

## Errata Sheet

**Joint Commission International Survey Process Guide for Hospitals, 7th Edition  
Issued 20 October 2020, Effective 1 January 2021**

This errata sheet lists errors and their corrections for the *Joint Commission International Survey Process Guide for Hospitals*, 7th Edition.

Location	Correction Deletions in <del>strikethrough</del> . New text is <u>underlined</u> .	Explanation for Correction
Page 11 <i>Annual Requirements and the Track Record</i>	A <b>track record</b> is used when looking at the expected length of time that something has been in place (such as measurement collection, policy and procedure implementation, processes, and the like). <del>In general, the</del> <u>The</u> survey team will look for a 6-month track record for an initial survey and a 12-month track record during a triennial survey. <del>that will be effective until 31 December 2020. Beginning 1 January 2021, the survey team may look back from the date of the previous survey for all hospitals undergoing a triennial survey.</del>	Postponed the implementation of the 36-month look back period
Page 12 <i>Determining the Score</i> <b>“Fully Met” Score</b>	The track record related to a score of “fully met” is as follows: <ul style="list-style-type: none"> <li>• For triennial surveys <del>before 31 December 2020</del>, a 12-month look-back period of compliance</li> <li>• <del>For triennial surveys on or after 1 January 2021, surveyors may look as far back as the date of the hospital’s previous full survey</del></li> <li>• For initial surveys, a 6-month look-back period of compliance</li> <li>• No look-back period for a follow-up survey; sustainability of improvement is used to evaluate compliance</li> </ul>	Postponed the implementation of the 36-month look back period
Page 14 <i>Changes to the Look-Back Period for Triennial Surveys</i>	<del>Changes to the</del> <u>The</u> <i>Look-Back Period for Triennial Surveys</i> For hospitals and academic medical center hospitals undergoing triennial surveys, the following applies: <ul style="list-style-type: none"> <li>• For triennial surveys <del>conducted on or after 1 January 2021, JCI surveyors may look as far back as the date of the hospital’s previous full survey to assess for continuous compliance, the look-back period is 12 months. However, it is JCI’s expectation that all hospitals will maintain continuous compliance with the JCI standards.</del></li> <li>• When a hospital is required to develop a Strategic Improvement Plan (SIP), the look-back period for the standard/ME requiring an SIP begins when the approved SIP has been fully implemented. (See “Assigning Follow-Up Requirements After a Full Survey” in the next section for more information about SIPs.)</li> </ul>	Postponed the implementation of the 36-month look back period
Page 25 <b>The On-Site Survey</b>	The purpose of a JCI accreditation survey is to assess the extent of a hospital’s compliance with applicable JCI standards. Hospitals undergoing their first survey need to demonstrate a track record of 6 months of compliance with the standards. Hospitals being re-surveyed need to demonstrate compliance with the standards as described on pages 11–16. (See <del>“Changes to the</del> <u>The</u> <i>Look-Back Period for Triennial Surveys</i> ” and “Determining the Score.”)	Corrected text to align with revised policy section

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Page 82 <b>How to Prepare</b>	Deletions in <del>strikethrough</del> . New text is <u>underlined</u> .  Although staff should be familiar with all standards, prior to the survey, staff should carefully read Standards <del>ACC.5.1, MEs 3 and 5, and ACC.7.1, ACC.5, MEs 4 and 6, and ACC.6</del> . In addition, standards from the QPS, PCI, GLD, and FMS chapters related to infection prevention and control, quality improvement, contracted services, and equipment inspection and maintenance may also be reviewed.	Corrected standards references																
Required Documents Page 141	<table border="1"> <thead> <tr> <th data-bbox="412 506 532 569">Standard</th> <th data-bbox="532 506 930 569">Standard Text</th> <th data-bbox="930 506 1016 569">In English</th> <th data-bbox="1016 506 1232 569">Type of Document</th> </tr> </thead> <tbody> <tr> <td colspan="4" data-bbox="412 569 1232 604"><b>International Patient Safety Goals (IPSG)</b></td> </tr> <tr> <td data-bbox="412 604 532 758">IPSG.5</td> <td data-bbox="532 604 930 758">The hospital adopts and implements evidence-based hand-hygiene guidelines to reduce the risk of health care-associated infections</td> <td data-bbox="930 604 1016 758">Yes</td> <td data-bbox="1016 604 1232 758"><del>Policy/Procedure</del> <a href="#">Program</a></td> </tr> </tbody> </table>	Standard	Standard Text	In English	Type of Document	<b>International Patient Safety Goals (IPSG)</b>				IPSG.5	The hospital adopts and implements evidence-based hand-hygiene guidelines to reduce the risk of health care-associated infections	Yes	<del>Policy/Procedure</del> <a href="#">Program</a>	Made the following changes: <ul style="list-style-type: none"> <li>• Corrected several “Type of Document” entries to align with standards measurable elements</li> <li>• Added missing standards that require a policy/procedure</li> <li>• Identified additional standards that require English translation</li> </ul>				
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	FMS.9	<u>The hospital develops and implements a program for the management of medical equipment throughout the organization.</u>	Yes	<u>Program</u>	
	FMS.10	<u>The hospital develops and implements a program for the management of utility systems throughout the organization.</u>	Yes	<u>Program</u>	
	FMS.11	The hospital develops, maintains, and tests an emergency management program to respond to internal and external emergencies and disasters that have the potential of occurring within the hospital and community.	Yes	Program	
	FMS.12	When planning for construction, renovation, and demolition projects, or maintenance activities that affect patient care, the organization conducts a preconstruction risk assessment.	Yes	Program	
Page 152	<b>Staff Qualifications and Education (SQE)</b>				
SQE.8.3	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.		<del>Policy/Procedure</del> <u>Program</u>		