# Required Documentation for Your Survey

The following pages identify a sample list of required policies, programs and documents as referenced in the *JCI's Survey Process Guide for Hospitals, 7th Edition*.

| Standard | Standard Text | In English | Type of Document |
|---|---|---|---|
| **INTERNATIONAL PATIENT SAFETY GOALS (IPSG)** | | | |
| IPSG.1 | The hospital develops and implements a process to improve accuracy of patient identifications. | Yes | Policy/procedure |
| IPSG.2.1 | The hospital develops and implements a process for reporting critical results of diagnostic tests. | Yes | Policy/procedure |
| **ACCESS TO CARE AND CONTINUITY OF CARE (ACC)** | | | |
| ACC.2.3 | The hospital establishes criteria for admission to and discharge from departments/wards providing intensive or specialized services. | Yes | Policy/procedure |
| ACC.3.1 | During all phases of inpatient care, there is a qualified individual identified as responsible for the patient's care. | | Policy/procedure |
| **PATIENT-CENTERED CARE (PCC)** | | | |
| PCC.4.1 | Patient informed consent is obtained through a process defined by the hospital and carried out by trained staff in a manner and language the patient can understand. | Yes | Policy/procedure |
| PCC.6.1 | The hospital provides oversight for the process of organ and tissue procurement. | | Program |
| **ASSESSMENT OF PATIENTS (AOP)** | | | |
| AOP.1 | All patients cared for by the hospital have their health care needs identified through an assessment process that has been defined by the hospital. | Yes | Policy/procedure |
| AOP.5.3 | A laboratory safety program is in place, followed, and documented, and compliance with the facility management and infection prevention and control programs is maintained. | Yes | Program |
| **ANETHESIA AND SURGICAL CARE (ASC)** | | | |
| ASC.3 | The administration of procedural sedation is standardized throughout the hospital. | Yes | Program |

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| CARE OF PATIENTS (COP) | | | |
|---|---|---|---|
| **Standard** | **Standard Text** | **In English** | **Type of Document** |
| COP.1 | Uniform care of all patients is provided and follows applicable laws and regulations. | | Policy/procedure |
| COP.8.5 | The transplant program obtains informed consent specific to organ transplantation from the transplant candidate. | Yes | Policy/procedure |
| **MEDICATION MANAGEMENT AND USE (MMU)** | | | |
| MMU.3 | Medications are properly and safely stored. | | Policy/procedure |
| MMU.4 | The hospital identifies and documents a current list of medications taken by the patient at home and reviews the list against all new medications prescribed or dispensed. | Yes | Policy/procedure |
| **QUALITY IMPROVEMENT AND PATIENT SAFETY (QPS)** | | | |
| QPS.7 | The hospital uses a defined process for identifying and managing sentinel events. | Yes | Policy/procedure |
| **PREVENTION AND CONTROL OF INFECTIONS (PCI)** | | | |
| PCI.4 | The hospital 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. | Yes | Program |
| PCI.8 | The hospital reduces the risk of infections through proper disposal of waste, proper management of human tissues, and safe handling and disposal of sharps and needles. | | Policy/procedure |
| **GOVERNANCE, LEADERSHIP AND DIRECTION (GLD)** | | | |
| GLD.1 | The structure and authority of the hospital's governing entity are described in bylaws, policies and procedures, or similar documents. | Yes | Policy/procedure |
| **FACILITY MANAGEMENT & SAFETY** | | | |
| FMS.6 | The hospital develops and implements a program to provide a secure environment for patients, families, staff, and visitors. | Yes | Program |
| **STAFF QUALIFICATIONS AND EDUCATION (SQE)** | | | |
| SQE.11 | The hospital uses an ongoing standardized process to evaluate the quality and safety of the patient care provided by each medical staff member. | Yes | Written document |