JCI 6th ed. Hospital Standards Review:

Patient-Centered Standards

Joint Commission International
Accreditation Standards for
Hospitals
Including Standards for Academic Medical Center Hospitals

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6th Edition | Effective 1 July 2017

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Standards Overview

– **This presentation provides a general sense of what types of issues and themes are covered in our Patient-Centered Standards.**

– **We want you to become more familiar with the types of issues covered in our standards, so you can use the manual as a reference tool.**

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Hospital Standards
6th Edition Chapters

Patient-Centered Standards

- *International Patient Safety Goals*
- *Access to Care and Continuity of Care*
- *Patient and Family Rights*
- *Assessment of Patients*
- *Care of Patients*
- *Anesthesia and Surgical Care*
- *Medication Management and Use*
- *Patient and Family Education*

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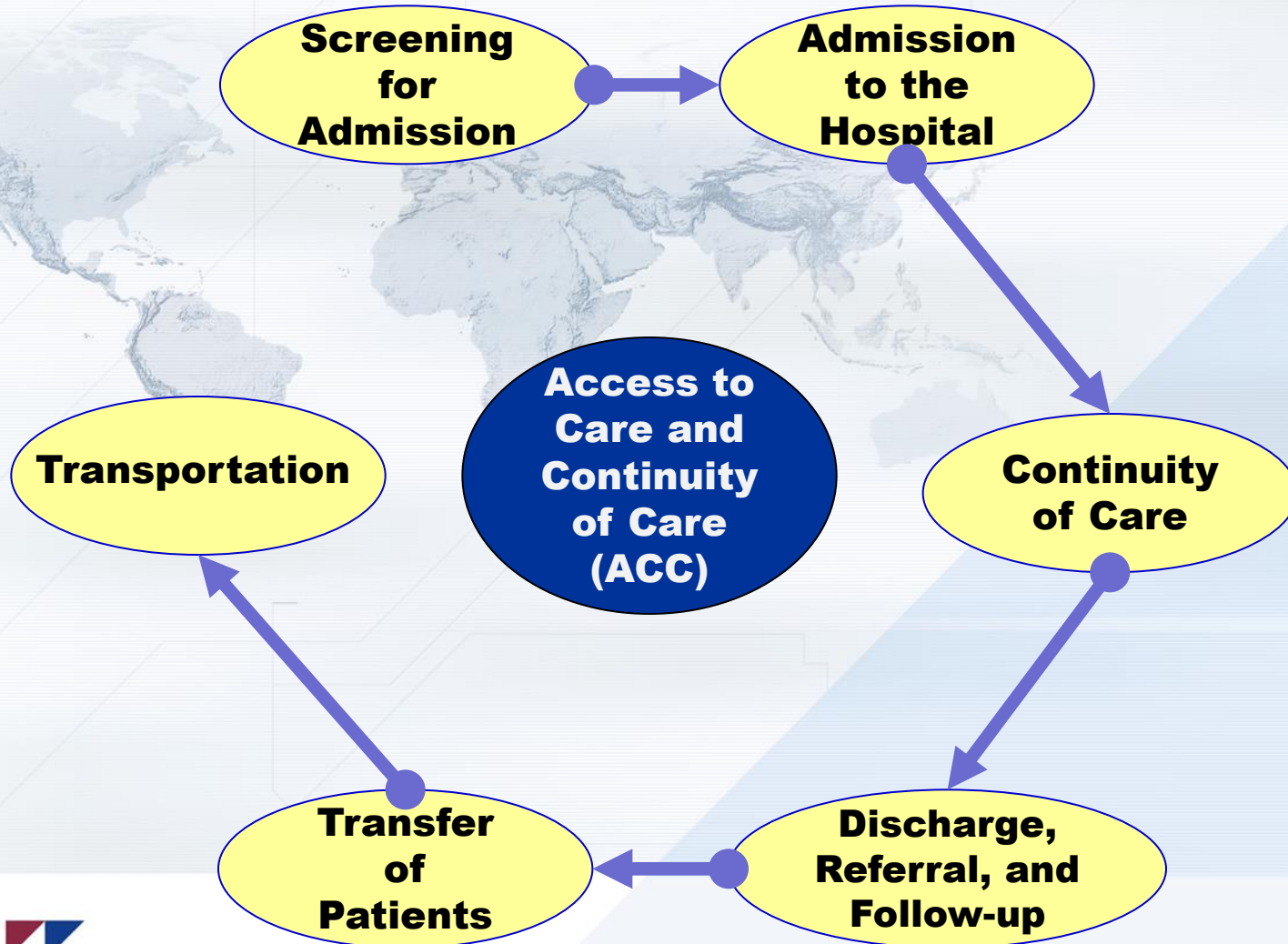
International Patient Safety Goals

– **We will cover the IPSGs in detail in their own session later in the program.**

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Access to Care and Continuity of Care (ACC) 57
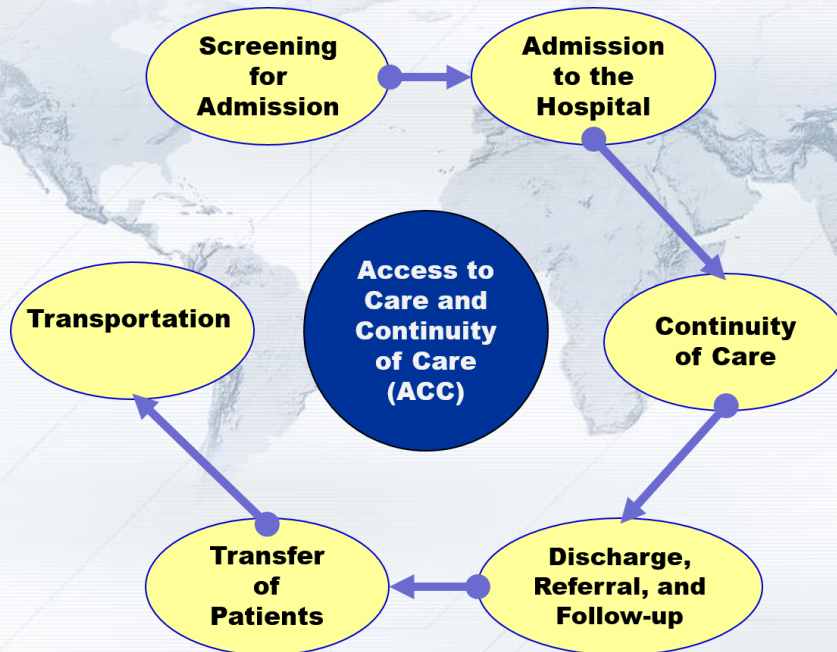
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ACC: Intent

- Access to care should be seamless from when a patient enters the hospital to discharge.
- Care should be seamless to both the care provider and the patient.
- The services provided should match the patient's health needs.
- Services provided should be coordinated.
- Discharge should be planned and followed up

ACC Topic Areas

Screening for Admission → Admission to the Hospital → Continuity of Care → Discharge, Referral, and Follow-up → Transfer of Patients → Transportation

Access to Care and Continuity of Care (ACC)

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Linear Processes

Access to Care and Continuity of Care (ACC)

- Screening for Admission
- Admission to the Hospital
- Continuity of Care
- Discharge, Referral, and Follow-up
- Transfer of Patients
- Transportation

Some standards chapters are organized to follow a common *linear or chronological process*.

Your surveyor will likely trace this *entire* process.

Think about the total process, not just the individual standards.

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Patient and Family Rights (PFR) 77

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PFR: Intent

- – **Patients are unique and should be treated as individuals.**
- – **Their rights should be respected.**

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PFR – Main Areas of Focus

- **Identify, protect, and promote patient rights to care and treatment and to be involved in their care and decisions**

- **Informed consent**

- **General consent, when required by hospital must also include information to patients/families**

  - **About when students and trainees are involved in their care**

  - **About the tests and treatments that require informed consent**

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PFR – Main Areas of Focus

- **Organ Donation**
  - **Generalities of program and support for patients by providing information and referrals as indicated**
- **Patients have right to obtain and receive second opinions**
  - **Facilitated by hospital by providing information to patients and referrals as needed**
  - **Hospitals not required to pay for or to provide the second opinion**

Assessment of Patients (AOP) 91

AOP: Intent

– Effective patient assessment process results in decisions about the patient's immediate and continuing treatment needs

– Patient assessment consists of:

   – Collecting patient information

   – Analyzing this information

   – Developing a plan of care

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AOP – Three Areas of Focus

1. Collecting and Analyzing Patient Data and Information

2. Laboratory Services

3. Radiology and Diagnostic Imaging Services

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Care of Patients (COP) 119

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COP: Intent

– **Patient care is a health care organization's main purpose. To provide the best possible care, organizations must:**
  – **Plan and deliver care**
  – **Monitor the patients to understand the results of care**
  – **Modify care when necessary**
  – **Complete the care**
  – **Plan follow-up**

COP Topic Areas

Transplant Programs Using Living Donor Organs

Care Delivery For All Patients

Organ and/or Tissue Transplant Services

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

Care of Patients (COP)

End-of-Life Care

Recognition of Changes to Patient Condition

Pain Management

Resuscitation Services

Food and Nutrition Therapy

Patient's Plan of Care: The Heart of COP

- **Individualized and measurable goals**
  - **Patient will be able to transfer from bed to chair unassisted.**
  - **Patient's oxygen saturation will be maintained above 92%.**
- **Created by physician, nurse, and other health care professionals**
- **Updated/reviewed by the multidisciplinary team based on reassessments**

Anesthesia and Surgical Care (ASC) 141

ASC: Intent

- Anesthesia, sedation, and surgical interventions are common and complex.
- They require:
  - Complete and comprehensive assessment
  - Integrated care planning
  - Continued patient monitoring
  - Criteria-determined transfer for continuing care
  - Rehabilitation
  - Eventual transfer and discharge

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ASC Topic Areas

Surgical Care

Organization and Management

Anesthesia and Surgical Care (ASC)

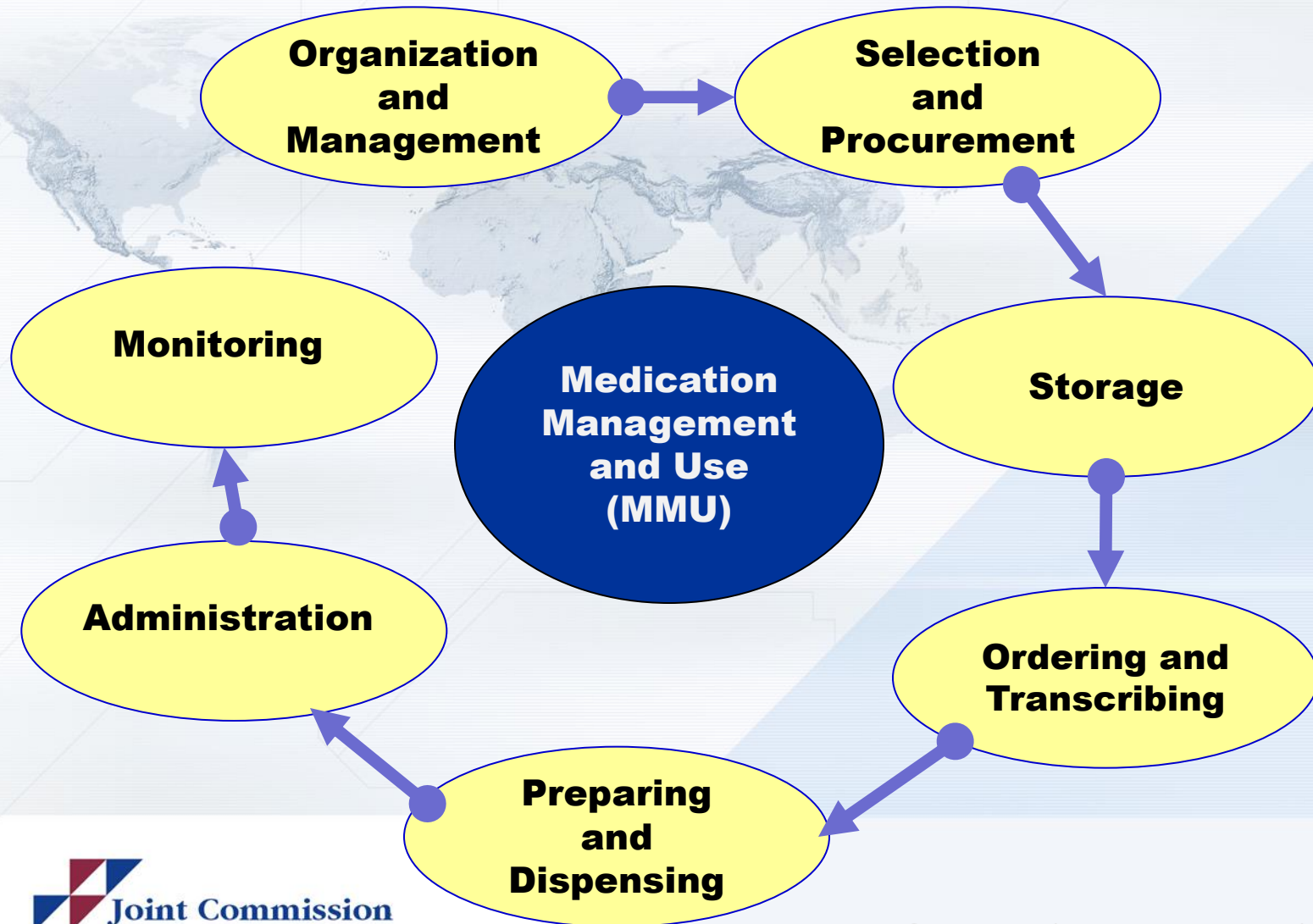Anesthesia Care

Sedation Care

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Sedation and Anesthesia

– **While sedation and anesthesia are two different procedures, they are both high risk.**

– **The ASC chapter addresses the risks of both processes.**

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Medication Management and Use (MMU) 155

MMU: Intent

– **Medication management encompasses the system and processes an organization uses to provide safe and effective pharmacotherapies to its patients, which usually includes:**
  – **Interdisciplinary coordination**
  – **Effective process design**
  – **Development of strategies to improve safety of high-risk processes**
  – **Staff training and competency in medication order review and preparation**
  – **Adoption of standardized practices in areas of medication storage, procurement, prescribing, preparation, administration, dispensing, and monitoring that support safe medication use**

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MMU Topic Areas

Organization and Management

Selection and Procurement

Monitoring

Medication Management and Use (MMU)

Storage

Administration

Ordering and Transcribing

Preparing and Dispensing

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Linear Processes

Organization and Management → Selection and Procurement → Storage → Ordering and Transcribing → Preparing and Dispensing → Administration → Monitoring

Medication Management and Use (MMU)

🔑 **Medication Management and Use is another complete process that is sure to be traced on your survey.**

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Patient and Family Education (PFE) 173

PFE: Intent

– **Patient education helps patients and their families make informed care decisions.**

– **The best processes:**
  - **Use a multidisciplinary approach**
  - **Suits an individual's learning preferences, values, and language skills with emphasis on health care literacy**
  - **Provide education at an appropriate time**

PFE – Four Areas of Focus

1. **Education to Support Patient Decisions**
2. **Education Tailored to Each Patient**
3. **Collaborative Delivery of Education**
4. **Education to Support Care at Home**

Questions

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Thank You

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JCI 6th ed. Hospital Standards Review:

Organization Management Standards

Standards Overview

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Hospital Standards
6th Edition Chapters
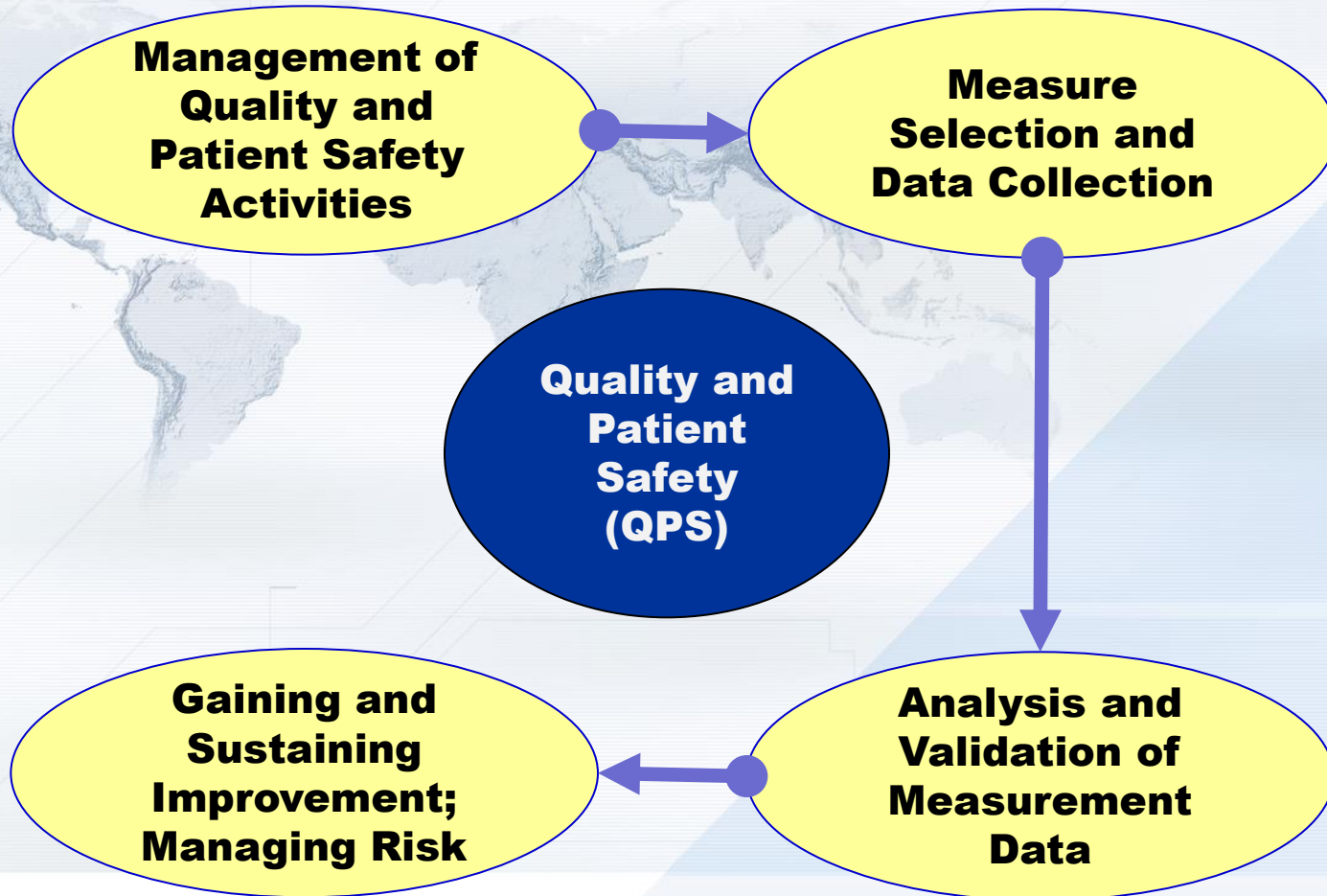
Health Care Organization Management Standards

- *Quality Improvement and Patient Safety*
- *Prevention and Control of Infections*
- *Governance, Leadership, and Direction*
- *Facility Management and Safety*
- *Staff Qualifications and Education*
- *Management of Information*

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Quality Improvement and Patient Safety (QPS) 179

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Intent of QPS

– **Ongoing risk-reduction to patients, staff and the environment is integral to overall improvement in quality.**

– **The quality department *supports* the organizationwide quality and safety program.**

1. **Assists in the collection of data and response to adverse/sentinel events and near misses**

2. **Facilitates analysis of adverse events (not the group that performs them)**

3. **Helps leaders identify quality measures that address identified concerns**

QPS Topic Areas

Management of Quality and Patient Safety Activities → **Measure Selection and Data Collection**

Quality and Patient Safety (QPS)

Gaining and Sustaining Improvement; Managing Risk ← **Analysis and Validation of Measurement Data**

Roles of Quality Program Staff

- The quality program staff are a key part of the QPS chapter. They should:

1. Coordinate and integrate measurement activities throughout the hospital
2. Support departmental data collection, validation, and analysis
3. Support improvements based upon that analysis
4. Be involved in training and communication of quality and patient safety issues
5. Integrate event reporting systems and safety culture measures to facilitate improvements
6. Track progress on the collection of measure data for the organization's selected priorities

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Validation and Analysis of Data

Validating and analyzing data is another key concept. This chapter requires:

1. **Collected data are validated**
   - **Especially if data are to be published**
2. **Individuals with experience in data display and analysis needed**
3. **Comparison with self, others, and best practices is essential**
4. **Root cause analysis of sentinel events**
5. **Analysis of all adverse events**
6. **Monitoring near misses**

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Process Improvement

Analysis of the data should lead directly to process improvements. In general:

1. **Focus on priority areas**
2. **Use statistical tools and techniques in the analysis process**
3. **Implement improved processes**
4. **Demonstrate that improvement actually occurs**
5. **Monitor improvement over time to ensure it is sustained**

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Management of Risk

- – **Adopt a risk-management framework**
- – **Proactive risk analysis**
- – **Action taken to reduce identified risks to patients, staff, and the organization**

Prevention and Control of Infections (PCI) ⟫191⟩

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Intent

– **Infection prevention and control programs seek to reduce the risk of acquiring and transmitting infection.**

– **Effective programs have:**
  – **Identified leaders**
  – **Well-trained staff**
  – **Methods to identify and proactively address infection risks**
  – **Appropriate policies and procedures**
  – **Staff education**
  – **Coordination throughout the organization**

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PCI - Areas of Focus

1. **Program Leadership and Resources**
2. **Goals of the Program**
3. **Medical Equipment, Devices, and Supplies**
4. **Infectious Waste**
5. **Food Services**
6. **Construction Risks**
7. **Transmission of Infections**
8. **Quality Improvement and Program Education**

Focus of the Program

Key questions:

- **What are the risks of infection?**
- **What is the scope of the program in terms of places and people?**
- **On what types of clinical procedures and medical devices will we focus?**
- **What are the essential elements of our sterilization program?**
- **How do we need to handle infectious waste, sharps, and needles?**
- **What are the risks during construction?**
- **How does our emergency preparedness program address potential global communicable disease?**

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Integration of Program with QI and Patient Safety

Key questions:

– **How serious is health care-associated infections in your organization and infections in your community?**

– **How does this fit with other quality monitoring going on?**

– **How do we know if our program is weak or strong? What do we monitor?**

– **What and when do we communicate infection control information to all staff?**

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Governance, Leadership, and Direction (GLD) ⟫ **207**

Intent

– **Excellent care requires effective leadership**

– **Leadership should:**

  – **Identify the organization's mission and ensure the resources needed to meet it.**

  – **Coordinate and integrate activities**

  – **Understand how staff members work together, along with their respective responsibilities**

  – **Overcome barriers and disputes between departments**

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GLD – Seven Areas of Focus

1. **Governance of the Organization**
2. **Leadership of the Organization**
3. **Direction of Departments and Services**
4. **Organizational Ethics**
5. **Culture of Safety**
6. **Research**
7. **Health Professional Education**

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Levels of Leadership

Different levels of leadership have different responsibilities within the 5th edition.

Level I	**Governance** *(e.g., Board of Directors)*	**GLD.1 to GLD.1.2**
Level II	**Chief Executive**	**GLD.2**
Level III	**C-Level Leadership** *(e.g., Chief Medical Officer, Admin VP)*	**GLD.3 to GLD.7.1**
Level IV	**Department/Service Leaders** *(e.g., Head of Diagnostic Services)*	**GLD.8 to GLD.11.2**

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Management of Quality and Patient Safety Activities

Key concepts:

– **Those at the highest levels of the organization are very involved in all aspects of planning and monitoring the quality and patient safety program.**

– **The overall program for quality and patient safety in a hospital is developed by leadership and approved by governance.**

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Management of Quality and Patient Safety Activities

Key concepts:

- **Leaders prioritize activities**

- **Leadership provides the resources to implement the program**

- **Key quality individuals are supported with the information and assistance by the leaders**

Measure Selection and Data Collection for Quality Monitoring

Key concepts:

- **Measure selection is a leadership responsibility**

- **All departments and services—clinical and managerial—select measures related to their priorities**

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Organizational Ethics

Key decisions regarding organizational ethics (GLD.12-12.2):

– **The framework and ethical and legal norms for operation**
  – **National and international norms**
– **The content of the guiding documents**
– **The application of the framework and guiding documents to ethical dilemmas in patient care**

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Culture of Safety

– **An organization's *culture of safety* has a powerful impact on a their commitment to and ability to achieve the highest level of health and safety practices.**

– **Culture of safety (GLD.13-13.1) is the product of:**
  – **individual and group values**
  – **attitudes**
  – **perceptions**
  – **competencies**
  – **patterns of behavior**

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Culture of Safety

– **Hospitals with a positive safety culture are characterized by:**
  – **communications founded on mutual trust**
  – **shared perceptions of the importance of safety**
  – **confidence in the efficacy of preventive measures**

– **The Agency for Healthcare Research and Quality (AHRQ) is a good source of *culture of safety* resources.**

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Research and Health Professional Education

– **Academic Medical Center standards have their own standards that supersede the some of the *Research* and *Health Professional Education* standards found in this chapter (GLD.14-19).**

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Facility Management and Safety (FMS) 237

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Intent

– **In order to provide a safe and functional facility for all, the physical facility, medical technology, and people must be effectively managed.**

– **Management must strive to:**

  – **Reduce and control risks and hazards**

  – **Prevent accidents and injuries**

  – **Maintain safe conditions**

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FMS Topic Areas

- Leadership and Planning
- Safety and Security
- FMS Staff Education
- Hazardous Materials
- Facility Management Program Monitoring
- Facility Management and Safety (FMS)
- Disaster Preparedness
- Utility Systems
- Fire Safety
- Medical Equipment

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Considerations for All Areas

– **Ensuring hospital meets laws, regulations, codes, and other requirements relevant to facility management and safety**

– **Knowledge of the type and location of risks in each area**

– **Process to prevent or mitigate risks**

– **Integration of facility management program with quality and patient safety program**

– **Ensuring qualified individual(s) oversees facility management program**

– **Ensuring that nonhospital entities such as vendors in the hospital (e.g., coffee shop, gift store) comply with all aspects of the facility management program**

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FMS Definitions

– **Many terms, like *safety* and *security*, can be defined in various ways in various languages.**

– **Consult the standards manual glossary** 327

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Defining Safety and Security

- *Safety* and *security*, when translated into different languages, might have the same meaning.

- For JCI:

  - <u>Safety</u>: The degree to which the organization's buildings, grounds, and equipment do not pose a hazard or risk to patients, staff, or visitors.

  - <u>Security</u>: Protection from loss, destruction, tampering, or unauthorized access or use.

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Hazardous Materials and Waste

The hazardous materials and waste program includes processes for:

- **a complete and accurate inventory**

- **handling, storage, and use**

- **proper protective equipment and procedures**

- **proper labeling**

- **reporting and investigation of spills/exposures**

- **proper disposal**

- **documentation, including required permits or licenses**

WHO Hazardous Materials And Waste

- Infectious
- Pathological and anatomical
- Pharmaceutical
- Chemical
- Heavy metals
- Pressurized containers
- Sharps
- Genotoxic/cytotoxic
- Radioactive

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Defining Medical Equipment

- **Equipment specifically used for diagnosis and treatment of disease or rehabilitation.**

- **Requires activities usually managed by a clinical engineer:**
  - **Calibration**
  - **Maintenance**
  - **Repair**
  - **User training**
  - **Decommissioning**

- **Excludes implantable, disposable, or single-use medical devices.**

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Staff Qualifications and Education (SQE) ▶ 257

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Intent

- Leaders collaborate to identify the numbers, types, and desired qualifications of staff needed to fulfill:
  - The organization's mission
  - The mix of patients served
  - The diagnostic and clinical tests provided
  - The volume of inpatients and outpatients
  - The medical equipment used in patient care

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Intent

– **Documentation is a critical part of the staff planning process:**

- Applicant skills
- Knowledge
- Education
- Previous work experience
- Credentials review (for clinical staff)

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SQE Topic Areas

Planning

Determining Medical Staff Membership

Other Health Care Practitioners

Staff Qualifications and Education (SQE)

Assignment of Medical Staff Clinical Privileges

Nursing Staff

Ongoing Monitoring and Evaluation of Medical Staff Members

Medical Staff Reappointment and Renewal of Clinical Privileges

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Four Steps in Medical Staff Credentialing

1. **Verification of credentials and appointment**
   - **12 month look-back period for initial surveys**
   - **Primary Source Verification**
2. **Assigning privileges (within the scope of services of the organization)**
   - **Defined process to decide staff membership and what services they may provide**
3. **Ongoing evaluation and professional practice review**
4. **Reappointment (with the active involvement of the heads of departments/units)**

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Common Human Resources Issues in SQE

– **Periodic evaluation of staff competence**

– **Staff health and safety program (including workplace violence, harmful occupational exposures, second victims of adverse or sentinel events, and work-related back inquires, among others)**

– **Staff vaccination and immunization program**

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SQE – Three Key Questions

🔑 **Some questions you will very likely hear from surveyors:**

1. *What is your human resource planning and management process?*

2. *How do you orient and educate staff?*

3. *How are appropriate clinical staff credentialed?*

   ❑ *Medical*
   ❑ *Nursing*
   ❑ *Other Professional Staff*

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Management of Information (MOI) 285

Focus of MOI

– **How information is managed throughout the organization, for example:**

  – **How should the clinical record be set up?**

  – **What should the content of the record be?**

  – **How are electronic information systems integrated?**

  – **How do you manage documents?**

  – **How and where are abbreviations used?**

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Focus of MOI

– **Over time, organizations should increase their ability to:**

  – **Identify information needs**

  – **Design an information management system**

  – **Define and capture data and information**

  – **Analyze data and transform it into reportable information**

  – **Integrate and using information**

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MOI – Four Main Areas

1. **Information Management**
2. **Management and Implementation of Documents (e.g., policies, procedures, plans, etc.; MOI.8 and MOI.8.1**
3. **Medical Record**
4. **Information Technology in Health Care**

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The Critical Policy Standards

P

When you see a standard with this symbol, the policy/procedure will be scored in one of these two standards.

- **MOI.8: The Policy on Policies**
  - *Describes how your policies/procedure documents should be developed and managed*

- **MOI.8.1: Implementing your policies, procedures, and other documents.**

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Critical Standards: MOI.8 and 8.1

The Policy on Policies 291

- Describes how organizations should *develop* and *maintain* their policies, procedures, and programs.
- Commonly, surveyors will evaluate:
  - Your policy review and approval process
  - How you ensure only *current* policies are available
  - The existence of your *written* guidance for developing policies
  - Among other issues

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Major Considerations for All Focus Areas

– **Special considerations for the communication of patient information such as confidentiality and security**

– **Medical records with a consistent format and content**

– **Understanding the importance of data and the use of data for quality and safety**

– **Integration with IT (e.g., EMR)**

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