

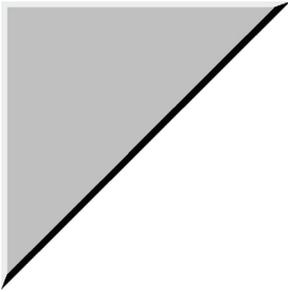
Joint Commission International
Accreditation Standards for

Primary Care

2nd Edition | Effective 1 July 2018

Section I: Accreditation Participation Requirements





Accreditation Participation Requirements (APR)

Requirement: APR.1

The primary care center meets all requirements for timely submissions of data and information to Joint Commission International (JCI).

Requirement: APR.2

The primary care center provides JCI with accurate and complete information through all phases of the accreditation process.

Requirement: APR.3

The primary care center reports within 30 days any changes in the primary care center's profile (electronic database) or information provided to JCI via the E-App before and between surveys.

Requirement: APR.4

The primary care center permits on-site evaluations of standards and policy compliance or verification of quality and safety concerns, reports, or regulatory authority sanctions at the discretion of JCI.

Requirement: APR.5

The primary care center allows JCI to request (from the primary care center or outside agency) and review an original or authenticated copy of the results and reports of external evaluations from publicly recognized bodies.

Requirement: APR.6

Currently not in effect.

Requirement: APR.7

Currently not in effect.

Requirement: APR.8

The primary care center accurately represents its accreditation status and the programs and services to which JCI accreditation applies.

Requirement: APR.9

Any individual primary care center staff member (clinical or administrative) can report concerns about safety and quality of care to JCI without retaliatory action from the primary care center.

To support this culture of safety, the primary care center must communicate to staff that such reporting is permitted. In addition, the primary care center must make it clear to staff that no formal disciplinary actions (**for example**, demotions, reassignments, or changes in working conditions or hours) or informal punitive actions (**for example**, harassment, isolation, or abuse) will be threatened or carried out in retaliation for reporting concerns to JCI.

Requirement: APR.10

Translation and interpretation services arranged by the primary care center for an accreditation survey and any related activities are provided by qualified translation and interpretation professionals who have no relationship to the primary care center.

Qualified translators and interpreters provide, to the primary care center and JCI, documentation of their experience in translation and interpretation. The documentation may include, but is not limited to, the following:

- Evidence of advanced education in English and in the language of the host primary care center
- Evidence of translation and interpretation experience, preferably in the medical field
- Evidence of employment as a professional translator or interpreter, preferably full-time
- Evidence of continuing education in translation and interpretation, preferably in the medical field
- Membership(s) in professional translation and interpretation associations
- Translation and interpretation proficiency testing results, when applicable
- Translation and interpretation certifications, when applicable
- Other relevant translation and interpretation credentials

In some cases, JCI can provide organizations with a list of translators and interpreters that meet the requirements listed above.

Requirement: APR.11

The primary care center notifies the public it serves about how to contact its primary care center management and JCI to report concerns about safety and quality of care.

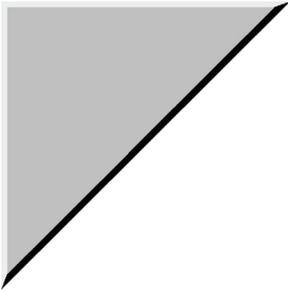
Methods of notice may include, but are not limited to, distribution of information about JCI, including contact information in published materials such as brochures and/or posting this information on the primary care center's website.

Requirement: APR.12

The primary care center provides services in an environment that poses no risk of an immediate threat to patient safety, public health, or staff safety.

Section II: Patient-Centered Standards





International Patient Safety Goals (IPSG)

Standards

Goal 1: Identify Patients Correctly

IPSG.1 The primary care center develops and implements a process to improve accuracy of patient identification. (P)

Goal 2: Improve Effective Communication

IPSG.2 The primary care center develops and implements a process to improve the effectiveness of verbal and/or telephone communication among caregivers. (P)

IPSG.2.1 The primary care center develops and implements a process for reporting critical results of diagnostic tests. (P)

IPSG.2.2 The primary care center develops and implements a process for handover communication. (P)

Goal 3: Improve the Safety of High-Alert Medications

IPSG.3 The primary care center develops and implements a process to improve the safety of high-alert medications. (P)

IPSG.3.1 Not applicable to primary care centers.

Goal 4: Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery

IPSG.4 The primary care center develops and implements a process for the pre-procedure verification and procedure site-marking. (P)

IPSG.4.1 The primary care center develops and implements a process for the time-out that is performed immediately prior to the start of the invasive procedure. (P)

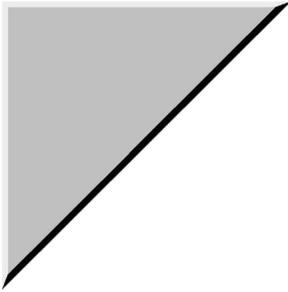
Goal 5: Reduce the Risk of Health Care–Associated Infections

IPSG.5 The primary care center adopts and implements evidence-based hand-hygiene guidelines to reduce the risk of health care–associated infections. (P)

Goal 6: Reduce the Risk of Patient Harm Resulting from Falls

IPSG.6 Not applicable to primary care centers.

IPSG.6.1 The primary care center develops and implements a process to reduce the risk of patient harm resulting from falls for the center's patient population. (P)



Community Involvement and Integration (CII)

Standards

Defining the Community, Population Served, and Services to Be Provided

- CII.1** The primary care center and other health care and civic centers cooperate and partner to identify the health care problems and services needed within the region and community. ⑥
- CII.2** Community hospital backup and medical transportation services are available, if needed, from within the regional health care delivery system.
- CII.3** The primary care center has defined the population(s) for which it will provide access to services that is consistent with its mission and establishes its role in providing services to the identified population(s). ⑥
 - CII.3.1** The primary care center works collaboratively with other organizations and health agencies to identify and include vulnerable populations in community health programs.

Participation of the Primary Care Center in Its Community

- CII.4** The primary care center participates actively as a member of its community and region.
- CII.5** One or more individuals within the leadership of the primary care center have defined responsibility for speaking on behalf of the primary care center to its community. ⑥

Health Promotion and Disease Prevention

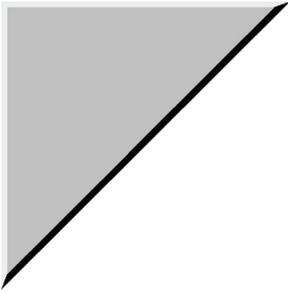
- CII.6** The commitment of the primary care center to health promotion and disease prevention is evident in its mission statement, values statement, collaborative agreements with local and regional agencies, and relevant policies and community participation. ⑥
 - CII.6.1** The primary care center participates in a variety of health promotion and disease prevention programs with its community.

Chronic Disease Management

- CII.7** The primary care center has a program to provide ongoing care and support to patients who have chronic diseases. ⑥

Community Participation in the Center

- CII.8** In conjunction with community planning, each primary care center defines and measures its achievement in meeting community goals of care.
- CII.9** The primary care center at least quarterly, solicits community perceptions related to its services, community presence, and activities that are part of the primary care center.



Access to Care and Continuity of Care (ACC)

Standards

Delineation of the Scope of Primary Care Services

- ACC.1** Basic and essential services, as needed by the primary care center's population, are provided.
- ACC.1.1** Additional primary care services and procedures are provided by the primary care center or through agreements with outside organizations and agencies.
 - ACC.1.2** For primary care centers that provide home care services, the center defines and plans for the scope of services required to meet the needs of patients who receive care in their homes. (P)

Access to Care

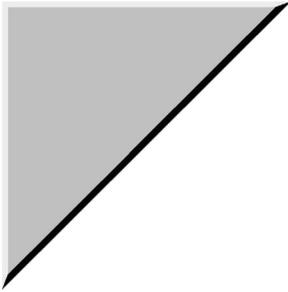
- ACC.2** The primary care center informs the community about its services and how to obtain care and screens patients to identify if their health care needs match the center's mission and resources. (P)
- ACC.2.1** Enhanced services and procedures requiring special competence and/or facilities are provided by the primary care center or in cooperation with community organizations and agencies. (P)

Continuity and Coordination of Care

- ACC.3** The process of care is designed to support the patient. (P)
- ACC.4** Routines and processes of the primary care center are designed to support the patient care provided by health care practitioners. (P)
- ACC.5** Continuity and coordination of care are provided from initial assessment through care, treatment, and follow-up.
- ACC.6** Multidisciplinary teams are organized to ensure continuity and coordination of care. (P)
- ACC.7** The records of patients requiring ongoing care or with multiple diagnoses contain profiles of the medical care and are made available to health care practitioners providing care to those patients. (P)
- ACC.8** Patient and family education and instruction are related to the patient's continuing care needs.
- ACC.9** The primary care center has an established process for referring or transferring a patient to another level of care, health care practitioner, or setting. (P)

Transportation

- ACC.10** Transportation services provided or arranged by the primary care center comply with relevant laws and regulations and meet requirements for quality and safe transport. (P)



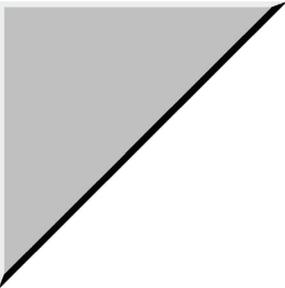
Patient and Family Rights (PFR)

Standards

- PFR.1** The primary care center is responsible for providing processes that support patient and family rights during care. (P)
- PFR.2** The primary care center provides care that is respectful of the patient's dignity, personal values, and beliefs, and respects the patient's rights to privacy and confidentiality of care and information. (P)
- PFR.3** The center supports and promotes patient and family participation in care processes and supports the patient's right to assessment and management of pain and the needs of the dying patient. (P)
- PFR.4** The primary care center informs patients and families about their rights to refuse or discontinue treatment and the center's responsibilities related to such decisions. (P)
- PFR.5** The primary care center informs patients and families about its process to receive and act on complaints, conflicts, and differences of opinion about patient care and the patient's right to participate in these processes. (P)
- PFR.6** All patients are informed about their rights and responsibilities in a manner and language they can understand.

Informed Consent

- PFR.7** Patient informed consent is obtained through a process defined by the primary care center and carried out by trained staff in a manner and language the patient can understand. (P)
 - PFR.7.1** The primary care center identifies the high-risk treatments and procedures that require informed consent and obtains consent before those treatments and procedures. (P)
 - PFR.7.2** Patients and families receive adequate information about the patient's condition, proposed treatment(s) or procedure(s), and health care practitioners so that they can grant consent and make care decisions.



Assessment of Patients (AOP)

Standards

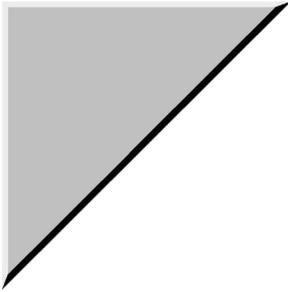
- AOP.1** All patients cared for by the primary care center have their initial and continuing health care needs identified through an established assessment process. (P)
- AOP.1.1** The primary care center has determined the scope and content of initial and continuing care assessments conducted by different clinical disciplines based on applicable laws and regulations. (P)
- AOP.1.2** Patients are screened for nutritional status, functional needs, and other special needs as indicated by their condition, and referred for further assessment and treatment when necessary.
- AOP.1.3** All patients are screened for pain and assessed when pain is present.
- AOP.2** There is an established reassessment process for patients requiring additional services or ongoing care. (P)

Laboratory Services

- AOP.3** Laboratory services are available on-site or are readily available through arrangements with outside sources to meet patient needs, and all such services meet applicable local and national standards, laws, and regulations. (P)
- AOP.3.1** Laboratory services provided on-site at the primary care center are managed and staffed by qualified and trained individuals and are organized with adequate supplies, quality control procedures, and a laboratory safety program. (P)
- AOP.3.2** Point-of-care testing in the primary care center is managed by a qualified individual, and testing is performed by trained and competent staff. (P)

Radiology and Diagnostic Imaging Services

- AOP.4** Radiology and diagnostic imaging services are available on-site or are readily available through arrangements with outside sources to meet patient needs, and all such services meet applicable local and national standards, laws, and regulations. (P)
- AOP.4.1** Radiology and diagnostic imaging services provided on-site at the primary care center are managed and staffed by trained individuals, are organized with adequate supplies, and have quality control procedures in place. (P)
- AOP.4.2** A radiation safety program for staff and patients is in place, is followed, meets infection control requirements, and is part of the center's facility management program. (P)



Care of Patients (COP)

Care Delivery

- COP.1** The primary care center provides care and treatment using uniform care processes that follow applicable laws and regulation. (P)
- COP.2** There is a process to integrate and coordinate the care provided by each health care practitioner to every patient.
 - COP.2.1** The care provided to a continuing care patient is planned, revised when indicated, and documented in the patient's record.
 - COP.2.2** Clinical practice guidelines and related clinical pathways and/or clinical protocols as well as other evidence-based recommendations are used to guide patient assessment and treatment and reduce unwanted variation. (P)

High-Risk Services

- COP.3** The care of high-risk patients and the provision of high-risk services are guided by professional practice guidelines, laws, and regulations. (P)

Resuscitation Services

- COP.4** Resuscitation services are available throughout the primary care center.

Nutritional Support

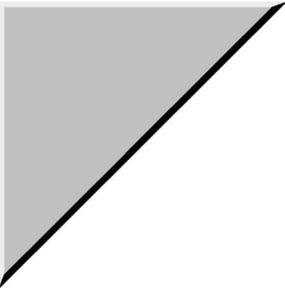
- COP.5** Patients at nutritional risk receive nutrition therapy from the primary care center or are referred to food and nutrition sources in the community.

Pain Management

- COP.6** Patients are supported in managing pain effectively. (P)

End-of-Life Care

- COP.7** When dying patients are provided care and treatment in the primary care center, the center addresses end-of-life care appropriate to the patient's condition and needs or refers the patient to outside sources of appropriate care.



Medication Management and Use (MMU)

Organization and Management

MMU.1 Medication use in the primary care center is organized to meet patient needs, is appropriate to the center's mission and services, and complies with applicable laws and regulations. (P)

MMU.1.1 The primary care center develops and implements a program for the prudent use of antibiotics based on the principles of antibiotic stewardship. (P)

Selection and Procurement

MMU.2 There is a method for overseeing the primary care center's medication list, availability of medications, and medication use. (P)

Storage

MMU.3 Medications, including emergency medications and medications that require special handling, are properly and safely stored. (P)

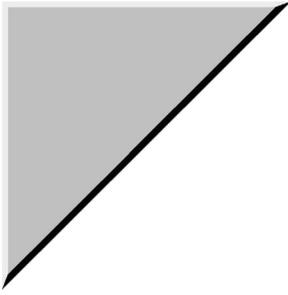
Administration

MMU.4 Medication administration within the primary care center follows standardized processes to ensure patient safety.

Monitoring

MMU.5 Medications are monitored for patient adherence, clinical effectiveness, and adverse medication effects. (P)

MMU.5.1 The primary care center establishes and implements a process for reporting and acting on medication errors and near misses. (P)

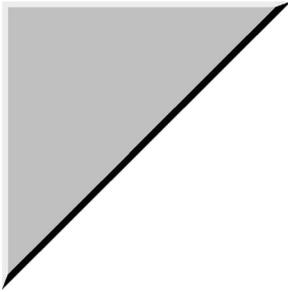


Patient and Family Education (PFE)

- PFE.1** The primary care center provides education that supports patient and family participation in care decisions and care processes.
- PFE.2** Each patient's educational needs related to immediate and long-term health conditions are assessed and recorded in the patient's medical record.
 - PFE.2.1** The patient's and family's ability to learn and willingness to learn are assessed.
- PFE.3** Education methods consider the patient's and family's values and preferences and allow sufficient interaction among the patient, family, and staff for learning to occur.

Section III: Health Care Organization Management Standards





Quality Improvement and Patient Safety (QPS)

Management of Quality and Patient Safety Activities

QPS.1 The primary care center's program for quality and patient safety includes both patient and staff safety and includes the center's risk management and quality control activities. (P)

QPS.2 The quality and patient safety program in the primary care center includes the collection, aggregation, and analysis of data to support patient care, primary care center management, the quality management and patient safety program, and participation in external databases.

QPS.2.1 Individuals with appropriate experience, knowledge, and skills systematically aggregate and analyze data in the primary care center.

QPS.3 The primary care center uses an internal process to validate data. (P)

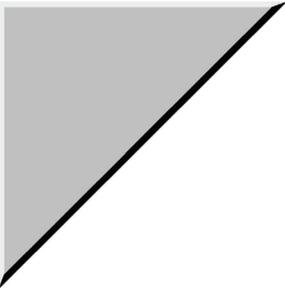
Adverse Event Identification, Analysis, and Prevention

QPS.4 The primary care center uses a defined process for identifying and managing sentinel events. (P)

QPS.5 Data are always analyzed when undesirable trends and variation are evident from the data. (P)

QPS.6 The primary care center uses a defined process for the identification and analysis of near-miss events.

QPS.7 An ongoing program of risk management is used to identify and to proactively reduce unanticipated adverse events and other safety risks to patients and staff. (P)



Prevention and Control of Infections (PCI)

Program Design and Coordination

PCI.1 The primary care center designs and implements a comprehensive program for all infection prevention and control activities that includes a qualified individual(s) to oversee the program and involves all staff.

Resources

PCI.2 The infection prevention and control program is based on current scientific knowledge, accepted practice guidelines, applicable laws and regulations, and standards for sanitation and cleanliness.

Surveillance

PCI.3 Case findings and identification of demographically important infections provide surveillance data and data for reporting, when appropriate, within the primary care center and to public health agencies. (P)

Prevention and Control of Infections

PCI.4 The primary care center identifies the procedures and processes associated with the risk of infection and implements strategies to reduce infection risks. (P)

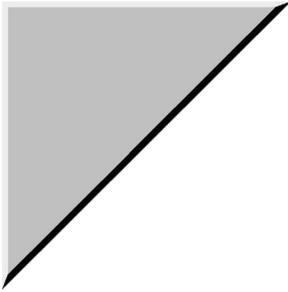
PCI.5 The primary care center reduces the risk of infections associated with medical/surgical equipment, devices, and supplies by ensuring adequate cleaning, disinfection, sterilization, and storage; and implements a process for managing expired supplies. (P)

Transmission of Infections

PCI.6 The primary care center develops, implements, and tests a program to respond to the presentation of potential global communicable diseases. (P)

Quality Improvement

PCI.7 The infection prevention and control program is integrated with the quality improvement and patient safety program, using measures that are epidemiologically important to the primary care center.



Governance, Leadership, and Direction (GLD)

Governance Structure and Leadership

GLD.1 The structure and authority of the primary care center's governing entity are described in bylaws, policies and procedures, or similar documents. ③

GLD.1.1 The operational responsibilities and accountabilities of the governing entity are described in a written document(s). ③

GLD.1.2 The primary care center includes community participants in its governance structure.

Senior Manager/Director Accountabilities

GLD.2 A senior manager/director is responsible for operating the primary care center and complying with applicable laws and regulations. ③

Leadership Accountabilities

GLD.3 Leaders of the primary care center are identified and collectively responsible for defining the center's mission and creating the programs and policies needed to fulfill the mission.

Leadership for Quality and Patient Safety

GLD.4 Leaders of the primary care center plan, develop, and implement a quality improvement and patient safety program and communicate quality improvement and patient safety information to the governing entity.

GLD.5 The primary care center's leaders prioritize which centerwide clinical and managerial processes and outcomes will be measured and which improvement and patient safety activities will be implemented.

GLD.6 The individuals leading the clinical departments and services improve quality and safety by participating in centerwide improvement priorities and monitoring and improving the services specific to the department/service.

Management of Contracts

GLD.7 Primary care center leaders are accountable for the review, selection, and monitoring of clinical and nonclinical contracts. ③

GLD.7.1 Primary care center leaders ensure that contracts and other arrangements are included as part of the primary care center's quality improvement and patient safety program.

GLD.7.2 The primary care center ensures that independent practitioners not employed by the center have the right credentials and are privileged for the services that they provide to the center's patients. ③

Resource Decisions

GLD.8 The primary care center seeks and uses data and information on the safety of the supply chain to protect patients and staff from unstable, contaminated, defective, and counterfeit supplies.

Department/Service Organization and Accountabilities

GLD.9 The primary care center leaders plan and implement a professional staff structure to support their responsibilities and authority. (P)

GLD.10 One or more qualified individuals provide leadership for each clinical or service unit in the primary care center and identifies, in writing, the services to be provided and the integration and coordination of those services with other departments. (P)

Organizational and Clinical Ethics

GLD.11 The primary care center establishes a framework for ethical management that promotes a culture of ethical practices and decision making to ensure that patient care is provided within business, financial, ethical, and legal norms and protects patients and their rights. (P)

GLD.11.1 The primary care center's framework for ethical management addresses operational and business conduct, including disclosure of ownership and any conflicts of interest and honestly portraying its services to patients. (P)

GLD.12 The primary care center creates and supports a culture of safety program throughout the center. (P)

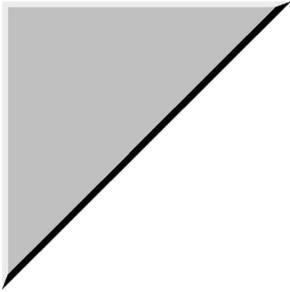
Health Professional Education

GLD.13 Health professional education, when provided within the primary care center, is guided by the educational parameters defined by the sponsoring academic program and the center's leadership.

Human Subjects Research

GLD.14 Informed consent is obtained before a patient participates in clinical research, clinical investigations, and clinical trials. (P)

GLD.14.1 To protect patient rights, the primary care center has a committee or another way to oversee all research in the primary care center involving human subjects. (P)



Facility Management and Safety (FMS)

Leadership and Planning

FMS.1 The primary care center complies with relevant laws, regulations, building and fire safety codes, and facility inspection requirements.

Safety and Security

FMS.2 The primary care center plans and implements a program to provide a safe physical facility through inspection and planning to reduce risks. (P)

FMS.2.1 The primary care center plans and implements a program to provide a secure environment for patients, families, staff, and visitors. (P)

FMS.3 When planning for demolition, construction, or renovation, the primary care center conducts a preconstruction risk assessment. (P)

Hazardous Materials

FMS.4 The primary care center has a program for the inventory, handling, storage, use, control, and disposal of hazardous materials and waste. (P)

Disaster Preparedness

FMS.5 The primary care center develops, maintains, and evaluates an emergency management program to respond to internal and external emergencies and disasters that have the potential of occurring within the center and/or community. (P)

Fire Safety

FMS.6 The primary care center establishes and implements a program for the prevention, early detection, suppression, abatement, and safe exit from the facility in response to fires and nonfire emergencies. (P)

FMS.6.1 The primary care center regularly tests its fire and smoke safety program, including any devices related to early detection and suppression, and documents the results. (P)

FMS.6.1.1 The fire safety program includes limiting smoking by staff and patients to designated non-patient care areas of the facility. (P)

Medical Equipment

FMS.7 The primary care center establishes and implements a program for inspecting, testing, and maintaining medical equipment and documenting the results. (P)

Utility Systems

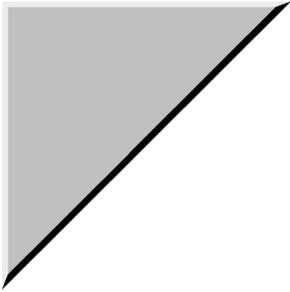
FMS.8 The primary care center has emergency processes to protect facility occupants in the event of water, power, and other utility system disruption, contamination, or failure. (P)

FMS.9 Utility systems are inspected, maintained, and improved. (P)

FMS.10 Designated individuals or authorities monitor water quality regularly.

Staff Education

FMS.11 The primary care center educates and trains all staff members about their roles in providing a safe and effective patient care facility.



Staff Qualifications and Education (SQE)

Planning

- SQE.1** The primary care center develops a staffing plan that identifies the number of staff and defines the desired education, skills, knowledge, and other requirements of staff members needed to meet the primary care center's mission and provide safe patient care.
- SQE.1.1** Each staff member's responsibilities are defined in a current job description. (P)
- SQE.2** The primary care center uses a defined process to ensure that clinical and nonclinical staff knowledge and skills are consistent with the requirements of the position.
- SQE.3** All clinical and nonclinical staff members are orientated to the primary care center and to their specific job responsibilities and receive an assessment of their capability to perform their specific job responsibilities
- SQE.4** The competence to carry out job responsibilities to meet patient need is continually assessed, maintained, and improved and documented for each staff member. (P)
- SQE.5** Each staff member receives ongoing in-service and other education and training to maintain and/or advance staff knowledge, skills and competence.

Staff Health and Safety

- SQE.6** The primary care center develops and implements a staff health and safety program. (P)

Medical Staff

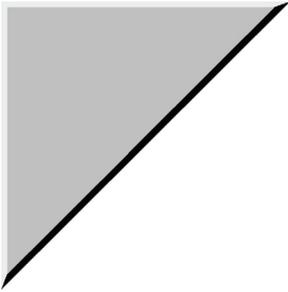
- SQE.7** The primary care center has a uniform process to gather, verify, and evaluate the credentials (licensure, education, training, and experience) of those staff members permitted by law and the primary care center to provide patient care without supervision. (P)
- SQE.8** The primary care center has a standardized, objective, evidence-based procedure to authorize medical staff members to treat patients and/or to provide other clinical services consistent with their qualifications. (P)
- SQE.9** The primary care center has an ongoing standardized process to evaluate the quality and safety of the patient care provided by each medical staff member and uses this information to continue clinical privileges with or without modification. (P)

Nursing Staff

- SQE.10** The primary care center has a uniform process to gather, to verify, and to evaluate the nursing staff's credentials (license, education, training, and experience). (P)

Other Professional Staff

- SQE.11** The primary care center has a uniform process to gather, to verify, and to evaluate other health care practitioners' credentials (license, education, training, and experience). (P)



Management of Information (MOI)

Information Management

- MOI.1** The primary care center meets the information needs of all those who provide clinical services, those who manage the primary care center, and those outside the center who require data and information from the primary care center.
- MOI.2** Confidentiality, security, and integrity of data and information are maintained. (P)
- MOI.3** The retention time of patient medical record information is determined by the primary care center based on law and regulation and on its use for patient care, legal, research, and educational activities. (P)
- MOI.4** The primary care center uses standardized diagnosis and procedure codes and ensures the standardized use of approved symbols and abbreviations across the primary care center.
- MOI.5** Records and information are protected against loss, destruction, tampering, and unauthorized access or use. (P)

Management and Implementation of Documents

- MOI.6** Written documents, including policies, procedures, and programs, are managed in a consistent and uniform manner. (P)
 - MOI.6.1** The policies, procedures, programs, and other documents that guide consistent and uniform clinical and nonclinical processes and practices are fully implemented. (P)

Medical Record

- MOI.7** The primary care center initiates and maintains a medical record for every patient assessed or treated and determines the record's content, format, and location of entries. (P)
 - MOI.7.1** Patient medical records contain sufficient information to identify the patient, support the diagnosis, justify the treatment, and document the course and results.
 - MOI.7.1.1** The medical records of patients receiving emergency care, when provided in the primary care center, include the time of arrival and departure, the conclusion at termination of treatment, the patient's condition at discharge, and follow-up care instructions.
- MOI.8** The primary care center identifies those authorized to have access to and make entries in patient medical records. (P)
- MOI.9** The primary care center has a process to address the proper use of the copy-and-paste and auto-complete functions when electronic medical records are used. (P)
- MOI.10** Patient medical records are reviewed for completeness, accuracy, legibility, and timely completion of all information, and action is taken, as necessary, to improve.

Information Technology

- MOI.11** Health information technology systems are assessed and tested prior to implementation within the primary care center and evaluated for quality and patient safety following implementation.
- MOI.12** When electronic communication, such as mobile devices, e-mail, or patient-facing portals are used for exchanging patient information, the primary care center adopts guidelines to ensure quality of patient care and security and confidentiality of information is maintained. ④
- MOI.13** The primary care center develops, maintains, and tests a program for response to planned and unplanned downtime of data systems. ④