Hospital Affiliate Qualification Guidelines

Guidelines provided by

© Joint Commission INTERNATIONAL

Standards

The following is a list of guidelines MedRetreat uses to qualify international hospitals to participate in offering medical tourism services to North American consumers. Please note, some hospitals have received accreditation from JCI, some may be in process, and others are working to achieve these criteria independent of JCI. MedRetreat does not claim to be an accreditation organization, however, believes strongly in this process and encourages all hospital affiliates to conform to these standards.

Table of Contents

Access to Care and Continuity of Care (ACC)
Patient and Family Rights (PFR)
Assessment of Patients (AOP)
Care of Patients (COP)
Patient and Family Education (PFE)
Prevention and Control of Infection (PCI)
Governance, Leadership, and Direction (GLD)
Facility Management and Safety (FMS)
Staff Qualifications and Education (SQE)
Management of Information (MOI)
Access to Care and Continuity of Care (ACC)

Access

ACC.1 Patients have access to the health care organization’s 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 patients to the organization.

   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 entry to the organization.

ACC.1.2 At admission, the health care organization provides the following information to patients and appropriate family members or decision-makers: information on the proposed care, the expected results 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 Diagnostic tests for determining patient need are completed and used as appropriate to determine whether the patient should be admitted, transferred, or referred.

ACC.1.5 Entry to or transfer to units providing intensive or specialized services is determined by established criteria.

ACC.1.6 Established protocols or criteria determine admission or transfer to research and other programs designed to meet special patient needs.

Continuity

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.2.2 Information about the patient’s care and response to care is shared among medical, nursing, and other care providers during each staffing shift, between shifts, and during transfers between units.

ACC.2.3 The patient’s record(s) is available to the care providers to facilitate the exchange of information.

ACC.2.4 Information related to the patient’s care is transferred with the patient.

Discharge, Referral and Follow-up

ACC.3 There is a process to appropriately refer or discharge patients.

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

ACC.3.2 Patients and, as appropriate, their families are given understandable follow-up instructions at referral or discharge.

ACC.3.3 Patient records contain a copy of the discharge summary.
Transfer of Patients

ACC.4 There is a process to appropriately transfer 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.4.1.1 The organization establishes formal or informal arrangements and affiliations with receiving organizations to ensure continuity of care for its patients.

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 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.

Patient and Family Rights (PFR)

PFR.1 The organization is responsible for providing processes that support patients’ and families’ rights during care.

PFR.1.1 The organization informs patients and families about its care and services and how to access those services.

PFR.1.2 Care is considerate and respectful of the patient’s personal values and beliefs.

   PFR.1.2.1 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.1.3 Care is respectful of the patient’s need for privacy.

PFR.1.4 The organization takes measures to protect patients’ possessions from theft or loss.

PFR.1.5 Patients are protected from physical assault.

PFR.1.6 Vulnerable children, disabled individuals, and the elderly receive appropriate protection.

PFR.1.7 Patient information is confidential and protected from loss or misuse.

PFR.2 The organization supports patients’ and families’ rights to participate in the care process.

PFR.2.1 The organization informs patients and families how they will be told of medical conditions and treatments and how they can participate in care decisions, to the extent they wish to participate.

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.
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 how to choose to donate organs and other tissues.

PFR.4 The organization informs patients and families about how to gain access to clinical research, investigation, or clinical trials involving human subjects.

PFR.5 The organization informs patients and families about how patients who choose to participate in clinical research, investigation, or clinical trials are protected.

PFR.6 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.7 Staff members are educated about their role in identifying patients’ values and beliefs and protecting patients’ rights.

PFR.8 All patients are informed about their rights in a manner they can understand.

**Informed Consent**

PFR.9 Patient informed consent is obtained through a process defined by the organization and carried out by trained staff.

PFR.9.1 Patients and families receive adequate information about the illness, proposed treatment, and care providers so that they can make care decisions.

  PFR.9.1.1 The information is provided in a way and language understood by those making the care decisions.

PFR.9.2 The organization establishes a process, within the context of existing law and culture, for when others can grant consent.

  PFR.9.2.1 When someone other than the patient gives the informed consent, that individual is noted in the patient’s record.

PFR.9.3 General consent for treatment is obtained when the patient enters the organization.

  PFR.9.3.1 The patient and his or her decision-makers are informed about the scope and limits of such general consent.

PFR.9.4 Informed consent is obtained before surgery, anesthesia, use of blood and blood products, and other high-risk treatments and procedures.

  PFR.9.4.1 The organization lists those categories or types of treatments and procedures that require specific informed consent.

PFR.9.5 Informed consent is obtained before a patient participates in clinical research, investigation, and trials.

  PFR.9.5.1 The organization has a committee or another way to oversee all research in the organization involving human subjects.

PFR.9.6 The patient’s signature or other indication of all types of consent is documented in his or her record.
PFR.10 The organization provides patient care within business, financial, ethical, and legal norms that protect patients and their rights.

PFR.10.1 The organization’s mission statement is made public.

PFR.10.2 The organization has established and implemented a framework for ethical management that includes marketing, admissions, transfer, and discharge, and disclosure of ownership and any business and professional conflicts that may not be in patients’ best interests.

Assessment of Patients (AOP)

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.

AOP.1.2 Clinical practice guidelines, when available and adopted by the organization, are used to guide patient assessment and reduce unwanted variation.

AOP.1.3 Assessments are completed in the time frame prescribed by the organization.

AOP.1.4 Assessment findings are documented in the patient's record and readily available to those responsible for the patient's care.

AOP.2 Each patient’s initial assessment includes an evaluation of physical, psychological, social, and economic factors, including a physical examination and health history.

AOP.2.1 The patient's medical and nursing needs are identified from the initial assessment.

AOP.2.1.1 The initial medical assessment is documented in the patient’s record within the first 24 hours after the patient’s entry or earlier as indicated by the patient’s condition or hospital policy.

AOP.2.1.2 The initial medical assessment is documented before anesthesia or surgical treatment.

AOP.2.1.3 The initial medical assessment of emergency patients is appropriate to their needs and conditions.

AOP.2.1.4 The initial nursing assessment is documented in the patient’s record within the time frame established by the organization.

AOP.2.2 Patients are screened for nutritional status and functional needs and are referred for further assessment and treatment when necessary.

AOP.2.3 The organization conducts individualized initial assessments for special populations cared for by the organization.

AOP.2.4 The initial assessment includes determining the need for discharge planning and additional specialized assessments.

AOP.3 All patients are reassessed at appropriate intervals to determine their response to treatment and to plan for continued treatment or discharge.

AOP.4 Qualified individuals conduct the assessments and reassessments.

AOP.4.1 Assessment and reassessment responsibilities are defined in writing.
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 Clinical pathology services are provided by the organization to meet patient needs or are readily available through arrangements with outside sources.

AOP.5.2 A laboratory safety program is in place, followed, and documented.

AOP.5.3 Individuals with adequate training, skills, orientation, and experience administer the tests and interpret the results.

AOP.5.4 Laboratory results are available in a timely way as defined by the organization.

AOP.5.5 All laboratory equipment is regularly inspected, maintained, and calibrated, and appropriate records are maintained for these activities.

AOP.5.6 Essential reagents and other supplies are regularly available.

AOP.5.7 Procedures for collecting, identifying, handling, safely transporting and disposing of specimens are followed.

AOP.5.8 Established norms and ranges are used to interpret and report clinical laboratory results.

AOP.5.9 A qualified individual(s) is responsible for managing the clinical laboratory service or pathology service.

AOP.5.10 Quality control procedures are in place, followed, and documented.

AOP.5.10.1 There is a process for proficiency testing.

AOP.5.11 The organization regularly reviews quality control results for all outside sources of laboratory services.

AOP.5.12 The organization has access to experts in specialized diagnostic areas when necessary.

Radiology Services

AOP.6 Radiology services are available to meet patient needs, and all such services meet applicable local and national standards, laws, and regulations.

AOP.6.1 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 administer the tests and interpret the results.

AOP.6.4 Radiology results are available in a timely way as defined by the organization.

AOP.6.5 All diagnostic equipment 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 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.

AOP.7 Medical, nursing, and other individuals and services responsible for patient care collaborate to analyze and integrate patient assessments.

AOP.7.1 The most urgent or important care needs are identified.

**Care of Patients (COP)**

**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 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 Each care provider has access to the patient care notes recorded by other care providers, consistent with organization policy.

COP.2.5 The patient’s plan of care is revised when indicated by a change in the patient’s condition.

COP.3 Clinical practice guidelines, when available and adopted by the organization, are used to guide the patient’s clinical care.

COP.4 Clinical pathways, when available and adopted by the organization, are used to guide patient care processes.

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

COP.5 Policies and procedures guide the care of high-risk patients and the provision of high-risk services.

COP.5.1 Policies and procedures guide the care of emergency patients.

COP.5.2 Policies and procedures guide the use of resuscitation services throughout the organization.

COP.5.3 Policies and procedures guide the handling, use, and administration of blood and blood products.

COP.5.4 Policies and procedures guide the care of patients on life support or who are comatose.

COP.5.5 Policies and procedures guide the care of patients with a communicable disease and immune-suppressed patients.

COP.5.6 Policies and procedures guide the care of patients on dialysis.

COP.5.7 Policies and procedures guide use of restraint and the care of patients in restraint.
COP.5.8 Policies and procedures guide the care of vulnerable elderly patients and of children.

COP.5.9 Policies and procedures guide the care of patients undergoing moderate and deep sedation.

**Anesthesia Care**

COP.6 A qualified individual conducts a preanesthesia assessment.

COP.7 Each patient’s anesthesia care is planned and documented.

COP.7.1 The risks, potential complications, and options are discussed with the patient, his or her family, or those who make decisions for the patient.

COP.7.2 The anesthesia used is written in the patient record.

COP.7.3 Each patient’s physiological status during anesthesia administration is continuously monitored and written in the patient’s record.

COP.8 Each patient’s postanesthesia status is monitored and documented, and a qualified individual discharges the patient from the recovery area using established criteria.

COP.9 Equipment, supplies, and medications recommended by anesthesia professional organizations or by alternative authoritative sources are used.

**Surgical Care**

COP.10 Each patient’s surgical care is planned and documented, based on the results of the assessment.

COP.10.1 The risks, benefits, potential complications, and options are discussed with the patient and his or her family or those who make decisions for the patient.

COP.10.2 The surgery performed is written in the patient record.

COP.10.3 Each patient’s physiological status is continuously monitored during and immediately after surgery and written in the patient’s record.

COP.10.4 Patient care after surgery is planned and documented.

**Medication Use**

COP.11 Medication use in the organization is efficiently organized to meet patient needs.

COP.11.1 The pharmacy or pharmaceutical service and medication use in the organization comply with applicable laws and regulations.

COP.11.2 An appropriate selection of medications for prescribing or ordering is stocked or readily available.

COP.11.2.1 There is a method for overseeing the organization’s medication list and medication use.

COP.11.2.2 The organization can readily obtain medications not stocked or normally available to the organization.

COP.11.2.3 There is a process to obtain medications when the pharmacy or pharmaceutical service is
COP.11.2.4 Emergency medications are available, monitored, and safe when stored out of the pharmacy.

COP.11.3 Prescribing, ordering, administration, and monitoring of medications are guided by policies and procedures.

COP.11.3.1 The organization identifies those qualified individuals permitted to prescribe or order medications and those permitted to administer medications.

COP.11.3.2 Policies and procedures govern any patient self-administration of medications, the control of medication samples, the use of any medications brought into the organization by the patient or his or her family, and the dispensing of medications at discharge.

COP.11.3.3 Policies and procedures govern the preparation, handling, storage, and distribution of parenteral and enteral tube nutrition therapy.

COP.11.3.4 Policies and procedures govern the storage, distribution, handling, and dispensing of radioactive, investigational, and other medications.

COP.11.4 Medications are stored, prepared, and dispensed in a safe and clean environment.

COP.11.4.1 An appropriately licensed pharmacist, technician, or other trained professional supervises the storage, preparation, and dispensing of medications.

COP.11.4.2 Medication prescriptions or orders are verified.

COP.11.4.3 The organization has a medication recall system.

COP.11.4.4 A system is used to dispense medications in the right dose to the right patient at the right time.

COP.11.5 Patients are identified before medications are administered.

COP.11.5.1 The right dose of medication is administered at the right time.

COP.11.6 Medication effects on patients are monitored.

COP.11.6.1 Medications prescribed and administered are written in the patient’s record.

COP.11.6.2 Adverse medication effects are noted in the patient’s record.

COP.11.6.3 Medication errors are reported through a process and time frame defined by the organization.

Food and Nutrition Therapy

COP.12 Food, appropriate for the patient and consistent with his or her clinical care, is regularly available.

COP.12.1 All patients receive an order for food or other nutrients based on their nutritional status or need, including orders for nothing by mouth, a regular diet, a special diet, or parenteral or enteral tube nutrition.

COP.12.2 Patients are given a variety of food choices.

COP.12.3 Food preparation, handling, storage, and distribution are safe and comply with laws, regulations, and current acceptable practices.

COP.13 Patients at nutrition risk receive nutrition therapy.
COP.13.1 Nutrition therapy is provided collaboratively.

COP.13.2 The patient’s response to nutrition therapy is written in his or her record.

**Pain Management and End-Of-Life Care**

COP.14 The organization addresses care at the end of life.

COP.15 As appropriate to the care and services provided, assessments and reassessments of the dying patient include symptoms related to the disease process or secondary to the treatments provided.

COP.15.1 As appropriate to the care and services provided, assessments and reassessments include the dying patient’s and family’s psychosocial status and spiritual needs.

COP.15.2 As appropriate to the care and services provided, assessments and reassessments include survivor risk factors in order to plan for bereavement support.

COP.15.3 As appropriate to the care and services provided, assessments and reassessments include caregivers’ respite needs and use of respite care.

COP.16 Care of the dying patient optimizes his or her comfort and dignity.

COP.17 Patients are supported in managing pain effectively.

COP.18 Pain is assessed in all patients.

COP.19 Patients are educated about pain, other symptoms, and managing pain and symptoms as a part of treatment.

**Patient and Family Education (PFE)**

PFE.1 Education supports patient and family participation in care decisions and care processes.

PFE.1.1 Each patient’s educational needs are assessed and recorded in his or her record.

PFE.1.2 Each patient and his or her family receive education to help them give informed consent, participate in care processes, and understand any financial implications of care choices.

PFE.2 Education and training help meet patients’ ongoing health needs.

PFE.2.1 The organization cooperates with available community resources to provide health promotion and disease prevention education.

PFE.3 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, and rehabilitation techniques.

PFE.4 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.4.1 The patient and family are taught in a format and language that they understand.
PFE.4.2 Health professionals caring for the patient collaborate to provide education.

PFE.4.2.1 These professionals have the knowledge and skills required for effective education.

Quality Improvement and Patient Safety (QPS)

Quality and Safety Leadership

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

QPS.1.1 The organization’s clinical and managerial leaders collaborate to plan and carry out the quality improvement and patient safety program.

QPS.1.1.1 There is a written plan for an organization-wide quality improvement and patient safety program.

QPS.1.1.2 The program includes all components of the organization’s quality monitoring and control activities, including risk management.

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 The quality improvement and patient safety program is coordinated, and program information is communicated to staff.

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

QPS.1.6 All staff involved in managing the organization and providing clinical and support services participates in the program.

Quality and Safety Design

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

QPS.2.1 New and modified processes incorporate design elements relevant to the process.

QPS.2.2 The organization sets expectations for how new and modified processes should operate.

QPS.2.3 The organization collects data to see if new and modified processes meet operational expectations.

Data Collection for Quality Monitoring

QPS.3 The organization’s leaders identify key measures (indicators) to monitor the organization’s clinical and managerial structures, processes, and outcomes.

QPS.3.1 Clinical monitoring includes patient assessment.

QPS.3.2 Clinical monitoring includes laboratory and radiology safety and quality control programs.
QPS.3.3 Clinical monitoring includes surgical procedures.

QPS.3.4 Clinical monitoring includes the use of antibiotics and other medications and medication errors.

QPS.3.5 Clinical monitoring includes the use of anesthesia.

QPS.3.6 Clinical monitoring includes the use of blood and blood products.

QPS.3.7 Clinical monitoring includes the availability, content, and use of patient records.

QPS.3.8 Clinical monitoring includes infection control, surveillance, and reporting.

QPS.3.9 Clinical monitoring includes clinical research.

QPS.3.10 Managerial monitoring includes the procurement of routinely required supplies and medications essential to meet patient needs.

QPS.3.11 Managerial monitoring includes reporting of activities as required by law and regulation.

QPS.3.12 Managerial monitoring includes risk management.

QPS.3.13 Managerial monitoring includes utilization management.

QPS.3.14 Managerial monitoring includes patient and family expectations and satisfaction.

QPS.3.15 Managerial monitoring includes staff expectations and satisfaction.

QPS.3.16 Managerial monitoring includes patient demographics and diagnoses.

QPS.3.17 Managerial monitoring includes financial management.

QPS.3.18 Managerial monitoring includes the surveillance, control, and prevention of events that jeopardize the safety of patients, families, and staff.

QPS.3.19 Data collection supports further study of areas targeted for study and improvement.

QPS.3.20 Data collection supports evaluation of the effectiveness of implemented improvements.

**Analysis of Monitoring 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 Data are intensively assessed when significant unexpected events and undesirable trends and variation occur.

QPS.4.3 The analysis process includes comparisons internally, with other organizations when available, and with scientific standards and desirable practices.

QPS.4.4 Statistical tools and techniques suitable to the process or outcome under study are used.
Improvement

QPS.5 Improvement in quality and safety is achieved and sustained.

QPS.5.1 Improvement and safety activities are undertaken for the priority areas identified by the organization’s leaders.

QPS.5.2 Assignments are made and support provided.

QPS.5.3 Staff are trained, appropriate policy changes are made, and necessary resources are allocated.

QPS.5.4 Changes to improve are planned and tested, and successful changes are carried out.

QPS.5.5 The organization collects data to show that the improvement was sustained.

QPS.5.6 The organization documents its continuing, systematic improvement and uses the information to develop strategic improvement plans.

Prevention and Control of Infection (PCI)

Focus of the Program

PCI.1 The organization designs and implements a coordinated program to reduce the risks of nosocomial infections in patients and health care workers.

PCI.1.1 All patient, staff, and visitor areas of the organization are included in the infection control program.

PCI.2 The organization establishes the focus of the nosocomial infection prevention and reduction program.

PCI.3 The organization identifies the procedures and processes associated with the risk of infection and implements strategies to reduce infection risk.

PCI.4 Gloves, masks, soap, and disinfectants are available and used correctly when required.

PCI.5 Cultures are routinely obtained from designated sites in the organization associated with significant infection risk.

Management of the Program

PCI.6 One or more individuals oversee all infection control activities. This individual(s) is qualified in infection control practices through education, training, experience, or certification.

PCI.7 A designated individual or group monitors and coordinates infection control activities in the organization.

PCI.8 Coordination of infection control activities involves medicine, nursing, and others as appropriate to the organization.

PCI.9 The infection control program is based on current scientific knowledge, accepted practice guidelines, and applicable law and regulation.

PCI.10 Organization information management systems support the infection control program.
Integration of the Program with Quality Improvement and Patient Safety

PCI.11 The infection control process is integrated with the organization’s overall program for quality improvement and patient safety.

PCI.11.1 The organization tracks infection risks, infection rates, and trends in noscomial infections.

PCI.11.2 Monitoring includes using indicators related to infection issues that are epidemiologically important to the organization.

PCI.11.3 The organization uses risk, rate, and trend information to design or modify processes to reduce nosocomial infections to the lowest possible levels.

PCI.11.4 The organization compares its infection control rates with other organizations through comparative databases.

PCI.11.5 The results of infection monitoring in the organization are regularly communicated to staff, doctors, and management.

PCI.11.6 The organization reports information on infections to appropriate external public health agencies.

Education of Staff about the Program

PCI.12 The organization provides education on infection control practices to staff, doctors, patients, and, as appropriate, family and other caregivers.

PCI.12.1 All staff receives an orientation to the organization’s infection control policies and practices.

PCI.12.2 All staff is educated in infection control when new policies are implemented and when significant trends are noted in surveillance data.

Governance, Leadership, and Direction (GLD)

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 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 support and promote quality improvement and patient safety efforts.

GLD.1.6 Those responsible for governance collaborate with the organization’s managers and leaders.
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 clinical and managerial 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.3.1.1 Organization leaders develop a plan to respond to likely community emergencies, epidemics, and natural or other disasters.

GLD.3.2 The clinical leaders identify and plan for the type of services required to meet the needs of the patients served by the organization.

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.3.6 The leaders foster communication and coordination among those individuals and departments responsible for providing clinical services.

GLD.4 Medical, nursing, and other clinical leaders plan and implement an effective organizational structure to support their responsibilities and authority.

   GLD.4.1 The organizational structure and processes support professional communication.

   GLD.4.2 The organizational structure and processes support clinical planning and policy development.

   GLD.4.3 The organizational structure and processes support the oversight of professional ethical issues.

   GLD.4.4 The organizational structure and processes support the oversight of the quality of clinical services.

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 Directors 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, 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 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.5.5.1 Directors have the data and information they need to effectively manage and improve the services provided by the department or service.

GLD.5.5.2 Directors integrate these activities into the organization’s quality improvement and patient safety program.

Facility Management and Safety (FMS)

Planning and Direction

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

FMS.1.1 The organization plans and budgets for upgrading or replacing key systems, buildings, or components.

FMS.2 The organization plans and implements a program to manage the physical environment.

FMS.2.1 The organization inspects patient care buildings for fire safety and has a plan to reduce evident risks and provide a safe physical facility for patients, families, staff, and visitors.

FMS.3 The organization plans and implements a program to ensure that all occupants are safe from fire, smoke, or other emergencies in the facility.

FMS.3.1 The plan includes prevention, early detection, suppression, abatement, and safe exit from the facility in response to fires and non-fire emergencies.

FMS.3.2 The organization regularly tests its fire and smoke safety plan, including any devices related to early detection and suppression, and documents the results.

FMS.3.3 The organization develops and implements a plan to limit smoking by staff and patients to designated non-patient care areas of the facility.

FMS.4 The organization develops a plan to respond to likely community emergencies, epidemics, and natural or other disasters.

FMS.4.1 The organization has tested its response to emergencies, epidemics, and disasters.

FMS.4.2 The organization has access to any medical supplies, communication equipment, and other materials to support its response to emergencies, epidemics, and disasters.

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 One or more qualified individuals oversee the planning and implementation of the program to provide a safe and effective physical facility.

FMS.6.1 A monitoring program provides data on incidents, injuries, and other events that support planning and further risk reduction.

FMS.6.2 Program organization and management are consistent and continuous.
Medical Equipment and Utility Systems

FMS.7 The organization plans and implements a program for inspecting, testing, and maintaining medical equipment and documenting the results.

FMS.7.1 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 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.8.1 The organization has emergency processes to protect facility occupants in the event of water or electrical system disruption, contamination, or failure.

FMS.8.2 The organization tests its emergency water and electrical systems on a regular basis appropriate to the system and documents the results.

FMS.9 Electrical, water, waste, ventilation, medical gas, and other key systems are regularly inspected, maintained, and, when appropriate, improved.

FMS.9.1 Designated individuals or authorities monitor water quality regularly.

FMS.9.2 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.10 The organization educates and trains all staff members about their roles in providing a safe and effective patient care facility.

FMS.10.1 Staff members are trained and knowledgeable about their roles in the organization’s plans for fire safety, security, hazardous materials, and emergencies.

FMS.10.2 Staff is trained to operate and maintain medical equipment and utility systems.

FMS.10.3 The organization periodically tests staff knowledge through demonstration, mock events, and other suitable methods. This testing is then documented.

Staff Qualifications and Education (SQE)

Planning

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 staff knowledge and skills are consistent with patient needs.
SQE.3.1 Each staff member’s ability to carry out the responsibilities in his or her job description is evaluated at appointment to the staff and then regularly thereafter.

SQE.3.2 There is documented personnel information for each staff member.

SQE.4 A staffing plan for the organization, developed collaboratively by the clinical and managerial leaders, identifies the number, types, and desired qualifications of staff.

SQE.4.1 The staffing plan is reviewed on an ongoing basis and updated as necessary.

Orientation and Education

SQE.5 All staff members are oriented to the organization and to their specific job responsibilities at appointment to the staff.

SQE.6 Each staff member receives ongoing in-service and other education and training to maintain or advance his or her skills and knowledge.

SQE.6.1 Staff members who provide patient care and other staff identified by the organization are trained and can demonstrate appropriate competence in resuscitative techniques.

SQE.6.1.1 The desired level of training is repeated every two years.

SQE.6.2 Aggregate data on staff education needs are the basis for the organization’s ongoing education program.

SQE.6.3 The organization provides facilities and time for staff education and training.

SQE.6.4 Staff is given the opportunity to participate in advanced education, research, and other educational experiences to acquire new skills and knowledge and to support job advancement.

Medical Staff

SQE.7 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.7.1 The organization maintains a record of the current professional license, certificate, or registration, when required by law, regulation, or by the organization, of every medical staff member.

SQE.7.2 The credentials of medical staff members are reevaluated at least every three years to determine their qualifications to continue to provide patient care services in the organization.

SQE.8 The organization has an effective process to authorize all medical staff members to admit and treat patients and provide other clinical services consistent with their qualifications.

SQE.9 The organization has an effective process for medical staff participation in the organization’s quality improvement activities, including evaluating individual performance, when indicated, and for periodically reevaluating the performance of all medical staff members.

Nursing Staff

SQE.10 The organization has an effective process to gather, verify, and evaluate the nursing staff’s credentials (license, education, training, and experience).

SQE.10.1 The organization maintains a record of the current professional license, certificate, or registration, when required by law, regulation, or the organization, of every nursing staff member.
SQE.11 The organization has an effective process to identify job responsibilities and make clinical work assignments based on the nursing staff member’s credentials and any regulatory requirements.

SQE.12 The organization has an effective process for nursing staff participation in the organization’s quality improvement activities, including evaluating individual performance when indicated.

Other Health Professional Staff

SQE.13 The organization has an effective process to gather, verify, and evaluate other health professional staff members’ credentials (license, education, training, and experience).

SQE.13.1 The organization maintains a record of the current professional license, certificate, or registration, when required by law or regulation, of those other health professional staff members.

SQE.14 The organization has an effective process to identify job responsibilities and make clinical work assignments based on other health professional staff members’ credentials and any regulatory requirements.

SQE.15 The organization has an effective process for other health professional staff members’ participation in the organization’s quality improvement activities.

Management of Information (MOI)

Planning

MOI.1 The organization plans and implements processes to meet the information needs of all those who provide clinical services, those who manage the organization, and those outside the organization who require data and information from the organization.

MOI.1.1 The organization has a plan to meet information needs.

MOI.1.2 The plan is based on an assessment of the needs of those within and outside the organization.

MOI.1.3 The plan is appropriate to the organization’s size and complexity of services.

MOI.1.4 The plan includes how the confidentiality, security, and integrity of data and information will be maintained.

MOI.1.5 The plan defines the levels of security.

MOI.1.5.1 Organization policy identifies those authorized to make entries in the patient clinical record and determines the record’s content and format.

MOI.1.5.2 Only authorized providers make entries in the patient clinical record.

MOI.1.5.3 Every patient clinical record entry identifies its author and when the entry was made in the record.

MOI.1.6 The plan is implemented and supported by sufficient staff and other resources.

MOI.1.7 The organization has a policy on the retention time of records, data, and information.

MOI.1.8 The organization uses standardized diagnosis codes, procedure codes, symbols, and definitions.

MOI.1.9 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.

MOI.1.10 Appropriate clinical and managerial staff participates in selecting, integrating, and using information management technology.

MOI.1.11 Staff members have access to the level of information related to their needs and job responsibilities.

MOI.1.12 Records and information are protected from loss, destruction, tampering, and unauthorized access or use.

MOI.1.13 Clinical and managerial information is integrated to support the organization’s governance and leadership.

MOI.1.14 Decision-makers and other appropriate staff members are educated and trained in the principles of information management.

MOI.1.15 A written protocol defines the requirements for developing and maintaining policies and procedures.

**Patient Clinical Record**

MOI.2 The organization initiates and maintains a clinical record for every patient assessed or treated.

MOI.2.1 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.

  MOI.2.1.1 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.

MOI.2.2 As part of its performance improvement activities, the organization regularly assesses patient clinical record content and the completeness of patient clinical records.

MOI.2.3 Health care providers have access to the information in a patient’s clinical record each time the patient is seen for a new or continuing care episode.

**Aggregate Data and Information**

MOI.3 Aggregate data and information support patient care, organization management, and the quality management program.

MOI.3.1 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.

MOI.3.2 The organization supports patient care, education, research, and management with timely information from current sources.

MOI.3.3 The organization has a process for using or participating in external databases.

  MOI.3.3.1 The organization contributes to external databases in accordance with law or regulation.

  MOI.3.3.2 The organization uses external reference databases for comparative purposes.

  MOI.3.3.3 The security and confidentiality of data and information are maintained when contributing to or using external databases.