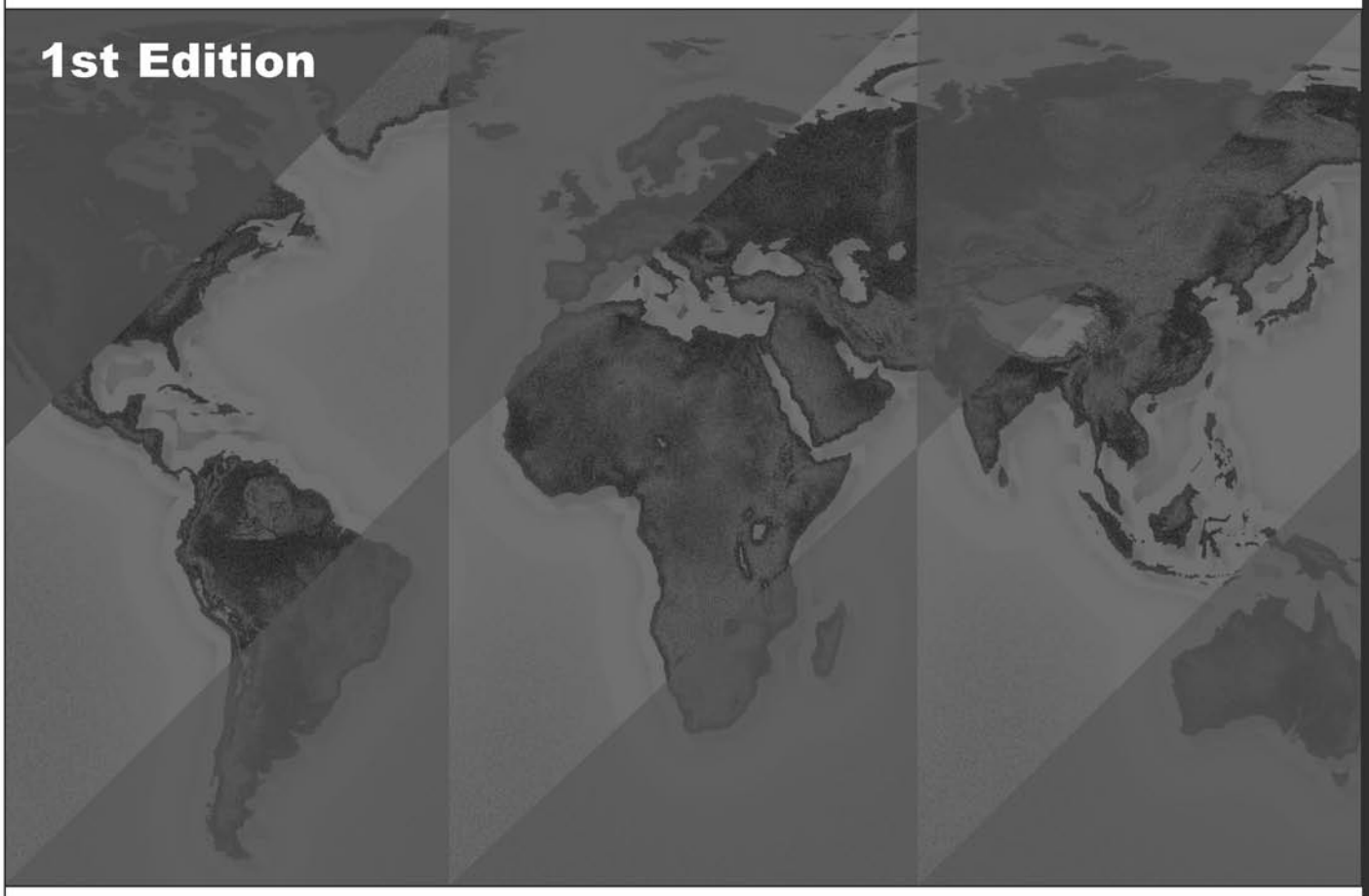
Joint Commission International Accreditation Standards for Home Care

1st Edition



Joint Commission International

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Foreword

Joint Commission International (JCI) is very pleased to present this first edition of the international standards for home care organizations. Formerly the accreditation of home care organizations was under the international care continuum standards. As the home care field grows with the aging of populations in many countries it was time to draw these standards out into a separate manual.

JCI standards are truly international in their development and revision. The process of developing standards is actively overseen by an expert international task force, whose members are drawn from each of the world's populated continents. In addition, the standards were evaluated by individuals around the world via an Internet-based field review, as well as considered by JCI Regional Advisory Councils in Asia Pacific, Europe, and the Middle East and other experts from the home care field. This set of home care standards joins the suite of JCI standards related to Ambulatory Care, Clinical Laboratories, Long Term Care, Hospitals, Medical Transport, Primary Care, and Clinical Care Program Certification. JCI standards are the basis for accreditation and certification of individual health care facilities and programs around the world. In addition, JCI standards have been used to develop and to establish accreditation programs in many countries and have been used by public agencies, health ministries, and others seeking to evaluate and to improve the safety and quality of patient care.

This first edition reflects the dynamic changes occurring around the globe in the home care environment. This edition also introduces the International Patient Safety Goals, practical actions home care organizations can take to measurably improve patient safety. In addition, many other changes have their origin in the knowledge gained from the analysis of patient safety incidents and their root causes. Many of these changes are identified in the Introduction that follows.

As with all JCI standards, this edition contains the complete set of standards, statements of intent for each standard, and measurable elements for assessing compliance with each standard. This structure will permit readers to identify and to understand the specific requirements embodied in the standards.

JCI was created in 1998 as the international arm of The Joint Commission (United States), and more than 12 years later, this new edition of the standards once again reaffirms JCI's mission to improve the safety and quality of patient care around the world.

For further information on the home care and other accreditation and certification programs of JCI, the International Patient Safety Goals, and other JCI initiatives, assistance in developing a country-specific accreditation program, or support in preparing for accreditation, please contact us at

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JCI well understands that standards are continually a "work in progress." In that spirit, we welcome comments and suggestions for improvement.

Paula Wilson
President and CEO
Joint Commission International

Introduction

This first edition of the *Joint Commission International Accreditation Standards for Home Care* contains all the standards, intent statements, measurable elements of standards, accreditation policies and procedures, and a glossary of key terms. This Introduction is designed to provide you with information on the following topics:

- The benefits of accreditation
- Joint Commission International (JCI) and its relationship to The Joint Commission (US)
- The international accreditation initiatives of JCI
- The origin of the standards and how they are organized
- How to use this standards manual
- Why the care continuum standards have been changed to separate standards for long term care and home care

If, after reading this publication, you have questions about the standards or the accreditation process, please contact JCI. Contact information is located in the Foreword (preceding this section).

What is accreditation?

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

What are the benefits of accreditation?

The accreditation process is designed to create a culture of safety and quality within an organization that strives to continually improve patient care processes and results. In doing so, organizations

- improve public trust that the organization 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 continuous leadership for quality and patient safety at all levels.

What is JCI's relationship to The Joint Commission?

JCI is the international arm of The Joint Commission (US); JCI's mission is to improve the quality and safety of health care in the international community.

For more than 75 years, The Joint Commission (US) and its predecessor organization have been dedicated to improving the quality and safety of health care services. Today, The Joint Commission is the largest accreditor of health care organizations in the United States—it surveys more than 19,000 health care programs through a voluntary accreditation process. The Joint Commission and JCI are both nongovernmental, not-for-profit United States corporations.

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

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

- Ambulatory Care
- Clinical Laboratories
- Hospitals
- Long Term Care
- Medical Transport
- Primary Care Centers

JCI also offers certification of clinical care programs, such as programs for stroke care, cardiac care, or joint replacement. JCI accreditation programs are based on an international framework of standards adaptable to local needs.

All the JCI accreditation and certification programs are characterized by the following:

- International consensus standards, developed and maintained by an international task force, and approved by an international Board, are the basis of the accreditation program.
- The underlying philosophy of the standards is based on principles of quality management and continuous quality improvement.
- The accreditation process is designed to accommodate the legal, religious, and/or cultural factors within a country. Although the standards set uniform, high expectations for the safety and quality of patient care, country-specific considerations related to compliance with those expectations are part of the accreditation process.
- The on-site survey team and agenda will vary depending on the organization's size and type of services provided. For example, a large home care organization providing a variety of professional services such as skilled care; rehabilitation care including speech therapy, physical therapy, and occupational therapy; disease management; pain management; hospice services; and the like may require a four- or five-day survey by a nurse and an administrator, while a smaller organization providing only one or two services may require a shorter survey by a smaller team.
- JCI accreditation is designed to be valid, reliable, and objective. Based on the analysis of the survey findings, final accreditation decisions are made by an international accreditation committee.

How were the care continuum standards modified and adapted to create the first edition of the home care standards?

A 12-member International Standards Subcommittee, composed of experienced physicians, nurses, administrators, and public policy experts, guides the development and revision process of the JCI accreditation standards. The subcommittee consists of members from six major world regions: Latin America and the Caribbean, Asia and the Pacific Rim, the Middle East, Central and Eastern Europe, Western Europe, and Africa. The work of the subcommittee is refined based on an international field review of the standards and the input from experts and others with unique content knowledge.

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 those functions related to providing patient care and those related to providing a safe, effective, and well-managed organization. These functions 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.

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 permission.

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

When standard compliance is related to a laws and regulations, whichever sets the higher or stricter requirement applies.

How do I use this standards manual?

This international standards manual can be used to

- guide the efficient and effective management of a 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 associated intent statements;
- become aware of the accreditation policies and procedures and the accreditation process; and
- become familiar with the terminology used in the manual.

What are the "measurable elements" of a standard?

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

What is the Strategic Improvement Plan (SIP)?

A Strategic Improvement Plan (SIP) is a required written plan of action that the organization develops in response to "not met" findings identified in the JCI Official Survey Findings Report. The written SIP is expected to

- establish the strategies/approach that the organization will implement to address each "not met" finding;
- describe specific actions the organization will use to achieve compliance with the "not met" standards/measurable elements cited;
- describe methodology to prevent reoccurrence and to sustain improvement over time; and
- identify the measures that will be used to evaluate the effectiveness of the improvement plan (submission of data to occur over the subsequent three years).

The SIP must demonstrate that the organization's actions lead to full compliance with the standards and measurable elements. The SIP is reviewed and approved by the JCI office staff after the Accreditation Certification Letter and Gold Seal have been awarded.

How frequently will the standards be updated?

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

What does the "effective" date on the cover of this edition of the standards manual mean?

1. For home care organizations already accredited under the care continuum standards, the effective date is the date that they now must be in full compliance with all the standards in this first edition of the home care standards. 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.
2. For home care organizations seeking accreditation for the first time, the effective date indicates the date after which all surveys and accreditation decisions made will be based on the first edition of the home care standards. Any survey and accreditation decisions made before the effective date will be based on the care continuum standards.

Why was the care continuum manual retired and replaced with the first edition of the home care manual?

The JCI care continuum standards are designed to address the care of patients with chronic diseases, those undergoing rehabilitation needs, and those at the end of life. They are organized around providing care in a wide range of settings, from the patient's home to long term care facilities, to assisted living settings. Although the processes used in each setting may be somewhat similar, the missions and services provided in each of these settings are different. Therefore, the decision was made to develop individual standards for each setting, beginning with long term care and home care.

What is changed from the care continuum manual to this first edition of the home care manual?

Changes have been made that add clarity to standards and facilitate objective, consistent survey assessments, including the following:

- Multiple standards relating to each other but having only one measurable element each were combined into one standard. For example, the continuum of care requirements had two standards addressing a process for when others can grant consent for a patient. One of the standards had two measurable elements; the other had only one measurable element. In these home care standards, those two standards were merged and the measurable elements were combined.
- Removal of many instances of vague terms such as "appropriate" and "regular"
- In the Improvement in Quality and Patient Safety chapter, separate standards addressing each clinical and managerial area to be monitored have been combined and organized into three standards, similar to the standards in the Quality Improvement and Patient Safety chapter of the hospital standards.

Also, new standards that raise the bar or introduce new requirements have been added, including the following:

- Five (5) International Patient Safety Goals (IPSG)
- Standards that address clinical laboratory services (PAA.5 through PAA.5.3)
- Standards that address diagnostic imaging services (PAA.6 through PAA.7)
- Standards related to validation of data and reliability of data posted publically (IQS.5 and IQS.5.1)
- Standards related to near misses and sentinel events (IQS.6 and IQS.8)
- Standards related to leadership responsibility for contracts (GAL.3.3 through GAL.3.3.1)
- Standards that address oversight of independent practitioners (GAL.3.3.2)
- Standards requiring a framework for ethical management (GAL.6 through GAL.6.2)
- Standards to address leaders' responsibility to foster a culture of safety within the health care environment (GAL.7 and GAL.7.1)

Goals, Standards, Intents, and Measurable Elements

Goal 1: Identify Patients Correctly

Standard IPSG.1

The home care organization develops an approach to improve accuracy of patient identification.

Intent of IPSG.1

Wrong-patient errors occur in virtually all aspects of diagnosis and treatment. Patients may be sedated, disoriented, or not fully alert; may have sensory disabilities; or may be subject to other situations that may lead to errors in 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.

Policies and/or procedures are collaboratively developed to improve identification processes; in particular, the processes used to identify a patient when giving medications, blood, or blood products; taking blood and other specimens for clinical testing; or providing any other treatments or procedures. The policies and/or procedures require at least two ways to identify a patient, such as the patient's name, identification number, birth date, a picture ID, or other ways. The policies and/or procedures clarify the use of the selected two different identifiers within the home care organization. A collaborative process is used to develop the policies and/or procedures to ensure they address all possible identification situations.

When the home care professional has identified the patient in the patient's home setting, using the two identification methods established in the policies and procedures, the home care professional may use facial recognition to identify the patient.

Measurable Elements of IPSG.1

- ❑ 1. Patients are identified using two patient identifiers before administering medications, blood, or blood products.
- ❑ 2. Patients are identified using two patient identifiers before taking blood and other specimens for clinical testing.
- ❑ 3. Patients are identified using two patient identifiers before providing treatments and procedures.
- ❑ 4. Policies and procedures support consistent practice in all situations and locations.

Goal 2: Improve Effective Communication

Standard IPSG.2

The home care organization develops an approach to improve the effectiveness of communication among caregivers.

Intent of IPSG.2

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. The most error-prone communications are patient care orders given verbally and those given over the telephone, when permitted under local laws and regulations. Another error-prone communication is the report back of critical test results, such as the clinical laboratory telephoning a report of test results. The home care organization collaboratively develops a policy and/or procedure for verbal and telephone orders that includes the writ-