



Joint Commission International  
Accreditation Standards for  
**Hospitals**

**Including Standards for Academic Medical Center Hospitals**

# Joint Commission International Mission

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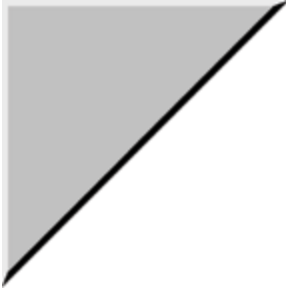
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# Summary of Changes to the Manual

## Accreditation Participation Requirements (APR)

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
APR.01.00	APR.1	ME 1 was added as scorable requirement on timely submission of data and information to JCI.		X
APR.02.00	APR.2	ME 1 was added as scorable requirement on providing accurate information throughout the accreditation process.		X
APR.03.00	APR.3	ME 1 was added as scorable requirement on informing JCI of any organization changes through organization's E-App.		X
APR.04.00	APR.4	ME 1 was added as scorable requirement on performance of JCI surveys.		X
APR.05.00	APR.5	ME 1 was added as scorable requirement on providing JCI official records and reports when requested.		X
APR.06.00	APR.7	Renumbered requirement and added ME 1 as scorable element focused on performance measures.		X
APR.07.00	APR.8	Renumbered requirement with two scorable measurable elements focused on accurate advertising of JCI accreditation.		X
APR.08.00	APR.9	Renumbered requirement with three scorable measurable elements focused on staff reporting safety or quality concerns without retribution.		X
APR.09.00	APR.11	Renumbered requirement with two measurable measurable elements focused on informing public on how to report concerns on patient safety and quality of care.		X
APR.10.00	APR.10	ME 1 was added as scorable requirement on providing qualified translator when applicable.		X
APR.11.00	APR.12	ME 1 was added as scorable requirement on providing safe environment.		X

**Access to Care and Continuity of Care (ACC)**

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
ACC.01.00	ACC.1	Renumbered standard with six measurable elements similar to the 7th Edition.		
ACC.01.01	ACC.1	Renumbered standard with five measurable elements focused on patients with emergent, urgent, and immediate needs.		
ACC.01.02	ACC.1.1	Renumbered standard with three measurable elements similar to the 7th Edition.		
ACC.02.00	ACC.2	Renumbered standard now with four measurable elements focused on patient flow processes.		
ACC.02.01	ACC.2.2	Renumbered standard with six measurable elements focused on patient education.		
		Moved PCC.4, ME 1 (7th Edition) to ACC.02.01, ME 4 (8th Edition).		
		Moved PCC.4, ME 2 (7th Edition) to ACC.02.01, ME 5 (8th Edition).		
		Moved PCC.4, ME 4 (7th Edition) to ACC.02.01, ME 6 (8th Edition).		
ACC.02.02	ACC.2.3	Renumbered standard with four measurable elements focused on criteria for specialized units/departments.		
ACC.03.00	ACC.3	Renumbered standard with six measurable elements similar to the 7th Edition.		
ACC.03.01	ACC.3.1	Renumbered standard with three measurable elements similar to the 7th Edition.		
ACC.04.00	ACC.4	Renumbered standard with six measurable elements similar to the 7th Edition.		
ACC.04.01	ACC.4.1	Renumbered standard with five measurable elements focused on patient/family discharge education.		
ACC.04.02	ACC.4.2	Renumbered standard with five measurable elements similar to the 7th Edition.		
ACC.04.03	ACC.4.2.1	Renumbered standard with four measurable elements similar to the 7th Edition.		
ACC.04.04	ACC.4.3	Renumbered standard with four measurable elements similar to the 7th Edition.		
ACC.04.05	ACC.4.4 ACC.4.4.1	Combined into one standard with six measurable elements focused on leaving against medical advice.		
ACC.05.00	ACC.5	Renumbered standard with six measurable elements similar to the 7th Edition.		
ACC.05.01	ACC.5.1	Renumbered standard with two measurable elements focused on transfer documentation.		
ACC.06.00	ACC.6	Renumbered standard with six measurable elements focused on transportation services.		



**Assessment of Patients (AOP)**

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
AOP.01.00	AOP.1	Renumbered standard with four measurable elements similar to the 7th Edition.		
AOP.01.01	AOP.1.1 AOP.1.2 AOP.1.2.1	Combined into one standard with nine measurable elements focused on the initial assessment.		
		ME 3 focuses on requirements of the initial assessment.		X
		ME 4 focuses on special populations that require assessment modifications.		X
AOP.01.02	AOP.1.3	Renumbered standard with three measurable elements focused on outside source assessments.		
AOP.01.03	AOP.1.4	Renumbered standard with five measurable elements focused on screening for nutritional, functional, or other special needs.		
AOP.01.04	AOP.1.5	Renumbered standard with five measurable elements focused on pain assessment.		
AOP.01.05	AOP.2	Renumbered standard with four measurable elements focused on reassessment intervals.		
AOP.02.00	IPSG.6 IPSG.6.1	Renumbered standard moved from IPSG chapter with four measurable elements focused on fall risk.		
AOP.03.00	AOP.5	Renumbered standard with three measurable elements focused on laboratory services.		
AOP.03.01	AOP.5.1	Renumbered standard with five measurable elements similar to the 7th Edition.		
AOP.03.02	AOP.5.2	Renumbered standard with five measurable elements similar to the 7th Edition.		
AOP.03.03	AOP.5.4	Renumbered standard with four measurable elements focused on reporting of lab results.		
		ME 4 focuses on corrective action when lab results are not reported correctly.		X
AOP.03.04	AOP.5.5	Renumbered standard with five measurable elements similar to the 7th Edition.		
AOP.03.05	AOP.5.6	Renumbered standard with five measurable elements focused on reagents and supplies for laboratory services.		
		ME 5 focuses on the information required for reagent records.		X
AOP.03.06	AOP.5.7	Renumbered standard with six measurable elements similar to the 7th Edition.		
AOP.03.07	AOP.5.8	Renumbered standard with five measurable elements similar to the 7th Edition.		

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
AOP.03.08	AOP.5.9 AOP.5.9.1	Combined into one standard with six measurable elements focused on laboratory service quality control and proficiency testing.		
AOP.03.09	AOP.5.10 AOP.5.10.1	Combined into one standard with five measurable elements focused on services provided by contracted laboratories.		
AOP.04.00	AOP.5.11	Renumbered standard with six measurable elements focused on blood bank and transfusion services.		
		ME 5 focuses on monitoring and improving utilization.		X
		ME 6 focuses on hemovigilance surveillance.		X
AOP.04.01	COP.3.4	New standard with five measurable elements focused on clinical guidelines for administration of blood and blood products.	X	
AOP.05.00	AOP.6	Renumbered standard with four measurable elements similar to the 7th Edition.		
AOP.05.01	AOP.6.1	Renumbered standard with six measurable elements similar to the 7th Edition.		
AOP.05.02	AOP.6.2	Renumbered standard with seven measurable elements focused on radiation and/or diagnostic imaging safety.		
		ME 6 focuses on the individual serving as the radiation safety officer.		X
AOP.05.03	AOP.6.3	Renumbered standard with four measurable elements focused on radiology and diagnostic imaging results.		
		ME 4 focuses on corrective action when results are not reported in the expected time frame.		X
AOP.05.04	AOP.6.4	Renumbered standard with five measurable elements similar to the 7th Edition.		
AOP.05.05	AOP.6.5	Renumbered standard with three measurable elements focused on quality control for radiology and diagnostic imaging services.		
AOP.05.06	AOP.6.6	Renumbered standard with five measurable elements focused on contracted services.		
		MEs 1 and 2 focus on maintaining a copy of licenses and certificates from a recognized authority.		X
AOP.06.00	N/A	New standard with five measurable elements focused on nuclear medicine safety.	X	

**Anesthesia and Surgical Care (ASC)**

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
ASC.01.00	ASC.1 ASC.2	Combined into one standard with six measurable elements focused on the provision of sedation and anesthesia services.		
ASC.02.00	ASC.3	Renumbered standard with two measurable elements similar to the 7th Edition.		
ASC.02.01	ASC.3.1	Renumbered standard with three measurable elements focused on the qualifications of practitioners and staff responsible for procedural sedation.		
ASC.02.02	ASC.3.2	Renumbered standard with five measurable elements focused on the administration, monitoring, and documentation of procedural sedation according to professional practice guidelines.		
		ME 4 focuses on the pre-sedation assessment performed by a qualified individual and the documentation.		X
ASC.02.03	ASC.3.3	Renumbered standard with three measurable elements similar to the 7th Edition.		
ASC.03.00	ASC.4	Renumbered standard with four measurable elements focused on the preanesthesia and preinduction assessments.		
		ME 4 focuses on the scope and content of the preanesthesia and preinduction assessment.		X
ASC.03.01	ASC.5	Renumbered standard with six measurable elements focused on discussing the anesthesia plan of care with the patient and/or decision-maker.		
		ME 6 focuses on anesthesia care according to professional practice guidelines and hospital policy.		X
ASC.03.02	ASC.6	Renumbered standard with three measurable elements similar to the 7th Edition.		
ASC.03.03	ASC.6.1	Renumbered standard with four measurable elements similar to the 7th Edition.		
ASC.04.00	ASC.7 AOP.1.3.1	Renumbered standard with four measurable elements focused on the preoperative assessment.		
		Moved documentation requirement from AOP.1.3.1, ME 3 (7th Edition) to ASC.04.00, ME 1 (8th Edition).		X
		Moved Standard AOP.1.3.1 (7th Edition) to ASC.04.00, ME 2 (8th Edition).		X

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
ASC.04.01	ASC.7.1	Renumbered standard with two measurable elements focused on risks, benefits, and alternatives of surgical procedures.		
		Moved ASC.7.1, ME 2 (7th Edition) to ASC.04.01, ME 1 (8th Edition).		
ASC.04.02	ASC.7.2	Renumbered standard with three measurable elements similar to the 7th Edition.		
ASC.04.03	ASC.7.3	Renumbered standard with four measurable elements similar to the 7th Edition.		
ASC.04.04	ASC.7.4	Renumbered standard with five measurable elements focused on planning surgical care that includes implantable devices.		
		ME 3 focuses on the information the patient receives on the implantable device.		X

**Care of Patients (COP)**

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
COP.01.00	COP.2 IPSG.2	Renumbered standard with six measurable elements focused on prescribing, documenting, and carrying out orders; and reporting results.		
		ME 3 moved from IPSG.2 (7th Edition).		X
		ME 6 moved from IPSG.2 (7th Edition).		X
COP.01.01	COP.2.2	Renumbered standard with four measurable elements focused on individualized patient care plans.		
COP.01.02	COP.3	Renumbered standard with five measurable elements similar to the 7th Edition.		
COP.02.00	COP.3.1	Renumbered standard with six measurable elements focused on clinical alarm safety.		
		ME 6 focuses on performance improvement efforts for clinical alarm safety.		X
COP.03.00	COP.3.2	Renumbered standard with four measurable elements similar to the 7th Edition.		
COP.04.00	COP.3.3	Renumbered standard with four measurable elements similar to the 7th Edition.		
		ME 4 focuses on expanded requirements for performance improvement related to resuscitation.		

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
COP.05.00	COP.3.5	Renumbered standard with seven measurable elements focused on care of suicidal patients.		
		ME 4 focuses on documentation of suicide screenings and assessments.		X
		ME 5 focuses on policies and procedures for staff competence and reassessment of patients.		X
		ME 6 focuses on follow-up care at discharge.		X
COP.06.00	COP.5 COP.5.1	Combined into one standard with eight measurable elements focused on delivery of nutrition services and nutrition therapy.		
COP.07.00	COP.6 PCC.2.2	Renumbered standard with four measurable elements similar to the 7th Edition; includes duplicative content from PCC.2.2.		
COP.08.00	COP.7 PCC.2.2	Renumbered standard with six measurable elements similar to the 7th Edition.		
COP.09.00	PCC.6	Moved and renumbered standard with four measurable elements focused on informing patients/families about organ donation.		
COP.09.01	PCC.6.1	Moved and renumbered standard with four measurable elements focused on provision of oversight of organ and tissue procurement program.		
COP.09.02	COP.8	Renumbered standard with three measurable elements similar to the 7th Edition.		
COP.09.03	COP.8.1 COP.8.2	Combined into one standard with seven measurable elements focused on qualified program leadership and interdisciplinary team with expertise in relevant transplant programs.		
COP.09.04	COP.8.3	Renumbered standard with four measurable elements similar to the 7th Edition.		
COP.09.05	N/A	New standard with seven measurable elements focused on organ, tissue, and cell transplant program responsibilities to include sharing of transplant data required by laws and regulations; and receipt, transport, handling, and storage of organs and tissues.	X	
COP.09.06	COP.8.5	Renumbered standard with five measurable elements similar to the 7th Edition.		
COP.09.07	COP.8.6	Renumbered standard with five measurable elements similar to the 7th Edition.		

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
COP.09.08	COP.8.7	Renumbered standard with six measurable elements focused on clinical practice guidelines and clinical criteria guiding selection of organ and tissue transplant recipients; standard language changed from 7th Edition.		
		ME 6 focuses on documentation of organ compatibility in patient records.		X
COP.10.00	COP.9	Renumbered standard with five measurable elements similar to the 7th Edition.		
COP.10.01	COP.9.1	Renumbered standard with four measurable elements similar to the 7th Edition.		
COP.10.02	COP.9.2	Renumbered standard with six measurable elements similar to the 7th Edition.		
COP.10.03	COP.9.3	Renumbered standard with three measurable elements similar to the 7th Edition.		

**International Patient Safety Goals (IPSG)**

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
IPSG.01.00	IPSG.1	Renumbered standard with three measurable elements similar to the 7th Edition, with expanded guidance for newborn naming conventions.		
IPSG.02.00	IPSG.2.1	Renumbered standard with four measurable elements focused on critical results reporting.		
IPSG.02.01	IPSG.2.2	Renumbered standard with three measurable elements similar to the 7th Edition.		
IPSG.03.00	IPSG.3	Renumbered standard with three measurable elements similar to the 7th Edition.		
IPSG.03.01	IPSG.3.1	Renumbered standard with three measurable elements similar to the 7th Edition.		
		ME 3 expanded to include review of list of look-alike/sound-alike (LASA) medications at least annually.		
IPSG.03.02	IPSG.3.2	Renumbered standard with three measurable elements focused on safe storage of concentrated electrolytes.		
		ME 3 focuses on performing proactive risk assessments at least annually where concentrated electrolytes are stored.		X

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
IPSG.04.00	IPSG.4	Renumbered standard with three measurable elements focused on preoperative verification and site marking for safe surgery.		
		ME 1 expanded to include World Health Organization (WHO) recommendations.		
		ME 4 expanded to include requirement for alternative site marking process.		
IPSG.04.01	IPSG.4.1	Renumbered standard with four measurable elements focused on time-out/Universal Protocol for safe surgery.		
		ME 1 expanded to include WHO recommendations.		
		ME 4 new requirement to perform second time-out for separate procedures performed by different individuals during the same surgery episode.		X
IPSG.05.00	IPSG.5	Renumbered standard with three measurable elements similar to the 7th Edition; expanded requirement for ME 3 to collect and analyze data for hand hygiene program.		

### Medication Management and Use (MMU)

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
MMU.01.00	MMU.1	Renumbered standard with seven measurable elements focused on medication management processes.		
		ME 1 focuses on a qualified individual overseeing the medication management team.		X
		ME 3 focuses on members of the medication management team.		X
MMU.01.01	MMU1.1	Renumbered standard with eight measurable elements focused on antimicrobial stewardship.		
		ME 2 focuses on the antimicrobial stewardship program interdisciplinary team.		X
		ME 3 focuses on coordination of antimicrobial use throughout the hospital.		X
		ME 6 focuses on the program collecting, analyzing, and reporting data.		X
		ME 8 focuses on patient and family antimicrobial education.		X

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
MMU.01.02	MMU.3.2	Renumbered standard with six measurable elements focused on a medication recall system process.		
		ME 3 focuses on labeling and isolating recalled medication.		X
		ME 4 focuses on notifying patients of recalled medications.		X
		ME 5 focuses on the process to inform health care providers of medication recalls.		X
		ME 6 focuses on the process for documenting all actions related to medication recall.		X
MMU.01.03	N/A	New standard with three measurable elements focused on a process for handling expired medications.	X	
MMU.02.00	MMU.2	Renumbered standard with four measurable elements focused on a process for the selection and procurement of medications.		
		ME 1 focuses on interdisciplinary team collaboration to determine criteria for medication selection and procurement.		X
MMU.03.00	MMU.3	Renumbered standard with six measurable elements similar to the 7th Edition.		
MMU.03.01	MMU.3.1	Renumbered standard with four measurable elements similar to the 7th Edition.		
MMU.04.00	MMU.4.1	Renumbered standard with two measurable elements similar to the 7th Edition.		
MMU.04.01	MMU.4.2	Renumbered standard with six measurable elements focused on safe prescribing, ordering, and transcribing practices and elements of a complete order or prescription.		
		ME 2 focuses on a diagnosis, condition, or indication for use for each medication ordered.		X
		ME 4 focuses on additional required elements of complete medication orders or prescriptions.		X
MMU.04.02	MMU.4	Renumbered standard with four measurable elements focused on a medication reconciliation process.		
		ME 4 focuses on when medication review is conducted.		X
MMU.05.00	MMU.5	Renumbered standard with six measurable elements focused on medication preparation and dispensing practices.		
		ME 4 focuses on visual inspection of medication.		X



8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
MMU.05.01	N/A	New requirements with five measurable elements focused on a process for radiopharmaceuticals.	X	
MMU.05.02	MMU.5.1	Renumbered standard with seven measurable elements focused on medication appropriateness review.		
		ME 3 focuses on the process to conduct an appropriateness review for an order or prescription prior to dispensing.		X
		ME 7 focuses on clarifying concerns, issues, or questions with the provider prior to dispensing medication.		X
MMU.05.03	MMU.5.2	Renumbered standard with five measurable elements focused on a medication dispensing system.		
		ME 4 focuses on requirements in a policy for medication labeling practices.		X
MMU.06.00	MMU.6 MMU.6.1	Combined into one standard with six measurable elements focused on medication administration performed by qualified individuals.		
		ME 6 focuses on administering a radioactive pharmaceutical for diagnostic purposes.		X
MMU.06.01	MMU.6.2 MMU.6.2.1	Combined into one standard with four measurable elements focused on policies and procedures governing medication brought into the hospital, prescribed for patient self-administration, and medication samples.		
		ME 4 focuses on assessing the competence of the patient or family administering medication.		X
MMU.07.00	MMU.7	Renumbered standard with seven measurable elements focused on actual or potential adverse drug events and adverse drug reactions.		
		ME 2 focuses on a process to address prescriber notification for adverse drug events and reactions.		X
		ME 6 focuses on conducting a root cause analysis of data for adverse drug event patterns or undesirable trends.		X
MMU.07.01	MMU.7.1	Renumbered standard with five measurable elements focused on a process for medication errors and near miss events (or close calls).		
		ME 4 focuses on conducting a root cause analysis of data for medication error and near miss patterns or undesirable trends.		X

**Patient-Centered Care (PCC)**

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
PCC.01.00	PCC.1	Renumbered standard with six measurable elements similar to the 7th Edition.		
PCC.01.01	PCC.1.1 PCC.1.2	Combined into one standard with five measurable elements focused on patients' rights to access care, have barriers removed, and have cultural and religious preferences respected.		
PCC.01.02	PCC.1.3	Renumbered standard with five measurable elements similar to the 7th Edition.		
PCC.01.03	PCC.1.4	Renumbered standard with three measurable elements similar to the 7th Edition.		
PCC.01.04	N/A	New requirements with four measurable elements focused on protection of vulnerable populations.	X	
PCC.02.00	PCC.2	Renumbered standard with four measurable elements similar to the 7th Edition.		
PCC.02.01	PCC.2.1	Renumbered standard with six measurable elements similar to the 7th Edition.		
PCC.02.02	PCC.3	Renumbered standard with four measurable elements similar to the 7th Edition.		
PCC.02.03	PCC.3.1	Renumbered standard with five measurable elements focused on processes to manage patient complaints and disclosure of clinical errors.		
		ME 3 focuses on content of a policy for disclosure of clinical errors.		X
		ME 4 focuses on implementation of a policy on disclosure of clinical errors.		X
		ME 5 focuses on a process to analyze and prevent the error from recurring.		X
PCC.03.00	PCC.4 PCC.4.1 PCC.4.2 PCC.4.3 PCC.4.4	Combined into one standard with five measurable elements focused on informed consent policy and process for obtaining informed consent.		
PCC.04.00	PCC.5	Renumbered standard with four measurable elements similar to the 7th Edition.		
PCC.04.01	PCC.5.1 PCC.5.2	Combined into one standard with three measurable elements focused on identification of patient/family education needs and documentation of education.		

**Facility Management and Safety (FMS)**

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
FMS.01.00	FMS.1	Renumbered standard with four measurable elements focused on leadership and planning for facility use.		
FMS.01.01	FMS.2	Renumbered standard with three measurable elements focused on oversight of the FMS structure.		
FMS.02.00	FMS.3 FMS.4	Combined into one standard with four measurable elements focused on risk assessment, reporting, and action by the governing entity.		
FMS.03.00	FMS.5	Renumbered standard with five measurable elements focused on the safety program.		
		ME 4 focuses on safety incidents within the facility.		X
		ME 5 focuses on safety incidents related to workplace violence.		X
FMS.04.00	FMS.6	Renumbered standard with nine measurable elements focused on a secure environment.		
		ME 4 focuses on equipment inspection.		X
		ME 5 focuses on education related to a safety event.		X
		ME 6 focuses on safety exercises.		X
		ME 7 focuses on an annual analysis of workplace violence.		X
		ME 8 focuses on investigation of security incidents.		X
FMS.05.00	FMS.7 FMS.7.1 FMS.7.2	Combined into one standard with seven measurable elements focused on hazardous materials and waste.		
		ME 7 focuses on staff demonstration of procedures.		X
FMS.06.00	FMS.8	Renumbered standard with three measurable elements focused on fire safety measures.		
FMS.06.01	FMS.8.1 FMS.8.2	Combined into one standard with six measurable elements focused on maintenance of fire safety equipment/building features.		
FMS.06.02	FMS.8.3	Renumbered standard with three measurable elements similar to the 7th Edition.		
FMS.06.03	FMS.8.4	Renumbered standard with three measurable elements similar to the 7th Edition.		
FMS.06.04	FMS.8.5	Renumbered standard with three measurable elements focused on patient and staff smoking habits.		

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
FMS.07.00	FMS.9 FMS.9.1	Combined into one standard with three measurable elements focused on medical equipment. ME 2 combined concepts of previous FMS.9.1, MEs 2–4.		
FMS.07.01	FMS.9.2	Renumbered standard with three measurable elements similar to the 7th Edition.		
FMS.08.00	FMS.10 FMS.10.1	Combined into one standard with five measurable elements focused on utility systems management.		
FMS.08.01	FMS.10.2	Renumbered standard with three measurable elements focused on testing and evaluation of utility systems.		
FMS.08.02	FMS.10.3	Renumbered standard with four measurable elements focused on monitoring water quality.		
FMS.08.03	FMS.10.3.1	Renumbered standard with five measurable elements similar to the 7th Edition.		
FMS.08.04	PCI.10	Renumbered standard with three measurable elements focused on reducing the risk of infection through engineering controls.	X	
FMS.09.00	FMS.11	Renumbered standard with four measurable elements focused on the emergency management program.		
FMS.09.01	PCI.12.1 PCI.12.2	New standard with six measurable elements focused on emergency management for global communicable diseases.	X	
FMS.10.00	FMS.12 PCI.11	Renumbered standard with three measurable elements similar to the 7th Edition.		

**Governance, Leadership, and Direction (GLD)**

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
GLD.01.00	GLD.1 GLD.1.1 GLD.1.2	Combined into one standard with five measurable elements focused on structure and oversight responsibilities of the governing entity.		
GLD.02.00	GLD.2	Renumbered standard with five measurable elements focused on the chief executive’s qualifications and responsibilities.		
GLD.03.00	GLD.3	Renumbered standard with three measurable elements focused on hospital leaders’ responsibility to carry out the hospital’s mission.		

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
GLD.03.01	GLD.3.1	Renumbered standard with four measurable elements focused on hospital departments' planning of services, providing data, and communication to staff.		
		ME 4 focuses on implementing policies to provide uniform care to patients.		X
GLD.03.02	GLD.3.2	Renumbered standard with three measurable elements similar to the 7th Edition.		
GLD.04.00	GLD.4	Renumbered standard with seven measurable elements focused on implementation of hospitalwide quality and patient safety program.		
		ME 5 focuses on definition of patient safety events and reporting of sentinel events.		X
		Moved QPS.7, ME 2 (7th Edition) to GLD.04.00, ME 6 (8th Edition).		
		ME 7 focuses on supporting staff involved in an adverse event or a sentinel event.		X
GLD.04.01	GLD.4.1	Renumbered standard with three measurable elements similar to the 7th Edition.		
GLD.04.02	GLD.5	Renumbered standard with four measurable elements focused on hospital leaders' use of data when identifying hospitalwide priorities and compliance to IPSGs.		
		ME 3 focuses on data collection and assessment of diagnostic error factors.		X
		ME 4 focuses on interventions to mitigate diagnostic errors.		X
GLD.05.00	GLD.6 GLD.6.1	Combined into one standard with six measurable elements focused on oversight of contract services and integration of contract management to the hospital's quality monitoring program.		
GLD.05.01	GLD.6.2	Renumbered standard with four measurable elements similar to the 7th Edition.		
GLD.05.02	GLD.7	Renumbered standard with four measurable elements focused on using data in resource decision-making.		
GLD.05.03	GLD.7.1	Renumbered standard with three measurable elements focused on establishing the hospital's supply chain strategy.		
		ME 1 combines the concepts of GLD.7.1, MEs 1–3 (7th Edition).		
GLD.06.00	GLD.8 GLD.9	Combined into one standard with four measurable elements focused on hospital department oversight, direction, and structure.		

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
GLD.06.01	GLD.11	Renumbered standard with four measurable elements similar to the 7th Edition.		
GLD.06.02	GLD.11.2	Renumbered standard with four measurable elements similar to the 7th Edition.		
GLD.07.00	GLD.12	Renumbered standard with six measurable elements focused on the hospital's ethical framework and conflict of interest disclosure.		
GLD.07.01	GLD.13 GLD.13.1	Renumbered standard with six measurable elements focused on culture of safety in the organization.		
		Moved GLD.13, ME 1 (7th Edition) to GLD.07.01, ME 4 (8th Edition).		
		Moved GLD.13.1, ME 5 (7th Edition) to GLD.07.01, ME 5 (8th Edition).		
GLD.07.02	N/A	New standard with five measurable elements focused on workplace violence prevention program.	X	
GLD.08.00	GLD.14	Renumbered standard with five measurable elements similar to the 7th Edition.		
GLD.09.00	GLD.15	Renumbered standard with five measurable elements focused on human subjects research policies, patient information, consent forms, and indemnity insurance.		

### Health Care Technology (HCT)

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
HCT.01.00	MOI.11	Renumbered standard from MOI with four measurable elements similar to the 7th Edition.		
HCT.01.01	MOI.12	Renumbered standard from MOI with five measurable elements similar to the 7th Edition.		
HCT.01.02	N/A	New standard with four measurable elements focused on telehealth services.	X	
HCT.01.03	N/A	New standard with three measurable elements focused on clinical decision support tools and artificial intelligence.	X	
HCT.01.04	MOI.13	Renumbered standard from MOI with six measurable elements similar to the 7th Edition.		
HCT.01.05	N/A	New standard with three measurable elements focused on cybersecurity and cyber risk management.	X	
HCT.02.00	COP.4	Renumbered standard from COP with six measurable elements similar to the 7th Edition.		

**Management of Information (MOI)**

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
MOI.01.00	MOI.1	Renumbered standard with three measurable elements focused on managing information.		
MOI.01.01	MOI.2	Renumbered standard with six measurable elements similar to the 7th Edition.		
MOI.01.02	MOI.2.1	Renumbered standard with five measurable elements focused on safety and security of information.		
		ME 5 focuses on cyberattacks.		X
MOI.01.03	MOI.3	Renumbered standard with three measurable elements similar to the 7th Edition.		
MOI.01.04	MOI.6	Renumbered standard with four measurable elements focused on information systems training.		
		ME 3 focuses on cybersecurity education.		X
MOI.02.00	MOI.7	Renumbered standard with four measurable elements focused on management of documents.		
		Split 7th Edition ME 1 into 8th Edition MEs 1 and 2.		
MOI.02.01	MOI.7.1	Renumbered standard with four measurable elements similar to the 7th Edition.		
MOI.02.02	MOI.4	Renumbered standard with four measurable elements focused on use of abbreviations.		
MOI.02.03	MOI.5	Renumbered standard with three measurable elements focused on dissemination of data.		
MOI.03.00	MOI.8 MOI.8.1 MOI.9	Combined into one standard with five measurable elements focused on the integrity of the patient health record.		
MOI.03.01	MOI.10	Renumbered standard with five measurable elements similar to the 7th Edition.		

**Prevention and Control of Infections (PCI)**

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
PCI.01.00	PCI.1	Renumbered standard with five measurable elements focused on qualifications of infection prevention and control leaders and oversight of the infection prevention and control program.		
PCI.01.01	PCI.2	Renumbered standard with five measurable elements focused on integration of the infection prevention and control program with all departments and services, and with the quality and patient safety program.		

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
PCI.01.02	PCI.3	Renumbered standard with three measurable elements focused on provision of adequate resources for the infection prevention and control program.		
PCI.02.00	PCI.5 PCI.5.1 IPSG.5.1	Combined into one standard with five measurable elements focused on risk assessments and evidence-based strategies for infection prevention and control.		
PCI.02.01	AOP5.3.1	Renumbered standard moved to PCI chapter with four measurable elements similar to the 7th Edition.		
PCI.03.00	PCI.6	Renumbered standard with eight measurable elements similar to the 7th Edition.		
PCI.03.01	PCI.6	New standard with five measurable elements focused on a process to manage reuse of single-use devices.	X	
PCI.03.02	PCI.6	New standard with three measurable elements focused on a process to manage expired and damaged devices and supplies.	X	
PCI.04.00	PCI.7	Renumbered standard with four measurable elements similar to the 7th Edition.		
PCI.04.01	PCI.7.1	Renumbered standard with four measurable elements similar to the 7th Edition.		
PCI.05.00	PCI.8	Renumbered standard with seven measurable elements focused on proper disposal and handling of infectious waste, sharps, and needles.		
		ME 7 focuses on a policy to direct chain of custody for all bodies and body parts handled by pathology, mortuary, and other postmortem areas.		X
PCI.05.01	PCI.8.1	Renumbered standard with seven measurable elements focused on protection from and response to blood and body fluid exposures.		
		ME 2 focuses on implementation of practices to reduce risk of exposures to blood and body fluids.		X
PCI.06.00	PCI.9	Renumbered standard with five measurable elements similar to the 7th Edition.		
PCI.07.00	PCI.12	Renumbered standard with five measurable elements focused on isolation precautions for communicable diseases and protection of immunosuppressed patients.		
		ME 2 focuses on staff education on management of infectious patients when negative air pressure rooms are not available.		X



8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
PCI.07.01	PCI.13	Renumbered standard with six measurable elements focused on personal protective equipment and hand hygiene resources.		
		ME 2 focuses on ensuring that personal protective equipment and hand hygiene resources are readily available.		X
PCI.07.02	N/A	New standard with five measurable elements focused on preparedness and response for epidemiologically significant or high-impact pathogens, including novel pathogens.	X	
PCI.08.00	PCI.14	Renumbered standard with five measurable elements similar to the 7th Edition.		
PCI.08.01	PCI.15	Renumbered standard with five measurable elements focused on infection prevention and control education for staff and infection prevention and control program communication with leaders and governing board.		
		ME 5 focuses on communicating data and information from infection prevention and control program to governing board.		X

### Quality and Patient Safety (QPS)

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
QPS.01.00	QPS.1	Renumbered standard with six measurable elements focused on implementation of quality and patient safety program and quality and patient safety program leaders/staff qualifications.		
		ME 6 focuses on defining qualifications of quality and patient safety program leaders and staff.		X
QPS.02.00	QPS.2	Renumbered standard with four measurable elements similar to the 7th Edition.		
QPS.03.00	QPS.4	Renumbered standard with five measurable elements similar to the 7th Edition.		
QPS.03.01	QPS.6	Renumbered standard with three measurable elements focused on data validation.		
QPS.03.02	QPS.4.1	Renumbered standard with five measurable elements similar to the 7th Edition.		
QPS.03.03	QPS.5	Renumbered standard with three measurable elements similar to the 7th Edition.		

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
QPS.03.04	QPS.8	Renumbered standard with six measurable elements focused on mandatory data collection, intensive analysis when adverse events or trends occur, and reporting of data analyses.		
		ME 6 focuses on implementing measures intended to increase patient safety event reporting.		X
QPS.04.00	QPS.9	Renumbered standard with four measurable elements similar to the 7th Edition.		
QPS.04.01	QPS.10	Renumbered standard with six measurable elements focused on requirements for risk management programs.		
		ME 6 focuses on defining qualifications of risk management personnel.		X

### Staff Qualifications and Education (SQE)

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
SQE.01.00	SQE.1	Renumbered standard with three measurable elements similar to the 7th Edition.		
SQE.01.01	SQE.1.1	Renumbered standard with four measurable elements focused on staff member responsibilities in the job description.		
		ME 2 focuses on requiring the job description to include defined staff member responsibilities.		X
SQE.01.02	SQE.2	Renumbered standard with four measurable elements similar to the 7th Edition.		
SQE.01.03	SQE.3 SQE.4	Combined into one standard with six measurable elements focused on staff qualifications and performance.		
		ME 2 focuses on performance-based staff evaluations.		X
		ME 5 focuses on a qualified individual conducting staff evaluations.		X
SQE.01.04	SQE.5	Renumbered standard with three measurable elements similar to the 7th Edition.		
SQE.01.05	SQE.6 SQE.6.1	Combined into one standard with seven measurable elements focused on hospital staffing process.		
		ME 4 focuses on staffing process compliance with laws and regulations.		X

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
SQE.01.06	SQE.7	Renumbered standard with five measurable elements focused on staff orientation.		
		ME 5 focuses on documentation of completed orientation.		X
SQE.01.07	SQE.8	Renumbered standard with seven measurable elements focused on education and training.		
		ME 7 focuses on documentation of completed education and training.		X
SQE.01.08	SQE.8.1 SQE.8.1.1	Combined into one standard with seven measurable elements focused on staff competence in resuscitative techniques.		
SQE.02.00	SQE.8.2	Renumbered standard with five measurable elements focused on staff mental health.		
		ME 3 focuses on the evaluation and resources for elements of staff mental health.		X
		ME 5 focuses on actions taken for staff mental health prevention.		X
SQE.02.01	SQE.8.3	Renumbered standard with five measurable elements focused on a staff vaccination and immunization program.		
		ME 3 focuses on a process for staff vaccinations and immunizations.		X
SQE.02.02	N/A	New standard with three measurable elements focused on workplace violence prevention training.	X	
SQE.03.00	SQE.13	Renumbered standard with six measurable elements similar to the 7th Edition.		
SQE.03.01	SQE.14	Renumbered standard with five measurable elements focused on nursing staff credentials.		
		ME 1 focuses on nursing staff experience, training, and education applicability to their role.		X
		ME 2 focuses on nursing staff evaluation criteria.		X
SQE.03.02	SQE.14.1	Renumbered standard with three measurable elements similar to the 7th Edition.		
SQE.04.00	SQE.15	Renumbered standard with five measurable elements similar to the 7th Edition.		
SQE.04.01	SQE.16	Renumbered standard with three measurable elements similar to the 7th Edition.		
SQE.04.02	SQE.16.1	Renumbered standard with three measurable elements similar to the 7th Edition.		
SQE.05.00	SQE.9	Renumbered standard with four measurable elements similar to the 7th Edition.		

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
SQE.05.01	SQE.9.1	Renumbered standard with three measurable elements similar to the 7th Edition.		
SQE.05.02	SQE.9.2	Renumbered standard with three measurable elements similar to the 7th Edition.		
SQE.06.00	SQE.10	Renumbered standard with five measurable elements focused on the process to grant medical staff membership and clinical privileges.		
		ME 2 focuses on criteria that determine scope of medical staff privileges.		X
		Moved PCC.4.3, ME 4 (7th Edition) to SQE.06.00, ME 5 (8th Edition).		X
SQE.06.01	N/A	New standard with six measurable elements focused on medical staff temporary clinical privileges.	X	
SQE.06.02	SQE.12	Renumbered standard with six measurable elements focused on medical staff membership and clinical privileges.		
		ME 4 focuses on notification of staff regarding the decision to grant privileges.		X
		ME 5 focuses on the process to disseminate all granting-related decisions to applicable parties.		X
SQE.07.00	SQE.11	Renumbered standard with five measurable elements focused on process for evaluating the care provided by the medical staff.		
		ME 4 focuses on hospitalwide and department/service data sources criteria used in medical staff ongoing evaluations.		X
SQE.07.01	N/A	New standard with five measurable elements focused on monitoring and evaluating medical staff professional performance.	X	

### Global Health Impact (GHI)

All-new chapter and requirements. Did not exist in 7th Edition.

### Human Subjects Research Programs (HRP)

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
HRP.01.00	HRP.1 HRP.1.1	Renumbered standard with four measurable elements similar to the 7th Edition.		
		Moved HRP.1.1, ME 2 (7th Edition) to HRP.01.00, ME 4 (8th Edition).		

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
HRP.01.01	HRP.2	Renumbered standard with five measurable elements similar to the 7th Edition.		
HRP.01.02	HRP.3 HRP.3.1	Renumbered standard with three measurable elements focused on a policy for sponsors of research.		
		Moved HRP.3, MEs 1–5 (7th Edition) to elements under HRP.01.02, ME 1 (8th Edition).		
		ME 2 focuses on leaders verifying sponsor qualifications.		X
		ME 3 focuses on documentation confirming sponsor responsibility and accountability.		X
HRP.01.03	HRP.3.1	Renumbered standard with four measurable elements similar to the 7th Edition.		
HRP.01.04	HRP.4	Renumbered standard with six measurable elements similar to the 7th Edition.		
HRP.02.00	HRP.5	Renumbered standard with four measurable elements focused on managing conflict of interest with research conducted in hospitals.		
		ME 1 focuses on a conflict of interest policy for research in hospitals.		X
HRP.02.01	HRP.6	Renumbered standard with three measurable elements similar to the 7th Edition.		
HRP.02.02	HRP.7 HRP.7.1	Renumbered standard with four measurable elements similar to the 7th Edition.		
		Moved Standard HRP.7 (7th Edition) to HRP.02.02, ME 1 (8th Edition).		

### Medical Professional Education (MPE)

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
MPE.01.00	MPE.1	Renumbered standard with five measurable elements similar to the 7th Edition.		
MPE.01.01	MPE.2	Renumbered standard with three measurable elements similar to the 7th Edition.		
MPE.01.02	MPE.3	Renumbered standard with three measurable elements similar to the 7th Edition.		
MPE.02.00	MPE.4	Renumbered standard with five measurable elements focused on the supervision of medical students and trainees.		
		ME 2 focuses on the participant roles and responsibilities of the professional education programs.		X

8th Edition Standard Number(s)	7th Edition (Previous) Standard Number(s)	Description of Changes	New Standard	New ME
MPE.02.01	MPE.5	Renumbered standard with four measurable elements similar to the 7th Edition.		
MPE.02.02	MPE.6	Renumbered standard with five measurable elements similar to the 7th Edition.		
MPE.02.03	MPE.7	Renumbered standard with three measurable elements similar to the 7th Edition.		



# Introduction

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This introduction presents Joint Commission International (JCI) and explains how *Joint Commission International Accreditation Standards for Hospitals*, 8th Edition, is organized. Like each of the seven previous editions, we have sought to reflect the most current thinking in patient safety practices and concepts to help accredited and nonaccredited organizations uncover their most pressing safety risks and advance their goals for continuous quality improvement. We hope to support your work of making health care as safe as possible.

Read this chapter first to understand the structure and the content of this manual. This introduction provides information on the following topics:

- The value of JCI accreditation
- The standards development process
- How the manual is organized
- Applying the standards in your organization
- How to use the standards manual
- General eligibility requirements

After you have a better understanding of how to use this manual, read the “General Eligibility Requirements” section of this introduction to check whether your organization is eligible for JCI accreditation. Then become familiar with the JCI standards chapters and how the standards make health care safer.

If you have questions about the standards or the accreditation process, please contact JCI at [JCIAccreditation@jcrinc.com](mailto:JCIAccreditation@jcrinc.com).

## The Value of JCI Accreditation

JCI’s Gold Seal of Approval® is a widely recognized benchmark representing the most comprehensive evaluation process in the health care industry. Joint Commission accreditation benefits your organization in the following ways:

- *Gives you a competitive advantage:* Achieving accreditation and specialty certification is a visible demonstration to patients and the community that your hospital is committed to providing the highest-quality services. It also sets you apart from other hospitals offering the same types of care, treatment, and services.
- *Assists with recognition from insurers, associations, and other third parties:* Many payers, regulatory agencies, government agencies, and managed care contractors require JCI accreditation for reimbursement, for certification or licensure, and as a key element of their participation agreements and reimbursement practices.
- *Helps organize and strengthen performance improvement efforts:* Accreditation encompasses state-of-the-art performance improvement concepts that help you continuously improve quality and standardize your processes of care, treatment, and services.
- *Helps health care organizations become high reliability organizations:* JCI offers numerous resources and information to help hospitals move toward high reliability—that is, to consistently perform at high levels of quality and safety across all services and to maintain these levels over long periods.

These resources help leaders commit to high reliability by making it a priority, establishing a safety culture throughout the organization that emphasizes trust and the reporting of unsafe conditions and opportunities for improvement.

- *Enhances staff education:* The accreditation process is designed to be educational. JCI surveyors share best practice approaches and strategies that may help your hospital better meet the intent of the standards and, more important, improve performance of day-to-day operations.
- *Provides access to experts in quality and safety:* JCI is committed to helping your hospital move toward highly reliable care, treatment, and services. Through JCI your hospital has access to a range of professionals eager to see you succeed. It starts with the assignment of an account manager specializing in hospitals to help in day-to-day accreditation activities. You also have ready access to the clinical and engineering experts in our Standards Interpretation Group (SIG) as well as professional surveyors who visit your organization for surveys.

## Standards Development Process

The JCI standards development process represents a collaboration between JCI, accredited organizations, and global subject matter experts in patient quality and safety. This 8th edition considers developments in the science of quality improvement and patient safety as well as the experiences of the organizations that used the 7th edition hospital and academic medical center standards to improve the safety and quality of care in their organizations.

The JCI standards development team took the following actions in revising the standards for this edition:

- Conducted focus groups with leaders from JCI-accredited organizations and other health care experts representing a broad range of perspectives from around the world.
- Reviewed the literature for current evidence-based practice and processes, and authoritative sources for industry guidelines to support new and revised standards.
- Gathered input from experts and others with specific and relevant content knowledge, including JCI surveyors and consultants.
- Received guidance on the development and revision of the standards from the Technical Advisory Panel, an international panel composed of experts with extensive experience in various health care fields.
- Sent an online field review of the revised standards to all accredited hospitals and promoted public participation in the field review through social media and the JCI website.
- Overall, the standards revisions were influenced and guided by the following sources:
  - o Suggestions identified in the focus groups, advisory panels and subject matter experts, and field review
  - o Requests to clarify requirements and expectations for specific standards
  - o Evolving health care practices, evidence-based guidelines, and the changing health care environment

## Keep Current with Standard Changes

JCI gathers information and experience related to the standards on an ongoing basis. If a standard no longer reflects evidence-based health care practice, commonly available technology, and quality management practices, JCI will revise or delete the requirements. New and revised 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.

*JCI Insight* provides critical information about changes to standards and policies that are made throughout the year. Reading *JCI Insight* allows you to learn about initiatives underway to support your efforts to achieve and sustain performance excellence. **Note the changes because your organization is responsible for complying with all applicable JCI standards (new and revised), including any changes published in *JCI Insight*.**



Current and recent editions of *JCI Insight* are available on your organization's extranet (*JCI Direct Connect*) site, made available to organizations that are accredited or have applied for accreditation. Staff who don't have access to their organization's secure extranet site can "Request Guest Access" on JCI's website at <https://www.jointcommissioninternational.org/resources/jcinsight-newsletter>.

## Effective Date of Standards

The *Joint Commission International Accreditation Standards for Hospitals*, 8th Edition, is effective 1 January 2025:

1. For currently accredited hospitals, this is the date by which you now must be in full compliance with all new and revised standards in the 8th edition.
2. For hospitals seeking accreditation for the first time, this is the date after which all surveys and accreditation decisions will be based on the standards of the 8th edition. If you apply for survey and are surveyed before 1 January 2025, the survey will assess compliance with the standards of the 7th edition.

## How This Manual Is Organized

This manual includes all the hospital and academic medical center Accreditation Participation Requirements (APRs), standards, intents, and measurable elements (MEs). The standards are organized around the important functions common to all health care organizations—an approach widely used around the world, which has been validated by scientific study, testing, and application.

This manual contains five major sections:

1. Accreditation Participation Requirements (Section I) that outline specific requirements for participating in accreditation and maintaining an accreditation award
2. Standards related to providing patient care (Section II)
3. Standards related to providing a safe, effective, and well-managed organization (Section III)
4. Standards related to environmental, social, and governance that impacts health care organizations (Section IV)
5. For academic medical centers only, standards related to medical professional education and human subjects research programs (Section V)

The standards apply to the entire organization as well as to each department, unit, or service within the organization.

In addition to the accreditation requirements, this manual includes the following appendices:

- **Interim Measures:** Interim measures are actions taken to ensure the safety of the building's occupants during times when features and systems for fire safety are defective, compromised, or inoperable due to construction, maintenance, a breakdown, or repair. Interim measures may need to be implemented to ensure the safety of occupants until improvements or repairs can be completed.
- **Patient Safety Systems:** Informs and educates leaders about the importance and structure of an integrated patient safety system. This chapter is designed to clarify the relationship between JCI accreditation and patient safety. It does not contain new standards or requirements. Rather, the chapter describes how existing requirements can be applied to continually improve patient safety. It also provides approaches and methods that may be adapted to remove risk of patient harm.
- **Sentinel Event Policy:** Contains information on JCI's Sentinel Event Policy, including the definition of a sentinel event, the goals of the policy, the adverse events that constitute sentinel events, sentinel event–related standards, and the various activities that surround the policy.

The manual also includes "Summary of Changes to the Manual," "Introduction," a chapter describing the key accreditation policies, and a glossary.


The companion *Joint Commission International Survey Process Guide for Hospitals Including Academic Medical Centers*, 8th Edition, helps hospitals and academic medical centers learn about and prepare for the JCI accreditation survey. During the survey, surveyors gather standards compliance information throughout the entire organization. The accreditation decision is based on the organization's overall level of compliance with the standards in this manual.

## Elements of a Standards Chapter

Each standards chapter in Sections II, III, IV, and V contains the following elements:

- *Overview:* The overview is located at the beginning of each chapter. The overview explains the chapter's purpose and the principles on which the standards were built.
- *Standards list:* This part shows how the chapter is laid out and provides a frame of reference for the numbering of standards.
- *Standards:* Standards (also known as requirements) are statements that define the performance expectations and/or structures or functions that must be in place for an organization to be accredited by JCI and to provide safe, high-quality care, treatment, and services. Standards are evaluated for compliance during the on-site survey.
- *Intent:* An intent helps explain the full meaning of a standard by providing additional background, justification, or other information. The intent describes the purpose or reason for the standard and how it fits into the overall program, setting parameters for what is required by the standard. The intent is considered advisory, and it is not scored.
- *Measurable elements (MEs):* MEs are statements that detail the specific performance expectations, structures, functions, or processes that must be in place for an organization to meet the standard and provide high-quality care, treatment, and services. MEs are reviewed during the on-site survey and assigned a score that determines an organization's overall compliance with a standard. Organizations can use MEs to bring clarity to standards, help the organization fully understand the requirements, guide the organization in accreditation preparation, and educate executive leaders, department/service leaders, health care practitioners, and staff about the standards.
- *Examples:* Examples are included in many standards' intents and MEs to better illustrate expectations for compliance. Examples are considered advisory and are not required or scored.
- *Notes:* Occasionally, notes are used to provide organizations and surveyors with additional or clarifying information. A note may provide applicability information, define a term, or explain a concept. (All key terms are defined in the "Glossary" in the back of this manual.)

## Required Written Documentation

Joint Commission International's focus is on performance and implementation rather than documentation. The standards, consequently, require documentation only when it is essential. The documentation icon——is used to identify data collection and documentation requirements that are in addition to information found in the medical record. For example, the documentation icon is applied to an ME that requires a written procedure, but the icon is not applied to an ME that lists the required components of the medical record. Other examples in which the documentation icon is applied are MEs that require a policy, a written plan, bylaws, a license, evidence of testing, data, performance improvement reports, medication labels, safety data sheets, and meeting minutes.

Documentation can be on paper or in an electronic format. Although documentation is important, the primary emphasis of the survey will be on how your hospital carries out the functions described in the standards. The surveyors may use a combination of data sources, including interviews with leaders of the hospital, staff, patients, and patients' family members; visits to patient care settings; and review of documentation to arrive at an assessment of your hospital's compliance with a standard.

The documentation icon is meant to be a guide. The names and format of specific documents may vary from organization to organization.

## JCI Standards in the Public Domain

To help individual health care organizations and public agencies seeking to improve the quality of patient care, JCI hospital standards (but not the intent statements and MEs) are in the international public domain for viewing. A listing of JCI hospital standards can be downloaded at no cost from the JCI website at <https://www.jointcommissioninternational.org>. Organizations with questions about translating or using the JCI standards must request written permission by contacting [permissions@jcrinc.com](mailto:permissions@jcrinc.com).

## Applying the Standards in Your Organization

Although each standard in Sections II, III, and IV apply to all applicant hospitals, there are three special circumstances when considering how to apply standards in an individual hospital:

### Adhering to the Stricter Standard

A hospital must establish policies and procedures that conform to national, regional, and local laws or regulations as well as JCI standards. When a concept is addressed by the JCI standards and by the laws or regulations of a national or local authority, JCI requires that an organization follow whichever body has set the *higher* or *stricter* requirement. For example, JCI requires that organizations use two patient identifiers in a variety of processes. If the hospital's national standard requires the use of three identifiers, the hospital must use three identifiers to meet the national standard, which is stricter than JCI's standard. However, if that same national standard allows the use of bed number as an identifier—a practice JCI explicitly prohibits—the organization is prohibited from doing so. In this case, the organization would need to use three identifiers (the stricter national requirement) and would be prohibited from using bed number as an identifier (the stricter JCI requirement).

### Global Health Impact (GHI) Standards

The *Joint Commission International Accreditation Standards for Hospitals*, 8th Edition, introduces a new chapter on Global Health Impact (GHI) that focuses on environmental sustainability in health care organizations. Standards in the GHI chapter are developed in collaboration with the International Hospital Federation's Geneva Sustainability Centre.

Understanding that hospitals are in different stages of their environmental sustainability journey, this chapter will serve as a resource to standardize practices in the environmental sustainability initiatives of JCI-accredited hospitals. Standards in the GHI chapter will be scored but will not factor into the organization's JCI accreditation decision for organizations surveyed before 1 January 2026.

### Academic Medical Center Standards

Although community medical centers, often called hospitals or acute care centers, provide a wide range of basic and specialized services for patients in their local communities, academic medical centers are also primary sites for medical education and health care research. JCI developed the academic medical center standards to recognize the unique resource such organizations represent for health professional education and human subjects research in their community and country.

JCI standards in Section V, the “Medical Professional Education” (MPE) and “Human Subjects Research Programs” (HRP) chapters, present a framework for including medical education and research into the quality and patient safety activities of academic medical centers.

Many health care organizations may consider themselves to be an academic medical center, but only organizations that meet JCI's definition are required to comply with the MPE and HRP standards presented in Section V of this manual.

JCI will consider an applicant hospital an eligible academic medical center if it meets the following three criteria:

1. It is *integrated* (by organization or administration) with a medical school.
2. It is the principal site for the *education* of both (a) medical students (that is, undergraduates) and (b) postgraduate medical specialty trainees (for example, residents or interns) from such medical school.
3. At the time of application, it conducts *medical research* with approval and oversight by an Institutional Review Board (IRB) or research ethics committee.

All hospitals meeting the academic medical center eligibility criteria must comply with the requirements in Section V (as well as the requirements detailed in Sections II and III) to achieve JCI accreditation.

Organizations with questions about their eligibility for academic medical center accreditation should contact JCI Accreditation's Central Office at [JCIAccreditation@jcrinc.com](mailto:JCIAccreditation@jcrinc.com).

## Using the Standards Manual

*Joint Commission International Accreditation Standards for Hospitals*, 8th Edition, when paired with its companion book *Joint Commission International Survey Process Guide for Hospitals Including Academic Medical Centers*, 8th Edition, along with information on the organization's *JCI Direct Connect* extranet site, together contain all the information a hospital needs to achieve and maintain continuous compliance with JCI hospital accreditation standards.

Communicating critical information to staff and maintaining continuous compliance with JCI standards are keys to ensuring that safe, high-quality care is provided to patients—yet these goals present a real challenge for many organizations. Following are some helpful suggestions for successfully achieving continuous compliance with accreditation standards outlined in this accreditation manual:

- *Become familiar with the standards.* Review the important functions of a health care organization identified in the titles of the standards chapters. Become aware of those standards that all organizations must meet to be accredited by JCI and review the compliance expectations of the standards as well as those of the additional requirements found in the associated intents and MEs. Become familiar with the terminology used in the manual. Identify those standards that require documentation (also outlined in the *Joint Commission International Survey Process Guide for Hospitals Including Academic Medical Centers*, 8th Edition) and make sure you have the needed documentation to maintain compliance.
- *Visit your organization's extranet site.* Become aware of the accreditation policies and procedures and the accreditation process. Discover how to find the information you need about an upcoming survey or a revised requirement.
- *Use the standards to improve care, treatment, and services.* Hospitals should not view accreditation standards as rules that must be followed just for the JCI survey. Instead, incorporate tasks and processes that help integrate these concepts into your daily operations because they directly affect the safety of patients and the quality of care, treatment, and services you provide. As you self-assess your compliance with JCI surveys, identify follow-up actions needed to bring your organization into compliance and meet the needs of your patients for safe, high-quality care.

JCI's accreditation policies and procedures, as well as information about JCI's hospital accreditation process—including the presurvey, on-site survey, and postsurvey activities—can be found in their entirety on an accredited organization's secure *JCI Direct Connect* extranet site. They are also summarized in this manual.

## General Eligibility Requirements

Any hospital may apply for JCI accreditation if it meets all the following criteria:

- The hospital is located outside of the United States and its territories.
- If required by law, the organization has a facility license or registration to conduct its scope of services.
- The hospital is currently operating as a health care provider in the country, is licensed to provide care and treatment as a hospital (if required), and, at minimum, does the following:
  - o Provides a complete range of acute care clinical services—diagnostic, curative, and rehabilitative.
  - o Provides services that are available 365 days per year; ensures that all direct patient care services are operational 24 hours per day, 7 days per week; and provides ancillary and support services as needed for emergent, urgent, and/or emergency needs of patients 24 hours per day, 7 days per week (such as diagnostic testing, laboratory, and operating theatre, as appropriate to the type of acute care hospital).
  - o In the case of a specialty hospital, provides a defined set of services, such as pediatric, eye, dental, and psychiatry, among others.
- The hospital meets parameters for the minimum number of inpatients/volume of services required for organizations seeking initial or continued Joint Commission accreditation; that is, 10 inpatients served, with 1 active at the time of survey.
- The hospital provides services that can be evaluated by JCI accreditation standards for hospitals.
- The hospital assumes, or is willing to assume, responsibility for improving the quality of its care and services.
- The hospital is open and in *full operation*, admitting and discharging a volume of patients that will permit the complete evaluation of the implementation and sustained compliance with all current JCI accreditation standards for hospitals.
- The hospital meets the conditions described in the “Accreditation Participation Requirements” (APR) chapter.

In addition, academic medical center applicants must meet the additional following criteria:

- The applicant hospital is integrated (by organization or administration) with a medical school.
- The applicant hospital is the *principal site* for the education of both (1) *medical students* (undergraduates) and (2) postgraduate medical specialty *trainees* (for example, residents or interns) from such medical school.
- At the time of application, the applicant hospital is conducting *medical research* with approval and oversight by an Institutional Review Board (IRB) or research ethics committee.

Contact JCI at [JCIAccrediation@jcrinc.com](mailto:JCIAccrediation@jcrinc.com) prior to submitting an electronic application (that is, E-App) to discuss the criteria and validate whether the hospital meets the above criteria as well as the definition for “in full operation” (in the sidebar “Understanding Terms” on page 8) at least six months or more prior to submitting its E-App and at its initial survey. JCI may request documentation of the hospital’s utilization statistics prior to accepting the E-App or conducting the on-site survey. In addition, JCI will not begin a survey, may discontinue a survey, or may cancel a scheduled survey when it determines the hospital is not “in full operation.”

**Note:** If in its reasonable discretion JCI determines that the applicant does not meet the eligibility criteria for the hospital/academic medical center accreditation program JCI will not accept or process the E-App and will notify the hospital of its decision.

## Understanding Terms

### Full Operation

Criteria indicating the organization's readiness for comprehensive evaluation against all relevant JCI standards, based on identification of the following in the organization's electronic application for survey (E-App):

1. A list of all clinical services currently provided for inpatients and outpatients. (Those clinical services that are planned, and thus not identified in the E-App, and begin operations at a later time will require a separate extension survey to evaluate those services.)
2. Utilization statistics for clinical services showing consistent inpatient and outpatient activity levels and types of services provided for at least four months or more prior to submission of the organization's electronic application.
3. All inpatient and outpatient clinical services, units, and departments. These locations must be available for a comprehensive evaluation against all relevant JCI standards for hospitals currently in effect, consistent with JCI's normal survey process for the size and type of organization, such as the following:
  - Patient tracer activities, including individual patient and system tracers
  - Open and closed medical record review
  - Direct observation of patient care processes
  - Interviews with patients
  - Interviews with medical students/trainees

### Principal site

The location at which the hospital provides the majority of medical specialty programs for postgraduate medical trainees (for example, residents or interns) and not just one specialty, as in a single-specialty organization (for example, an ophthalmologic hospital, a dental hospital, or an orthopedic hospital).

### Medical research

Basic, clinical, and health services research that includes many types of research studies, such as clinical trials, therapeutic interventions, development of new medical technologies, and outcomes research, among others. (Hospitals that primarily conduct non-human subjects research and/or research exempt from review by an Institutional Review Board or research ethics committee, such as medical record review studies, case studies, and research involving data/specimens without individually identifiable information, do not meet criterion 3 of the academic medical center eligibility criteria.)