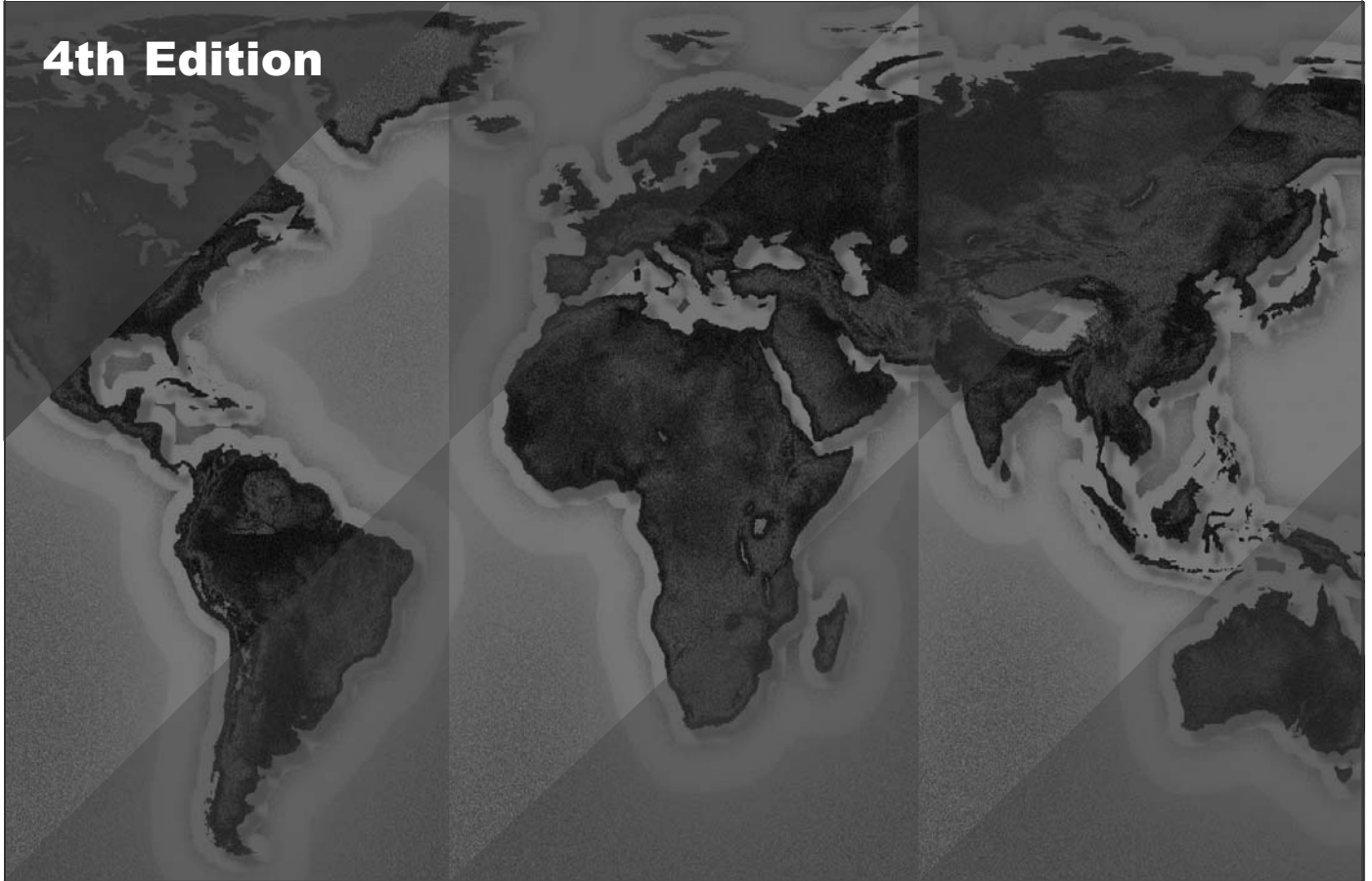


**JOINT COMMISSION INTERNATIONAL
ACCREDITATION STANDARDS FOR
HOSPITALS
Standards Lists Version**

4th Edition



**Joint Commission
International**

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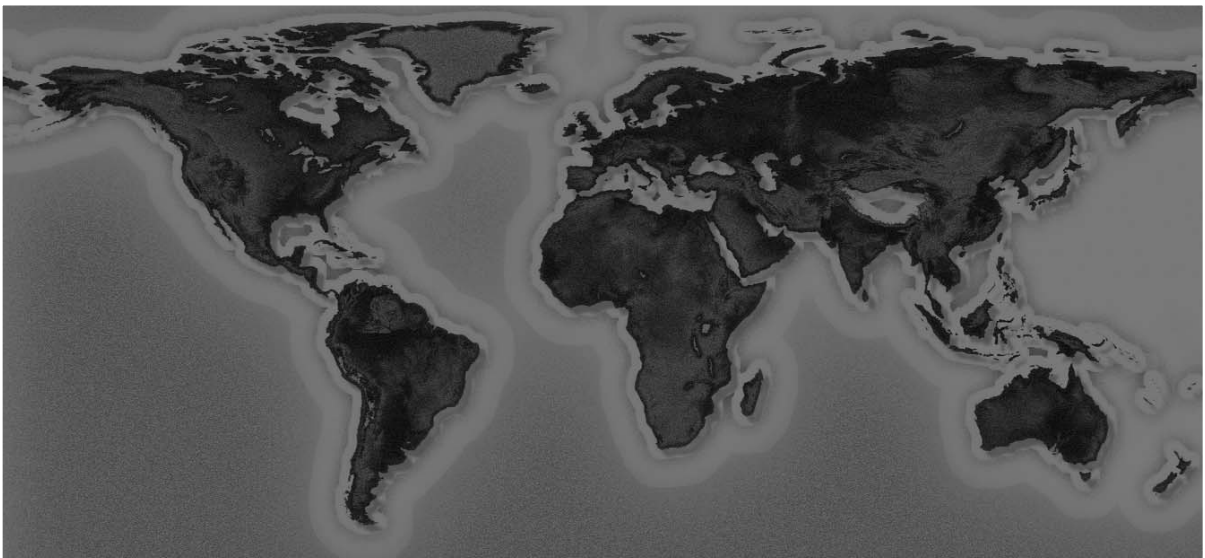
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Section I: Patient-Centered Standards



International Patient Safety Goals (IPSG)

Overview

This chapter addresses the International Patient Safety Goals (IPSG), as required for implementation as of 1 January 2011 in all organizations accredited by Joint Commission International (JCI) under the International Standards for Hospitals.

The purpose of the IPSG is to promote specific improvements in patient safety. The goals highlight problematic areas in health care and describe evidence- and expert-based consensus solutions to these problems. Recognizing that sound system design is intrinsic to the delivery of safe, high-quality health care, the goals generally focus on systemwide solutions, wherever possible.

The goals are structured in the same manner as the other standards, including a standard (goal statement), an intent statement, and measurable elements. The goals are scored similar to other standards as “met,” “partially met,” or “not met.” The Accreditation Decision Rules include compliance with the IPSG as a separate decision rule.

Goals

The following is a list of all goals. They are presented here for your convenience without their requirements, intent statements, or measurable elements. For more information about these goals, please see the next section in this chapter, Goals, Requirements, Intents, and Measurable Elements.

IPSG.1 Identify Patients Correctly

IPSG.2 Improve Effective Communication

IPSG.3 Improve the Safety of High-Alert Medications

IPSG.4 Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery

IPSG.5 Reduce the Risk of Health Care–Associated Infections

IPSG.6 Reduce the Risk of Patient Harm Resulting from Falls

Access to Care and Continuity of Care (ACC)

Overview

A health care organization should consider the care it provides as part of an integrated system of services, health care practitioners and professionals, and levels of care, which make up a continuum of care. The goal is to correctly match the patient's health care needs with the services available, to coordinate the services provided to the patient in the organization, and then to plan for discharge and follow-up. The result is improved patient care outcomes and more efficient use of available resources.

Information is essential for making correct decisions about

- which patient needs can be met by the health care organization;
- the efficient flow of services to the patient; and
- the transfer or discharge of the patient to his or her home or to another care setting.

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please see the next section in this chapter, Standards, Intents, and Measurable Elements.

Admission to the Organization

ACC.1 Patients are admitted to receive inpatient care or registered for outpatient services based on their identified health care needs and the organization's mission and resources.

ACC.1.1 The organization has a process for admitting inpatients and for registering outpatients.

ACC.1.1.1 Patients with emergent, urgent, or immediate needs are given priority for assessment and treatment.

ACC.1.1.2 Patient needs for preventive, palliative, curative, and rehabilitative services are prioritized based on the patient's condition at the time of admission as an inpatient to the organization.

ACC.1.1.3 The organization considers the clinical needs of patients when there are waiting periods or delays for diagnostic and/or treatment services.

ACC.1.2 At admission as an inpatient, patients and families receive information on the proposed care, the expected outcomes of that care, and any expected cost to the patient for the care.

ACC.1.3 The organization seeks to reduce physical, language, cultural, and other barriers to access and delivery of services.

ACC.1.4 Admission or transfer to or from units providing intensive or specialized services is determined by established criteria.

Continuity of Care

ACC.2 The organization designs and carries out processes to provide continuity of patient care services in the organization and coordination among health care practitioners.

ACC.2.1 During all phases of inpatient care, there is a qualified individual identified as responsible for the patient's care.

Discharge, Referral, and Follow-Up

ACC.3 There is a policy guiding the referral or discharge of patients.

ACC.3.1 The organization cooperates with health care practitioners and outside agencies to ensure timely and appropriate referrals.

ACC.3.2 The clinical records of inpatients contain a copy of the discharge summary.

ACC.3.2.1 The discharge summary of inpatients is complete.

ACC.3.3 The clinical records of outpatients receiving continuing care contain a summary of all known significant diagnoses, drug allergies, current medications, and any past surgical procedures and hospitalizations.

ACC.3.4 Patients and, as appropriate, their families are given understandable follow-up instructions.

ACC.3.5 The organization has a process for the management and follow-up of patients who leave against medical advice.

Transfer of Patients

ACC.4 Patients are transferred to other organizations based on status and the need to meet their continuing care needs.

ACC.4.1 The referring organization determines that the receiving organization can meet the patient's continuing care needs.

ACC.4.2 The receiving organization is given a written summary of the patient's clinical condition and the interventions provided by the referring organization.

ACC.4.3 During direct transfer, a qualified staff member monitors the patient's condition.

ACC.4.4 The transfer process is documented in the patient's record.

Transportation

ACC.5 The process for referring, transferring, or discharging patients, both inpatients and outpatients, includes planning to meet the patient's transportation needs.

Patient and Family Rights (PFR)

Overview

Each patient is unique, with his or her own needs, strengths, values, and beliefs. Health care organizations work to establish trust and open communication with patients and to understand and protect each patient's cultural, psychosocial, and spiritual values.

Patient care outcomes are improved when patients and, as appropriate, their families or those who make decisions on their behalf are involved in care decisions and processes in a way that matches cultural expectations.

To promote patient rights in a health care organization, one starts by defining those rights, then educating patients and staff about those rights. Patients are informed of their rights and how to act on them. Staff are taught to understand and to respect patients' beliefs and values and to provide considerate and respectful care that protects patients' dignity.

This chapter addresses processes to

- identify, protect, and promote patient rights;
- inform patients of their rights;
- include the patient's family, when appropriate, in decisions about the patient's care;
- obtain informed consent; and
- educate staff about patient rights.

How these processes are carried out in an organization depends on its country's laws and regulations and any international conventions, treaties, or agreements on human rights endorsed by its country.

These processes are related to how an organization provides health care in an equitable manner, given the structure of the health care delivery system and the health care financing mechanisms of the country. This chapter also addresses the rights of patients and families related to research and to the donation and transplantation of organs and tissues.

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please see the next section in this chapter, Standards, Intents, and Measurable Elements.

- PFR.1** The organization is responsible for providing processes that support patients' and families' rights during care.
- PFR.1.1** Care is considerate and respectful of the patient's personal values and beliefs.
 - PFR.1.1.1** The organization has a process to respond to patient and family requests for pastoral services or similar requests related to the patient's spiritual and religious beliefs.
 - PFR.1.2** Care is respectful of the patient's need for privacy.
 - PFR.1.3** The organization takes measures to protect patients' possessions from theft or loss.
 - PFR.1.4** Patients are protected from physical assault.
 - PFR.1.5** Children, disabled individuals, the elderly, and other populations at risk receive appropriate protection.
 - PFR.1.6** Patient information is confidential.
- PFR.2** The organization supports patients' and families' rights to participate in the care process.
- PFR.2.1** The organization informs patients and families, in a method and language they can understand, about the process of how they will be told of medical conditions and any confirmed diagnosis, how they will be told of planned care and treatment, and how they can participate in care decisions, to the extent they wish to participate.
 - PFR.2.1.1** The organization informs patients and families about how they will be told about the outcomes of care and treatment, including unanticipated outcomes, and who will tell them.
 - PFR.2.2** The organization informs patients and families about their rights and responsibilities related to refusing or discontinuing treatment.
 - PFR.2.3** The organization respects patient wishes and preferences to withhold resuscitative services and to forgo or to withdraw life-sustaining treatments.
 - PFR.2.4** The organization supports the patient's right to appropriate assessment and management of pain.
 - PFR.2.5** The organization supports the patient's right to respectful and compassionate care at the end of life.
- PFR.3** The organization informs patients and families about its process to receive and to act on complaints, conflicts, and differences of opinion about patient care and the patient's right to participate in these processes.
- PFR.4** Staff members are educated about their roles in identifying patients' values and beliefs and protecting patients' rights.

PFR.5 All patients are informed about their rights and responsibilities in a manner and language they can understand.

Informed Consent

PFR.6 Patient informed consent is obtained through a process defined by the organization and carried out by trained staff in a language the patient can understand.

PFR.6.1 Patients and families receive adequate information about the illness, proposed treatment(s), and health care practitioners so that they can make care decisions.

PFR.6.2 The organization establishes a process, within the context of existing law and culture, for when others can grant consent.

PFR.6.3 General consent for treatment, if obtained when a patient is admitted as an inpatient or is registered for the first time as an outpatient, is clear in its scope and limits.

PFR.6.4 Informed consent is obtained before surgery, anesthesia, use of blood and blood products, and other high-risk treatments and procedures.

PFR.6.4.1 The organization lists those categories or types of treatments and procedures that require specific informed consent.

Research

PFR.7 The organization informs patients and families about how to gain access to clinical research, clinical investigation, or clinical trials involving human subjects.

PFR.7.1 The organization informs patients and families about how patients who choose to participate in clinical research, investigation, or clinical trials are protected.

PFR.8 Informed consent is obtained before a patient participates in clinical research, clinical investigation, and clinical trials.

PFR.9 The organization has a committee or another way to oversee all research in the organization involving human subjects.

Organ Donation

PFR.10 The organization informs patients and families about how to choose to donate organs and other tissues.

PFR.11 The organization provides oversight of the harvesting and transplantation of organs and tissues.

Assessment of Patients (AOP)

Overview

An effective patient-assessment process results in decisions about the patient's immediate and continuing treatment needs for emergency, elective, or planned care, even when the patient's condition changes. Patient assessment is an ongoing, dynamic process that takes place in many inpatient and outpatient settings and departments and clinics. Patient assessment consists of three primary processes:

- Collecting information and data on the patient's physical, psychological, social status, and health history
- Analyzing the data and information, including the results of laboratory and imaging diagnostic tests, to identify the patient's health care needs
- Developing a plan of care to meet the patient's identified needs

Patient assessment is appropriate when it considers the patient's condition, age, health needs, and his or her requests or preferences. These processes are most effectively carried out when the various health professionals responsible for the patient work together.

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please see the next section in this chapter, Standards, Intents, and Measurable Elements.

- AOP.1** All patients cared for by the organization have their health care needs identified through an established assessment process.
- AOP.1.1** The organization has determined the scope and content of assessments, based on applicable laws and regulations and professional standards.
 - AOP.1.2** Each patient's initial assessment(s) includes an evaluation of physical, psychological, social, and economic factors, including a physical examination and health history.
 - AOP.1.3** The patient's medical and nursing needs are identified from the initial assessments and recorded in the clinical record.
 - AOP.1.3.1** The initial medical and nursing assessment of emergency patients is based on their needs and conditions.

- AOP.1.4** Assessments are completed in the time frame prescribed by the organization.
- AOP.1.4.1** The initial medical and nursing assessments are completed within the first 24 hours after the patient's admission as an inpatient or earlier as indicated by the patient's condition or hospital policy.
- AOP.1.5** Assessment findings are documented in the patient's record and readily available to those responsible for the patient's care.
- AOP.1.5.1** The initial medical assessment is documented before anesthesia or surgical treatment.
- AOP.1.6** Patients are screened for nutritional status and functional needs and are referred for further assessment and treatment when necessary.
- AOP.1.7** All inpatients and outpatients are screened for pain and assessed when pain is present.
- AOP.1.8** The organization conducts individualized initial assessments for special populations cared for by the organization.
- AOP.1.9** Dying patients and their families are assessed and reassessed according to their individualized needs.
- AOP.1.10** The initial assessment includes determining the need for additional specialized assessments.
- AOP.1.11** The initial assessment includes determining the need for discharge planning.
- AOP.2** All patients are reassessed at intervals based on their condition and treatment to determine their response to treatment and to plan for continued treatment or discharge.
- AOP.3** Qualified individuals conduct the assessments and reassessments.
- AOP.4** Physicians, nurses, and other individuals and services responsible for patient care collaborate to analyze and to integrate patient assessments.
- AOP.4.1** The most urgent or important care needs are identified.

Laboratory Services

- AOP.5** Laboratory services are available to meet patient needs, and all such services meet applicable local and national standards, laws, and regulations.
- AOP.5.1** A laboratory safety program is in place, followed, and documented.
- AOP.5.2** Individuals with proper qualifications and experience administer the tests and interpret the results.
- AOP.5.3** Laboratory results are available in a timely way as defined by the organization.
- AOP.5.3.1** There is a process for reporting critical results of diagnostic tests.
- AOP.5.4** All equipment used for laboratory testing is regularly inspected, maintained, and calibrated, and appropriate records are maintained for these activities.

- AOP.5.5** Essential reagents and other supplies are regularly available and evaluated to ensure accuracy and precision of results.
- AOP.5.6** Procedures for collecting, identifying, handling, safely transporting, and disposing of specimens are followed.
- AOP.5.7** Established norms and ranges are used to interpret and to report clinical laboratory results.
- AOP.5.8** A qualified individual(s) is responsible for managing the clinical laboratory service or pathology service.
- AOP.5.9** Quality control procedures are in place, followed, and documented.
 - AOP.5.9.1** There is a process for proficiency testing.
- AOP.5.10** The organization regularly reviews quality control results for all outside sources of laboratory services.
- AOP.5.11** The organization has access to experts in specialized diagnostic areas when necessary.

Radiology and Diagnostic Imaging Services

- AOP.6** Radiology and diagnostic imaging services are available to meet patient needs, and all such services meet applicable local and national standards, laws, and regulations.
 - AOP.6.1** Radiology and diagnostic imaging services are provided by the organization or are readily available through arrangements with outside sources.
 - AOP.6.2** A radiation safety program is in place, followed, and documented.
 - AOP.6.3** Individuals with proper qualifications and experience perform diagnostic imaging studies, interpret the results, and report the results.
 - AOP.6.4** Radiology and diagnostic imaging study results are available in a timely way as defined by the organization.
 - AOP.6.5** All equipment used to conduct radiology and diagnostic imaging studies is regularly inspected, maintained, and calibrated, and appropriate records are maintained for these activities.
 - AOP.6.6** X-ray film and other supplies are regularly available.
 - AOP.6.7** A qualified individual(s) is responsible for managing the diagnostic radiology and imaging services.
 - AOP.6.8** Quality control procedures are in place, followed, and documented.
 - AOP.6.9** The organization regularly reviews quality control results for all outside sources of diagnostic services.
 - AOP.6.10** The organization has access to experts in specialized diagnostic areas when needed.

Care of Patients (COP)

Overview

A health care organization's main purpose is patient care. Providing the most appropriate care in a setting that supports and responds to each patient's unique needs requires a high level of planning and coordination. Certain activities are basic to patient care. For all disciplines that care for patients, these activities include

- planning and delivering care to each patient;
- monitoring the patient to understand the results of the care;
- modifying care when necessary;
- completing the care; and
- planning the follow-up.

Many physicians, nurses, pharmacists, rehabilitation therapists, and other types of health care practitioners may carry out these activities. Each practitioner has a clear role in patient care. That role is determined by licensure; credentials; certification; laws and regulations; an individual's particular skills, knowledge, and experience; and organization policies or job descriptions. Some care may be carried out by the patient, his or her family, or other trained caregivers.

The Assessment of Patients (AOP) standards (*also see* pages 75–100) describe the basis for care delivery—a plan for each patient based on an assessment of his or her needs. That care may be preventive, palliative, curative, or rehabilitative and may include anesthesia, surgery, medication, supportive therapies, or a combination of these. A plan of care is not sufficient to achieve optimal outcomes. The delivery of the services must be coordinated and integrated by all individuals caring for the patient.

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please see the next section in this chapter, Standards, Intents, and Measurable Elements.

Care Delivery for All Patients

- COP.1** Policies and procedures and applicable laws and regulations guide the uniform care of all patients.
- COP.2** There is a process to integrate and to coordinate the care provided to each patient.

- COP.2.1** The care provided to each patient is planned and written in the patient's record.
- COP.2.2** Those permitted to write patient orders write the order in the patient record in a uniform location.
- COP.2.3** Procedures performed are written into the patient's record.
- COP.2.4** Patients and families are informed about the outcomes of care and treatment, including unanticipated outcomes.

Care of High-Risk Patients and Provision of High-Risk Services

- COP.3** Policies and procedures guide the care of high-risk patients and the provision of high-risk services.
 - COP.3.1** Policies and procedures guide the care of emergency patients.
 - COP.3.2** Policies and procedures guide the use of resuscitation services throughout the organization.
 - COP.3.3** Policies and procedures guide the handling, use, and administration of blood and blood products.
 - COP.3.4** Policies and procedures guide the care of patients on life support or who are comatose. (*Also see PFR.1.5*)
 - COP.3.5** Policies and procedures guide the care of patients with communicable diseases and immune-suppressed patients.
 - COP.3.6** Policies and procedures guide the care of patients on dialysis.
 - COP.3.7** Policies and procedures guide use of restraint and the care of patients in restraint.
 - COP.3.8** Policies and procedures guide the care of elderly patients, disabled individuals, children, and populations at risk for abuse.
 - COP.3.9** Policies and procedures guide the care of patients receiving chemotherapy or other high-risk medications.

Food and Nutrition Therapy

- COP.4** A variety of food choices, appropriate for the patient's nutritional status and consistent with his or her clinical care, is regularly available.
 - COP.4.1** Food preparation, handling, storage, and distribution are safe and comply with laws, regulations, and current acceptable practices.
- COP.5** Patients at nutrition risk receive nutrition therapy.

Pain Management

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

End-of-Life Care

- COP.7** The organization addresses end-of-life care.
 - COP.7.1** Care of the dying patient optimizes his or her comfort and dignity.

Anesthesia and Surgical Care (ASC)

Overview

The use of anesthesia, sedation, and surgical interventions are common and complex processes in a health care organization. They require complete and comprehensive patient assessment, integrated care planning, continued patient monitoring, and criteria-determined transfer for continuing care, rehabilitation, and eventual transfer and discharge.

Anesthesia and sedation are commonly viewed as a continuum from minimal sedation to full anesthesia. As patient response may move along that continuum, anesthesia and sedation use are organized in an integrated manner. Thus, this chapter includes anesthesia and moderate and deep sedation, during which the patient's protective reflexes needed for ventilatory functions are at risk. This chapter does not address the use of minimal sedation (anxiolysis). Thus, the use of the term "anesthesia" includes moderate and deep sedation.

Note: The anesthesia and surgery standards are applicable in whatever setting anesthesia and/or moderate or deep sedation are used and surgical and other invasive procedures that require consent (*also see* PFR.6.4) are performed. Such settings include hospital operating theatres, day surgery or day hospital units, dental and other outpatient clinics, emergency services, intensive care areas, or elsewhere.

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please see the next section in this chapter, Standards, Intents, and Measurable Elements.

Organization and Management

- ASC.1** Anesthesia services (including moderate and deep sedation) are available to meet patient needs, and all such services meet applicable local and national standards, laws, and regulations and professional standards.
- ASC.2** A qualified individual(s) is responsible for managing the anesthesia services (including moderate and deep sedation).

Sedation Care

- ASC.3** Policies and procedures guide the care of patients undergoing moderate and deep sedation.

Anesthesia Care

ASC.4 A qualified individual conducts a preanesthesia assessment and preinduction assessment.

ASC.5 Each patient's anesthesia care is planned and documented in the patient's record.

ASC.5.1 The risks, benefits, and alternatives are discussed with the patient, his or her family, or those who make decisions for the patient.

ASC.5.2 The anesthesia used and anesthetic technique are written in the patient record.

ASC.5.3 Each patient's physiological status during anesthesia is continuously monitored and written in the patient's record.

ASC.6 Each patient's postanesthesia status is monitored and documented, and the patient is discharged from the recovery area by a qualified individual or by using established criteria.

Surgical Care

ASC.7 Each patient's surgical care is planned and documented based on the results of the assessment.

ASC.7.1 The risks, benefits, and alternatives are discussed with the patient and his or her family or those who make decisions for the patient.

ASC.7.2 There is a surgical report or a brief operative note in the patient's record to facilitate continuing care.

ASC.7.3 Each patient's physiological status is continuously monitored during and immediately after surgery and written in the patient's record.

ASC.7.4 Patient care after surgery is planned and documented.

Medication Management and Use (MMU)

Overview

Medication management is an important component in symptomatic, preventive, curative, and palliative treatment and management of diseases and conditions. Medication management encompasses the system and processes an organization uses to provide pharmacotherapies to its patients. This is usually a multidisciplinary, coordinated effort of staff of a health care organization, applying the principles of effective process design, implementation, and improvement to the selecting, procuring, storing, ordering/prescribing, transcribing, distributing, preparing, dispensing, administering, documenting, and monitoring of medication therapies. Although health care practitioners' roles in medication management vary greatly from one country to another, sound medication management processes for patient safety are universal.

Note: Medication is defined as any prescription medications; sample medications; herbal remedies; vitamins; nutraceuticals; over-the-counter drugs; vaccines; or diagnostic and contrast agents used on or administered to persons to diagnose, to treat, or to prevent disease or other abnormal conditions; radioactive medications; respiratory therapy treatments; parenteral nutrition; blood derivatives; and intravenous solutions (plain, with electrolytes and/or drugs).

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please see the next section in this chapter, Standards, Intents, and Measurable Elements.

Organization and Management

MMU.1 Medication use in the organization complies with applicable laws and regulations and is organized to meet patient needs.

MMU.1.1 An appropriately licensed pharmacist, technician, or other trained professional supervises the pharmacy or pharmaceutical service.

Selection and Procurement

MMU.2 An appropriate selection of medications for prescribing or ordering is stocked or readily available.

MMU.2.1 There is a method for overseeing the organization's medication list and medication use.

MMU.2.2 The organization can readily obtain medications not stocked or normally available to the organization or for times when the pharmacy is closed.

Storage

MMU.3 Medications are properly and safely stored.

MMU.3.1 Organization policy supports appropriate storage of medications and applicable nutrition products.

MMU.3.2 Emergency medications are available, monitored, and safe when stored out of the pharmacy.

MMU.3.3 The organization has a medication recall system.

Ordering and Transcribing

MMU.4 Prescribing, ordering, and transcribing are guided by policies and procedures.

MMU.4.1 The organization defines the elements of a complete order or prescription and the types of orders that are acceptable for use.

MMU.4.2 The organization identifies those qualified individuals permitted to prescribe or to order medications.

MMU.4.3 Medications prescribed and administered are written in the patient's record.

Preparing and Dispensing

MMU.5 Medications are prepared and dispensed in a safe and clean environment.

MMU.5.1 Medication prescriptions or orders are reviewed for appropriateness.

MMU.5.2 A system is used to dispense medications in the right dose to the right patient at the right time.

Administration

MMU.6 The organization identifies those qualified individuals permitted to administer medications.

MMU.6.1 Medication administration includes a process to verify the medication is correct based on the medication order.

MMU.6.2 Policies and procedures govern medications brought into the organization for patient self-administration or as samples.

Monitoring

MMU.7 Medication effects on patients are monitored.

MMU.7.1 Medication errors, including near misses, are reported through a process and time frame defined by the organization.

Patient and Family Education (PFE)

Overview

Patient and family education helps patients better participate in their care and make informed care decisions. Many different staff in the organization educate patients and families. Education takes place when the patient interacts with his or her physician(s) or the nurse(s). Others provide education as they provide specific services, such as rehabilitation or nutrition therapy, or prepare the patient for discharge and continuing care. Because many staff help educate patients and families, it is important that staff members coordinate their activities and focus on what patients need to learn.

Effective education thus begins with an assessment of the patient's and family's learning needs. This assessment determines not only what needs to be learned but how the learning can best occur. Learning is most effective when it suits an individual's learning preferences, religious and cultural values, and reading and language skills. Learning is also affected by when it occurs in the care process.

Education includes the knowledge needed during the care process and the knowledge needed after the patient is discharged to another care site or home. Thus, education can include information on community resources for additional care and required follow-up care and how to access emergency services if necessary. Effective education in an organization employs available electronic and visual formats and a variety of distance learning and other techniques.

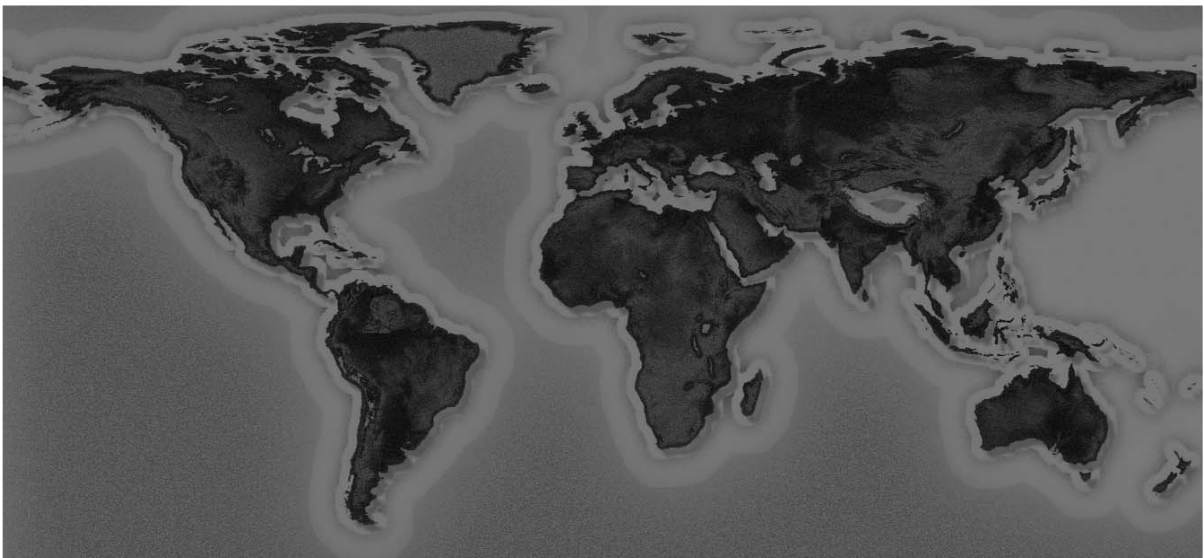
Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please see the next section in this chapter, Standards, Intents, and Measurable Elements.

- PFE.1** The organization provides education that supports patient and family participation in care decisions and care processes.
- PFE.2** Each patient's educational needs are assessed and recorded in his or her record.
 - PFE.2.1** The patient's and family's ability to learn and willingness to learn are assessed.
- PFE.3** Education and training help meet patients' ongoing health needs.

- PFE.4** Patient and family education includes the following topics, related to the patient's care: the safe use of medications, the safe use of medical equipment, potential interactions between medications and food, nutritional guidance, pain management, and rehabilitation techniques.
- PFE.5** Education methods include the patient's and family's values and preferences and allow sufficient interaction among the patient, family, and staff for learning to occur.
- PFE.6** Health professionals caring for the patient collaborate to provide education.

Section II: Health Care Organization Management Standards



Quality Improvement and Patient Safety (QPS)

Overview

This chapter describes a comprehensive approach to quality improvement and patient safety. Integral to overall improvement in quality is the ongoing reduction in risks to patients and staff. Such risks may be found in clinical processes as well as in the physical environment. This approach includes

- leading and planning the quality improvement and patient safety program;
- designing new clinical and managerial processes well;
- measuring how well processes work through data collection;
- analyzing the data; and
- implementing and sustaining changes that result in improvement.

Both quality improvement and patient safety programs

- are leadership driven;
- seek to change the culture of an organization;
- proactively identify and reduce risk and variation;
- use data to focus on priority issues; and
- seek to demonstrate sustainable improvements.

Quality and safety are rooted in the daily work of individual health care professionals and other staff. As physicians and nurses assess patient needs and provide care, this chapter can help them understand how to make real improvements that help patients and reduce risks. Similarly, managers, support staff, and others can apply the standards to their daily work to understand how processes can be more efficient, resources can be used more wisely, and physical risks can be reduced.

This chapter emphasizes that continuously planning, designing, measuring, analyzing, and improving clinical and managerial processes must be well organized and requires clear leadership to achieve maximum benefit. This approach takes into account that most clinical care processes involve more than one department or unit and may involve many individual jobs. This approach also takes into account that most clinical and managerial quality issues are interrelated. Thus, efforts to improve those processes must be guided by an overall framework for quality management and improvement activities in the organization, overseen by a quality improvement and patient safety oversight group or committee.

These international accreditation standards address the full spectrum of clinical and managerial activities of a health care organization, including the framework for improving those activities and reducing the risks associated with variation in processes.

Thus, the framework presented in these standards is suitable for a wide variety of structured programs and less-formal approaches to quality improvement and patient safety. This framework can also incorporate traditional measurement programs, such as those related to unanticipated events (risk management) and resource use (utilization management).

Over time, organizations that follow this framework will

- develop greater leadership support for an organizationwide program;
- train and involve more staff;
- set clearer priorities for what to measure;
- base decisions on measurement data; and
- make improvements based on comparison to other organizations, nationally and internationally.

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please see the next section in this chapter, Standards, Intents, and Measurable Elements.

QPS.1 Those responsible for governing and managing the organization participate in planning and measuring a quality improvement and patient safety program.

QPS.1.1 The organization's leaders collaborate to carry out the quality improvement and patient safety program.

QPS.1.2 The leaders prioritize which processes should be measured and which improvement and patient safety activities should be carried out.

QPS.1.3 The leaders provide technological and other support to the quality improvement and patient safety program.

QPS.1.4 Quality improvement and patient safety information is communicated to staff.

QPS.1.5 Staff are trained to participate in the program.

Design of Clinical and Managerial Processes

QPS.2 The organization designs new and modified systems and processes according to quality improvement principles.

QPS.2.1 Clinical practice guidelines, clinical pathways, and/or clinical protocols are used to guide clinical care.

Data Collection for Quality Measurement

QPS.3 The organization's leaders identify key measures in the organization's structures, processes, and outcomes to be used in the organizationwide quality improvement and patient safety plan.

QPS.3.1 The organization's leaders identify key measures for each of the organization's clinical structures, processes, and outcomes.

QPS.3.2 The organization's leaders identify key measures for each of the organizations managerial structures, processes, and outcomes.

QPS.3.3 The organization's leaders identify key measures for each of the International Patient Safety Goals.

Analysis of Measurement Data

QPS.4 Individuals with appropriate experience, knowledge, and skills systematically aggregate and analyze data in the organization.

QPS.4.1 The frequency of data analysis is appropriate to the process being studied and meets organization requirements.

QPS.4.2 The analysis process includes comparisons internally, with other organizations when available, and with scientific standards and desirable practices.

QPS.5 The organization uses an internal process to validate data.

QPS.5.1 When the organization publishes data or posts data on a public Web site, the leaders of the organization ensure the reliability of the data.

QPS.6 The organization uses a defined process for identifying and managing sentinel events.

QPS.7 Data are analyzed when undesirable trends and variation are evident from the data.

QPS.8 The organization uses a defined process for the identification and analysis of near-miss events.

Improvement

QPS.9 Improvement in quality and safety is achieved and sustained.

QPS.10 Improvement and safety activities are undertaken for the priority areas identified by the organization's leaders.

QPS.11 An ongoing program of risk management is used to identify and to reduce unanticipated adverse events and other safety risks to patients and staff.

Prevention and Control of Infections (PCI)

Overview

The goal of an organization's infection prevention and control program is to identify and to reduce the risks of acquiring and transmitting infections among patients, staff, health care professionals, contract workers, volunteers, students, and visitors.

The infection risks and program activities may differ from organization to organization, depending on the organization's clinical activities and services, patient population(s) served, geographic location, patient volume, and number of employees.

Effective programs have in common identified leaders, well-trained staff, methods to identify and to proactively address infection risks, appropriate policies and procedures, staff education, and coordination throughout the organization.

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please see the next section in this chapter, Standards, Intents, and Measurable Elements.

Program Leadership and Coordination

- PCI.1** One or more individuals oversee all infection prevention and control activities. This individual(s) is qualified in infection prevention and control practices through education, training, experience, or certification.
- PCI.2** There is a designated coordination mechanism for all infection prevention and control activities that involves physicians, nurses, and others as based on the size and complexity of the organization.
- PCI.3** 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.
- PCI.4** The organization's leaders provide adequate resources to support the infection prevention and control program.

Focus of the Program

- PCI.5** The organization designs and implements a comprehensive program to reduce the risks of health care–associated infections in patients and health care workers.
- PCI.5.1** All patient, staff, and visitor areas of the organization are included in the infection prevention and control program.
- PCI.6** The organization uses a risk-based approach in establishing the focus of the health care–associated infection prevention and reduction program.
- PCI.7** The organization identifies the procedures and processes associated with the risk of infection and implements strategies to reduce infection risk.
- PCI.7.1** The organization reduces the risk of infections by ensuring adequate equipment cleaning and sterilization and the proper management of laundry and linen.
- PCI.7.1.1** There is a policy and procedure in place that identifies the process for managing expired supplies and defines the conditions for reuse of single-use devices when laws and regulations permit.
- PCI.7.2** The organization reduces the risk of infections through proper disposal of waste.
- PCI.7.3** The organization has a policy and procedure on the disposal of sharps and needles.
- PCI.7.4** The organization reduces the risk of infections in the facility associated with operations of the food service and of mechanical and engineering controls.
- PCI.7.5** The organization reduces the risk of infection in the facility during demolition, construction, and renovation.

Isolation Procedures

- PCI.8** The organization provides barrier precautions and isolation procedures that protect patients, visitors, and staff from communicable diseases and protects immunosuppressed patients from acquiring infections to which they are uniquely prone.

Barrier Techniques and Hand Hygiene

- PCI.9** Gloves, masks, eye protection, other protective equipment, soap, and disinfectants are available and used correctly when required.

Integration of the Program with Quality Improvement and Patient Safety

- PCI.10** The infection prevention and control process is integrated with the organization's overall program for quality improvement and patient safety.
- PCI.10.1** The organization tracks infection risks, infection rates, and trends in health care–associated infections.
- PCI.10.2** Quality improvement includes using measures related to infection issues that are epidemiologically important to the organization.

- PCI.10.3** The organization uses risk, rate, and trend information to design or to modify processes to reduce the risk of health care–associated infections to the lowest possible levels.
- PCI.10.4** The organization compares its health care–associated infection rates with other organizations through comparative databases.
- PCI.10.5** The results of infection prevention and control measurement in the organization are regularly communicated to leaders and staff.
- PCI.10.6** The organization reports information on infections to appropriate external public health agencies.

Education of Staff about the Program

- PCI.11** The organization provides education on infection prevention and control practices to staff, physicians, patients, families, and other caregivers when indicated by their involvement in care.

Governance, Leadership, and Direction (GLD)

Overview

Providing excellent patient care requires effective leadership. That leadership comes from many sources in a health care organization, including governing leaders (governance), leaders, and others who hold positions of leadership, responsibility, and trust. Each organization must identify these individuals and involve them in ensuring that the organization is an effective, efficient resource for the community and its patients.

In particular, these leaders must identify the organization's mission and make sure that the resources needed to fulfill this mission are available. For many organizations, this does not mean adding new resources but more efficiently using current resources, even when they are scarce. Also, leaders must work together well to coordinate and to integrate all the organization's activities, including those designed to improve patient care and clinical services.

Effective leadership begins with understanding the various responsibilities and authority of individuals in the organization and how these individuals work together. Those who govern, manage, and lead an organization have both authority and responsibility. Collectively and individually, they are responsible for complying with laws and regulations and for meeting the organization's responsibility to the patient population served.

Over time, effective leadership helps overcome perceived barriers and communication problems between departments and services in the organization, and the organization becomes more efficient and effective. Services become increasingly integrated. In particular, the integration of all quality management and improvement activities throughout the organization results in improved patient outcomes.

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please see the next section in this chapter, Standards, Intents, and Measurable Elements.

Governance of the Organization

GLD.1 Governance responsibilities and accountabilities are described in bylaws, policies and procedures, or similar documents that guide how they are to be carried out.

GLD.1.1 Those responsible for governance approve and make public the organization's mission statement.

- GLD.1.2** Those responsible for governance approve the policies and plans to operate the organization.
- GLD.1.3** Those responsible for governance approve the budget and allocate the resources required to meet the organization's mission.
- GLD.1.4** Those responsible for governance appoint the organization's senior manager(s) or director(s).
- GLD.1.5** Those responsible for governance approve the organization's plan for quality and patient safety and regularly receive and act on reports of the quality and patient safety program.

Leadership of the Organization

- GLD.2** A senior manager or director is responsible for operating the organization and complying with applicable laws and regulations.
- GLD.3** The organization's leaders are identified and are collectively responsible for defining the organization's mission and creating the plans and policies needed to fulfill the mission.
 - GLD.3.1** Organization leaders plan with community leaders and leaders of other organizations to meet the community's health care needs.
 - GLD.3.2** The leaders identify and plan for the type of clinical services required to meet the needs of the patients served by the organization.
 - GLD.3.2.1** Equipment, supplies, and medications recommended by professional organizations or by alternative authoritative sources are used.
 - GLD.3.3** The leaders provide oversight of contracts for clinical or management services.
 - GLD.3.3.1** Contracts and other arrangements are monitored as part of the organization's quality improvement and patient safety program.
 - GLD.3.3.2** Independent practitioners not employed by the organization have the right credentials for the services provided to the organization's patients.
 - GLD.3.4** The medical, nursing, and other leaders are educated in the concepts of quality improvement.
 - GLD.3.5** Organization leaders ensure that there are uniform programs for the recruitment, retention, development, and continuing education of all staff.
- GLD.4** Medical, nursing, and other leaders of clinical services plan and implement an effective organizational structure to support their responsibilities and authority.

Direction of Departments and Services

- GLD.5** One or more qualified individuals provide direction for each department or service in the organization.
 - GLD.5.1** The directors of each clinical department identify, in writing, the services to be provided by the department.
 - GLD.5.1.1** Services are coordinated and integrated within the department or service and with other departments and services.

- GLD.5.2** Directors recommend space, equipment, staffing, and other resources needed by the department or service.
- GLD.5.3** Directors recommend criteria for selecting the department or service's professional staff and choose or recommend individuals who meet those criteria.
- GLD.5.4** Directors provide orientation and training for all staff of the duties and responsibilities for the department or service to which they are assigned.
- GLD.5.5** Directors monitor the department's or service's performance as well as staff performance.

Organizational Ethics

- GLD.6** The organization establishes a framework for ethical management that ensures that patient care is provided within business, financial, ethical, and legal norms and that protects patients and their rights.
- GLD.6.1** The organization's framework for ethical management includes marketing, admissions, transfer, discharge, and disclosure of ownership and any business and professional conflicts that may not be in patients' best interests.
- GLD.6.2** The organization's framework for ethical management supports ethical decision making in clinical care and nonclinical services.

Facility Management and Safety (FMS)

Overview

Health care organizations work to provide safe, functional, and supportive facilities for patients, families, staff, and visitors. To reach this goal, the physical facility, medical and other equipment, and people must be effectively managed. In particular, management must strive to

- reduce and control hazards and risks;
- prevent accidents and injuries; and
- maintain safe conditions.

Effective management includes multidisciplinary planning, education, and monitoring as follows:

- The leaders plan the space, equipment, and resources needed to safely and effectively support the clinical services provided.
- All staff are educated about the facility, how to reduce risks, and how to monitor and to report situations that pose risk.
- Performance criteria are used to evaluate important systems and to identify needed improvements.

Written plans are developed and include the following six areas, when appropriate to the facility and activities of the organization:

1. Safety and Security
 - Safety—The degree to which the organization's buildings, grounds, and equipment do not pose a hazard or risk to patients, staff, or visitors.
 - Security—Protection from loss, destruction, tampering, or unauthorized access or use.
2. Hazardous materials—Handling, storage, and use of radioactive and other materials are controlled, and hazardous waste is safely disposed.
3. Emergency management—Response to epidemics, disasters, and emergencies is planned and effective.
4. Fire safety—Property and occupants are protected from fire and smoke.
5. Medical equipment—Equipment is selected, maintained, and used in a manner to reduce risks.
6. Utility systems—Electrical, water, and other utility systems are maintained to minimize the risks of operating failures.

When the organization has nonhospital entities within the patient care facilities to be surveyed (such as an independently owned coffee shop or gift shop), the organization has an obligation to ensure that these independent entities comply with the following facility management and safety plans:

- Safety and security plan
- Hazardous materials plan

- Emergency management plan
- Fire safety plan

Laws, regulations, and inspections by local authorities determine in large part how a facility is designed, used, and maintained. All organizations, regardless of size and resources, must comply with these requirements as part of their responsibilities to their patients, families, staff, and visitors.

Organizations begin by complying with laws and regulations. Over time, they become more knowledgeable about the details of the physical facilities they occupy. They begin to proactively gather data and to carry out strategies to reduce risks and to enhance the patient care environment.

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please see the next section in this chapter, Standards, Intents, and Measurable Elements.

Leadership and Planning

FMS.1 The organization complies with relevant laws, regulations, and facility inspection requirements.

FMS.2 The organization develops and maintains a written plan(s) describing the processes to manage risks to patients, families, visitors, and staff.

FMS.3 One or more qualified individuals oversee the planning and implementation of the program to manage the risks in the care environment.

FMS.3.1 A monitoring program provides data on incidents, injuries, and other events that support planning and further risk reduction.

Safety and Security

FMS.4 The organization plans and implements a program to provide a safe and secure physical environment.

FMS.4.1 The organization inspects all patient care buildings and has a plan to reduce evident risks and to provide a safe physical facility for patients, families, staff, and visitors.

FMS.4.2 The organization plans and budgets for upgrading or replacing key systems, buildings, or components based on the facility inspection and in keeping with laws and regulations.

Hazardous Materials

FMS.5 The organization has a plan for the inventory, handling, storage, and use of hazardous materials and the control and disposal of hazardous materials and waste.

Disaster Preparedness

FMS.6 The organization develops and maintains an emergency management plan and program to respond to likely community emergencies, epidemics, and natural or other disasters.

FMS.6.1 The organization tests its response to emergencies, epidemics, and disasters.

Fire Safety

FMS.7 The organization plans and implements a program to ensure that all occupants are safe from fire, smoke, or other emergencies in the facility.

- FMS.7.1** The plan includes prevention, early detection, suppression, abatement, and safe exit from the facility in response to fires and nonfire emergencies.
- FMS.7.2** The organization regularly tests its fire and smoke safety plan, including any devices related to early detection and suppression, and documents the results.
- FMS.7.3** The organization develops and implements a plan to limit smoking by staff and patients to designated non-patient care areas of the facility.

Medical Equipment

- FMS.8** The organization plans and implements a program for inspecting, testing, and maintaining medical equipment and documenting the results.
 - FMS.8.1** The organization collects monitoring data for the medical equipment management program. These data are used to plan the organization's long-term needs for upgrading or replacing equipment.
 - FMS.8.2** The organization has a product/equipment recall system.

Utility Systems

- FMS.9** Potable water and electrical power are available 24 hours a day, seven days a week, through regular or alternate sources, to meet essential patient care needs.
 - FMS.9.1** The organization has emergency processes to protect facility occupants in the event of water or electrical system disruption, contamination, or failure.
 - FMS.9.2** The organization tests its emergency water and electrical systems on a regular basis appropriate to the system and documents the results.
- FMS.10** Electrical, water, waste, ventilation, medical gas, and other key systems are regularly inspected, maintained, and, when appropriate, improved.
 - FMS.10.1** Designated individuals or authorities monitor water quality regularly.
 - FMS.10.2** The organization collects monitoring data for the utility system management program. These data are used to plan the organization's long-term needs for upgrading or replacing the utility system.

Staff Education

- FMS.11** The organization educates and trains all staff members about their roles in providing a safe and effective patient care facility.
 - FMS.11.1** Staff members are trained and knowledgeable about their roles in the organization's plans for fire safety, security, hazardous materials, and emergencies.
 - FMS.11.2** Staff are trained to operate and to maintain medical equipment and utility systems.
 - FMS.11.3** The organization periodically tests staff knowledge through demonstrations, mock events, and other suitable methods. This testing is then documented.

Staff Qualifications and Education (SQE)

Overview

A health care organization needs an appropriate variety of skilled, qualified people to fulfill its mission and to meet patient needs. The organization's leaders work together to identify the number and types of staff needed based on the recommendations from department and service directors.

Recruiting, evaluating, and appointing staff are best accomplished through a coordinated, efficient, and uniform process. It is also essential to document applicant skills, knowledge, education, and previous work experience. It is particularly important to carefully review the credentials of medical and nursing staff, because they are involved in clinical care processes and work directly with patients.

Health care organizations should provide staff with opportunities to learn and to advance personally and professionally. Thus, in-service education and other learning opportunities should be offered to staff.

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please see the next section in this chapter, Standards, Intents, and Measurable Elements.

- SQE.1** Organization leaders define the desired education, skills, knowledge, and other requirements of all staff members.
- SQE.2** Organization leaders develop and implement processes for recruiting, evaluating, and appointing staff as well as other related procedures identified by the organization.
- SQE.3** The organization uses a defined process to ensure that clinical staff knowledge and skills are consistent with patient needs.
- SQE.4** The organization uses a defined process to ensure that nonclinical staff knowledge and skills are consistent with organization needs and the requirements of the position.
- SQE.5** There is documented personnel information for each staff member.

SQE.6 A staffing plan for the organization, developed collaboratively by the leaders, identifies the number, types, and desired qualifications of staff.

SQE.6.1 The staffing plan is reviewed on an ongoing basis and updated as necessary.

Orientation and Education

SQE.7 All clinical and nonclinical staff members are oriented to the organization, the department, or unit to which they are assigned and to their specific job responsibilities at appointment to the staff.

SQE.8 Each staff member receives ongoing in-service and other education and training to maintain or to advance his or her skills and knowledge.

SQE.8.1 Staff members who provide patient care and other staff identified by the organization are trained and can demonstrate appropriate competence in resuscitative techniques.

SQE.8.2 The organization provides facilities and time for staff education and training.

SQE.8.3 Health professional education, when provided within the organization, is guided by the educational parameters defined by the sponsoring academic program.

SQE.8.4 The organization provides a staff health and safety program.

Medical Staff

Determining Medical Staff Membership

SQE.9 The organization has an effective process for gathering, verifying, and evaluating the credentials (license, education, training, competence, and experience) of those medical staff permitted to provide patient care without supervision.

SQE.9.1 Leadership makes an informed decision about renewing permission for each medical staff member to continue providing patient care services at least every three years.

The Assignment of Clinical Privileges

SQE.10 The organization has a standardized objective, evidence-based procedure to authorize all medical staff members to admit and to treat patients and to provide other clinical services consistent with their qualifications.

Ongoing Monitoring and Evaluation of Medical Staff Members

SQE.11 The organization uses an ongoing standardized process to evaluate the quality and safety of the patient services provided by each medical staff member.

Nursing Staff

SQE.12 The organization has an effective process to gather, to verify, and to evaluate the nursing staff's credentials (license, education, training, and experience).

SQE.13 The organization has a standardized procedure to identify job responsibilities and to make clinical work assignments based on the nursing staff member's credentials and any regulatory requirements.

SQE.14 The organization has a standardized procedure for nursing staff participation in the organization's quality improvement activities, including evaluating individual performance when indicated.

Other Health Care Practitioners

- SQE.15** The organization has a standardized procedure to gather, to verify, and to evaluate other health professional staff members' credentials (license, education, training, and experience).
- SQE.16** The organization has a standardized procedure to identify job responsibilities and to make clinical work assignments based on other health professional staff members' credentials and any regulatory requirements.
- SQE.17** The organization has an effective process for other health professional staff members' participation in the organization's quality improvement activities.

Management of Communication and Information (MCI)

Overview

Providing patient care is a complex endeavor that is highly dependent on the communication of information. This communication is to and with the community, patients and their families, and other health professionals. Failures in communication are one of the most common root causes of patient safety incidents.

To provide, coordinate, and integrate services, health care organizations rely on information about the science of care, individual patients, care provided, results of care, and their own performance. Like human, material, and financial resources, information is a resource that must be managed effectively by the organization's leaders. Every organization seeks to obtain, to manage, and to use information to improve patient outcomes as well as individual and overall organization performance.

Over time, organizations become more effective in

- identifying information needs;
- designing an information management system;
- defining and capturing data and information;
- analyzing data and transforming it into information;
- transmitting and reporting data and information; and
- integrating and using information.

Although computerization and other technologies improve efficiency, the principles of good information management apply to all methods, whether paper based or electronic. These standards are designed to be equally compatible with noncomputerized systems and future technologies.

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please see the next section in this chapter, Standards, Intents, and Measurable Elements.

Communication with the Community

MCI.1 The organization communicates with its community to facilitate access to care and access to information about its patient care services.

Communication with Patients and Families

MCI.2 The organization informs patients and families about its care and services and how to access those services.

MCI.3 Patient and family communication and education are provided in an understandable format and language.

Communication Between Practitioners Within and Outside of the Organization

MCI.4 Communication is effective throughout the organization.

MCI.5 The leaders ensure that there is effective communication and coordination among those individuals and departments responsible for providing clinical services.

MCI.6 Information about the patient's care and response to care is communicated among medical, nursing, and other health care practitioners during each staffing shift and between shifts.

MCI.7 The patient's record(s) is available to the health care practitioners to facilitate the communication of essential information.

MCI.8 Information related to the patient's care is transferred with the patient.

Leadership and Planning

MCI.9 The organization plans and designs information management processes to meet internal and external information needs.

MCI.10 Information privacy and confidentiality are maintained.

MCI.11 Information security, including data integrity, is maintained.

MCI.12 The organization has a policy on the retention time of records, data, and information.

MCI.13 The organization uses standardized diagnosis codes, procedure codes, symbols, abbreviations, and definitions.

MCI.14 The data and information needs of those in and outside the organization are met on a timely basis in a format that meets user expectations and with the desired frequency.

MCI.15 Appropriate clinical and managerial staff participate in selecting, integrating, and using information management technology.

MCI.16 Records and information are protected from loss, destruction, tampering, and unauthorized access or use.

MCI.17 Decision makers and other appropriate staff members are educated and trained in the principles of information management.

MCI.18 A written policy or protocol defines the requirements for development and maintenance of internal policies and procedures and a process for managing external policies and procedures.

Patient Clinical Record

MCI.19 The organization initiates and maintains a clinical record for every patient assessed or treated.

MCI.19.1 The clinical record contains sufficient information to identify the patient, to support the diagnosis, to justify the treatment, to document the course and results of treatment, and to promote continuity of care among health care practitioners.

MCI.19.1.1 The clinical record of every patient receiving emergency care includes the time of arrival, the conclusions at termination of treatment, the patient's condition at discharge, and follow-up care instructions.

MCI.19.2 Organization policy identifies those authorized to make entries in the patient clinical record and determines the record's content and format.

MCI.19.3 Every patient clinical record entry identifies its author and when the entry was made in the record.

MCI.19.4 As part of its performance improvement activities, the organization regularly assesses patient clinical record content and the completeness of patient clinical records.

Aggregate Data and Information

MCI.20 Aggregate data and information support patient care, organization management, and the quality management program.

MCI.20.1 The organization has a process to aggregate data and has determined what data and information are to be regularly aggregated to meet the needs of clinical and managerial staff in the organization and agencies outside the organization.

MCI.20.2 The organization has a process for using or participating in external databases.

MCI.21 The organization supports patient care, education, research, and management with timely information from current sources.