

**JOINT COMMISSION INTERNATIONAL  
ACCREDITATION STANDARDS  
FOR HOSPITALS  
Third Edition**

**STANDARDS ONLY**

*Joint Commission International Accreditation Standards for Hospitals 3<sup>rd</sup> Edition*  
Standards Only

---

© 2007 Joint Commission International  
All Rights Reserved

# International Patient Safety Goals

## Goals

**Goal 1** Identify Patients Correctly

**Goal 2** Improve Effective Communication

**Goal 3** Improve the Safety of High-Alert Medications

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

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

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

# Access to Care and Continuity of Care (ACC)

## 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.

**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 emergency 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.1.2** 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.

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

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

**ACC.3** There is a policy guiding the appropriate 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** Patient records contain a copy of the discharge summary.

**ACC.3.3** Patients and, as appropriate, their families are given understandable follow-up instructions at referral or discharge.

**ACC.4** There is a policy guiding the appropriate transfer of patients to another organization 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.

**ACC.5** The process for referring, transferring, or discharging the patient considers transportation needs.

**ACC.6** Medical transport services meet relevant laws and regulations and licensing requirements.

**ACC.6.1** The medical transport services are provided through a well managed process that ensures patient and staff safety and quality transport services.

# Patient and Family Rights (PFR)

## 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.

- 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 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 forgo or withdraw life-sustaining treatments.

*Joint Commission International Accreditation Standards for Hospitals 3<sup>rd</sup> Edition  
Standards Only*

- 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 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 role in identifying patients' values and beliefs and protecting patients' rights.
- PFR.5** All patients are informed about their rights in a manner they can understand.
- PFR.6** Patient informed consent is obtained through a process defined by the organization and carried out by trained staff.
- PFR.6.1** Patients and families receive adequate information about the illness, proposed treatment(s), and care providers 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.
- PFR.7** The organization informs patients and families about how to gain access to clinical research, 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, investigation, and trials.

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

**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)

## 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.

**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) include 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.

**AOP.1.3.1** The initial medical and nursing assessment of emergency patients is appropriate to 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** The organization conducts individualized initial assessments for special populations cared for by the organization.

**AOP.1.8** The initial assessment includes determining the need for additional specialized assessments.

**AOP.1.8.1** The initial assessment includes determining the need for discharge planning.

**AOP.1.8.2** All patients are screened for pain and assessed when pain is present.

**AOP.2** All patients are reassessed at appropriate intervals 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 integrate patient assessments.

**AOP.4.1** The most urgent or important care needs are identified.

**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 adequate training, skills, orientation, 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.5.4** 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.

**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 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.

**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 adequate training, skills, orientation, 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 are 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)

## 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.

**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 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.

**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.

**COP.3.5** Policies and procedures guide the care of patients with a communicable disease and immunosuppressed 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.
- COP.4** A variety of food choices, appropriate for the patient's nutritional status and consistent with his or her clinical care, are 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.
- COP.6** Patients are supported in managing pain effectively.
- COP.7** The organization addresses end-of-life care.
- COP.7.1** As appropriate to the care and services provided, assessments and reassessments of the dying patient and their family are designed to meet individualized needs.
- COP.7.2** Care of the dying patient optimizes his or her comfort and dignity.

# Anesthesia and Surgical Care (ASC)

## 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.

- ASC.1** Anesthesia services 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.
- ASC.3** Policies and procedures guide the care of patients undergoing moderate and deep sedation.
- ASC.4** A qualified individual conducts a preanesthesia assessment and preinduction assessment.
- ASC.5** Each patient's anesthesia care is planned and documented.
- 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 administration 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.
- 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** The surgery performed is written in the patient record.
- 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)

## 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.

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

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

**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.

**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.

**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 order medications.

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

**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.
- 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.
- MMU.7** Medication effects on patients are monitored.
- MMU.7.1** Medication errors are reported through a process and time frame defined by the organization.

# Patient and Family Education (PFE)

## 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.

**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 include the following topics, as appropriate 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 consider 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.

# Quality Improvement and Patient Safety (QPS)

## 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.

- QPS.1** Those responsible for governing and managing the organization participate in planning and monitoring 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 monitored 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.
- QPS.2** The organization designs new and modified systems and processes according to quality improvement principles.
- QPS.2.1** Clinical practice guidelines and clinical pathways are used to guide clinical care.
- QPS.3** The organization's leaders identify key measures (indicators) to monitor the organization's clinical and managerial structures, processes, and outcomes and the International Patient Safety Goals.
- QPS.3.1** Clinical monitoring includes those aspects of patient assessment selected by the leaders.
- QPS.3.2** Clinical monitoring includes those aspects of laboratory services selected by the leaders.
- QPS.3.3** Clinical monitoring includes those aspects of radiology and diagnostic imaging services selected by the leaders.
- QPS.3.4** Clinical monitoring includes those aspects of surgical procedures selected by the leaders.

- QPS.3.5** Clinical monitoring includes those aspects of antibiotic and other medication use selected by the leaders.
- QPS.3.6** Clinical monitoring includes the monitoring of medication errors and near misses.
- QPS.3.7** Clinical monitoring includes those aspects of anesthesia and sedation use selected by the leaders.
- QPS.3.8** Clinical monitoring includes those aspects of the use of blood and blood products selected by the leaders.
- QPS.3.9** Clinical monitoring includes those aspects of availability, content, and use of patient records selected by the leaders.
- QPS.3.10** Clinical monitoring includes those aspects of infection control, surveillance, and reporting selected by the leaders.
- QPS.3.11** Clinical monitoring includes those aspects of clinical research selected by the leaders.
- QPS.3.12** Managerial monitoring includes those aspects of the procurement of routinely required supplies and medications essential to meet patient needs selected by the leaders.
- QPS.3.13** Managerial monitoring includes those aspects of reporting of activities as required by law and regulation and selected by the leaders.
- QPS.3.14** Managerial monitoring includes those aspects of risk management selected by the leaders.
- QPS.3.15** Managerial monitoring includes those aspects of utilization management selected by the leaders.
- QPS.3.16** Managerial monitoring includes those aspects of patient and family expectations and satisfaction selected by the leaders.
- QPS.3.17** Managerial monitoring includes those aspects of staff expectations and satisfaction selected by the leaders.
- QPS.3.18** Managerial monitoring includes those aspects of patient demographics and clinical diagnoses selected by the leaders.
- QPS.3.19** Managerial monitoring includes those aspects of financial management selected by the leaders.

- QPS.3.20** Managerial monitoring includes those aspects of the prevention and control of events that jeopardize the safety of patients, families, and staff selected by the leaders, including the International Patient Safety Goals.
- 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 a defined process for identifying and managing sentinel events.
- QPS.6** Data are analyzed when undesirable trends and variation are evident from the data.
- QPS.7** The organization uses a defined process for the identification and analysis of near-miss events.
- QPS.8** Improvement in quality and safety is achieved and sustained.
- QPS.9** Improvement and safety activities are undertaken for the priority areas identified by the organization's leaders.
- QPS.10** An ongoing program of identifying and reducing unanticipated adverse events and safety risks to patients and staff is defined and implemented.

# Prevention and Control of Infections (PCI)

## 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.

**PCI.1** One or more individuals oversee all infection prevention and control activities. This individual(s) is qualified in infection control practices through education, training, experience, or certification.

**PCI.2** There is a designated coordination mechanism for all infection control activities that involves physicians, nurses, and others as appropriate to the size and complexity of the organization.

**PCI.3** The infection control program is based on current scientific knowledge, accepted practice guidelines, and applicable law and regulation.

**PCI.4** The organization's leaders provide adequate resources to support the infection control 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 control program.

**PCI.6** The organization establishes 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.7.2** 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.
- 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.
- PCI.9** Gloves, masks, eye protection, other protective equipment, soap, and disinfectants are available and used correctly when required.
- PCI.10** The infection 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** Monitoring includes using indicators 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 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 monitoring 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.
- PCI.11** The organization provides education on infection control practices to staff, doctors, patients, and, as appropriate, family and other caregivers.

# Governance, Leadership, and Direction (GLD)

## 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.

**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 collaborate with the organization's managers.

**GLD.1.6** 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.

**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.3.4** 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.
- 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 department or service appropriate to their responsibilities.
- GLD.5.5** Directors monitor the department's or service's performance as well as staff performance.
- 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, and 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.

# Facility Management and Safety (FMS)

## 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.

**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.

**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 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 law and regulation.

**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.

**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.

**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 non-fire 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.
- 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.
- 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.
- 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 maintain medical equipment and utility systems.

**FMS.11.3** The organization periodically tests staff knowledge through demonstration, mock events, and other suitable methods. This testing is then documented.

# Staff Qualifications and Education (SQE)

## 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.

**SQE.1** Organization leaders define the desired education, skills, knowledge, and other requirements of all staff members.

**SQE.1.1** Each staff member's responsibilities are defined in a current job description.

**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.

**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 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.
- SQE.9** The organization has an effective process for gathering, verifying, and evaluating the credentials (license, education, training, and experience) of those medical staff permitted to provide patient care without supervision.
- SQE.10** The organization has a standardized objective, evidence-based procedure to authorize all medical staff members to admit and treat patients and provide other clinical services consistent with their qualifications.
- SQE.11** There is an ongoing professional practice evaluation of the quality and safety of the clinical care provided by each medical staff member.
- SQE.12** The organization has an effective process to gather, verify, and evaluate the nursing staff's credentials (license, education, training, and experience).
- SQE.13** The organization has a standardized procedure to identify job responsibilities and 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.
- SQE.15** The organization has a standardized procedure to gather, verify, and 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 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)

## 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.

- MCI.1** The organization communicates with its community to facilitate access to care and access to information about its patient care services.
- 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.
- 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 care providers during each staffing shift, and between shifts.
- MCI.7** The patient's record(s) is available to the care providers to facilitate the communication of essential information.
- MCI.8** Information related to the patient's care is transferred with the patient.
- 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 developing and maintaining policies and procedures.
- 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, support the diagnosis, justify the treatment, document the course and results of treatment, and promote continuity of care among health care providers.
- 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.
- 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 supports patient care, education, research, and management with timely information from current sources.

**MCI.20.3** The organization has a process for using or participating in external databases.