



Applicable Standards for Diagnostic Sleep Centers

The following is a list of all standards from the *Joint Commission International Accreditation Standards for Ambulatory Care*, 4th Edition applicable to sleep Centers. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please see the Standards, Intents, and Measurable Elements section of the applicable chapter in this document.

Note: *This document does not include the Accreditation Participation Requirements (APRs) that all JCI-accredited ambulatory care organizations must meet. The APRs can be found in the Joint Commission International Accreditation Standards for Ambulatory Care, 4th Edition.*

Standard #	Standard
International Patient Safety Goals (IPSG)	
IPSG.1	The ambulatory care organization develops and implements a process to improve accuracy of patient identifications. ©
IPSG.2	The ambulatory care organization develops and implements a process to improve the effectiveness of verbal and/or telephone communication among caregivers. ©
IPSG.2.1	The ambulatory care organization develops and implements a process for reporting critical results of diagnostic tests. ©
IPSG.2.2	The ambulatory care organization develops and implements a process for handover communication. ©
IPSG.5	The ambulatory care organization adopts and implements evidence-based hand-hygiene guidelines to reduce the risk of health care–associated infections. ©
IPSG.6.1	The ambulatory care organization develops and implements a process to reduce the risk of patient harm resulting from falls for the organization’s patient population. ©
Access to Care and Continuity of Care (ACC)	
ACC.1	The ambulatory care organization informs the community about its services and how to obtain care and screens patients to identify whether their health care needs match the ambulatory care organization’s mission and resources. ©
ACC.2	The ambulatory care organization designs and carries out processes to provide continuity of patient care services in the ambulatory care organization and coordination among health care practitioners. ©
ACC.3	There is a qualified individual identified as responsible for the patient’s care. ©
ACC.5	The ambulatory care organization develops and implements a process to refer patients to other health care practitioners, another level of care, other health care settings, or other organizations to meet their continuing care needs. ©

Standard #	Standard
ACC.5.1	The ambulatory care organization develops and implements a process to transfer patients to another organization to meet their continuing care needs. ©
ACC.5.2	Information about the care and services that the patient will need when he or she is referred by the ambulatory care organization is communicated to the patient, family, and continuing care practitioner and/or setting.
Patient and Family Rights (PFR)	
PFR.1	The ambulatory care organization is responsible for developing and implementing processes that support patients' and families' rights during care. ©
PFR.1.3	Patients are protected from verbal abuse and physical assault, and vulnerable populations are identified and protected from additional risks.
PFR.2	The ambulatory care organization provides care that is respectful of patients' and families' personal values and beliefs and supports their rights to participate in the care process.
PFR.3	All patients are informed about their rights and responsibilities in a manner and language they can understand.
PFR.4	Patient informed consent is obtained through a process defined by the ambulatory care organization and carried out by trained staff in a manner and language that the patient can understand
PFR.4.3	The ambulatory care organization establishes a process, within the context of existing law and culture, for when others can grant consent. ©
Assessment of Patients (AOP)	
AOP.1	An initial assessment process is used to identify the health care needs of all patients. ©
AOP.1.1	The scope and content of initial assessments conducted by different clinical disciplines is defined in writing and based on applicable laws and regulations. ©
AOP.2	All patients are screened for pain and assessed when pain is present.
AOP.4	There is an established reassessment process for patients requiring additional services or ongoing care. ©
AOP.5	The time frame for initial assessments and, as appropriate, reassessment is consistent with each patient's needs, organizational policy, and accepted professional guidelines.
AOP.7	Radiology and diagnostic imaging services are available to meet patient needs, and all such services meet applicable local and national standards, laws, and regulations.
Care of Patients (COP)	
COP.1	The ambulatory care organization provides care and treatment using uniform care processes to all patients that follow applicable laws and regulations. ©
COP.2	An individualized plan of care is developed, revised when indicated by a change in the patient's condition, and documented for each patient.
COP.2.1	Clinical practice guidelines and related clinical pathways and/or clinical protocols as well as other evidence-based recommendations are used to guide patient assessment and treatment and reduce unwanted variation. ©

Standard #	Standard
COP.3	The care of high-risk patients and the provision of high-risk services are guided by professional practice guidelines, laws, and regulations. ©
COP.5	Resuscitation services are available throughout the ambulatory care organization.
COP.6	When patients remain in the ambulatory care organization for extended periods, food is available that is appropriate for the patient's nutritional status and consistent with his or her clinical care.
Medication Management and Use (MMU)	
MMU.3	Medications, including emergency medications and medications that require special handling, are properly and safely stored. ©
MMU.4	The ambulatory care organization identifies a current list of medications taken by the patient at home and reviews the list against all new medication prescribed or dispensed in the organization.
MMU.4.1	Medications prescribed and/or administered within the ambulatory care organization follow standardized processes to ensure patient safety. ©
Patient and Family Education (PFE)	
PFE.1	The ambulatory care organization provides education that supports patient and family participation in care decisions and care processes.
PFE.2	Each patient's educational needs related to immediate and ongoing health care needs are assessed and recorded in his or her medical record.
Quality Improvement and Patient Safety (QPS)	
QPS.1	The ambulatory care organization's program for quality and patient safety includes both patient and staff safety and includes the organization's risk management and quality control activities. ©
QPS.2	The quality and patient safety program includes the collection, aggregation and analysis of data to support patient care, organization management, and the quality and patient safety program and participation in external databases.
QPS.4	The ambulatory care organization uses a defined process for identifying and managing sentinel events. ©
QPS.5	Data are always analyzed when undesirable trends and variation are evident from the data. ©
QPS.7	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)	
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, or certification.
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 ambulatory care organization.
PCI.3	The infection prevention and control program is based on current scientific knowledge, accepted practice guidelines, applicable laws and regulations, and standards for sanitation and cleanliness.

Standard #	Standard
PCI.4	The ambulatory care organization designs and implements a comprehensive program to reduce the risks of health care–associated infections in patients and staff. ©
PCI.5	The ambulatory care organization identifies the procedures and processes associated with the risk of infection and implements strategies to reduce infection risk. ©
PCI.6	The ambulatory care organization reduces the risk of infections associated with medical/surgical/ dental equipment, devices, and supplies by ensuring adequate cleaning, disinfection, sterilization, and storage; and implements a process for managing expired supplies. ©
PCI.7	The ambulatory care organization develops, implements, and tests strategies to respond to the presentation of global communicable diseases. ©
PCI.8	The infection prevention and control process is integrated with the ambulatory care organization’s overall program for quality and patient safety program using measures that are epidemiologically important to the organization.
Governance, Leadership, and Direction (GLD)	
GLD.1	The structure and authority of the ambulatory 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.2	A chief executive is responsible for operating the ambulatory care organization and complying with applicable laws and regulations. ©
GLD.3	Ambulatory care organization leaders are identified and collectively responsible for defining the organization’s mission and creating the programs and policies needed to fulfill the mission.
GLD.4	Ambulatory care organization leaders plan, develop, and implement a quality and patient safety program and communicate quality and patient safety information to the governing entity.
GLD.5	The ambulatory care organization’s leaders prioritize which organization wide clinical and managerial processes and outcomes will be measured and which improvement and patient safety activities will be implemented.
GLD.6.1	Ambulatory care organization leaders ensure that contracts and other arrangements are included as part of the ambulatory care organization’s quality and patient safety program.
GLD.6.2	Ambulatory care organization leaders ensure that independent practitioners not employed by the ambulatory care organization have the right credentials and are privileged for the services that they provide to the organization’s patients. ©
GLD.7	Ambulatory care organization leaders make 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.8	The ambulatory care organization leaders plan and implement a professional staff structure to support their responsibilities and authority. ©

Standard #	Standard
GLD.9	The ambulatory care organization 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.9.1	The ambulatory care organization’s framework for ethical management addresses operational and business conduct, including disclosure of ownership and any conflicts of interest, and honestly portraying its services to patients. ©
GLD.10	Ambulatory care organization leaders create and support a culture of safety throughout the organization. ©
GLD.12	Human subjects research, when conducted within the ambulatory care organization, is guided by laws, regulations, and organization leaders. ©
GLD.13	The ambulatory care organization has a committee or another way to oversee all research in the ambulatory care organization involving human subjects. ©
Facility Management and Safety (FMS)	
FMS.1	The ambulatory care organization assigns an individual(s) to manage the organization’s facility management program and ensures compliance with relevant laws, regulations, building and fire safety codes, and facility inspection requirements.
FMS.2	When planning for demolition, construction, or renovation, the ambulatory care organization conducts a preconstruction risk assessment. ©
FMS.3	The ambulatory care organization plans and implements a program to provide a safe physical facility through inspection and planning to reduce risks. ©
FMS.3.1	The ambulatory care organization plans and implements a program to provide a secure environment for patients, families, staff, and visitors. ©
FMS.4	The ambulatory care organization has a program for the inventory, handling, storage, use, control, and disposal of hazardous materials and waste. ©
FMS.5	The ambulatory care organization develops, maintains, and evaluates a program for disaster preparedness to respond to internal and external emergencies and disasters that have the potential of occurring within the organization and/or community. ©
FMS.6	The ambulatory care organization establishes and implements a program for the prevention, early detection, suppression, abatement, and safe exit from the facility in response to fires and nonfire emergencies. ©
FMS.6.1	The ambulatory care organization regularly tests its fire and smoke safety program, including any devices related to early detection and suppression, and documents the results. ©
FMS.7	The ambulatory care organization establishes and implements a program for inspecting, testing, and maintaining medical equipment. ©
FMS.8	The ambulatory care organization establishes and implements a program to ensure that utility systems are inspected, tested, maintained, and improved. ©
FMS.8.1	The ambulatory care organization has emergency processes to protect facility occupants in the event of power failure or interruption and water contamination. ©
FMS.9	The ambulatory care organization educates and trains all staff members about their roles in providing a safe and effective patient care facility.

Standard #	Standard
Staff Qualifications and Education (SQE)	
SQE.1	The ambulatory care organization develops a staffing plan that identifies the number of staff and defines the desired education, skills, knowledge, and other requirements of all staff members needed to meet the ambulatory care organization's mission and provide safe patient care.
SQE.1.1	Each staff member's responsibilities are defined in a current job description. ©
SQE.2	The ambulatory care organization uses a defined process to ensure that clinical and nonclinical staff knowledge and skills are consistent with the requirements of the position.
SQE.3	All new clinical and nonclinical staff members are oriented to the ambulatory care organization and to their specific job responsibilities.
SQE.4	The competence to carry out job responsibilities to meet patient need is continually assessed, maintained, improved, and documented for each staff member. ©
SQE.5	Each staff member receives ongoing in-service and other education and training to maintain or to advance his or her skills and knowledge.
SQE.6	The ambulatory care organization develops and implements a staff health and safety program. ©
SQE.7	The ambulatory care organization has a uniform process to gather, verify, and evaluate the credentials (education, licensure/registration, and other credentials) of those medical staff members permitted to provide patient care without supervision. ©
SQE.8	The ambulatory care organization has a standardized, objective, evidence-based procedure to authorize medical staff members to treat patients and/or to provide other clinical services consistent with their qualifications. ©
SQE.9	The ambulatory care organization uses an ongoing standardized process to evaluate the quality and safety of the patient care provided by each medical staff member and uses this information to continue clinical privileges with or without modification. ©
SQE.10	The ambulatory care organization has a uniform process to gather, to verify, and to evaluate the nursing staff's credentials (license, education, training, and experience). ©
SQE.11	The ambulatory care organization has a uniform process to gather, to verify, and to evaluate other health care practitioners' credentials (license, education, training, and experience). ©
Management of Information (MOI)	
MOI.1	The ambulatory care organization meets the information needs of all those who provide clinical services, those who manage the organization, and those outside the organization who require data and information from the ambulatory care organization.
MOI.2	Confidentiality, security, and integrity of data and information are maintained. ©
MOI.3	The ambulatory care organization determines the retention time of records, data, and information. ©

Standard #	Standard
MOI.4	The ambulatory care organization uses standardized diagnosis and procedure codes and ensures the uniform use of approved symbols and abbreviations across the organization.
MOI.5	Records and information are protected against loss, destruction, tampering, and unauthorized access or use. ©
MOI.7	The ambulatory care organization initiates and maintains a standardized medical record for every patient assessed or treated and determines the record's content, format, and location of entries. ©
MOI.7.1	The medical record contains sufficient information to identify the patient, support the diagnosis, justify the treatment, and document the course and results of treatment.
MOI.8	The ambulatory care organization identifies those authorized to have access to and make entries in patient medical records. ©
MOI.10	As part of its monitoring and performance improvement activities, the ambulatory care organization regularly assesses the content, completeness, and legibility of patient medical records.
MOI.13	The ambulatory care organization develops, maintains, and tests a program for response to planned and unplanned downtime of data systems. ©