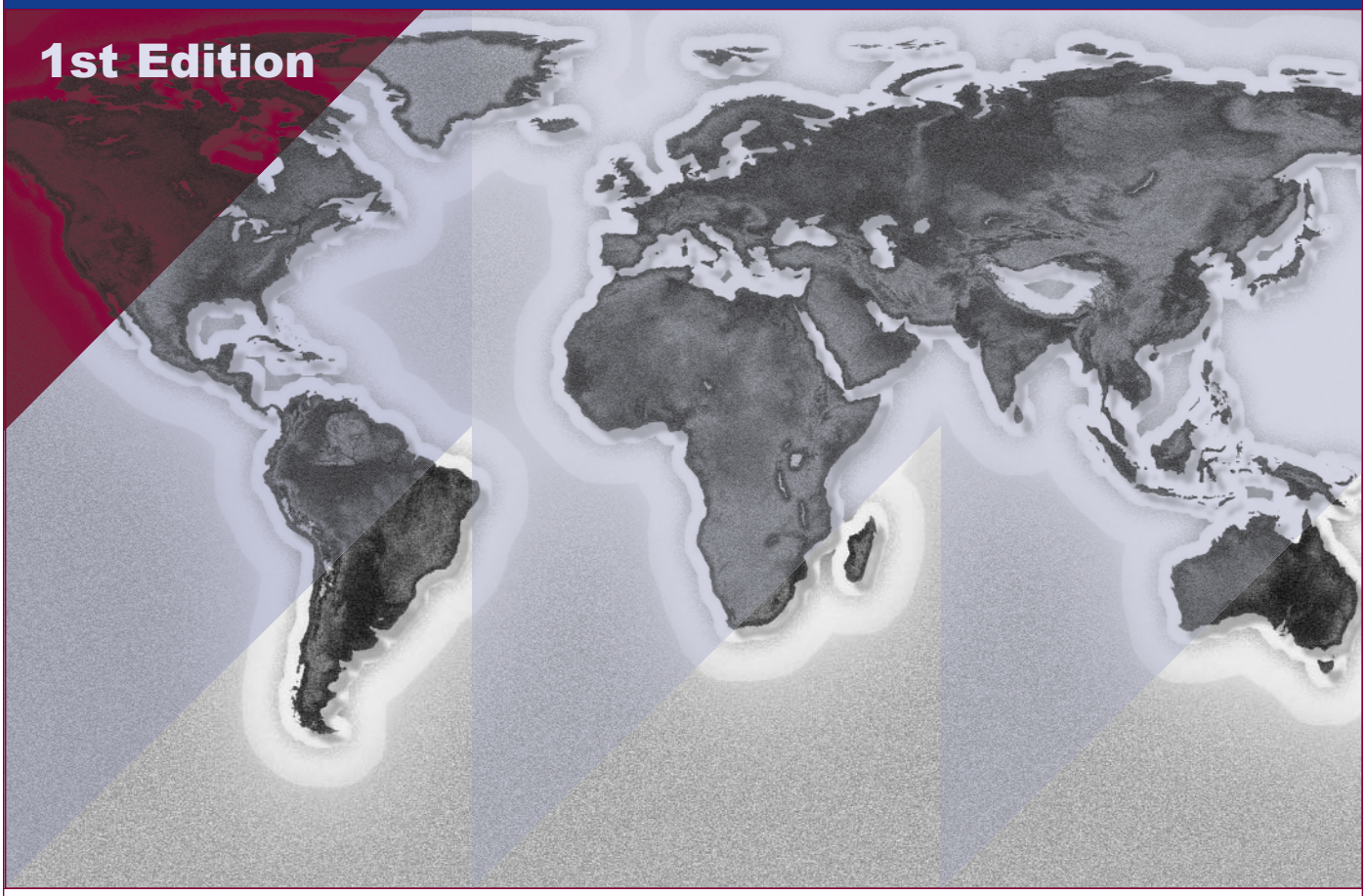
Joint Commission International Accreditation Standards for Primary Care Centers

1st Edition



Joint Commission International

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Section I: Community Involvement and Integration (CII)

Overview

Primary care centers are usually well integrated into the community in terms of knowing the needs of the community and how they fit into meeting those needs. This integration requires planning with other organizations, participating in communitywide activities, and even incorporating community members into the structure of the organization as volunteers, as members of various planning groups, and in other ways. Frequently there is no clear structure within the community for this level and type of dialogue and planning. Public health agencies and community boards of various types may not see this as their role. Thus, a primary care center may need to take a leadership (*also see* "leader" in Glossary) role in creating the community structure for this level of community planning.

Standards

CII.1 The primary care center and other health care and civic centers cooperate and partner to identify the health care problems and services needed within the region and community.

CII.2 Community hospital backup and medical transportation services are available, if needed, from within the regional health care delivery system.

CII.3 The primary care center defines the population(s) for which it will provide access to services consistent with its mission.

CII.3.1 The primary care center establishes its role in providing services to this population(s) in concert with the regional and/or local community response.

CII.3.2 The primary care center works collaboratively with other organizations and health agencies to identify and include vulnerable populations in community health programs.

CII.4 In conjunction with community planning, each primary care center defines and measures its achievement in meeting community goals of care.

CII.5 The primary care center participates actively as a member of its community and region.

CII.6 One or more individuals within the leadership of the primary care center have defined responsibility for speaking on behalf of the primary care center to its community.

CII.7 The commitment of the primary care center to health promotion and disease prevention is evident in its mission statement, value statement, collaborative agreements with local and regional agencies, and relevant policies and community participation.

CII.7.1 The primary care center participates in a variety of health promotion and disease prevention programs with its community.

CII.8 The primary care center includes community participants in its governance structure.

CII.9 The primary care center regularly solicits community perceptions related to its services and primary care center matters.

Section II: Patient-Centered Services (PCS)

Overview

Primary care centers must determine the type and scope of services (*also see* Glossary) to be offered to the community and to patients. As these services may be offered to individuals from birth to death and need to meet a wide variety of health care needs, it is very important for the organization to determine exactly what services are to be offered and the interface between the care they offer and other parts of the health care system. The next consideration is how to effectively organize those services to support good patient care and efficient (*also see* "efficiency" in Glossary) health care providers. Thus, there is a deliberate effort to respect patient rights, gain informed consent (*also see* Glossary) for high-risk procedures, ensure the accurate assessment of the patient's needs, and, through care and education, promote health and provide comfort and cure. In all these activities, the patient stays at the center of every aspect of the organization.

Standards

PCS.1 Basic and essential services, as needed by the primary care center's population, are provided.

PCS.2 Additional primary care services and procedures are provided by the primary care center or through agreements with outside organizations and agencies.

PCS.3 Enhanced services and procedures requiring special competence and/or facilities are provided by the primary care center or in cooperation with community organizations and agencies.

PCS.4 The primary care center informs patients and families about its care and services and how to access those services.

PCS.5 The process of care is designed to support the patient.

PCS.6 Office routines and processes are designed to support the clinical care providers.

PCS.7 The primary care center designs patient care processes to reduce the risk of unsafe patient care.

PCS.8 The primary care center is responsible for providing processes that support patient and family rights during care.

- **PCS.8.1** Patient and family rights and responsibilities are identified by the organization.
- **PCS.8.2** The primary care center identifies the cultural context of the populations it services and the influence of this context on how patients exercise these rights and responsibilities.
- **PCS.8.3** The primary care center informs patients and families about its process to receive and act on complaints, conflicts, and differences of opinion about patient care and the patient's right to participate in these processes.
- **PCS.8.4** All patients are informed about their rights in a manner they can understand.

PCS.9 Patient informed consent is obtained through a process defined by the primary care center and carried out by trained staff.

- **PCS.9.1** The primary care center lists those categories or types of treatments and procedures that require informed consent.
- **PCS.9.2** Patients and, as appropriate, families receive adequate information about the illness, proposed treatment, and care providers so that they can make care decisions, including decisions about informed consent.
- **PCS.9.3** Informed consent is obtained before a patient participates in clinical research, investigation, and trials.
- **PCS.9.4** To protect patient rights, the primary care center has a committee or another way to oversee all research in the primary care center involving human subjects.

PCS.10 All patients cared for by the primary care center have their initial and continuing health care needs identified through an established assessment process.

- **PCS.10.1** The primary care center has determined the scope and content of initial and continuing care assessments conducted by different care providers based on applicable laws and regulations.

PCS.10.2 All patients are assessed at appropriate intervals to determine their response to treatment and compliance with treatment, identify complications, and plan for continuing care or determine that treatment is complete.

PCS.10.3 All patients are reassessed at appropriate intervals to determine their response to treatment and compliance with treatment, identify complications, and plan for continuing care or determine that treatment is complete.

PCS.10.4 Patients are screened for behavioral health needs, pain, and nutritional and functional needs, and they are referred for full assessment, treatment, and follow-up when indicated.

PCS.11 Laboratory services are available on site or readily available through arrangements with outside sources to meet patient needs.

PCS.11.1 Laboratory services provided on site meet applicable local and national standards, laws, and regulations; are directed and staffed by qualified individuals; are organized with adequate supplies; and have a quality control program.

PCS.12 Diagnostic imaging services are available on site or readily available through arrangements with outside sources to meet patient needs.

PCS.12.1 Diagnostic imaging services provided on site meet applicable local and national standards, laws, and regulations; are directed and staffed by qualified individuals; are organized with adequate supplies; and have a quality control program.

PCS.13 The primary care center provides care and treatment using uniform care processes that ensure a high level of patient care.

PCS.13.1 There is a process to integrate and coordinate the care provided to each patient.

PCS.13.2 The care provided to a continuing care patient is planned, revised when indicated, and documented in the patient's record and made accessible to all the patient's care providers.

PCS.14 Medication use in the primary care center is organized to meet patient needs and complies with applicable laws and regulations.

PCS.14.1 Medications available within the primary care center for dispensing to patients or for practitioner administration are organized efficiently and effectively, and their use is guided by policies and procedures.

PCS.14.2 Medication administration within the primary care center follows standardized processes to ensure patient safety.

PCS.14.3 Medication use is monitored for clinical effectiveness, and adverse medication effects are noted in the patient's record and reported as required.

PCS.14.4 Medication errors are reported through a process and time frame defined by the primary care center.

PCS.15 Food, appropriate for each patient and consistent with his or her condition, is made available for patients who require an extended stay in the primary care center.

PCS.16 The primary care center addresses end-of-life care appropriate to the patient's condition and needs or refers the patient to outside sources of appropriate care.

PCS.17 Education supports patient and family participation in care decisions and care processes.

PCS.17.1 Education related to a patient's immediate and long-term health needs is recorded in the patient's record, and the patient's and family's ability to learn and willingness to learn are assessed.

PCS.17.2 Patient and family education include the following topics, as appropriate to the patient's care: health promotion and disease prevention, the safe use of medications, the safe use of medical equipment, potential interactions between medications and food, nutritional guidance, and rehabilitation techniques, including ways to reduce falls and other injuries at home.

PCS.17.3 Education methods consider the patient's and family's values and preferences and allow sufficient interaction among the patient, family, and staff for learning to occur.

PCS.17.4 The services and support that the patient will need when he or she no longer receives care and services from the primary care center are reviewed with the patient and his or her family.

Section III: Organization and Delivery of Services (ODS)

Overview

Primary care centers strive to be effective, well-managed places. To achieve this, there needs to be a clear management structure, with good coordination of the care process, including the delivery of services using teams. Teams work effectively when they have the information they need, usually from an organized and complete patient record (*also see* Glossary), and the team works in a safe environment with few risks, including infection risks, to both staff (*also see* Glossary) and patients. Finally, staff must have the qualifications to provide the care expected and should have opportunities to learn and grow as professionals. All together, these conditions make for a primary care center where patients receive optimum care and staff are supported and safe.

Standards

ODS.1 The governance and management structure of the primary care center is described in bylaws, policies and procedures, or similar documents.

ODS.1.1 The responsibilities and accountabilities of the governance and management structure are identified in the written documents.

ODS.1.2 Those responsible for governance and management of the primary care center establish and implement a framework for ethical management to ensure that the primary care center provides patient care within safety, business, financial, ethical, and legal norms that protect patients and their rights.

ODS.2 A senior manager or director is responsible for operating the primary care center and complying with applicable laws and regulations.

ODS.3 The primary care center's clinical and managerial leaders are identified and are collectively responsible for creating the plans and policies needed to fulfill the primary care center's mission.

ODS.4 The clinical leaders of the primary care center plan and implement an effective structure to support their responsibilities and authority.

ODS.5 One or more qualified individuals provide leadership for each clinical or service unit in the primary care center.

ODS.5.1 The individual(s) leading the clinical or service unit implements a quality and safety program that includes monitoring the services provided, monitoring the quality of any applicable contracts for clinical services, and integrating the quality program into the primary care center's quality program.

ODS.6 Continuity of care and coordination of care are provided from initial assessment through care, treatment, and follow-up.

ODS.6.1 Multidisciplinary teams are organized to ensure coordination of care and continuity of care.

ODS.7 An established procedure(s) governs patient consultations and referrals or transfers to another level of care, health professional, or setting.

ODS.8 The primary care center meets the information needs of all those who provide clinical services, those who manage the primary care center, and those outside the organization who require data and information from the primary care center.

ODS.9 Confidentiality, security, and integrity of data and information are maintained.

ODS.10 Records and information are protected against loss, destruction, tampering, and unauthorized access or use.

ODS.11 The primary care center uses standardized diagnosis codes, procedure codes, symbols, abbreviations, and definitions.

ODS.12 The retention time of patient record information is determined by the primary care center based on law and regulation and on its use for patient care, legal, research, and educational activities.

ODS.13 The primary care center initiates and maintains a patient record for every individual assessed or treated.

ODS.13.1 Only authorized individuals make entries in patient records.

ODS.13.2 Patient records contain sufficient information to identify the patient, support the diagnosis, justify the treatment, and document the course and results.

ODS.13.3 For patients receiving continuing care, the patient record contains a summary of all known significant diagnoses, drug allergies, current medications, and any past surgical procedures and hospitalizations.

ODS.13.4 Patient records are periodically reviewed for completeness, accuracy, legibility, and timely completion of all information, and action is taken, as necessary, to improve.

ODS.14 The primary care center collects and analyzes aggregate data to support patient care, primary care center management, and the quality management and patient safety program.

ODS.15 The primary care center plans and implements a program to manage the physical environment to support safe patient care.

ODS.16 The primary care center facility is designed to provide accessible, efficient, and safe clinical care in a secure and supportive environment.

ODS.17 The primary care center plans and implements a program to ensure that all occupants are safe from fire, smoke, or other emergencies in all its facilities.

ODS.18 The primary care center develops and implements a plan to limit smoking by staff and patients to designated non–patient care areas of the facility.

ODS.19 The primary care center has a plan for the inventory, handling, storage, and use of hazardous materials and the control and disposal of hazardous materials and waste.

ODS.20 The primary care center plans and implements a program for inspecting, testing, and maintaining medical equipment and documenting the results.

ODS.21 The primary care center has emergency processes to protect facility occupants in the event of water or electrical system disruption, contamination, or failure.

ODS.22 Electrical, water, waste, ventilation, medical gas, and other key systems are regularly inspected, maintained, and, when appropriate, improved.

ODS.23 The primary care center educates and trains all staff members about their roles in providing a safe and effective patient care facility.

ODS.24 A primary care center staffing plan identifies the number and qualifications of staff needed to meet the primary care center's mission and provide safe patient care.

ODS.24.1 New staff orientation provides initial job training and assessment of capability to perform job responsibilities.

ODS.24.2 Ongoing in-service or other education and training maintain and improve staff competence.

ODS.24.3 All staff/practitioners/students/volunteers/contract workers understand and can demonstrate their role relative to safety.

ODS.24.4 The competence to carry out job responsibilities is continually assessed, demonstrated, maintained, and improved.

ODS.24.5 Health professional training and education, when provided within the primary care center, are guided by policies that ensure adequate supervision.

ODS.25 The primary care center has an effective process for gathering, verifying, and evaluating the credentials (licensure, education, training, and experience) of those staff members permitted by law and the primary care center to provide patient care without supervision.

ODS.25.1 There is an ongoing professional practice evaluation of the quality and safety of the clinical care provided by each staff member permitted to practice independently.

ODS.26 The primary care center has an effective process for gathering, verifying, and evaluating the credentials (licensure, education, training, and experience) of those health care professional staff members who work under supervision and have job descriptions.

ODS.27 The primary care center uses a coordinated process to reduce the risks of endemic and epidemic infections in patients and health care workers.

ODS.27.1 Case findings and identification of demographically important infections provide surveillance data and data for reporting, when appropriate, within the primary care center and to public health agencies.

ODS.28 The primary care center identifies the procedures and processes associated with the risk of infection and implements strategies to reduce infection risks.

ODS.29 Management systems support the infection control process to ensure adequate data analysis, interpretation, and presentation.

Section IV: Improvement in Quality and Safety (IQS)

Overview

Much of what a primary care center does will, over time, change. Patient (*also see* Glossary) populations and their health needs change, technology changes, staff (*also see* Glossary) knowledge changes, the science of patient care changes, information from the World Health Organization advances, and management tools and concepts change. To absorb and use change in innovative ways, the center will need a culture of quality and safety, with a clear understanding of how to monitor (*also see* "monitoring" in Glossary) processes (*also see* Glossary) and outcomes (*also see* Glossary) and how to assess data (*also see* Glossary) and to plan and implement improvements. This requires leadership (*also see* "leader" in Glossary) support and an understanding of basic principles of quality management in health care. When this happens, the center is not only incorporating benchmark practices from other organizations but also providing benchmarks for others.

Standards

IQS.1 Those responsible for governing and leading the primary care center plan and oversee a quality improvement and patient safety program and set measurement priorities and priorities for improvement.

IQS.1.1 The primary care center quality and safety program includes both patient and staff safety and includes the center's risk management and quality control activities.

IQS.2 The quality and safety monitoring process includes the collection of data, the aggregation and analysis of the data, and the reporting of the results.

IQS.3 Quality monitoring includes both clinical and managerial processes and outcomes, as selected by the primary care center's leaders.

IQS.4 Improvement in quality and safety is achieved and sustained for the priority improvement areas and measures identified by the primary care center's leaders.

IQS.5 Clinical practice guidelines and clinical pathways and other evidence-based recommendations are used to guide patient assessment and treatment and reduce unwanted variation.

IQS.6 The primary care center uses a defined process for identifying and managing sentinel events.

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

IQS.8 The primary care center uses a defined process for the identification and analysis of near-miss events.

Section V: International Patient Safety Goals

Overview

This section addresses the International Patient Safety Goals, required for implementation by primary care centers accredited by Joint Commission International (JCI) under the International Standards for Primary Care Centers.

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

Goals

Goal 1 Identify Patients Correctly

Goal 2 Improve Effective Communication

Goal 3 Improve the Safety of High-Alert Medications

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

Goal 5 Reduce the Risk of Health Care–Associated Infections

Goal 6 Reduce the Risk of Patient Harm Resulting from Falls