

General Eligibility Requirements

Overview

Clinical Care Program Certification (CCPC) evaluates the organizations that provide clinical care services directly to participants of the program and meet the eligibility requirements, including the JCI Clinical Practice Guideline Selection Process which is a systematic review of a clinical care program's process for the selection of clinical practice guidelines. This collaborative review process requires the program leader(s) and interdisciplinary committee members to conduct an annual literature search, evaluation, and approval of the program's selected clinical practice guidelines to ensure that the program is adopting or adapting recently updated clinical practice guidelines with evidence-based principles most relevant to the program's target population.

Clinical Care Program Certification is not connected to an organization's accreditation status, although if an organization has one or more clinical care programs eligible for certification, the organization must first achieve accreditation by Joint Commission International (JCI) to be eligible for subsequent certification. **Examples** of programs may include but are not limited to acute myocardial infarction, heart failure, primary stroke, asthma, chronic obstructive pulmonary disease, pain management, palliative care, low back pain, chronic depression, and HIV/AIDS.

Eligibility Requirements for CCPC Survey

Any clinical care program that is provided in association with a JCI-accredited organization is eligible to apply for JCI certification if the following requirements are met:

- The organization is a JCI-accredited health care organization.
- The organization is located outside of the United States and its territories.
- The organization is currently operating as an authorized health care provider in the country and is licensed to provide clinical care and treatment as a health care organization (if required).
- The program is appropriately designed and implemented for the population served.
- A minimum of 25 patients have met the program's eligibility requirements and have been managed under the program's selected clinical practice guidelines at the time the hospital submits its CCPC application.
- The program has been in operation for at least six months prior to CCPC application.
- The program can demonstrate at least a six-month track record of consistent compliance with all the JCI standards prior to CCPC application.
- Every patient must be managed under an approved clinical practice guideline prior to CCPC application.
- The program uses a standardized method of delivering clinical care based on clinical practice guidelines and/or evidence-based practice supported by the auspices of medical specialty associations, relevant professional societies, public or private organizations, government agencies, or other authoritative sources.
- The program uses performance measurement to improve its performance over time. The performance measures selected for the program meet the following requirements:
 - Performance measures selected are appropriate and consistent with the program's intent and/or clinical practice guidelines.
 - The program has collected four months of data for the selected performance measures at the time of submitting the application.
 - The program has monitored at least four performance measures at

- the time of submitting the application.
- The program meets the criteria for the JCI Clinical Practice Guideline Selection Process and submits the supporting documents to verify compliance.
 - Disease:
 - The disease for which the program will provide care, treatment, and services is identified.
 - The target population is determined.
 - The scope of services is defined.
 - Science:
 - Clinical practice guidelines published by professional organizations and/or societies related to the disease and its care, treatment, and services for the target population are identified.
 - A literature search using key terms looking for related scientific publications (that is, randomized controlled trials, scientific statements) is conducted.
 - Evaluate:
 - Program leaders evaluate the clinical practice guidelines and any additional published research for alignment with the program's target population and scope of services.
 - Evidence selected for implementation is evaluated for feasibility and positive measurable outcomes.
 - Program leaders make modifications based on data if it meets the needs of the target population.
 - Program leaders discuss the information collected from this evaluation with the program's interdisciplinary committee members.
 - Approval:
 - Program leaders and interdisciplinary committee members follow their approval process for adopting guidelines and additional scientific research.
 - The discussion and approval process are documented in committee meeting minutes.
 - Repeat:
 - Annually, the program's leaders and interdisciplinary committee members reevaluate the clinical practice guidelines and any newly published scientific research based on key terms and evaluation of program data.
 - Program leaders and interdisciplinary committee members also consider any new care, treatment, or services that may be offered to the target population within their scope of services and reevaluate the science based on this decision. Adoption of new guidelines may be indicated.

Certification as a Specialty Center for Specialty Hospitals That Are JCI Accredited

A specialty hospital that is JCI accredited and meets specific eligibility requirements may apply for certification as a Certified Specialty Center for the specific specialty provided. **For example**, a JCI-accredited hospital that treats only cancer patients may apply for certification as a Certified Cancer Center. Similarly, a JCI-accredited hospital that only performs joint replacement may apply for certification as a Certified Joint Replacement Center.

Eligibility Requirements for a Specialty Center Certification

Survey

Any specialty hospital that is JCI accredited is eligible to apply for JCI certification as a specialty center if the following requirements are met:

- The specialty hospital is accredited under the JCI standards for hospitals.
- The organization is located outside of the United States and its territories.
- The organization is currently operating as an authorized health care provider in the country and is licensed to provide clinical care and treatment as a health care organization (if required).
- The specialty hospital is appropriately designed and implemented for the population served.
- The specialty hospital specializes in care for a specific patient population, such as cancer, cardiovascular, neurology, or mental health.
- At the time the specialty hospital submits its application, the specialty hospital must have served a minimum number of patients for the surveyors to adequately survey implementation of each program.
- Every patient must be managed under an approved clinical practice guideline prior to Specialty Center Certification application.
- To qualify as approved, the specialty hospital uses a standardized method of delivering clinical care based on clinical practice guidelines and/or evidence-based practice supported by the auspices of medical specialty associations, relevant professional societies, public or private organizations, government agencies, or other authoritative sources.
- The specialty hospital can demonstrate at least a six-month track record of consistent compliance with all the JCI standards for CCPC prior to certification application.
- The specialty hospital has been in operation for at least six months prior to CCPC application.
- A minimum of at least four performance measures must be selected for each of the clinical practice guidelines and must meet the following requirements:
 - Performance measures selected are appropriate and consistent with the clinical practice guideline.
 - The specialty hospital has collected four months of data for each of the selected performance measures.
 - The specialty hospital has monitored at least four performance measures for each clinical practice guideline.
- The specialty hospital meets the criteria for the JCI Clinical Practice Guideline Selection Process and submits the supporting documents to verify compliance.
 - Disease:
 - The disease for which the program will provide care, treatment, and services is identified.
 - The target population is determined.
 - The scope of services is defined.
 - Science:
 - Clinical practice guidelines published by professional organizations and/or societies related to the disease and its care, treatment, and services for the target population are identified.
 - A literature search using key terms looking for related scientific publications (that is, randomized controlled trials, scientific statements) is conducted.
 - Evaluate:
 - Specialty hospital leaders evaluate the clinical practice guidelines

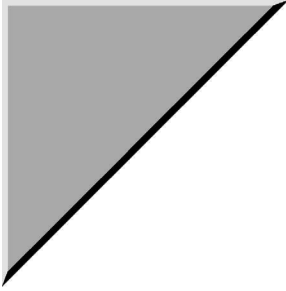
- and any additional published research for alignment with the specialty hospital's target population and scope of services.
- Evidence selected for implementation is evaluated for feasibility and positive measurable outcomes.
- Specialty hospital leaders make modifications based on data if it meets the needs of the target population.
- Specialty hospital leaders discuss the information collected from this evaluation with the specialty hospital's interdisciplinary committee members.
- Approval:
 - Specialty hospital leaders and interdisciplinary committee members follow their approval process for adopting guidelines and additional scientific research.
 - The discussion and approval process are documented in committee meeting minutes.
- Repeat:
 - Annually, the specialty hospital's leaders and interdisciplinary committee members reevaluate the clinical practice guidelines and any newly published scientific research based on key terms and evaluation of specialty hospital data.
 - Specialty hospital leaders and interdisciplinary committee members also consider any new care, treatment, or services that may be offered to the target population within their scope of services and reevaluate the science based on this decision. Adoption of new guidelines may be indicated.

Joint Commission International
Accreditation Standards for
**Clinical Care Program
Certification**



Section I: Certification Participation Requirements





Certification Participation Requirements (CPR)

Requirements

- CPR.1** The clinical care program meets all requirements for timely submissions of performance measurement data and information to Joint Commission International (JCI) as required by the program.
- CPR.2** The program provides JCI with accurate and complete information through all phases of the certification process.
- CPR.3** The program reports within 30 days of the effective date of any changes in the program's profile (electronic database) or information provided to JCI via the E-App before and between surveys.
- CPR.4** The program permits on-site evaluations of standards and policy compliance or verification of quality and safety concerns, reports, or regulatory authority sanctions at the discretion of JCI.
- CPR.5** The program allows JCI to request (from the program or outside agency) and review an original or authenticated copy of the results and reports of external evaluations from publicly recognized bodies.
- CPR.6** Not applicable to Clinical Care Program Certification.
- CPR.7** Not applicable to Clinical Care Program Certification.
- CPR.8** The program accurately represents its certification status and the facilities and services to which JCI certification applies. Only hospitals with current JCI certification may display the Gold Seal.
- CPR.9** Any individual who provides care, treatment, and services can report concerns about patient safety and quality of care to JCI without retaliatory action from the program.
1. The organization educates its staff and other individuals who provide care, treatment, and services that concerns about the safety or quality of care provided in the organization may be reported to JCI.
 2. The organization informs its staff that it will take no disciplinary or punitive action because an employee or other individual who provides care, treatment, and services reports safety or quality-of-care concerns to JCI.
 3. The organization takes no disciplinary or punitive action against employees or other individuals who provide care, treatment, and services when they report safety or quality-of-care concerns to JCI.
- CPR.10** Translation and interpretation services arranged by the program for a certification survey and any related activities are provided by translation and interpretation professionals who are qualified and have no relationship to the program.

Qualified translators provide to the hospital and JCI documentation of their experience in translation and interpretation. The documentation may include but is not limited to the following:

- Evidence of advanced education in English and in the language of the host organization's primary language

- Evidence of translation and interpretation experience, preferably in the medical field
- Evidence of employment as a professional translator, preferably full time
- Evidence of continuing education in translation and interpretation, preferably in the medical field
- Membership(s) in professional translation and interpretation associations
- Translation and interpretation proficiency testing results, when applicable
- Translation and interpretation certifications, when applicable
- Other relevant translation and interpretation credentials

In some cases, JCI can provide organizations with a list of translators who meet the requirements listed above.

CPR.11 The program notifies the public it serves about how to contact its program management and JCI to report concerns about patient safety and quality of care.

Methods of notice may include but are not limited to distribution of information about JCI, including contact information in published materials such as brochures and/or posting this information on the program's website.

CPR.12 The clinical care program provides care, treatment, and services in an environment that poses no risk of an immediate threat to health or safety.

Section II: Standards





Program Leadership and Management (PLM)

Standards

- PLM.1** The program defines the roles and responsibilities of its program leaders.
- PLM.2** The program is collaboratively designed, implemented, and evaluated.
- PLM.3** The program meets the needs of the target population.
- PLM.4** The program determines the care, treatment, and services it provides.
- PLM.5** The scope and level of care and/or services provided are uniform and comparable for patients with the same acuity and type of disease or condition being managed, regardless of their ability to pay or the source of payment, staffing resources, or care settings.
- PLM.6** The target population has access to the care, treatment, and services provided by the program.
- PLM.7** The program follows a code of ethics.
- PLM.8** The program uses current scientific information, reference materials, and resource materials to support patient care, health professional education, and clinical research.
- PLM.9** The program's facilities are safe, secure, and accessible.



Delivering or Facilitating Clinical Care (DFC)

Standards

- DFC.1** All clinical staff are qualified, competent, and appropriately trained.
- DFC.2** All clinical and nonclinical staff are oriented to the program and to their specific job responsibilities.
- DFC.3** The program uses a standardized professional practice evaluation process(es) to evaluate the quality and safety of the clinical care provided by each staff member.
- DFC.4** The program uses a standardized process originating in clinical practice guidelines or evidence-based practice to deliver or facilitate the delivery of clinical care.
- DFC.5** All clinical staff are knowledgeable about the adapted or adopted clinical practice guidelines and implement care, treatment, and services that are consistent with the clinical practice guidelines.
- DFC.6** The program tailors the plan of care to meet the patient's needs.
- DFC.7** The program develops a process for patient assessment for the target population.
- DFC.8** The program has a process to provide continuity of patient care services and coordination among health care practitioners across the continuum of care.
- DFC.9** The program manages comorbidities and concurrently occurring conditions and/or communicates the necessary information to manage these conditions to the appropriate clinical staff.



Supporting Self- Management (SSM)

Standards

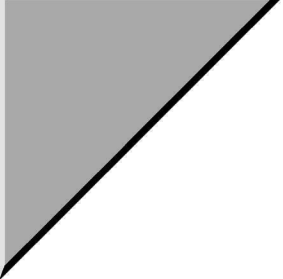
- SSM.1** The program involves the patient and, when appropriate, the family in making decisions about managing their diseases or conditions.
- SSM.2** The program addresses the educational and self-management needs of the patient and, when appropriate, the family.
- SSM.3** The program educational materials are consistent with the clinical practice guidelines and relevant to the target population.



Clinical Information Management (CIM)

Standards

- CIM.1** Patient information is confidential and secure.
- CIM.2** The program identifies health care practitioners and staff authorized to have access to and/or to make entries in the patient health record.
- CIM.3** The program uses standardized diagnosis codes, procedure codes, symbols, abbreviations, definitions, and methods for adding comments/addenda.
- CIM.4** The program initiates, maintains, and makes accessible a health record for every patient.



Performance Measurement and Improvement (PMI)

Standards

- PMI.1** The program has an organized, comprehensive approach to performance improvement.
- PMI.2** The program maintains data quality and integrity.
- PMI.3** The program identifies performance measures to improve processes and outcomes.
- PMI.4** The program has a performance improvement action plan based on processes and outcomes.
- PMI.5** The program has a sentinel event process that includes identifying, reporting, managing, and tracking all program-specific sentinel events.
- PMI.6** The process for identifying, reporting, managing, and tracking all program-specific errors and adverse events is defined, analyzed, and implemented by the program leader(s).
- PMI.7** The process for identifying, reporting, managing, and tracking all program-specific “near-miss” events and complications is defined, analyzed, and implemented by the program leader(s).
- PMI.8** The program evaluates patient and family satisfaction with the quality of care at the program level.