



Joint Commission

Comprehensive

● Accreditation

Manual for Hospitals

*The Official Handbook*

**2006**

**camh**

Standards  
Rationales  
Elements of Performance  
Scoring

## **Joint Commission Mission**

The mission of the Joint Commission on Accreditation of Healthcare Organizations is to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations.

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For more information about the Joint Commission on Accreditation of Healthcare Organizations, please visit <http://www.jcaho.org>.

### Table 3. Whom Do I Call?

The following is a list of information resources at the Joint Commission and Joint Commission Resources.

The Joint Commission's main telephone number is 630/792-5000. The Joint Commission's business hours are 8:30 A.M. to 5:00 P.M. central standard time, Monday through Friday.

Written correspondence should be sent to  
 Joint Commission on Accreditation of Healthcare Organizations  
 One Renaissance Boulevard  
 Oakbrook Terrace, IL 60181

ATTN: \_\_\_\_\_  
 [Area Indicated (such as Account Representative or Accreditation Operations)]

The Joint Commission's main fax number is 630/792-5005. If you experience difficulties in transmission, please call 630/792-5541.

Call your account representative at 630/792-3007 for information about hospitals or with questions about the following:

- Request for survey for hospitals
- Scheduling of surveys
- Survey agenda or survey process
- Status of a survey report
- Content of a survey report
- Focused surveys

Call the Standards Interpretation Group at 630/792-5900 for information and questions about:

- Interpretation of hospital standards
- How to comply with hospital standards
- Credentialing

The Customer Service telephone number is 630/792-5800. Joint Commission customer service representatives are available from 8:00 A.M. to 5:00 P.M. central standard time, Monday through Friday. Call Joint Commission's Customer Service with questions about:

- General information on Joint Commission services, mission, or history
- How to apply for a survey for the first time
- Ernest A. Codman Award program and for applications
- Your organization's accreditation status or history
- Obtaining a list of accredited organizations
- Checking the current accreditation status of an organization
- Quality reports
- Help in accessing information on Joint Commission's Web site

The Joint Commission's Web site address is <http://www.jcaho.org>. For an extensive e-mail or telephone list of contacts, click on "Contact Us" located near the top of the Joint Commission's home page. Throughout the online directory you will see e-mail addresses listed in parentheses. In general, e-mail addresses consist of the first letter of the person's first name and the entire last name @jcaho.org. In most cases, to reach the appropriate person and department by telephone, dial 630/792- and the extension number listed.

Joint Commission Resources main telephone number is 630/268-7400. Joint Commission Resources' business hours are 8:30 A.M. to 5:00 P.M. central standard time, Monday through Friday. Visit the Web site at <http://www.jcrinc.com> for information, questions, or to order the following:

- Continuous Service Readiness
- Custom education
- Domestic consulting services
- Educational seminars
- International accreditation services
- Publications

*continued on next page*

### Table 3. Whom Do I Call? (continued)

Joint Commission Resources' Customer Service telephone number for publications orders and education program registrations is 877/223-6866. Customer service representatives are available from 8:00 A.M. to 8:00 P.M. central standard time, Monday through Friday. Call Customer Services for the following:

- Obtaining a free catalog for Joint Commission Resources Publications or Education
- Orders for Joint Commission Resources publications and registration for education seminars
- Multimedia education products
- Publications or education related to specific care programs (such as Disease Management)
- Call 630/792-5429 with request for permission to reprint any Joint Commission Resources publication

Call Joint Commission Satellite Network (JCSN) at 800/711-6549 for information and questions about how to sign up for the series of education programs broadcast across the United States.

## Implementation Expectations

Goal and Requirement	Rationale and Implementation Expectations
<p><b>Goal 1: Improve the accuracy of patient identification.</b></p> <p><b>Requirement 1A:</b> Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products; taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.</p> <p><b>Goal 2: Improve the effectiveness of communication among caregivers.</b></p> <p><b>Requirement 2A:</b> For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result "read-back" the complete order or test result.</p> <p><b>Requirement 2B:</b> Standardize a list of abbreviations, acronyms, and symbols that are not to be used throughout the organization.</p> <p><b>Requirement 2C:</b> Measure and assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.</p>	<p><b>Rationale:</b> Wrong-patient errors occur in virtually all aspects of diagnosis and treatment. The intent for this goal is two-fold: first, to reliably identify the individual as the person for whom the service or treatment is intended; second, to match the service or treatment to that individual.</p> <p><b>Implementation Expectations: 1A</b> - It is the person-specific information that is the "identifier," not the medium on which that information resides. Acceptable identifiers may be the individual's name, an assigned identification number, telephone number, photograph or other person-specific identifier. Bar coding that includes two or more person-specific identifiers (not room number) will comply with this requirement.</p> <p><b>Rationale:</b> Ineffective communication is the most frequently cited category of root causes of sentinel events. Effective communication, which is timely, accurate, complete, unambiguous, and understood by the recipient, reduces error and results in improved patient safety.</p> <p><b>Implementation Expectations: 2A</b> - Simply repeating back the order or test result is not sufficient. Whenever possible, the receiver of the order should write down the complete order or test result or enter it into a computer, then read it back, and receive confirmation from the individual who gave the order or test result.</p> <p>"Critical test results" are defined by the individual health care organization and will typically include "stat" tests, "panic value" reports, and other diagnostic test results that require urgent response.</p> <p><b>Implementation Expectations: 2B</b> - An official list of dangerous abbreviations, acronyms, and symbols has been approved by the Joint Commission and must be included on each organization's "Do not use" list. The official list is available at: <a href="http://www.jcaho.org/accredited+organizations/patient+safety/dnu.htm">http://www.jcaho.org/accredited+organizations/patient+safety/dnu.htm</a>.</p> <p>Additional items may be added to an organization's "do not use" list at the organization's discretion.</p> <p>The "do not use" list applies to all orders and other medication-related documentation when handwritten, entered as free text into a computer, or on pre-printed forms. It does not currently apply to computer-generated forms or displays. Trailing zeros may be used in non-medication-related documentation when there is a clear need to demonstrate level of precision, such as for laboratory values, imaging study measurement of lesion sizes, or catheter and therapeutic tube sizes.</p> <p><b>Implementation Expectations: 2C</b> - The organization will need to determine its current turnaround time for reporting.</p> <p>The Joint Commission expects an organization to define the acceptable length of time:</p> <p>a) between the ordering of critical tests and reporting the test results and values, and</p>

Goal and Requirement	Rationale and Implementation Expectations
<p><b>Requirement 2E:</b> Implement a standardized approach to "hand-off" communications, including an opportunity to ask and respond to questions.</p>	<p>b) between the availability of critical results/values and receipt by the responsible licensed care giver. The organization then assesses these data, determines whether there is a need for improvement in the timeliness of reporting and, if so, takes appropriate action to improve and measures the effectiveness of those actions.</p> <p><b>Rationale:</b> The primary objective of a "hand-off" is to provide accurate information about a patient's care, treatment and services, current condition and any recent or anticipated changes. The information communicated during a hand-off must be accurate in order to meet patient safety goals.</p> <p>In health care there are numerous types of patient hand-offs, including but not limited to nursing shift changes, physicians transferring complete responsibility for a patient, physicians transferring on-call responsibility, temporary responsibility for staff leaving the unit for a short time, anesthesiologist report to postanesthesia recovery room nurse, nursing and physician hand-off from the emergency department to inpatient units, different hospitals, nursing homes and home health care, critical laboratory and radiology results sent to physician offices.</p> <p><b>Implementation Expectations:</b> The following are attributes of effective "hand-off" communications:</p> <p>Hand-offs are interactive communications allowing the opportunity for questioning between the giver and receiver of patient/information.</p> <p>Hand-offs include up-to-date information regarding the patient's care, treatment and services, condition and any recent or anticipated changes.</p> <p>Interruptions during hand-offs are limited to minimize the possibility that information would fail to be conveyed or would be forgotten.</p> <p>Hand-offs require a process for verification of the received information, including repeat-back or read-back, as appropriate.</p> <p>The receiver of the hand-off information has an opportunity to review relevant patient historical data, which may include previous care, treatment and services.</p>
<p><b>Goal 3: Improve the safety of using medications.</b></p> <p><b>Requirement 3A:</b> Retired as a National Patient Safety Goal effective January 1, 2006—see standard MM.2.20 EP 9</p> <p><b>Requirement 3B:</b> Standardize and limit the number of drug concentrations available in the organization.</p>	<p><b>Rationale:</b> When medications are part of the patient treatment plan, appropriate management is critical to ensuring patient safety. The development of standardized and redundant systems has been shown to decrease error and improve outcomes.</p> <p><b>Implementation Expectations: 3B</b> - When more than one concentration is necessary, the number of concentrations should be limited to the minimum if required to meet patient care needs, such as may be the case in pediatrics or neonatal care, and those concentrations should be standardized.</p> <p>The Rule of Six, which results in individualized concentrations, does not meet the requirements of National Patient Safety Goal 3b. However, the Joint Commission will allow for extension of the current</p>

Goal and Requirement	Rationale and Implementation Expectations
<p><b>Requirement 7B:</b> Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care–associated infection.</p>	<p><b>Implementation Expectations: 7B</b> - A significant percentage of patients/clients/residents who unexpectedly die or suffer major permanent loss of function, have health care–associated infections. These unanticipated deaths and injuries meet the definition of a sentinel event and, therefore, are required to undergo a root cause analysis. The root cause analysis should attempt to answer the questions, why did the patient acquire an infection and, given the fact of the infection, why did the patient die or suffer permanent loss of function?</p>
<p><b>Goal 8:</b> Accurately and completely reconcile medications across the continuum of care.</p>	<p><b>Rationale:</b> Patients are most at risk during transitions in care (hand-offs) across settings, services, providers, or levels of care. The development, reconciliation and communication of an accurate medication list throughout the continuum of care is essential in the reduction of transition-related adverse drug events.</p>
<p><b>Requirement 8A:</b> Implement a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.</p>	<p><b>Implementation Expectations: 8A</b> - Organizations must implement a standardized method for creating an accurate list of medications at admission/entry and transfer. The list should include the full range of medications as defined in the accreditation manuals:</p> <ul style="list-style-type: none"> <li>• Prescription medications</li> <li>• Sample medications</li> <li>• Vitamins</li> <li>• Nutriceuticals</li> <li>• Over-the-counter drugs</li> <li>• Vaccines</li> <li>• Diagnostic and contrast agents</li> <li>• Radioactive medications</li> <li>• Respiratory therapy-related medications</li> <li>• Parenteral nutrition</li> <li>• Blood derivatives</li> <li>• Intravenous solutions (plain or with additives)</li> <li>• Any product designated by the FDA as a drug</li> </ul>
<p><b>Requirement 8B:</b> A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner, or level of care within or outside the organization.</p>	<p>Development of a medication reconciliation form, to be used as a template for gathering information about current medications, is one method that can be used to standardize care and prevent errors.</p> <p><b>Implementation Expectations: 8B</b> - The patient's accurate medication reconciliation list (complete with medications prescribed by the first provider of service) is communicated to the next provider of service, whether it be within or outside the organization. Thereafter, the next provider of service should check over the medication reconciliation list again to make sure it is accurate and in concert with any new medications to be ordered/prescribed.</p>
<p><b>Goal 9:</b> Reduce the risk of patient harm resulting from falls.</p>	<p>At a minimum, reconciliation must occur any time the organization requires that orders be rewritten and any time the patient changes service, setting, provider or level of care and new medication orders are written. For transitions not involving new medications or rewriting of orders, the organization should determine whether reconciliation must occur.</p> <p><b>Rationale:</b> Falls account for a significant portion of injuries in hospitalized patients, long term care residents, and home care recipients. In the context of the population it serves, the services it provides, and its environment of care, the organization should assess its</p>

Scoring Grid

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

3. The hospital reviews its relationship and its staff's relationships with other care providers, educational institutions, and payers to ensure that those relationships are within law and regulation and determine if conflicts of interest exist.
4. The hospital addresses conflicts of interest when they arise.

B 

0	1	2	NA
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B 

0	1	2	NA
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**Standard RI.1.30**

The integrity of decisions is based on identified care, treatment, and service needs of the patients.

**Rationale for RI.1.30**

Decisions are based on the patients' care, treatment, and service needs, regardless of how the hospital compensates or shares financial risk with its leaders, managers, staff, and licensed independent practitioners.

**Elements of Performance for RI.1.30**

1. The hospital has policies and procedures that address the integrity of clinical decision making.
2. To avoid compromising the quality of care, decisions are based on the patient's identified care, treatment, and service needs and in accordance with hospital policy.
3. Policies and procedures and information about the relationship between the use of care, treatment, and services, and financial incentives as they relate to either referring to or using services are available to all patients, staff, licensed independent practitioners, and contracted providers, when requested.

B 

0	1	2	NA
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C 

0	1	2	NA
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B 

0	1	2	NA
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**Standard RI.1.40**

When internal or external review results in the denial of care, treatment, services, or payment, the hospital makes decisions regarding the ongoing provision of care, treatment, and services, discharge or transfer based on the assessed needs of the patients.

**Rationale for RI.1.40**

When an individual requests or presents for care, treatment, and services, the hospital is professionally and ethically responsible for providing care, treatment, and services within its capability, mission, and applicable law and regulation. At times, indications for such care, treatment, and services can contradict the recommendations of an external entity performing a utilization review (for example, insurance companies, managed care reviewers, and federal or state payers). If such a conflict arises, care, treatment, service, and discharge decisions are made based on the patients' identified needs, regardless of the recommendations of the external agency.

**Elements of Performance for RI.1.40**

1. The hospital makes decisions regarding the provision of ongoing care, treatment, services, or discharge based on the care, treatment, and services required by the patient.
2. The patient and/or the family is involved in these decisions.

Compliant  
 Not Compliant

C 

0	1	2	NA
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C 

0	1	2	NA
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**Individual Rights**

**Introduction**

A mere list of rights cannot guarantee those rights. Rather, a hospital shows its support of rights by how its staff interacts with patients and involves them in decisions about their care, treatment, and services. These standards focus on how the hospital respects the culture and rights of patients during those interactions. This begins with respecting their right to care, treatment, and services.



**Scoring Grid**

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

- Compliant
- Not Compliant

**B** 0 1 2 NA

**C** 0 1 2 NA

**C** 0 1 2 NA

**C** 0 1 2 NA

- Compliant
- Not Compliant

**C** 0 1 2 NA

**C** 0 1 2 NA

**C** 0 1 2 NA

- Compliant
- Not Compliant

**C** 0 1 2 NA

**C** 0 1 2 NA

**C** 0 1 2 NA

**C** 0 1 2 NA

**C** 0 1 2 NA

**Standard RI.2.10**

The hospital respects the rights of patients.

**Elements of Performance for RI.2.10**

1. The hospital's policies and practices address the rights of patients to care, treatment, and services within its capability and mission and in compliance with law and regulation.
- Ⓜ 2. Each patient has a right to have his or her cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
- Ⓜ 3. The hospital supports the right of each patient to personal dignity.
- Ⓜ 4. The hospital accommodates the right to pastoral and other spiritual services for patients.

**Standard RI.2.20**

Patients receive information about their rights.

**Elements of Performance for RI.2.20**

- Ⓜ 1. Information on rights is provided to each patient.
  2. Not applicable
  3. Not applicable
  4. Not applicable
- Ⓜ 5. Information on the extent to which the hospital is able, unable, or unwilling to honor advance directives is given upon admission if the patient has an advance directive.
- Ⓜ 6. The patient has the right to access, request amendment to, and receive an accounting of disclosures regarding his or her own health information as permitted under applicable law.

**Standard RI.2.30**

Patients are involved in decisions about care, treatment, and services provided.

**Rationale for RI.2.30**

Making decisions about care, treatment, and services sometimes presents questions, conflicts, or other dilemmas for the hospital and the patients, family, or other decision makers. These dilemmas may involve issues about admission; care, treatment, and services; or discharge. The hospital works with patients, and when appropriate, their families, to resolve such dilemmas.

**Elements of Performance for RI.2.30**

- Ⓜ 1. Patients are involved in decisions about their care, treatment, and services.
- Ⓜ 2. Patients are involved in resolving dilemmas about care, treatment, and services.
- Ⓜ 3. A surrogate decision maker, as allowed by law, is identified when a patient cannot make decisions about his or her care, treatment, and service.
- Ⓜ 4. The legally responsible representative approves care, treatment, and service decisions.\*
- Ⓜ 5. The family, as appropriate and as allowed by law, with permission of the patient or surrogate decision maker, is involved in care, treatment, and service decisions.

\* In some states, law dictates that urgent care, family planning, and/or behavioral health services can be provided to a minor without the approval or consent of a parent or guardian.

Scoring Grid

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

**Standard RI.2.40**

Informed consent is obtained.

**Rationale for RI.2.40**

The goal of the informed consent process is to establish a mutual understanding between the patient and the physician or other licensed independent practitioner who provides the care, treatment, and services about the care, treatment, and services that the patient receives. This process allows each patient to fully participate in decisions about his or her care, treatment, and services.

**Elements of Performance for RI.2.40**

1. The hospital's policies describe the following:
  - Which, if any, procedures or care, treatment, and services provided require informed consent
  - The process used to obtain informed consent
  - How informed consent is to be documented in the record
  - When a surrogate decision maker, rather than the patient, may give informed consent
  - When procedures or care, treatment, and services normally requiring informed consent may be given without informed consent
2. Informed consent is obtained and documented in accordance with the hospital's policy.
3. A complete informed consent process includes a discussion of the following elements:\*
  - The nature of the proposed care, treatment, services, medications, interventions, or procedures
  - Potential benefits, risks, or side effects, including potential problems that might occur during recuperation
  - The likelihood of achieving goals
  - Reasonable alternatives
  - The relevant risks, benefits, and side effects related to alternatives, including the possible results of not receiving care, treatment, and services
  - When indicated, any limitations on the confidentiality of information learned from or about the patient

B 0 1 2 NA

C 0 1 2 NA

B 0 1 2 NA

**Standard RI.2.50**

Consent is obtained for recording or filming<sup>†</sup> made for purposes other than the identification, diagnosis, or treatment of the patients.

**Rationale for RI.2.50**

Recording or filming of care, treatment, and services provided to patients can be useful for many purposes, but such recording or filming is likely to compromise the patient's privacy and confidentiality. Therefore, the hospital should obtain consent from the patient for recording or filming.

**Elements of Performance for RI.2.50**

1. When recording or filming are to be used only for internal organizational purposes (for example, performance improvement and education), there is documentation of consent, which may be obtained as part of general consent to treatment or another form, if a statement is included in the form regarding the use of recordings or filming for such internal purposes.
2. When recording or films are made for external purposes that will be heard or seen by the public (for example, commercial filming, television programs, marketing), there is documentation of a specific, separate consent that includes the circumstances of the use of the recording or film.

- Compliant
- Not Compliant

C 0 1 2 NA

C 0 1 2 NA

\* Documentation of the items listed in EP 3 may be in a form, progress notes, or elsewhere in the record.

<sup>†</sup> Recording or filming refers to photographic, video, electronic, or audio media.

Scoring Grid

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

C 0 1 2 NA

C 0 1 2 NA

A 0 1 2 NA

A 0 1 2 NA

C 0 1 2 NA

- Compliant
- Not Compliant

C 0 1 2 NA

C 0 1 2 NA

- Compliant
- Not Compliant

A 0 1 2 NA

A 0 1 2 NA

- Compliant
- Not Compliant

B 0 1 2 NA

- 3. Except for the circumstances set forth in EP 4 (below), there is documentation of consent before recording or filming.
- 4. The following occurs in situations in which the patient is unable to give informed consent before recording or filming:
  - The recording or filming may occur before consent, provided it is within the established policy of the hospital and the policy is established through an appropriate ethical mechanism (for example, an ethics committee) that includes community input
  - The recording or film remains in the hospital's possession and is not used for any purpose until and unless consent is obtained
  - If consent for use cannot subsequently be obtained, the recording or film is either destroyed or the nonconsenting patient must be removed from the recording or film
- 5. Patients have the right to request cessation of recording or filming.
- 6. Patients have the right to rescind consent for use up until a reasonable time before the recording or film is used.
- 7. Anyone who engages in recording or filming (who is not already bound by the hospital's confidentiality policy) signs a confidentiality statement to protect the patient's identity and confidential information.

**Standard RI.2.60**

Patients receive adequate information about the person(s) responsible for the delivery of their care, treatment, and services.

**Elements of Performance for RI.2.60**

- 1. The information provided includes the following:
  - The name of the physician or other practitioner primarily responsible for their care, treatment, and services
  - The name of the physician or other practitioner who will provide the care, treatment, and services
- 2. The information is given to the patient on a timely basis as defined by the hospital.

**Standard RI.2.70**

Patients have the right to refuse care, treatment, and services in accordance with law and regulation.

**Elements of Performance for RI.2.70**

- 1. Patients have the right to refuse care, treatment, and services in accordance with law and regulation.
- 2. When the patient is not legally responsible, the surrogate decision maker, as allowed by law, has the right to refuse care, treatment, and services on the patient's behalf.

**Standard RI.2.80**

The hospital addresses the wishes of the patient relating to end-of-life decisions.

**Elements of Performance for RI.2.80**

- 1. Policies, in accordance with law and regulation, address advance directives and the framework for forgoing or withdrawing life-sustaining treatment and withholding resuscitative services.

**Scoring Grid**

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

- Compliant
- Not Compliant

**B** 0 1 2 NA

**B** 0 1 2 NA

**C** 0 1 2 NA

**C** 0 1 2 NA

**B** 0 1 2 NA

**C** 0 1 2 NA

**C** 0 1 2 NA

**C** 0 1 2 NA

- Compliant
- Not Compliant

**C** 0 1 2 NA

**C** 0 1 2 NA

**C** 0 1 2 NA

**C** 0 1 2 NA

**C** 0 1 2 NA

**Standard RI.2.100**

The hospital respects the patient's right to and need for effective communication.

**Rationale for RI.2.100**

The patient has the right to receive information in a manner that he or she understands. This includes communication between the hospital and the patient, as well as communication between the patient and others outside the hospital.

**Elements of Performance for RI.2.100**

1. The hospital respects the right and need of patients for effective communication.
2. Written information provided is appropriate to the age, understanding, and, as appropriate to the population served, the language of the patient.
- Ⓜ 3. The hospital provides or assists the patient in the provision of interpretation (including translation) services as necessary.
- Ⓜ 4. The hospital addresses the needs of those with vision, speech, hearing, language, and cognitive impairments.
5. The hospital offers telephone and mail service as appropriate to the setting and population.

**Additional Elements of Performance for Hospital Settings That Provide Longer Term Care (More Than 30 Days)**

- Ⓜ 6. When a hospital restricts a patient's visitors, mail, telephone calls, or other forms of communication, the restrictions are determined with the patient's participation and, when appropriate, his or her family.
- Ⓜ 7. When a hospital restricts a patient's visitors, mail, telephone calls, or other forms of communication, the restrictions are documented along with justification in the clinical or case record.
- Ⓜ 8. When a hospital restricts a patient's visitors, mail, telephone calls, or other forms of communication, the restrictions are evaluated for therapeutic effectiveness.

**Standard RI.2.110**

Not applicable

**Standard RI.2.120**

The hospital addresses the resolution of complaints from patients and their families.

**Elements of Performance for RI.2.120**

- Ⓜ 1. The hospital informs patients, families, and staff about the complaint resolution process.
- Ⓜ 2. The hospital receives, reviews, and, when possible, resolves complaints from patients and their families.
- Ⓜ 3. The hospital responds to individuals making a significant (as defined by the hospital) or recurring complaint.
- Ⓜ 4. The hospital informs patients about their right to file a complaint with the state authority.
- Ⓜ 5. Patients can freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.

Scoring Grid

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

**Standard RI.2.130**

The hospital respects the needs of patients for confidentiality, privacy, and security.

**Rationale for RI.2.130**

This standard and its EPs allow flexibility in how a hospital can accomplish this requirement. Privacy, safety, and security can be demonstrated in various ways, for example, via policies and procedures, practices, or the design of the environment.

**Elements of Performance for RI.2.130**

- M 1. The hospital protects confidentiality of information about patients.
- M 2. The hospital respects the privacy of patients.
- M 3. Patients who desire private telephone conversations have access to space and telephones appropriate to their needs and the care, treatment, and services provided.
- M 4. The hospital provides for the safety and security of patients and their property.
  - 5. Not applicable
  - 6. Not applicable

- Compliant
- Not Compliant

C 0 1 2 NA

C 0 1 2 NA

C 0 1 2 NA

C 0 1 2 NA

**Additional Element of Performance for Hospital Settings That Provide Longer Term Care (More Than 30 Days)**

- 7. The number of patients in a room is appropriate to the hospital's goals and the patients' ages, developmental levels, clinical conditions, or diagnosis needs.

B 0 1 2 NA

**Standard RI.2.140**

Patients have a right to an environment that preserves dignity and contributes to a positive self image.

**Rationale for RI.2.140**

The hospital creates a supportive environment for all patients. Because a program or unit at times becomes the patient's "home," the hospital provides an atmosphere that supports the patient's dignity. For example, in a long term care unit, patients have space to display greeting cards, calendars, and other personal items important to their well-being.

**Elements of Performance for RI.2.140**

- 1. The environment of care supports the positive self-image of patients and preserves their human dignity.
- 2. The hospital provides sufficient storage space to meet the personal needs of the patients.
- 3. The hospital allows patients to keep and use personal clothing and possessions, unless this infringes on others' rights or is medically or therapeutically contraindicated (as appropriate to the setting or service).

- Compliant
- Not Compliant

B 0 1 2 NA

B 0 1 2 NA

B 0 1 2 NA

**Standard RI.2.150**

Patients have the right to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.\*

**Note:** See standard PC.3.10, which addresses assessing and reporting of abuse, neglect, and exploitation.

- Compliant
- Not Compliant

\* Taking advantage of another for one's own advantage or benefit.

**Scoring Grid**

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

**B** 0 1 2 NA

**C** 0 1 2 NA

- Compliant
- Not Compliant

**B** 0 1 2 NA

- Compliant
- Not Compliant

**C** 0 1 2 NA

**B** 0 1 2 NA

**C** 0 1 2 NA

**B** 0 1 2 NA

- Compliant
- Not Compliant

**Elements of Performance for RI.2.150**

1. The hospital addresses how it will, to the best of its ability, protect patients from real or perceived abuse, neglect, or exploitation from anyone, including staff, students, volunteers, other patients, visitors, or family members.
2. All allegations, observations, or suspected cases of abuse, neglect, or exploitation that occur in the hospital are explored by the hospital and, based on the type of event, are referred to the appropriate authorities for investigation.

**Standard RI.2.160**

Patients have the right to pain management.

**Rationale for RI.2.160**

Patients may experience pain. Unrelieved pain has adverse physical and psychological effects. The hospital respects and supports the right of patients to pain management. In accordance with the hospital's mission, this may occur through referral.

**Element of Performance for RI.2.160**

1. The hospital plans, supports, and coordinates activities and resources to ensure that pain is recognized and addressed appropriately and in accordance with the care, treatment, and services provided including the following:
  - Assessing for pain
  - Educating all relevant providers about assessing and managing pain
  - Educating patients and families, when appropriate, about their roles in managing pain and the potential limitations and side effects of pain treatments

**Standard RI.2.170**

Patients have a right to access protective and advocacy services.

**Elements of Performance for RI.2.170**

1. When the hospital serves a population of patients who often need protective services (that is, guardianship and advocacy services, conservatorship, and child or adult protective services), it provides resources to help the family and the courts determine the patient's needs for such services.
2. When appropriate, the hospital maintains a list of names, addresses, and telephone numbers of pertinent state client advocacy groups such as the state authority and the protection and advocacy network.
3. The list is given to patients when requested.
4. The hospital develops and implements policies and procedures for the above requirements.

**Standard RI.2.180**

The hospital protects research subjects and respects their rights during research, investigation, and clinical trials involving human subjects.

**Rationale for RI.2.180**

A hospital that conducts research, investigations, or clinical trials involving human subjects knows that its first responsibility is to the health and well being of the research subjects. To protect and respect the research subjects' rights, the hospital reviews all research protocols. If another institution's Institutional Review Board (IRB) reviews the research protocols, the hospital does not need to perform this activity.

Scoring Grid

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

**Elements of Performance for RI.2.180**

- Ⓜ 1. The hospital reviews all research protocols in relation to its mission, values, and other guidelines and weighs the relative risks and benefits to the research subjects.
- Ⓜ 2. The hospital provides patients who are potential subjects in research, investigation, and clinical trials with adequate information\* to participate or refuse to participate in research.
- Ⓜ 3. Patients are informed that refusing to participate or discontinuing participation at any time will not compromise their access to care, treatment, and services not related to the research.
- Ⓜ 4. Consent forms address the above elements of performance; indicate the name of the person who provided the information and the date the form was signed; and address the participant's right to privacy, confidentiality, and safety.
- Ⓜ 5. Subjects are told the extent to which their personally identifiable private information will be held in confidence.
- Ⓜ 6. All information given to subjects is in the medical record or research file along with the consent forms.
- Ⓜ 7. If a research-related injury (that is, physical, psychological, social, financial, or otherwise) occurs, the principal investigator attempts to address any harmful consequences the subject may have experienced as a result of research procedures.

C 0 1 2 NA

C 0 1 2 NA

C 0 1 2 NA

C 0 1 2 NA

C 0 1 2 NA

C 0 1 2 NA

C 0 1 2 NA

**Applicable Only to Hospital Settings That Provide Longer Term Care (More Than 30 Days)**

**Standard RI.2.190**

In hospitals that provide opportunities for work, a defined policy addresses situations in which patients work.

- Compliant
- Not Compliant

**Rationale for RI.2.190**

Patients may be offered the opportunity to perform work for the hospital (for example, work therapy programs in grounds keeping or the library) that does not endanger them, other patients, or staff. If the hospital asks patients to perform such tasks (work), they have the right to refuse.

**Elements of Performance for RI.2.190**

- 1. Policies and procedures address situations in which patients work.
- Ⓜ 2. Policies and procedures are implemented.
- Ⓜ 3. Wages paid to patients are in accordance with applicable law and regulation.
- Ⓜ 4. Work is addressed in the care, treatment, and service plan.
- Ⓜ 5. Work is performed voluntarily.

B 0 1 2 NA

C 0 1 2 NA

C 0 1 2 NA

C 0 1 2 NA

C 0 1 2 NA

**Individual Responsibilities**

**Introduction**

The safety of health care delivery is enhanced when patients, as appropriate to their condition, are partners in the health care process. Additionally, hospitals are entitled to reasonable and responsible behavior on the part of the patients, within their capabilities, and their families. The hospital

\* **Adequate information** includes an explanation of the purpose of the research and expected duration of the subject's participation; a description of expected benefits, potential discomforts, and risks; alternative services that might prove advantageous to the individual; and a full explanation of the procedures to be followed.

Scoring Grid

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

- 7. When indicated, the patient is educated about how to obtain further care, treatment, and services to meet his or her identified needs.
- 8. When indicated and before discharge, the hospital arranges for or helps the family arrange for services needed to meet the patient's needs after discharge.
- 9. Written discharge instructions in a form the patient can understand are given to the patient and/or those responsible for providing continuing care.

C 0 1 2 NA

C 0 1 2 NA

C 0 1 2 NA

**Standard PC.15.30**

When patients are transferred or discharged, appropriate information related to the care, treatment, and services provided is exchanged with other service providers.

- Compliant
- Not Compliant

**Rationale for PC.15.30**

A patient may receive care, treatment, and services in many settings and may move from one hospital or provider to another. To facilitate the continuity of care, treatment, and services, information is provided to any organization or provider to which the patient is accepted, transferred, or discharged.

**Elements of Performance for PC.15.30**

- 1. The hospital communicates appropriate information to any organization or provider to which the patient is transferred or discharged.
- 2. The information shared includes the following, as appropriate to the care, treatment, and services provided:
  - The reason for transfer or discharge
  - The patient's physical and psychosocial status
  - A summary of care, treatment, and services provided and progress toward goals
  - Community resources or referrals provided to the patient

C 0 1 2 NA

C 0 1 2 NA

**Waived Testing**

The federal regulation governing laboratory testing, known as the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), classifies testing into four complexity levels: high complexity, moderate complexity, PPM (Provider Performed Microscopy, a sub-set of moderate complexity), and waived testing. The high, moderate, and PPM levels, otherwise called non-waived testing, have specific and detailed requirements regarding personnel qualifications, quality assurance, quality control, and other systems. Joint Commission requirements for the tests and laboratories or sites that perform them are located in the *Comprehensive Accreditation Manual for Laboratory and Point-of-Care Testing (CAMLAB)*.

Waived testing is the most common complexity level performed by caregivers at the patient's bedside or point of care. The same laboratory test may be available by more than one method within a hospital, and those methods may be of different complexity levels. The list of methods that are approved as waived is under constant revision, so it is advisable to check the Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), or CMS' Web sites for the most up-to-date information regarding test categorization and complete CLIA requirements:

- <http://www.fda.gov/cdrh/clia/index.html>
- <http://www.phppo.cdc.gov/clia>
- <http://www.cms.hhs.gov/clia>

CLIA '88 identifies laboratory testing as an activity that occurs, not defined as "occurring" at a specific location. Any activity that evaluates any substance removed from a human body and translates that evaluation to a result becomes a laboratory test. The results may be stated as a number, presence or absence of a cell or reaction, or an interpretation, such as what occurs when record-



**Scoring Grid**

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

# Standards, Rationales, Elements of Performance, and Scoring

## Patient-Specific Information

- Compliant
- Not Compliant

### Standard MM.1.10

Patient-specific information is readily accessible to those involved in the medication management system.

#### Rationale for MM.1.10

A major cause of medication-related sentinel events and medication errors is a lack of information. Licensed independent practitioners and health care staff who participate in the medication management system need access to important information about each patient in order to do the following:

- Facilitate continuity of care, treatment, and services
- Create an accurate medication history and a current list of medications (also known as a drug profile)
- Safely order, prepare, dispense, administer, and monitor medications, as appropriate

#### Elements of Performance for MM.1.10

1. A written policy describes the minimum amount of information about the patient that is to be available to those involved in medication management.

*Note: The hospital defines who has access to this information; see standard IM.2.10.*

2. At a minimum, the information includes the following:
  - The patient's age
  - The patient's sex
  - The patient's current medications
  - The patient's diagnoses, comorbidities, and concurrently occurring conditions
  - The patient's relevant laboratory values
  - The patient's allergies and past sensitivities

As appropriate to the patient, the hospital also includes information regarding the following:

- Weight and height
- Pregnancy and lactation status
- Any other information required by the hospital for safe medication management

3. The information is accessible when needed (except in emergency situations when time does not permit) to licensed independent practitioners and other health care staff.

B 0 1 2 NA

A 0 1 2 NA

C 0 1 2 NA

## Selection and Procurement

### Standard MM.2.10

Medications available for dispensing or administration (including stock medications) are selected, listed, and procured based on criteria.

*Note: The formulary is synonymous with the list of medications available for use.*

- Compliant
- Not Compliant

Scoring Grid

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

- Compliant
- Not Compliant

A 0 1 2 NA

A 0 1 2 NA

A 0 1 2 NA

- Compliant
- Not Compliant

B 0 1 2 NA

A 0 1 2 NA

B 0 1 2 NA

- Compliant
- Not Compliant

B 0 1 2 NA

B 0 1 2 NA

B 0 1 2 NA

B 0 1 2 NA

B 0 1 2 NA

**Standard LD.1.30**

The hospital complies with applicable law and regulation.

**Elements of Performance for LD.1.30**

1. The hospital provides all care, treatment, and services in accordance with applicable licensure requirements, law, rules, and regulation.
2. The hospital acts upon any reports and/or recommendations from authorized agencies, as appropriate.
3. The hospital possesses a license, certificate, or permit, as required by applicable law and regulation, to provide the health care services for which the hospital is seeking accreditation.

**Standard LD.2.10**

An individual(s) or designee(s) is responsible for operating the hospital according to the authority conferred by governance.

**Elements of Performance for LD.2.10**

1. The individual(s) designated by governance is responsible for establishing internal controls to effectively operate the hospital including the following:
  - Establishing and maintaining information and support systems
  - Recruiting and retaining staff
  - Conserving physical and financial assets
2. When this individual(s) is absent from the hospital, an appropriately qualified individual(s) is designated to perform the duties of that position.
3. Not applicable
4. As appropriate, reports are provided to governance.

**Standard LD.2.20**

Each hospital program, service, site, or department has effective leadership.

**Rationale for LD.2.20**

Effective leaders at the site or department level help to create an environment or culture that enables a hospital to fulfill its mission and meet or exceed its goals. They support staff and instill in them a sense of ownership of their work processes. Although it may be appropriate for leaders to delegate work to qualified staff, the leaders are ultimately responsible for care, treatment, or services provided in their area.

**Elements of Performance for LD.2.20**

1. The program, service, site, or department leaders ensure that operations are effective and efficient.
2. Leaders hold staff accountable for their responsibilities.
3. Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals with appropriate training and experience or by a qualified licensed independent practitioner with appropriate clinical privileges.
4. Responsibility for administrative and clinical direction of these programs, services, sites, or departments is defined in writing.
5. Leaders ensure that a process is in place to coordinate care, treatment, and service processes among programs, services, sites, or departments.

Scoring Grid

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

**Standard LD.2.30**

Not applicable

**Standard LD.2.40**

Not applicable

**Standard LD.2.50**

The leaders develop and monitor an annual operating budget and, as appropriate, a long-term capital expenditure plan.

**Elements of Performance for LD.2.50**

1. An operating budget is developed annually and approved by the governance.
2. The budget reflects the hospital's goals and objectives and, at a minimum, meets applicable law and regulation.
3. The leaders include staff input when developing the budget.
4. The governing body or authority approves a long-term capital expenditure plan, as appropriate.
5. An independent public accountant conducts an annual audit of the hospital's finances, unless otherwise provided by law.
6. Not applicable
7. Implementation of the budget and, as appropriate, the long-term capital expenditure plan is monitored.

- Compliant
- Not Compliant

A 0 1 2 NA

A 0 1 2 NA

B 0 1 2 NA

A 0 1 2 NA

A 0 1 2 NA

B 0 1 2 NA

**Standard LD.3.10**

The leaders engage in both short-term and long-term planning.

**Elements of Performance for LD.3.10**

1. Leaders create vision, mission, and goal statements.
2. The hospital's plan for services specifies which care, treatment, or services are provided directly and which through consultation, contract, or other agreement.
3. Anesthesia services are available if surgery or obstetrical services are provided.
4. Through 25. Not applicable
26. Planning for care, treatment, and services addresses the following:
  - The needs and expectations of patients and, as appropriate, families and referral sources
  - Staff needs
  - The scope of care, treatment, and services needed by patients at all of the hospital's locations
  - Resources (financial and human) for providing care and support services
  - Recruitment, retention, development, and continuing education needs of all staff
  - Data for measuring the performance of processes and outcomes of care

- Compliant
- Not Compliant

A 0 1 2 NA

A 0 1 2 NA

A 0 1 2 NA

B 0 1 2 NA

**Standard LD.3.15**

The leaders develop and implement plans to identify and mitigate impediments to efficient patient flow throughout the hospital.

- Compliant
- Not Compliant

## Scoring Grid

0	Insufficient compliance
1	Partial compliance
2	Satisfactory compliance
NA	Not applicable

### Rationale for LD.3.15

Managing the flow of patients through the hospital is essential to the prevention and mitigation of patient crowding, a problem that can lead to lapses in patient safety and quality of care. The emergency department is particularly vulnerable to experiencing negative effects of inefficiency in the management of this process. While emergency departments have little control over the volume and type of patient arrivals and most hospitals have lost the “surge capacity” that existed at one time to manage the elastic nature of emergency admissions, other opportunities for improvement do exist. Overcrowding has been shown to be primarily a hospitalwide “system problem” and not just a problem for which a solution resides within the emergency department. Opportunities for improvement often exist outside the emergency department.

This standard emphasizes the role of assessment and planning for effective and efficient patient flow throughout the hospital. To understand the system implications of the issues, leadership should identify all of the processes critical to patient flow through the hospital system from the time the patient arrives, through admitting, patient assessment and treatment, and discharge. Supporting processes such as diagnostic, communication, and patient transportation are included if identified by leadership as impacting patient flow. Relevant indicators are selected and data is collected and analyzed to enable monitoring and improvement of processes.

A key component of the standard addresses the needs of admitted patients who are in temporary bed locations awaiting an inpatient bed. Twelve key elements of care have been identified to ensure adequate and appropriate care for admitted patients in temporary locations. These elements have implications across the hospital and should be considered when planning care and services for these patients. Additional standard chapters relevant to these key elements are shown in parenthesis.

- *Life Safety Code*® issues (for example, patients in open areas) (EC)
- Patient privacy and confidentiality (RI)
- Cross training and coordination among programs and services to ensure adequate staffing, particularly nursing staff (HR)
- Designation of a physician to manage the care of the admitted patient in a temporary location, without compromising the quality of care given to other emergency department patients (MS)
- Proper technology and equipment to meet patient needs (PC, LD)
- Appropriately privileged practitioners to provide patient care beyond immediate emergency services (HR)
- Access to other practitioners for consult and referral (for example, Intensivist) (PC)
- Assurance of appropriate communication between all health care providers (LD)
- Access to ancillary services (for example, pharmacy, lab, dietary) which permit the prompt disposition of patient care needs (LD)
- Patient access to medical assistance in an emergency, or for immediate care if needed (for example, call bell) (PC)
- A comprehensive written care plan carried out in a timely fashion, inclusive of intensive care issues (PC)
- Patient education on rights and access to services (RI, PC)

Planning should also address the delivery of adequate care and services to those patients for whom no decision to admit has been made, but who are placed in overflow locations for observation or while awaiting completion of their evaluation.

Additionally, the standard calls for indicator results to be made available to those individuals who are accountable for processes that support patient flow. These results should be regularly reported to leadership to support their planning. The hospital should improve inefficient or unsafe processes identified by leadership as essential in the efficient movement of patients through the hospital. Criteria should be defined to guide decisions about ambulance diversion.

Scoring Grid

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

6. The hospital identifies and implements a process(es) for monitoring compliance with the policy.
7. The hospital develops strategies to eliminate the incidence of policy violations when identified.
8. Smoking is not permitted in the laboratory and areas under the control of the laboratory.

**B** 0 1 2 NA

**B** 0 1 2 NA

**A** 0 1 2 NA

**Standard EC.2.10**

The hospital identifies and manages its security risks.

- Compliant
- Not Compliant

**Rationale for EC.2.10**

It is essential that a hospital manages the physical and personal security of patients, staff (including the potential for violence to patients and staff in the workplace), and individuals coming to the hospital's buildings. In addition, security of the established environment, equipment, supplies, and information is also important.

**Elements of Performance for EC.2.10**

1. The hospital develops and maintains a written management plan describing the processes it implements to effectively manage the security of patients, staff, and other people coming to the hospital's facilities.
2. The hospital identifies a person(s), as designated by leadership, to coordinate the development, implementation, and monitoring of the security management activities.
3. The hospital conducts proactive risk assessments that evaluate the potential adverse impact of the external environment and the services provided on the security of patients, staff, and other people coming to the hospital's facilities.\*
4. The hospital uses the risks identified to select and implement procedures and controls to achieve the lowest potential for adverse impact on security.
5. The hospital identifies, as appropriate, patients, staff, and other people entering the hospital's facilities.
6. The hospital controls access to and egress from security-sensitive areas, as determined by the hospital.
7. The hospital identifies and implements security procedures that address actions taken in the event of a security incident.
8. The hospital identifies and implements security procedures that address handling of an infant or pediatric abduction, as applicable.
9. The hospital identifies and implements security procedures that address handling of situations involving VIPs or the media.
10. The hospital identifies and implements security procedures that address vehicular access to emergency care areas.

**B** 0 1 2 NA

**A** 0 1 2 NA

**B** 0 1 2 NA

**C** 0 1 2 NA

**B** 0 1 2 NA

**C** 0 1 2 NA

**B** 0 1 2 NA

**B** 0 1 2 NA

**B** 0 1 2 NA

**B** 0 1 2 NA

\* The potential for workplace violence is considered during the risk assessment.

**Scoring Grid**

0	Insufficient compliance
1	Partial compliance
2	Satisfactory compliance
NA	Not applicable

**Standard EC.8.20**

Not applicable

**Standard EC.8.30**

The hospital manages the design and building of the environment when it is renovated, altered, or newly created (see also standard EC.5.50).

**Elements of Performance for EC.8.30**

1. When planning for the size, configuration, and equipping of the space of renovated, altered, or new construction, the hospital uses one of the following: applicable state rules and regulations; *Guidelines for Design and Construction of Hospitals and Health Care Facilities*, 2001 edition, published by the American Institute of Architects; or standards or guidelines that provide design criteria.
2. When planning demolition, construction, or renovation, the hospital conducts a proactive risk assessment using risk criteria to identify hazards that could potentially compromise care, treatment, and services in occupied areas of the hospital's buildings. The scope and nature of the activities should determine the extent of risk assessment.
3. When planning demolition, construction, or renovation, the hospital uses risk criteria that address the impact of demolition, renovation, or new construction on air quality requirements, infection control, utility requirements, noise, vibration, and emergency procedures.
4. When planning demolition, construction, or renovation, the hospital selects and implements proper controls, as required, to reduce risk and minimize impact of these activities.

- Compliant  
 Not Compliant

B 0 1 2 NA

B 0 1 2 NA

B 0 1 2 NA

B 0 1 2 NA

**Measuring and Improving Activities**

**Standard EC.9.10**

The hospital monitors conditions in the environment.

**Elements of Performance for EC.9.10**

1. The hospital establishes and implements process(es) for reporting and investigating the following:\*
  - Injuries to patients or others coming to the hospital's facilities, as well as incidents of property damage
  - Occupational illnesses and injuries to staff
  - Security incidents involving patients, staff, or others coming to the hospital's facilities or property
  - Hazardous materials and waste spills, exposures, and other related incidents
  - Fire-safety management problems, deficiencies, and failures
  - Equipment-management problems, failures, and user errors
  - Utility systems management problems, failures, or user errors
2. The hospital's leaders assign a person(s) (hereafter referred to as the "assigned person[s]") to monitor and respond to conditions in the hospital's environment. The assigned individual performs the following tasks:
  - Coordinates the ongoing, hospitalwide collection of information about deficiencies and opportunities for improvement in the environment of care

- Compliant  
 Not Compliant

B 0 1 2 NA

B 0 1 2 NA

\* Hospitals have the flexibility to develop a single reporting method that addresses one or more of the items listed.

**Scoring Grid**

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

**B** 0 1 2 NA

**A** 0 1 2 NA

**B** 0 1 2 NA

**B** 0 1 2 NA

- Compliant
- Not Compliant

**B** 0 1 2 NA

**C** 0 1 2 NA

**B** 0 1 2 NA

**B** 0 1 2 NA

**B** 0 1 2 NA

**B** 0 1 2 NA

**A** 0 1 2 NA

- Coordinates the ongoing collection and dissemination of other sources of information, such as published hazard notices or recall reports
- Coordinates the preparation of summaries of deficiencies, problems, failures, and user errors related to managing the environment of care\*
- Coordinates the preparation of summaries on findings, recommendations, actions taken, and results of performance improvement (PI) activities
- Participates in hazard surveillance and incident reporting
- Participates in developing safety policies and procedures

3. The hospital establishes and implements a process(es) for ongoing monitoring of performance regarding actual or potential risk(s) in each of the environment of care management plans.†
4. Each of the environment of care management plans is evaluated at least annually.
5. The objectives, scope, performance, and effectiveness of each of the environment of care management plans are evaluated at least annually.
6. Through 9. Not applicable
10. Environmental safety monitoring and response activities are communicated to the patient safety program required in the “Leadership” chapter of this manual.

**Standard EC.9.20**

The hospital analyzes identified environment issues and develops recommendations for resolving them.

**Elements of Performance for EC.9.20**

1. The hospital establishes an ongoing process for resolving environment of care issues that involves representatives from clinical, administrative, and support services.
- Ⓜ 2. A multidisciplinary improvement team meets at least bimonthly to address environment of care issues.‡
3. The hospital analyzes environment of care issues in a timely manner.
4. Recommendations are developed and approved as appropriate.
5. Appropriate staff establishes measurement guidelines.
6. Environment of care issues are communicated to the hospital’s leaders and person(s) responsible for PI activities.
7. Not applicable
8. A recommendation for one or more PI activities is communicated at least annually to the hospital’s leaders based on the ongoing performance monitoring of the environment of care management plans.

\* **Note:** Incidents involving patients may be reported to appropriate staff such as staff in quality assessment, improvement, or other functions. However, at least a summary of incidents is shared with the person designated to coordinate safety management activities (see standard EC.1.10). Review of incident reports often requires that various legal processes be followed to preserve confidentiality. Opportunities to improve care, treatment, and services or to prevent future similar incidents are not lost as a result of the legal process followed.

† The environment of care plans are for managing safety, security, hazardous materials and waste, emergency management, fire safety, medical equipment, and utilities.

‡ **Note:** Meetings held less frequently than bimonthly are acceptable when supported by current hospital experience and the multidisciplinary improvement team’s approval. Ongoing justification of meeting frequency depends on a satisfactory annual evaluation of performance as required by standard EC.9.10.

**Scoring Grid**

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

17. Central line catheter-associated blood stream infection rate for intensive care unit and high-risk nursery patients (Clinical/Service) (National Quality Forum measure)
18. Ventilator-associated pneumonia for intensive care unit and high risk nursery patients (Clinical/Service) (National Quality Forum measure)
19. Smoking cessation counseling for acute myocardial infarction (Clinical/Service) (National Quality Forum measure)
20. Smoking cessation counseling for heart failure (Clinical/Service) (National Quality Forum measure)
21. Smoking cessation counseling for pneumonia (Clinical/Service) (National Quality Forum measure)
22. Overtime (Human Resource)
23. Staff vacancy rate (Human Resource)
24. Staff satisfaction (Human Resource)
25. Staff turnover rate (Human Resource)
26. Understaffing as compared to organization's staffing plan (Human Resource)
27. Staff injuries on the job (Human Resource)
28. On-call or per diem use (Human Resource)
29. Sick time (Human Resource)
30. Agency staff use (Human Resource)
31. Skill mix (registered nurse, licensed vocational nurse/licensed practical nurse, unlicensed assistive personnel, and contract) (Human Resource) (National Quality Forum measure)
32. Nursing care hours per patient day (registered nurse, licensed practical nurse, and unlicensed assistive personnel) (Human Resource) (National Quality Forum measure)
33. Practice Environment Scale-Nursing Work Index (PES-NWI) composite and five subscales (Human Resource) (National Quality Forum measure)
34. Voluntary turnover (Human Resource) (National Quality Forum measure)

**Note:** Information on National Quality Forums National Voluntary Consensus Standards for Nursing-Sensitive Care, including the specific definitions for each indicator, can be found at <http://www.qualityforum.org> and at <http://www.qualityforum.org/txNCappCspec2-7-04.pdf>.

**Orientation, Training, and Education**

- Compliant
- Not Compliant

**Standard HR.2.10**

Orientation provides initial job training and information.

**Rationale for HR.2.10**

Staff members, students, and volunteers are oriented to their jobs as appropriate and the work environment before providing care, treatment, and services.

**Elements of Performance for HR.2.10**

As appropriate, each staff member, student, and volunteer is oriented to the following:

C 0 1 2 NA

M 1. The hospital's mission and goals

C 0 1 2 NA

M 2. Hospitalwide policies and procedures (including safety and infection control) and relevant unit, setting, or program-specific policies and procedures

C 0 1 2 NA

M 3. Specific job duties and responsibilities and service, setting, or program-specific job duties and responsibilities related to safety and infection control

4. Not applicable

C 0 1 2 NA

M 5. Cultural diversity and sensitivity



**Scoring Grid**

- 0** Insufficient compliance
- 1** Partial compliance
- 2** Satisfactory compliance
- NA** Not applicable

- M** 6. Staff, students, and volunteers are educated about the rights of patients and ethical aspects of care, treatment, and services and the process used to address ethical issues.
- 7. Not applicable
- M** 8. Orientation and education for forensic staff include how to interact with patients; procedures for responding to unusual clinical events and incidents; the hospital's channels of clinical, security, and administrative communication; and distinctions between administrative and clinical seclusion and restraint.

**C**

<b>0</b>	<b>1</b>	<b>2</b>	<b>NA</b>
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**C**

<b>0</b>	<b>1</b>	<b>2</b>	<b>NA</b>
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Scoring Grid

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

- Compliant
- Not Compliant

**Standard HR.2.20**

Staff members, licensed independent practitioners, students, and volunteers, as appropriate, can describe or demonstrate their roles and responsibilities, based on specific job duties or responsibilities, relative to safety.

**Rationale for HR.2.20**

The human element is the most critical factor in any process, determining whether the right things are done correctly. The best policies and procedures for minimizing risks in the environment where care, treatment, and services are provided are meaningless if staff, licensed independent practitioners, if applicable, students, and volunteers do not know and understand them well enough to perform them properly.

It is important that everyday precautions identified by the health care hospital for minimizing various risks, including those related to patient safety and environmental safety,\* are properly implemented. It is also important that the appropriate emergency procedures be instituted should an incident or failure occur in the environment.

**Elements of Performance for HR.2.20**

Staff members, licensed independent practitioners, students, and volunteers, as appropriate, can describe or demonstrate the following:

- C 

0	1	2	NA
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- C 

0	1	2	NA
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- C 

0	1	2	NA
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- C 

0	1	2	NA
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- M 1. Risks within the hospital's environment
- M 2. Actions to eliminate, minimize, or report risks
- M 3. Procedures to follow in the event of an incident
- M 4. Reporting processes for common problems, failures, and user errors

**Standard HR.2.30**

Ongoing education, including in-services, training, and other activities, maintains and improves competence.

**Elements of Performance for HR.2.30**

The following occurs for staff, students, and volunteers who work in the same capacity as staff providing care, treatment, and services:

- B 

0	1	2	NA
---	---	---	----
- C 

0	1	2	NA
---	---	---	----
- C 

0	1	2	NA
---	---	---	----
- C 

0	1	2	NA
---	---	---	----
- C 

0	1	2	NA
---	---	---	----
- C 

0	1	2	NA
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- 1. Training occurs when job responsibilities or duties change
- M 2. Participation in ongoing in-services, training, or other activities occurs to increase staff, student, or volunteer knowledge of work-related issues
- M 3. Ongoing in-services and other education and training are appropriate to the needs of the population(s) served and comply with law and regulation
- M 4. Ongoing in-services, training, or other activities emphasize specific job-related aspects of safety and infection prevention and control
- M 5. Ongoing in-services, training, or other education incorporate methods of team training, when appropriate
- M 6. Ongoing in-services, training, or other education reinforce the need and ways to report unanticipated adverse events

\* The "Management of the Environment of Care" chapter of this manual identifies risks associated with the following categories: safety, security, hazardous materials and waste, emergency management, laboratory/medical equipment, and utility management.

Scoring Grid

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

- M 7. Ongoing in-services or other education are offered in response to learning needs identified through performance improvement findings and other data analysis (that is, data from staff surveys, performance evaluations, or other needs assessments)
- M 8. Ongoing education is documented

C 0 1 2 NA

C 0 1 2 NA

**Competence Assessment**

**Standard HR.3.10**

Competence to perform job responsibilities is assessed, demonstrated, and maintained.

- Compliant
- Not Compliant

**Rationale for HR.3.10**

Competence assessment is systematic and allows for a measurable assessment of the person's ability to perform required activities. Information used as part of competence assessment may include data from performance evaluations, performance improvement, and aggregate data on competence, as well as the assessment of learning needs.

**Elements of Performance for HR.3.10**

The competence assessment process for staff, students, and volunteers who work in the same capacity as staff providing care, treatment, and services is based on the following (EPs 1-7):

1. Populations served
2. Defined competencies to be required
3. Defined competencies to be assessed during orientation
4. Defined competencies that need to be assessed and reassessed on an ongoing basis, based on techniques, procedures, technology, equipment, or skills needed to provide care, treatment, and services
5. A defined time frame for how often competence assessments are performed for each person, minimally, once in the three-year accreditation cycle and in accordance with law and regulation
6. Assessment methods (appropriate to determine the skill being assessed)
7. The use of qualified individuals to assess competence
- M 8. The hospital assesses and documents each person's ability to carry out assigned responsibilities safely, competently, and in a timely manner upon completion of orientation.
- M 9. The hospital assesses each person according to its competence assessment process.
10. When improvement activities lead to a determination that a person with performance problems is unable or unwilling to improve, the hospital modifies the person's job assignment or takes other appropriate action.

B 0 1 2 NA

B 0 1 2 NA

B 0 1 2 NA

B 0 1 2 NA

B 0 1 2 NA

B 0 1 2 NA

B 0 1 2 NA

C 0 1 2 NA

C 0 1 2 NA

B 0 1 2 NA

**Standard HR.3.20**

The hospital periodically conducts performance evaluations.

- Compliant
- Not Compliant

**Scoring Grid**

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

# Standards, Rationales, Elements of Performance, and Scoring

## Information Management Planning

- Compliant
- Not Compliant

### Standard IM.1.10

The hospital plans and designs information management processes to meet internal and external information needs.

### Rationale for IM.1.10

Hospitals vary in size, complexity, governance, structure, decision-making processes, and resources. Information management systems and processes vary accordingly. Only by first identifying the information needs can one then evaluate the extent to which they are planned for, and at what performance level the needs are being met. Planning for the management of information does not require a formal written information plan, but does require evidence of a planned approach that identifies the hospital's information needs and supports its goals and objectives.

### Elements of Performance for IM.1.10

1. The hospital bases its information management processes on an assessment of internal and external information needs.
  - The assessment identifies the flow of information throughout a hospital, including information storage and feedback mechanisms.
  - The assessment identifies the data and information needed: within and among departments, services, or programs; within and among the staff, the administration, and the governance for supporting relationships with outside services and contractors; with licensing, accrediting, and regulatory bodies; with purchasers, payers, and employers; for supporting informational needs between the hospital and the patients; and for participating in research and databases.
2. To guide development of processes for managing information used internally and externally, the hospital assesses its information management needs based on the following:
  - Its mission
  - Its goals
  - Its services
  - Staff
  - Patient safety considerations
  - Quality of care, treatment, and services
  - Mode(s) of service delivery
  - Resources
  - Access to affordable technology
  - Identification of barriers to effective communication among caregivers
3. The hospital bases its management, staffing, and material resource allocations for information management on the scope and complexity of care, treatment, and services provided.
4. Identified staff participates in assessment, selection, integration, and use of information management systems for clinical/service and hospital information.
5. The hospital has an ongoing process to assess the needs of the hospital, departments, and individuals for knowledge-based information.
6. The hospital uses the assessment for knowledge-based information as a basis for planning.

B 0 1 2 NA

B 0 1 2 NA

B 0 1 2 NA

B 0 1 2 NA

B 0 1 2 NA

B 0 1 2 NA

Scoring Grid

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

## Confidentiality and Security

### Standard IM.2.10

Information privacy and confidentiality are maintained.

- Compliant
- Not Compliant

#### Rationale for IM.2.10

Confidentiality of data and information applies across all systems and to automated, paper, and verbal communications, as well as to clinical/service, financial, and business records and employee-specific information. The capture, storage, and retrieval processes for data and information are performed on a timely\* basis without compromising the data and information's confidentiality. Protecting privacy and confidentiality of information is the responsibility of the whole hospital. In achieving this responsibility, the hospital provides safeguards for patient privacy and information confidentiality. These safeguards are consistent with available technology and legitimate needs for accessibility of the information by authorized individuals for the delivery of care, treatment, and services, effective functioning of the hospital, research, and education.

#### Elements of Performance for IM.2.10

1. The hospital has a written policy(ies) for addressing the privacy<sup>†</sup> and confidentiality<sup>‡</sup> of information, that is based on and consistent with law or regulation.
2. The hospital's policy, including changes to the policy, has been communicated to staff.
3. The hospital implements the policy.
4. The hospital monitors compliance with the policy.
5. The hospital improves privacy and confidentiality of information by monitoring information and developments in technology.
- Ⓜ 6. Individuals for whom identifiable health data and information are maintained or collected are made aware of how the data will be used and whether it will be disclosed.
7. Personal identifiers are removed to the extent possible for uses and disclosures of health information, consistent with maintaining the usefulness of the information.
- Ⓜ 8. Protected health information<sup>§</sup> is used for the purposes identified or as required by law or regulation and not further disclosed without patient authorization.
9. The hospital preserves the privacy and confidentiality of data and information identified as sensitive.

A 

0	1	2	NA
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B 

0	1	2	NA
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B 

0	1	2	NA
---	---	---	----

B 

0	1	2	NA
---	---	---	----

B 

0	1	2	NA
---	---	---	----

C 

0	1	2	NA
---	---	---	----

B 

0	1	2	NA
---	---	---	----

C 

0	1	2	NA
---	---	---	----

B 

0	1	2	NA
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### Standard IM.2.20

Information security, including data integrity, is maintained.

- Compliant
- Not Compliant

#### Rationale for IM.2.20

Policies and procedures address security procedures that allow only authorized staff to gain access to data and information. These policies range from access to the paper chart to the various security levels and distribution of passwords in an electronic system. The basic premise of the policies is to provide the security and protection for sensitive patient, staff, and other information, while facilitating access to data by those who have a legitimate need. The capture, storage, and retrieval

\* Defined by hospital policy and based on the intended use of the information.

<sup>†</sup> **Privacy** An individual's right to limit the disclosure of personal information.

<sup>‡</sup> **Confidentiality** The safekeeping of data/information so as to restrict access to individuals who have need, reason, and permission for such access.

<sup>§</sup> **Protected health information** Health information that contains information such that an individual person can be identified as the subject of that information.

**Scoring Grid**

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

processes for data and information are designed to provide for timely access without compromising the data and information's security and integrity.

**Elements of Performance for IM.2.20**

A 0 1 2 NA

1. The hospital has a written policy(ies) for addressing information security, including data integrity\* that is based on and consistent with law or regulation.

B 0 1 2 NA

2. The hospital's policy, including changes to the policy, has been communicated to staff.

B 0 1 2 NA

3. The hospital implements the policy.

B 0 1 2 NA

4. The hospital monitors compliance with the policy.

B 0 1 2 NA

5. The hospital improves information security, including data integrity, by monitoring information and developments in technology.

B 0 1 2 NA

6. The hospital develops and implements controls to safeguard data and information, including the clinical record, against loss, destruction, and tampering.

B 0 1 2 NA

7. Controls to safeguard data and information include the following:

- Policies indicating when the removal of records is permitted
- Protection against unauthorized intrusion, corruption, or damage
- Minimization of the risk of falsification of data and information
- Guidelines for preventing the loss and destruction of records
- Guidelines for destroying copies of records
- Protection of records in a manner that minimizes the possibility of damage from fire and water

B 0 1 2 NA

8. Policies and procedures, including plans for implementation, for electronic information systems address the following: data integrity, authentication,<sup>†</sup> nonrepudiation,<sup>‡</sup> encryption<sup>§</sup> as warranted, and auditability,<sup>||</sup> as appropriate to the system and types of information, for example, patient information and billing information.

- Compliant
- Not Compliant

**Standard IM.2.30**

Continuity of information is maintained.

**Rationale for IM.2.30**

The purpose of the business continuity/disaster recovery plan is to identify the most critical information needs for patient care, treatment, and services and business processes, and the impact on the hospital if these information systems were severely interrupted. The plan identifies alternative means for processing data, providing for recovery of data, and returning to normal operations as soon as possible.

**Elements of Performance for IM.2.30**

B 0 1 2 NA

1. The hospital has a business continuity/disaster recovery plan for its information systems.

B 0 1 2 NA

2. For electronic systems, the business continuity/disaster recovery plan includes the following:

- Plans for scheduled and unscheduled interruptions, which includes end-user training with the downtime procedures
- Contingency plans for operational interruptions (hardware, software, or other systems failure)

\* **Integrity** In the context of data security, data integrity means the protection of data from accidental or unauthorized intentional change.

<sup>†</sup> **Authentication** The validation of correctness for both the information itself and the person who is the author or user of information.

<sup>‡</sup> **Nonrepudiation** The inability to dispute a document's content or authorship.

<sup>§</sup> **Encryption** The process of transforming plain text (readable) into cipher text that is unreadable without a special software key.

<sup>||</sup> **Auditability** The ability to do a methodical examination and verification of all information activities such as entering and accessing.

Scoring Grid

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

- Plans for minimal interruptions as a result of scheduled downtime
  - An emergency service plan
  - A back-up system (electronic or manual)
  - Data retrieval, including retrieval from storage and information presently in the operating system, retrieval of data in the event of system interruption, and back up of data
3. The plan is tested periodically as defined by the hospital (or in accordance with law or regulation) to ensure that the business interruption back-up techniques are effective.
  4. The business continuity/disaster recovery plan is implemented when information systems are interrupted.

B	0	1	2	NA
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B	0	1	2	NA
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### Introduction to Managing Information for Clinical/Service and Organization Decision Making

A hospital's ability to make decisions depends on having ready access to reliable and accurate information. To support the decision-making process, the hospital captures, processes, stores, and retrieves the needed information. It then supplies the information to management and others involved in the decision-making process.

Standards IM.3.10 and IM.4.10 address the procedures involved in information management in support of clinical/service and hospital decision making. These procedures are critical to patient care and safety and the hospital's efficient management. The procedures also apply in paper-based, electronic, or a hybrid information management environment.

The standards are relevant to hospitals transitioning from a paper-based environment to an electronic environment. The first standard addresses the tasks of collecting, processing, storing, retrieving, reporting, and disseminating data and information. The second standard addresses the use of the information.

### Information Management Processes

#### Standard IM.3.10

The hospital has processes in place to effectively manage information, including the capturing, reporting, processing, storing, retrieving, disseminating, and displaying of clinical/service and non-clinical data and information.

- Compliant
- Not Compliant

#### Rationale for IM.3.10

Records resulting from data capture and report generation\* are used for communication and continuity of the patient's care or financial and business operations over time. Records are also used for other purposes, including litigation and risk management activities, reimbursement, and statistics. Improved data capture and report generation systems enhance the value of the records. Potential benefits include improved patient care, quality and safety, improved efficiency, effectiveness and reduced costs in patient care, and financial and business operations. To maximize the benefits of data capture and report generation, these processes exhibit the following characteristics: unique ID, accuracy, completeness, timeliness,<sup>†</sup> interoperability,<sup>‡</sup> retrievability,<sup>§</sup> authentication and accountability,<sup>||</sup> auditability, confidentiality, and security.

\* **Report generation** The process of analyzing, organizing, and presenting recorded information for authentication and inclusion in the patient's health care record or in financial or business records.

<sup>†</sup> **Timeliness** The time between the occurrence of an event and the availability of data about the event. Timeliness is related to the use of the data.

<sup>‡</sup> **Interoperability** Enables authorized users to capture, share, and report information from any system, whether paper- or electronic-based.

<sup>§</sup> **Retrievability** The capability of efficiently finding relevant information.

<sup>||</sup> **Accountability** All information is attributable to its source (person or device).

Scoring Grid

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

The processing, storing, and retrieving functions are integral to electronic, computerized, and paper-based information systems in hospitals. Important considerations for these functions include data elements, data accuracy, data confidentiality, data security, data integrity, permanence of storage (the time a medium safely stores information), ease of retrievability, aggregation of information, interoperability, clinical/service practice considerations, performance improvement, and decision support processing.

A goal for information storage is to be linked or centrally organized and accessible. This could include the hospital having an index identifying where the information is stored and how to access it; or, as the hospital moves to electronic systems, the hospital creates information systems to be interoperable within the enterprise. As more hospitals automate various processes and activities, it is important to share critical data among systems. As challenges of interoperability have arisen, standards organizations for the information technology field have stepped in to develop industry standards. It is important that the hospital is aware of the standards development organizations and their recommendations.

Internally and externally generated data and information are accurately disseminated to users. Access to accurate information is required to deliver, improve, analyze, and advance patient care and the systems that support health care delivery. Information is accessed and disseminated through electronic information systems or paper-based records and reports. The use of information is considered in developing forms, screen displays, and standard or ad hoc reports.

**Elements of Performance for IM.3.10**

**B** 0 1 2 NA

1. Information technology industry standards or hospital policies are used and address the following:
  - Uniform data definitions
  - Data capture
  - Data display
  - Data transmission

2. Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the hospital.

**Note:** *The preceding requirement is not scored here. It is scored at National Patient Safety Goal 2, Requirement 2B.*

**B** 0 1 2 NA

3. Minimum data sets, terminology, definitions, classifications, vocabulary, and nomenclature, including abbreviations, acronyms and symbols, are standardized throughout the hospital.

**B** 0 1 2 NA

4. Quality control systems are used to monitor data content and collection activities.
  - The method used provides for timely and economical data collection with the degree of accuracy, completeness, and discrimination necessary for their intended use.
  - The method used minimizes bias in the data and regularly assesses the data's reliability, validity, and accuracy.
  - Those responsible for collecting and reviewing the data are accountable for information accuracy and completeness.

**B** 0 1 2 NA

5. Storage and retrieval systems are designed to support hospital needs for clinical/service and hospital-specific information.
  - Storage and retrieval systems are designed to balance the ability to retrieve data and information with the intended use for the data and information.
  - Storage and retrieval systems are designed to balance security and confidentiality issues with accessibility.
  - Systems for paper and electronic records are designed to reduce disruption or inaccessibility during such times as diminished staffing and scheduled and unscheduled downtimes of electronic information systems.

**A** 0 1 2 NA

6. Data and information are retained for sufficient time to comply with law or regulation.



Scoring Grid

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

7. Knowledgeable staff and tools are available for collecting, retrieving, and analyzing data and their transformation into information.
8. Data are organized and transformed into information in formats useful to decision makers.
9. Dissemination of data and information is timely\* and accurate.
10. Data and information are disseminated in standard formats and methods to meet user needs and provide for retrievability and interpretation.

B 

0	1	2	NA
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B 

0	1	2	NA
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B 

0	1	2	NA
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B 

0	1	2	NA
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## Information-Based Decision Making

### Standard IM.4.10

The information management system provides information for use in decision making.

- Compliant
- Not Compliant

#### Rationale for IM.4.10

Information management supports timely and effective decision making at all hospital levels. The information management processes support managerial and operational decisions, performance improvement activities, and patient care, treatment, and service decisions. Clinical and strategic decision making depends on information from multiple sources, including the patient record, knowledge-based information, comparative data/information, and aggregate data/information.

#### Elements of Performance for IM.4.10

1. The hospital has the ability to collect and aggregate data and information to support care, treatment, and service delivery and operations, including the following:
  - Individual care, treatment, and services and care, treatment, and service delivery
  - Decision making
  - Management and operations
  - Analysis of trends
  - Performance comparisons over time throughout the hospital and with other organizations
  - Performance improvement
  - Infection control
  - Patient safety
2. To support clinical decision making, information found in the patient record is the following:
  - Readily accessible
  - Accurate
  - Complete
  - Organized for retrieval of data
  - Timely\*
3. Comparative performance data and information are used for decision making, when available.

B 

0	1	2	NA
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B 

0	1	2	NA
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B 

0	1	2	NA
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## Knowledge-Based Information

### Standard IM.5.10

Knowledge-based information resources are readily available, current, and authoritative.

- Compliant
- Not Compliant

\* **Timely** Defined by hospital policy and based on the intended use of the information.

## Scoring Grid

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

### Rationale for IM.5.10

Hospital practitioners and staff have access to knowledge-based information\* to do the following:

- Acquire and maintain the knowledge and skills needed to maintain and improve competence
- Assist with clinical/service and management decision making
- Provide appropriate information and education to patients and families
- Support performance improvement and patient safety activities
- Support the institution's educational and research needs

### Elements of Performance for IM.5.10

A 0 1 2 NA

1. Library services are provided by cooperative or contractual arrangements with other institutions, if not available on site.

B 0 1 2 NA

2. The hospital provides access to knowledge-based information resources† needed by staff in any of the following forms: print, electronic, Internet, or audio.

B 0 1 2 NA

3. Knowledge-based information resources are available to clinical/service staff, through electronic means, after-hours access to an in-house collection, or other methods.

B 0 1 2 NA

4. The hospital has a process for providing access to knowledge-based information resources when electronic systems are unavailable.

## Patient-Specific Information

- Compliant
- Not Compliant

### Standard IM.6.10

The hospital has a complete and accurate medical record for patients assessed, cared for, treated, or served.

### Rationale for IM.6.10

Patient-specific data and information are contained in the medical record, both inpatient and outpatient, to facilitate patient care, treatment, and services; serve as a financial and legal record; aid in research; support decision analysis; and guide professional and hospital performance improvement. This information is maintained as a paper record or as electronic health information.‡

### Elements of Performance for IM.6.10

A 0 1 2 NA

1. Only authorized individuals make entries in the medical record.

A 0 1 2 NA

2. The hospital defines which entries made by non-independent practitioners require countersigning consistent with law or regulation.

A 0 1 2 NA

3. Standardized formats are used for documenting all care, treatment, and services provided to patients.

\* **Knowledge-based information** A collection of stored facts, models, and information that can be used for designing and redesigning processes and for problem solving. In the context of this manual, knowledge-based information is found in the clinical, scientific, and management literature.

† Examples of knowledge-based information resources include current texts; periodicals; indexes; abstracts; reports; documents; databases; directories; discussion lists; successful practices; equipment and maintenance user manuals; standards; protocols; practice guidelines; clinical trials and other resources.

‡ **Electronic health information** A computerized format of the health care information in paper records that is used for the same range of purposes as paper records, namely to familiarize readers with the patient's status; document care, treatment, and services; plan for discharge; document the need for care, treatment, and services; assess the quality of care, treatment, and services; determine reimbursement rates; justify reimbursement claims; pursue clinical or epidemiological research; and measure outcomes of the care, treatment, and service process.

Scoring Grid

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

- 4. Medical record entries\* are dated, the author identified and, when necessary according to law or regulation or hospital policy, authenticated, either by written signature, electronic signature, or computer key or rubber stamp.†
- 5. The author authenticates either by written signature, electronic signature, or computer key or rubber stamp the following:
  - The history and physical examination
  - Operative reports
  - Consultations
  - Discharge summary
- 6. The medical record contains sufficient information to identify the patient; support the diagnosis/condition; justify the care, treatment, and services; document the course and results of care, treatment, and services; and promote continuity of care among providers.
- 7. A concise discharge summary† providing information to other caregivers and facilitating continuity of care includes the following:
  - The reason for hospitalization
  - Significant findings
  - Procedures performed and care, treatment, and services provided
  - The patient's condition at discharge
  - Information provided to the patient and family, as appropriate
- 8. The hospital has a policy on the timely entry of information into the patient's medical record.
- 9. The hospital defines a complete record and the time frame within which the record is completed after discharge, not to exceed 30 days after discharge.
- 10. The hospital measures medical record delinquency at regular intervals, at least every three months.
- 11. The medical record delinquency rate averaged from the last four quarterly measurements is not greater than 50% of the average monthly discharge (AMD) rate and no quarterly measurement is greater than 50% of the AMD rate.

**Note:** The score for this Element of Performance will result from the condition described below.

The medical record delinquency rate averaged from the last four quarterly measurements is the following:

- Not greater than 50% of the AMD rate and no single quarterly measurement are greater than 50% of the AMD rate—the score is **2-Compliance**.
- Not greater than 50% of the AMD rate but one or more quarterly measurements is greater than 50% of the AMD rate—the score is **1-Partial Compliance**.
- Greater than 50% of the AMD rate but less than twice (that is, 200%) the AMD rate—the score is **0-Insufficient Compliance**.
- Equal to or greater than twice (that is, 200%) the AMD rate—the score is **0-Insufficient Compliance and a decision of Conditional Accreditation: see DECISION RULE CON05**.

\* For paper-based records, countersignatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulations or organization policy. For electronic records, electronic signatures will be date-stamped.

† Authentication is shown by written signatures or initials, rubber-stamp signatures, or computer key. Authorized users of signature stamps or computer keys sign a statement assuring that they alone will use the stamp or key.

‡ Exceptions to the discharge summary: When individuals are seen for minor problems or interventions (as defined by the medical staff, a final progress note may be substituted for the discharge summary. When individuals are transferred to a different level of care within the hospital, and the caregivers change, a transfer summary may be substituted for the discharge summary. When the caregivers are the same, a progress note may be used.

C 0 1 2 NA

C 0 1 2 NA

C 0 1 2 NA

C 0 1 2 NA

B 0 1 2 NA

A 0 1 2 NA

A 0 1 2 NA

B 0 1 2 NA

**Scoring Grid**

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

**B** 0 1 2 NA

**B** 0 1 2 NA

**B** 0 1 2 NA

**A** 0 1 2 NA

**C** 0 1 2 NA

- Compliant
- Not Compliant

**C** 0 1 2 NA

12. Medical records are reviewed on an ongoing basis at the point of care.
13. The review of medical records is based on hospital-defined indicators that address the presence, timeliness, readability (whether handwritten or printed), quality, consistency, clarity, accuracy, completeness, and authentication of data and information contained within the record.
14. The retention time of medical record information is determined by the hospital based on law or regulation, and on its use for patient care, treatment, and services, legal, research, operational purposes, and educational activities.
15. Not applicable
16. Not applicable
17. Original medical records are not released unless the hospital is responding appropriately to laws or regulations, court orders, or subpoenas.
- M** 18. Medical records of patients who have received emergency care, treatment, and services contain the following information:
  - Times and means of arrival
  - Whether the patient left against medical advice
  - The conclusions at termination of treatment, including final disposition, condition, and instructions for follow-up care, treatment, and services
  - A copy of the record that is available to the practitioner or medical organization providing follow-up care, treatment, and services

**Standard IM.6.20**

Records contain patient-specific information, as appropriate, to the care, treatment, and services provided.

**Elements of Performance for IM.6.20**

- M** 1. Medical records contain, as applicable, the following clinical/case information:
  - Emergency care, treatment, and services provided to the patient before his or her arrival, if any
  - Documentation and findings of assessments\*
  - Conclusions or impressions drawn from medical history and physical examination
  - Diagnosis, diagnostic impression, or conditions
  - Reason(s) for admission of care, treatment, and services
  - Goals of the treatment and treatment plan
  - Diagnostic and therapeutic orders
  - Diagnostic and therapeutic procedures, tests, and results
  - Progress notes made by authorized individuals
  - Reassessments and plan of care revisions
  - Relevant observations
  - Response to care, treatment, and services provided
  - Consultation reports
  - Allergies to foods and medicines
  - Medications ordered or prescribed
  - Dosages of medications administered (including the strength, dose, or rate of administration, administration devices used, access site or route, known drug allergies, and adverse drug reactions)
  - Medications dispensed or prescribed on discharge
  - Relevant diagnoses/conditions established during the course of care, treatment, and services

\* See the "Provision of Care, Treatment, and Services" chapter in this manual.

**Scoring Grid**

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

C 0 1 2 NA

C 0 1 2 NA

- Compliant
- Not Compliant

C 0 1 2 NA

C 0 1 2 NA

C 0 1 2 NA

- Compliant
- Not Compliant

A 0 1 2 NA

C 0 1 2 NA

A 0 1 2 NA

A 0 1 2 NA

- 8. Postoperative documentation records the name of the licensed independent practitioner responsible for discharge.
- 9. Not applicable
- 10. The history and physical examination and the results of indicated diagnostic tests are recorded before the operative or other high-risk procedures.

**Standard IM.6.40**

For patients receiving continuing ambulatory care services, the medical record contains a summary list(s) of significant diagnoses, procedures, drug allergies, and medications.

**Rationale for IM.6.40**

Summary lists facilitate continuity of care over time for a single provider or among several providers. To support quality and safe patient care, it is important that this information be easily and quickly available to staff. As a large variety and variation of record keeping currently exist, any system that achieves this goal, either paper-based or electronic, is acceptable.

**Elements of Performance for IM.6.40**

- 1. The summary list(s) is initiated for the patient by the third visit and maintained thereafter.
- 2. The summary list(s) contains the following information:
  - Known\* significant medical diagnoses and conditions
  - Known significant operative and invasive procedures
  - Known adverse and allergic drug reactions
  - Known long-term medications, including current medications, over-the-counter drugs, and herbal preparations
- 3. The summary list(s) is quickly and easily available for practitioners to access needed information.

**Standard IM.6.50**

Designated qualified staff accept and transcribe verbal or telephone orders from authorized individuals.

**Rationale for IM.6.50**

Processes for receiving, transcribing, and authenticating verbal or telephone orders are established to protect the quality of patient care, treatment, and services.

**Elements of Performance for IM.6.50**

- 1. Qualified personnel are identified, as defined by hospital policy and in accordance with law or regulation, and authorized to receive and record verbal or telephone orders.
- 2. Verbal or telephone orders are dated and identifies the names of the individuals who gave, received, and implemented the order.
- 3. When required by law or regulation, verbal or telephone orders are authenticated within the specified time frame.
- 4. For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result "read-back" the complete order or test result.

\* "Known" refers to information gathered during ambulatory care assessment and treatment.

Scoring Grid

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

**Note:** The preceding requirement is not scored here. It is scored at National Patient Safety Goal 2, Requirement 2A.

**Standard IM.6.60**

The hospital provides access to relevant information from a patient's record as needed for use in patient care, treatment, and services.

**Rationale for IM.6.60**

To facilitate continuity of care, providers have access to information about all previous care, treatment, and services provided to a patient by the hospital.

**Elements of Performance for IM.6.60**

1. The hospital has a process to track the location of all components of the medical record.
2. The hospital uses a system to assemble required information or make available a summary of information relative for patient care, treatment, and services provided.

- Compliant
- Not Compliant

B	0	1	2	NA
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B	0	1	2	NA
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