![Joint Commission International]

Joint Commission International
Accreditation Standards for

Home Care

Section I:
Accreditation Participation Requirements
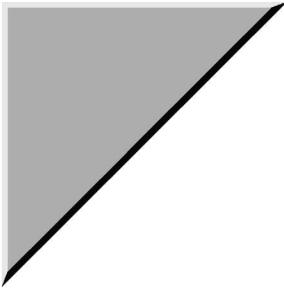
Accreditation Participation Requirements (APR)

Requirements

APR.1   The home care organization meets all requirements for timely submissions of data and information to Joint Commission International (JCI).

APR.2   The home care organization provides JCI with accurate and complete information throughout all phases of the accreditation process.

APR.3   The home care organization reports any changes in the organization's service or information provided to JCI via the E-Application any time throughout the accreditation cycle (**for example**, before and between surveys).

APR.4   The home care organization permits evaluations of standards and policy compliance or verification of quality and safety concerns, reports, or regulatory authority sanctions at the discretion of JCI.

APR.5   The home care organization allows JCI to request (from the organization or outside agency) and review an original or authenticated copy of the results and reports of external evaluations from publicly recognized bodies.

APR.6   Currently not in effect.

APR.7   The home care organization selects and uses measures as part of its quality improvement measurement system.

APR.8   The home care organization accurately represents its accreditation status and the programs and services to which JCI accreditation applies. Only organizations with current JCI accreditation may display the Gold Seal.

APR.9   Any individual home care organization staff member (clinical or administrative) can report concerns about patient safety and quality of care to JCI without retaliatory action from the organization.

To support this culture of safety, the home care organization must communicate to staff that such reporting is permitted. In addition, the home care organization must make it clear to staff that no formal disciplinary actions (**for example**, demotions, reassignments, or change in working conditions or hours) or informal punitive actions (**for example**, harassment, isolation, or abuse) will be threatened or carried out in retaliation for reporting concerns to JCI.

APR.10   Translation and interpretation services arranged by the home care organization for an accreditation survey and any related activities are provided by qualified translation and interpretation professionals who have no relationship to the organization.

Qualified translators and interpreters provide to the home care organization 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
- Evidence of translation and interpretation experience, preferably in the medical field

- Evidence of employment as a professional translator or interpreter, 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 and interpreters who meet the requirements listed above.

APR.11 The home care organization notifies the public it serves about how to contact its organizational 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 home care organization's website.

The organization notifies patients and the public on how to report concerns about quality and safety to JCI by visiting the JCI website at "Report a Patient Safety Event."

Home care organizations seeking initial accreditation should be prepared to discuss their plan on how compliance with this APR will be achieved when accredited.

APR.12 The home care organization assesses and manages the risks to patient safety, public health, and staff safety in patient care, treatment, and the service environment.

Section II: Patient-Centered Standards
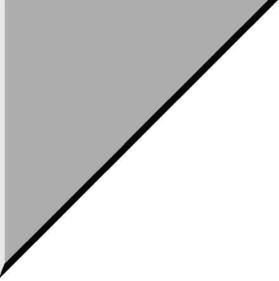
International Patient Safety Goals (IPSG)

Goals

Goal 1: Identify Patients Correctly

IPSG.1   The home care organization develops and implements a process to improve the accuracy of patient identification. Ⓟ

Goal 2: Improve Effective Communication

IPSG.2   The home care organization develops and implements a process to improve the effectiveness of verbal and/or telephone communication among caregivers. Ⓟ

> **IPSG.2.1**   The home care organization develops and implements a process for reporting critical results of diagnostic tests. Ⓟ

> **IPSG.2.2**   The home care organization develops and implements a process for handover communication. Ⓟ

Goal 3: Improve the Safety of High-Alert Medications

IPSG.3   The home care organization develops and implements a process to improve the safety of high-alert medications. Ⓟ

> **IPSG.3.1**   The home care organization develops and implements a process to improve the safety of look-alike/sound-alike medications. Ⓟ

> **IPSG.3.2**   Not applicable to Home Care.

Goal 4: Not applicable to Home Care

Goal 5: Reduce the Risk of Health Care–Associated Infections

IPSG.5   The home care organization adopts and implements evidence-based hand-hygiene guidelines to reduce the risk of health care–associated infections. Ⓟ

> **IPSG.5.1**   Home care organization leaders identify care processes that need improvement and adopt and implement evidence-based interventions to improve patient outcomes and reduce the risk of health care–associated infections. Ⓟ

Goal 6: Reduce the Risk of Patient Harm Resulting from Falls

IPSG.6   Not applicable to Home Care.

> **IPSG.6.1**   The home care organization develops and implements a process to reduce the risk of patient harm resulting from falls for the home care patient population. Ⓟ
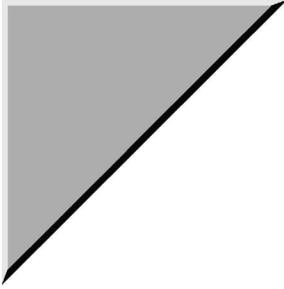
Access to Care and Continuity of Care (ACC)

Standards

Screening for and Admission to Home Care

ACC.1   Patients have access to services based on their identified health care needs and the home care organization's mission, resources, and scope of services. Ⓟ

> **ACC.1.1**   The home care organization considers the clinical needs of patients and informs patients when there are unusual delays for diagnostic and/or treatment services. Ⓟ

ACC.2   When the home care organization accepts the patient for care, the organization provides information to the patient and/or family members on the proposed care and services, the expected results of the care and services, and any expected cost for the care and services.

Continuity of Care

ACC.3   The home care organization designs and carries out processes to provide continuity of patient care services in the organization, coordination among health care practitioners, and access to information related to the patient's care. Ⓟ

> **ACC.3.1**   During all phases of patient care, there is a qualified individual identified as responsible for the patient's care. Ⓟ

Discharge, Referral, and Follow-Up

ACC.4   The home care organization develops and implements a discharge planning and referral process that is based on the patient's readiness for discharge. Ⓟ

> **ACC.4.1**   The home care organization's discharge planning process addresses patient, family, and caregiver education and instruction related to the patient's ongoing need for continuing care and services.

Transfer of Patients

ACC.5   The home care organization develops a process to transfer patients to other health care organizations based on status, the need to meet their continuing care needs, and the ability of the receiving organization to meet patients' needs. Ⓟ

> **ACC.5.1**   The receiving organization is given a written summary of the patient's clinical condition and the interventions provided by the referring home care organization, and the process is documented in the patient's medical record.

ACC.6   The process for referring, transferring, or arranging needed services outside the home considers transportation needs.
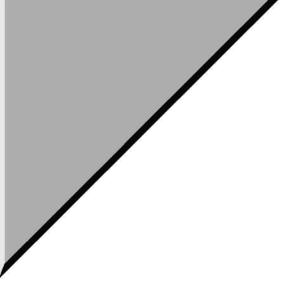
Patient-Centered Care (PCC)

Standards

Patient and Family Rights

PCC.1 The home care organization is responsible for providing processes that support the patients' and families' rights during care.

PCC.1.1 The home care organization seeks to reduce physical, language, cultural, and other barriers to access and delivery of services and provides information and education to patients, families, and caregivers in a language and manner they can understand.

PCC.1.2 The home care organization provides care that supports patient dignity, is respectful of the patient's personal values and beliefs, and responds to requests for spiritual and religious observance.

PCC.1.3 The home care organization establishes a process to ensure patient privacy and confidentiality of care and information and allows patients the right to have access to their health information within the context of existing law and culture. Ⓟ

PCC.1.4 The patient has the right to receive protection from neglect, exploitation, and abuse.

PCC.2 Patients and families are engaged in all aspects of their medical care and treatment through education and participation in care and treatment decisions and care processes. Ⓟ

PCC.2.1 The home care organization informs patients and families about their rights and responsibilities to refuse or discontinue treatment, withhold resuscitative services, and forgo or withdraw life-sustaining treatments. Ⓟ

PCC.2.2 The home care organization supports the patient's right to assessment and management of pain and respectful compassionate care at the end of life.

PCC.3 The home care organization measures, analyzes, and—when necessary—improves the patient experience in order to enhance the quality of patient care. Ⓟ

PCC.3.1 The home care organization informs patients and families about its process to receive and act on complaints, conflicts, and differences of opinion about patient care and services and about the patient's right to participate in these processes. Ⓟ

Patient Consent Process

PCC.4 General consent for treatment, if obtained when a patient is admitted to the home care organization's services, is clear in its scope and limits. Ⓟ

PCC.4.1 Patient informed consent is obtained through a process defined by the home care organization and is carried out by trained staff in a manner and language the patient can understand. Ⓟ

PCC.4.2 Patients and families receive adequate information about the patient's condition, proposed treatment(s) or procedure(s), and health care practitioners so that they can make care and services decisions.

PCC.4.3 The home care organization establishes a process, within the context of existing law and culture, for when others can grant consent.

Patient and Family Education

PCC.5 The home care organization provides an education program that is based on its mission, services provided, and patient population, and health care practitioners collaborate to provide education.

PCC.5.1 Each patient's educational needs and ability and willingness to learn are assessed and recorded in his or her record.

PCC.5.2 Education methods take into account the patient's, family's, and caregiver's values and preferences and allow sufficient interaction among the patient, family, caregiver, and staff for learning to occur.
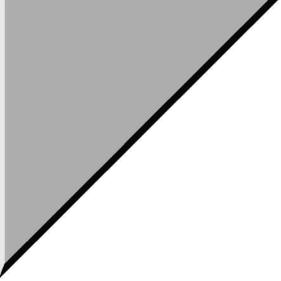
Assessment of Patients (AOP)

Standards

Assessment

AOP.1   All patients cared for by the home care organization have their health care needs identified through an assessment process that has been defined by the home care organization. Ⓟ

    AOP.1.1   Each patient's initial assessment includes a physical examination and health history as well as an evaluation of psychological, spiritual/cultural (as appropriate), social, and economic factors.

    AOP.1.2   The home care organization has a process for accepting initial medical and other assessments conducted in a physician's private office or other outpatient setting prior to admission to the home care organization.

    AOP.1.3   Patients are screened for nutritional status and functional needs and are referred for further assessment and treatment when necessary.

    AOP.1.4   All patients are screened for pain and assessed when pain is present.

    AOP.1.5   The home care organization conducts individualized initial assessments for special populations cared for by the organization. Ⓟ

    AOP.1.6   The home care organization has a process to identify, report, and refer suspected or alleged victims of abuse or neglect, according to local laws and regulations. Ⓟ

    AOP.1.7   The initial assessment includes determining the need for discharge planning. Ⓟ

AOP.2   All patients are reassessed at intervals to determine their response to care and services and to plan for continued care and services or discharge. Ⓟ

AOP.3   Qualified individuals conduct the assessments and reassessments. Ⓟ

AOP.4   Medical, nursing, and other allied health care practitioners and services responsible for patient care collaborate to analyze and integrate patient assessments and prioritize the most urgent/important patient care needs.

Clinical Laboratory Services

AOP.5   Laboratory services are readily available through arrangements with outside sources to meet patient needs.

    AOP.5.1   A qualified individual is responsible for the oversight and supervision of the point-of-care testing program. Ⓟ

    AOP.5.2   Procedures for collecting, identifying, handling, safely transporting, and disposing of specimens are established and implemented. Ⓟ

Diagnostic Imaging Services

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

　　AOP.6.1　　Diagnostic imaging services are available within a time frame to meet the patient's needs as defined by the home care organization. Ⓟ
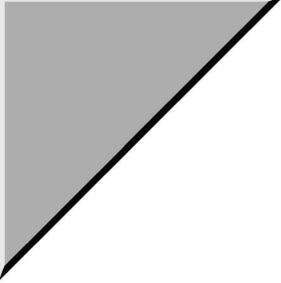
Care of Patients (COP)

Standards

Care Delivery for All Patients

COP.1   Uniform care of all patients is provided and follows applicable laws and regulations. Ⓟ

COP.2   There is a process to integrate and to coordinate the care provided to each patient, and it includes a uniform process for prescribing patient orders.

        COP.2.1   Care and treatment provided to the patient maintain the patient's daily routine when possible and meet the patient's identified needs.

        COP.2.2   An individualized plan of care is developed and documented for each patient.

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

COP.3   The care of high-risk patients and the provision of high-risk services are guided by professional practice guidelines, laws, and regulations. Ⓟ

Food and Nutrition Therapy

COP.4   Based on the patient's nutritional status and/or need, patients, families, and caregivers are provided with nutritional education and support.

        COP.4.1   Patients at nutrition risk receive nutrition therapy.

Pain Management

COP.5   Patients are supported in managing pain effectively. Ⓟ

End-of-Life Care

COP.6   The home care organization provides end-of-life care for the dying patient that addresses the needs of the patient and family and optimizes the patient's comfort and dignity.
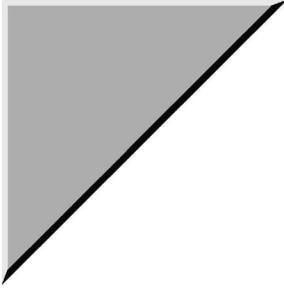
Medication Management and Use (MMU)

Standards

Organization and Management

MMU.1 Medication use in the home care organization is organized to meet patient needs, complies with applicable laws and regulations, and is under the direction and supervision of a licensed pharmacist or other qualified professional. Ⓟ

Selection and Procurement

MMU.2 There is a method for overseeing the home care organization's medication list, including how listed medications are used; a method for ensuring that medications for prescribing or ordering are stocked; and a process for medications not stocked or not normally available to the home care organization or for times when the pharmacy is closed. Ⓟ

Storage

MMU.3 Medications are properly and safely stored. Ⓟ

  MMU.3.1 Emergency medications are available, uniformly stored, monitored, and secure when stored out of the pharmacy. Ⓟ

  MMU.3.2 The home care organization has a medication recall system. Ⓟ

Ordering and Transcribing

MMU.4 The home care organization identifies those qualified individuals permitted to prescribe or to order medications and develops and implements a medication reconciliation process. Ⓟ

  MMU.4.1 The home care organization identifies safe prescribing, ordering, and transcribing practices and defines the elements of a complete order or prescription. Ⓟ

Preparation and Dispensing

MMU.5 Medications are prepared and dispensed in a safe and clean environment.

Administration

MMU.6 Qualified individuals permitted to administer medications are identified and document the medications that are administered in the patient's medical record.

  MMU.6.1 Medication administration performed by the home care organization's staff includes a process to verify the medication is correct based on the medication order.

  MMU.6.2 Medications are safely and accurately administered by patients, families, and/or caregivers in the home.

Monitoring

MMU.7 Medication effects on patients are monitored. Ⓟ

MMU.7.1   The home care organization establishes and implements a process for reporting and acting on medication errors and near misses (or close calls). Ⓟ

Section III:
Health Care Organization Management Standards
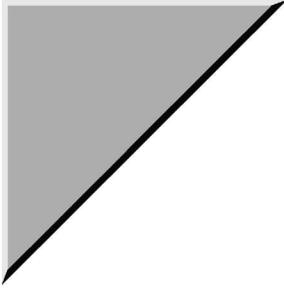
Quality Improvement and Patient Safety (QPS)

Standards

Management of Quality Improvement and Patient Safety Activities

QPS.1   A qualified individual(s) guides the implementation of the home care organization's program for quality improvement and patient safety and manages the activities needed to carry out an effective program of continuous quality improvement and patient safety within the home care organization. Ⓟ

Measurement Selection and Data Collection

QPS.2   Quality improvement and patient safety program staff support the measure selection process throughout the home care organization and provide coordination and integration of measurement activities throughout the organization.

QPS.3   Home care leadership builds a culture and environment that supports implementation of evidence-based care through the use of current scientific knowledge and information to support patient care, health professional education, clinical research, and management.

Analysis and Validation of Measurement Data

QPS.4   The quality improvement and patient safety program includes the aggregation and analysis of data to support patient care, home care management, and the quality management program and participation in external databases.

> **QPS.4.1**   Individuals with appropriate experience, knowledge, and skills systematically aggregate and analyze data in the home care organization.

QPS.5   The home care organization uses an internal process to validate data. Ⓟ

QPS.6   Data are analyzed when undesirable trends and variation are evident from the data. Ⓟ

Gaining and Sustaining Improvement

QPS.7   Improvement in quality and safety is achieved and sustained.

QPS.8   An ongoing program of risk management is used to identify and to proactively reduce unanticipated adverse events and other safety risks to patients and staff. Ⓟ
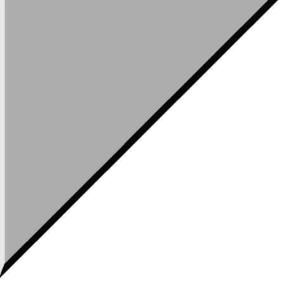
Prevention and Control of Infections (PCI)

Standards

Responsibilities

PCI.1   One or more individuals oversee all infection prevention and control activities. This individual(s) is qualified in infection prevention and control practices through education, training, experience, certification, and/or clinical authority.

PCI.2   There is a designated coordination mechanism for all infection prevention and control activities that involves physicians, nurses, and others based on the size and complexity of the home care organization.

Resources

PCI.3   Home care leadership provides resources to support the infection prevention and control program.

Goals of the Infection Prevention and Control Program

PCI.4   The home care organization designs and implements a comprehensive infection prevention and control program that identifies the procedures and processes associated with the risk of infection and implements strategies to reduce infection risk. Ⓟ

PCI.5   The home care organization uses a risk-based data-driven approach in establishing the focus of the health care–associated infection prevention and control program. Ⓟ

        PCI.5.1   The home care organization identifies areas at high risk for infections by conducting a risk assessment, develops interventions to address these risks, and monitors the effectiveness.

Food Services

PCI.6   The home care organization develops and implements a process for the preparation, handling, storage, and distribution of parenteral and enteral tube nutrition therapy.

Transmission of Infections

PCI.7   The home care organization develops, implements, and evaluates an emergency preparedness program to respond to the presentation of global communicable diseases. Ⓟ

PCI.8   Gloves, masks, eye protection, other protective equipment, soap, and disinfectants are available and used correctly when required. Ⓟ

Quality Improvement and Program Education

PCI.9   The infection prevention and control program is integrated with the home care organization's overall program for quality improvement and patient safety, using measures that are epidemiologically important to the organization.

PCI.10 The home care organization provides education on infection prevention and control practices to staff, physicians, patients, family, and other caregivers when indicated by their involvement in care. Ⓟ
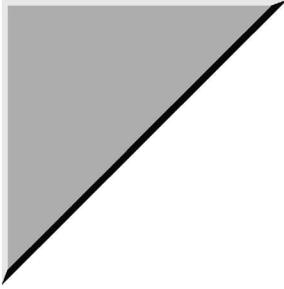
Governance, Leadership, and Direction (GLD)

Standards

Governance of the Home Care Organization

GLD.1 The structure and authority of the home care organization's governing entity are described in bylaws, policies and procedures, or similar documents. Ⓟ

> **GLD.1.1** The operational responsibilities and accountabilities of the governing entity are described in a written document(s). Ⓟ

> **GLD.1.2** The governing entity approves the home care organization's program for quality improvement and patient safety and regularly receives and acts on reports of the quality improvement and patient safety program. Ⓟ

Chief Executive(s) Accountabilities

GLD.2 A chief executive(s) is responsible for operating the home care organization and complying with applicable laws and regulations. Ⓟ

Home Care Leadership Accountabilities

GLD.3 Home care leadership is identified and is collectively responsible for defining the organization's mission and vision and creating the programs and policies needed to fulfill the mission and vision.

> **GLD.3.1** Home care leaders plan with community leaders and leaders of other organizations to meet the community's health care needs.

> **GLD.3.2** Home care leadership identifies and plans for the type of clinical services required to meet the needs of the patients served by the organization. Ⓟ

> **GLD.3.3** Home care leadership ensures effective communication throughout the organization. Ⓟ

> **GLD.3.4** Home care leadership ensures that there are uniform programs for the recruitment, retention, development, and continuing education of all staff.

Home Care Leadership for Quality and Patient Safety

GLD.4 Home care leadership plans, develops, and implements a quality improvement and patient safety program. Ⓟ

> **GLD.4.1** Home care leadership communicates quality improvement and patient safety information to the governing entity and home care staff on a regular basis.

GLD.5 The chief executive and home care leadership prioritize which organizationwide processes will be measured, which organizationwide improvement and patient safety activities will be implemented, and how success of these organizationwide efforts will be measured.

Home Care Leadership for Contracts

GLD.6   Home care leadership is accountable for the review, selection, and monitoring of clinical and nonclinical contracts and inspects compliance with contracted services as needed. Ⓟ

> **GLD.6.1**   Home care leadership ensures that contracts and other arrangements are included as part of the organization's quality improvement and patient safety program.
>
> **GLD.6.2**   Home care leadership ensures that licensed health care professionals and independent health care practitioners not employed by the organization have the right credentials and are competent and/or privileged for the services provided to the organization's patients. Ⓟ

Home Care Leadership for Resource Decisions

GLD.7   Home care leadership makes decisions related to the purchase or use of resources—human and technical—with an understanding of the quality and safety implications of those decisions.

> **GLD.7.1**   Home care leadership seeks and uses data and information on the safety of the supply chain to protect patients and staff from unstable, contaminated, defective, and counterfeit supplies.

Clinical Staff Organization and Accountabilities

GLD.8   Medical, nursing, and other leaders of clinical services plan and implement a professional staff structure to support their responsibilities and authority. Ⓟ

Direction of Home Care Services

GLD.9   One or more qualified individuals provide direction for each service provided by the home care organization. Ⓟ

GLD.10   Each service leader identifies, in writing, the services to be provided and integrates or coordinates those services with the services of other departments. Ⓟ

GLD.11   Home care leaders improve quality and patient safety by participating in organizationwide improvement priorities and in monitoring and improving patient care specific to the services provided by the organization.

> **GLD.11.1**   Measures selected by the home care leaders that are applicable to evaluating the performance of physicians, nurses, and other professional staff participating in the clinical care processes are used in the staff's performance evaluation.
>
> **GLD.11.2**   Home care leaders select and implement clinical practice guidelines, and related clinical pathways and/or clinical protocols, to guide clinical care. Ⓟ

Organizational and Clinical Ethics

GLD.12   Home care leadership establishes a framework for ethical management that promotes a culture of ethical practices and decision making to ensure that patient care is provided within business, financial, ethical, and legal norms and protects patients and their rights. Ⓟ

> **GLD.12.1**   The home care organization's framework for ethical management addresses operational and business issues, including marketing, admissions, transfer, discharge, and disclosure of ownership and any business and professional conflicts that may not be in patients' best interests. Ⓟ
>
> **GLD.12.2**   The home care organization's framework for ethical management addresses ethical issues and decision making in clinical care. Ⓟ

GLD.13 Home care leadership creates and supports a culture of safety program throughout the organization. Ⓟ

    GLD.13.1 Home care leadership implements, monitors, and takes action to improve the program for a culture of safety throughout the organization.

Human Subjects Research

GLD.14 Human subjects research, when provided within the home care organization, is guided by laws, regulations, and home care leadership. Ⓟ

GLD.15 The home care organization informs patients and families about how to gain access to clinical research, investigations, or clinical trials involving human subjects. Ⓟ

GLD.16 The home care organization informs patients and families about how patients who choose to participate in clinical research, investigations, or clinical trials are protected.

GLD.17 Informed consent is obtained before a patient participates in clinical research, investigations, or clinical trials. Ⓟ

GLD.18 The home care organization has a committee or another way to oversee all research involving human subjects. Ⓟ
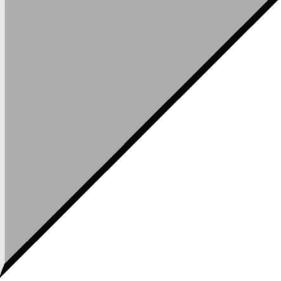
Facility Management and Safety (FMS)

Standards

Leadership and Planning

FMS.1   The home care organization complies with relevant laws, regulations, building and fire safety codes, and facility inspection requirements.

FMS.2   A qualified individual oversees the facility management and safety structure to reduce and control risks in the care environment and the home care facility.

FMS.3   The home care organization develops and documents a comprehensive risk assessment based on facility management and safety risks identified throughout the organization's facility and the environment in which patient care and services are provided, prioritizes the risks, establishes goals, and implements improvements to reduce and eliminate risks.

FMS.4   Data are collected and analyzed from each of the facility management and safety programs to reduce risks in the facility and patient home environment, track progress on goals and improvements, and support planning for replacing and upgrading facilities, systems, and equipment.

Safety

FMS.5   The home care organization develops and implements a program to ensure physical safety in the home care facilities and patient home environment. Ⓟ

Security

FMS.6   The home care organization develops and implements a program to provide a secure environment for patients, families, staff, and visitors. Ⓟ

Hazardous Materials and Waste

FMS.7   The home care organization develops and implements a program for the management of hazardous materials and waste. Ⓟ

        FMS.7.1   The home care organization's program for the management of hazardous materials and waste includes the inventory, handling, storage, use, and disposal of hazardous materials and waste.

Fire Safety

FMS.8   The home care organization establishes and implements a program for fire safety that includes an ongoing assessment of risks and compliance with national and local codes, laws, and regulations for fire safety. Ⓟ

        FMS.8.1   The fire safety program includes fire response and potential fire hazards in the facility and the patient home environment. Ⓟ

FMS.8.2 The home care organization involves staff in regular exercises to evaluate the fire safety program. Ⓟ

FMS.8.3 All fire safety equipment and systems, including devices related to early detection, alarm notification, and suppression, are inspected, tested, and maintained. Ⓟ

Medical Equipment

FMS.9 When the home care organization supplies medical equipment in the home, the organization develops and implements a program for inspecting, testing, and maintaining medical equipment and for documenting the results. Ⓟ

FMS.9.1 Equipment that is received and stored by the home care organization for use in the patient's home is stored appropriately.

FMS.9.2 Medical equipment is delivered and set up according to the patient's needs for care and services.

FMS.9.3 When equipment is provided by the home care organization, the home care organization provides emergency maintenance, replacement, or backup equipment if needed.

FMS.9.4 The home care organization provides 24-hour emergency services and/or a backup system when an equipment malfunction may threaten the health of the patient served.

Utility Systems

FMS.10 The home care organization develops and implements a program for the management of utility systems throughout the organization. Ⓟ

FMS.10.1 The utility systems program includes inspection, testing, and maintenance and/or collaboration with the building's ownership to ensure that utilities in the organization's facility operate effectively and efficiently to meet the needs of staff and visitors. Ⓟ

Emergency and Disaster Management

FMS.11 The home care organization develops, maintains, and tests an emergency management program to respond to internal and external emergencies and disasters that have the potential of occurring within the home care organization and community. Ⓟ

Staff Education

FMS.12 Staff and others are trained and knowledgeable about the home care organization's facility management and safety programs and their roles in ensuring a safe and effective facility.
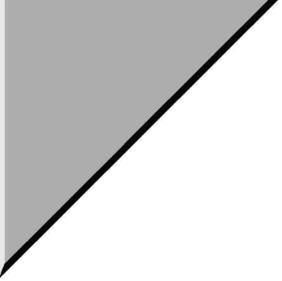
Staff Qualifications and Education (SQE)

Standards

Planning

SQE.1   Home care leaders define the desired education, skills, knowledge, and other requirements of all staff members.

> **SQE.1.1**   Each staff member's responsibilities are defined in a current job description. Ⓟ

SQE.2   Home care leaders develop and implement processes for recruiting, evaluating, and appointing staff as well as other related procedures identified by the home care organization.

SQE.3   The home care organization uses a defined process to ensure that clinical staff knowledge and skills are consistent with patient needs.

SQE.4   The home care organization uses a defined process to ensure that nonclinical staff knowledge and skills are consistent with organizational needs and the requirements of the position.

SQE.5   There is documented personnel information for each staff member. Ⓟ

SQE.6   A staffing strategy for the home care organization, developed by the home care leaders, identifies the number, types, and desired qualifications of staff. Ⓟ

Orientation and Education

SQE.7   All clinical and nonclinical staff members are oriented to the home care organization, to the service to which they are assigned, and to their specific job responsibilities at appointment to the staff.

SQE.8   Each staff member receives ongoing in-service and other education and training to maintain or to advance his or her skills and knowledge.

> **SQE.8.1**   Staff members who provide patient care and other staff identified by the home care organization are trained and can demonstrate competence in resuscitative techniques.

Staff Health and Safety

> **SQE.8.2**   The home care organization provides a staff health and safety program that addresses staff physical and mental health and safe working conditions. Ⓟ

> **SQE.8.3**   The home care organization identifies staff who are at risk for exposure to and possible transmission of vaccine-preventable diseases and implements a staff vaccination and immunization program. Ⓟ

Determining Medical Staff Membership

SQE.9   The home care organization has an effective process for gathering the credentials of the home care organization's medical staff permitted to provide patient care without supervision. Ⓟ

SQE.9.1 Medical staff members' education, licensure/registration, and other credentials required by laws or regulations and the home care organization are verified and kept current. Ⓟ

SQE.9.2 There is a uniform, transparent decision process for the initial appointment of medical staff members. Ⓟ

The Assignment of Medical Staff Clinical Privileges

SQE.10 The home care organization has a standardized, objective, evidence-based procedure to authorize all of its own medical staff members to admit and to treat patients and to provide other clinical services consistent with their qualifications. Ⓟ

Ongoing Professional Practice Evaluation of Medical Staff Members

SQE.11 The home care organization uses an ongoing standardized process to evaluate the quality and safety of the patient services provided by each medical staff member. Ⓟ

Medical Staff Reappointment and Renewal of Clinical Privileges

SQE.12 At least every three years, the home care organization determines, from the ongoing professional practice evaluation of each medical staff member, if medical staff membership and clinical privileges are to continue with or without modification. Ⓟ

Nursing Staff

SQE.13 The home care organization has a uniform process to gather, to verify, and to evaluate the nursing staff 's credentials (license, education, training, and experience). Ⓟ

SQE.14 The home care organization has a standardized procedure to identify job responsibilities and to make clinical work assignments based on the nursing staff member's credentials and any regulatory requirements.

SQE.14.1 The home care organization has a standardized procedure for nursing staff participation in the organization's quality improvement activities, including evaluating individual performance when indicated.

Other Health Care Practitioners

SQE.15 The home care organization has a standardized procedure to gather, to verify, and to evaluate other health care practitioners' credentials (license, education, training, and experience). Ⓟ

SQE.16 The home care organization has a uniform process to identify job responsibilities and to make clinical work assignments based on other health care practitioners' credentials and any regulatory requirements.

SQE.16.1 The home care organization has a uniform process for other health care practitioners' participation in the home care organization's quality improvement activities.
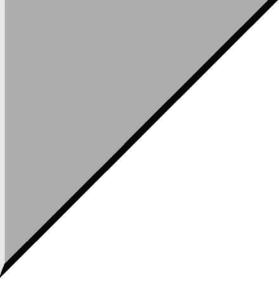
Management of Information (MOI)

Standards

Information Management

MOI.1   The home care organization plans and designs information management processes to meet the information needs of those who provide clinical services, the organization's leaders, and those outside the organization who require data and information from the organization.

MOI.2   The home care organization maintains the confidentiality, security, privacy, and integrity of data and information through processes to manage and control access.

    MOI.2.1   The home care organization maintains the confidentiality, security, privacy, and integrity of data and information through processes that protect against loss, theft, damage, and destruction.

MOI.3   The home care organization determines the retention time of patient medical records, data, and other information. Ⓟ

MOI.4   The home care organization uses standardized diagnosis and procedure codes and ensures the uniform use of approved symbols and abbreviations across the organization.

MOI.5   The data and information needs of those in and outside the home care organization are met on a timely basis in a format that meets user expectations and with the desired frequency.

MOI.6   Clinical staff, decision makers, and other staff members are educated and trained on information systems, information security, and the principles of information use and management.

Management and Implementation of Documents

MOI.7   Documents, including policies, procedures, and programs, are managed in a consistent and uniform manner. Ⓟ

    MOI.7.1   The policies, procedures, plans, and other documents that guide consistent and uniform clinical and nonclinical processes and practices are fully implemented. Ⓟ

Patient Medical Record

MOI.8   The home care organization initiates and maintains a standardized, accurate medical record for every patient assessed or treated and determines the record's content, format, and location of entries. Ⓟ

    MOI.8.1   The medical record contains sufficient information to identify the patient, to support the diagnosis, to justify the treatment, and to document the course and results of treatment.

MOI.9   Every patient record entry identifies its author and when the entry was made in the record.

MOI.10 As part of its performance improvement activities, the home care organization regularly assesses patient record content.

Information Technology in Health Care

MOI.11 Home care leadership identifies a qualified individual to oversee the home care organization's health information technology systems and processes.

MOI.12 When mobile devices are used for texting, e-mailing, or other communications of patient data and information, the home care organization implements processes to ensure quality of patient care and maintains security and confidentiality of patient information. Ⓟ

MOI.13 The home care organization develops, maintains, and tests a program for response to planned and unplanned downtime of data systems. Ⓟ