edition.

## **Goal 2: Improve Effective Communication**

### **Standard IPSG.2**

The transport organization develops and implements a process to improve the effectiveness of verbal and/or telephone communication. ②

#### **Standard IPSG.2.1**

The transport organization develops and implements a process for handover communication. ②

#### **Intent of IPSG.2 and IPSG.2.1**

Effective communication, which is timely, accurate, complete, unambiguous, and understood by the recipient, reduces errors and results in improved patient safety. Communication can be electronic, verbal, or written. Patient transport circumstances that can be critically impacted by poor communication include verbal or telephone patient transport orders, verbal or telephone communication of critical information such as the patient's clinical status, and handover communications at the beginning and end of transport. *Handover* communications can also be referred to as *handoff* communications. The most error-prone communications are transport orders given verbally and those given over the telephone, when permitted under local laws and regulations. Different accents, dialects, and pronunciations can make it difficult for the receiver to understand the order being given. **For example**, a transport driver may not verify the address or location of the individual requiring transport or understand the name and correct spelling of the individual to be transported. In addition to accents and dialects, background noise, interruptions, and unfamiliar names and terminology often compound the problem. Once received, a verbal order must be transcribed as a written order. Verbal and telephone orders for transport are entered into a log, journal, or electronic system for review and verification. Read-backs are indicated when orders for treatment are outside of the approved protocols. (*Also see* GLD.4; MOI.1.1, ME 3; and COP.7, ME 4)

Breakdowns in communication can occur during any handover of patients and patient care information. **For example**, if the driver did not receive the communication that the patient being transported from one organization to another was thought to have an infectious disease, the driver would not take appropriate precautions or properly clean the vehicle after transport. Standardized, critical content for communication between the driver and the sending or receiving organization, the patient, family, caregivers, and health care providers can significantly improve the outcomes related to handovers of patient care.<sup>1-4</sup> (*Also see* ACC.3)

#### **Measurable Elements of IPSG.2**

- 1. The complete verbal transport order is documented and read back by the receiver and confirmed by the individual giving the order.
- 2. The complete telephone transport order is documented and read back by the receiver and confirmed by the individual giving the order.
- 3. The transport organization develops and implements a process to improve the effectiveness of verbal and/or telephone communication.

#### **Measurable Elements of IPSG.2.1**

- 1. Standardized critical content is communicated between health care provider organizations and transport workers during handovers.
- 2. Standardized forms, tools, and methods support a consistent and complete handover process.
- 3. Data from handover communications are tracked and used to improve approaches to safe handover communication.