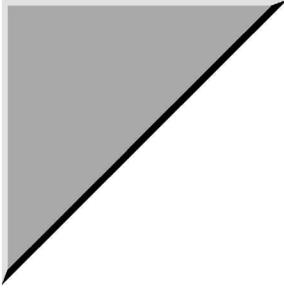


Joint Commission International
Accreditation Standards for
Long-Term Care



Section I: Accreditation Participation Requirements





Accreditation Participation Requirements (APR)

Requirements

- APR.1** The long-term care organization meets all requirements for timely submissions of data and information to Joint Commission International (JCI).
- APR.2** The long-term care organization provides JCI with accurate and complete information throughout all phases of the accreditation process.
- APR.3** The long-term care organization reports any changes in the organization's service or information provided to JCI via the electronic application (E-App) any time throughout the accreditation cycle (**for example**, before and between surveys).
- APR.4** The long-term 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 long-term care organization allows JCI to request (from the organization or an 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** Currently not in effect.
- APR.8** The long-term 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 long-term care organization staff member (clinical or administrative) can report concerns about resident safety and quality of care to JCI without retaliatory action from the organization.

To support this culture of safety, the long-term care organization must communicate to staff that such reporting is permitted. In addition, the long-term 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 long-term 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 provide to the long-term 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, 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.

APR.11 The long-term care organization notifies the public it serves about how to contact its organizational management and JCI to report concerns about resident 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 long-term care organization's website.

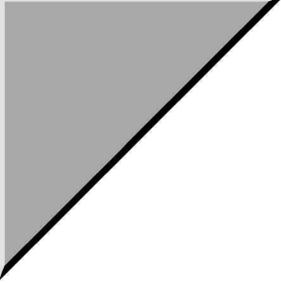
The organization notifies residents and the public on how to report concerns about quality and safety to JCI by visiting the JCI website at "Report a Patient Safety Event."

Long-term 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 long-term care organization assesses and manages the risks to resident safety, public health, and staff safety in resident care, treatment, and the service environment.

Section II: Resident-Centered Care Standards





International Patient Safety Goals (IPSG)

Goals

Goal 1: Identify Residents Correctly

IPSG.1 The long-term care organization develops and implements a process to improve the accuracy of resident identification. (P)

Goal 2: Improve Effective Communication

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

IPSG.2.1 The long-term care organization develops and implements a process for reporting critical results of diagnostic tests. (P)

IPSG.2.2 The long-term care organization develops and implements a process for handover communication. (P)

Goal 3: Improve the Safety of High-Alert Medications

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

IPSG.3.1 The long-term care organization develops and implements a process to improve the safety of look-alike/sound-alike medications. (P)

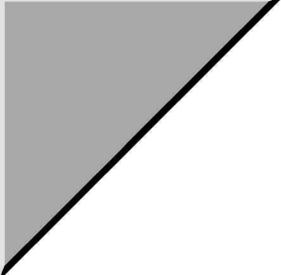
Goal 4: Not applicable to Long-Term Care Organizations

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

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

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

IPSG.6 The long-term care organization develops an approach to reduce the risk of resident harm resulting from falls. (P)



Access to Care and Continuity of Care (ACC)

Standards

Screening for and Admission to the Long-Term Care Organization

ACC.1 Residents who may be admitted to the long-term care organization are screened to identify if their health care needs match the organization's mission and resources. (P)

Admission to the Long-Term Care Organization

ACC.2 At admission to the long-term care organization, the resident and family or caregivers receive education and orientation to the ward and organization, information on the proposed care and any expected costs for care, and the expected outcomes of care.

Continuity of Care

ACC.3 The long-term care organization designs and carries out processes to provide continuity of resident care services in the organization, coordination among health care practitioners, and access to information related to the resident's care. (P)

ACC.3.1 During all phases of resident care, there is a qualified individual identified as responsible for the resident's care. (P)

Discharge, Referral, and Follow-Up

ACC.4 The long-term care organization develops and implements a discharge planning and referral process that is based on the resident's readiness for discharge. (P)

ACC.4.1 The long-term care organization's discharge planning process addresses resident and family education and instruction related to the resident's need for continuing care and services.

ACC.4.2 The complete discharge summary is prepared for all residents, and a copy of the discharge summary is contained in the resident's health record.

ACC.4.3 The long-term care organization has a process for the management and follow-up of residents who notify long-term care staff that they intend to leave against medical advice. (P)

ACC.4.3.1 The long-term care organization has a process for the management of residents who leave the organization against medical advice without notifying long-term care staff. (P)

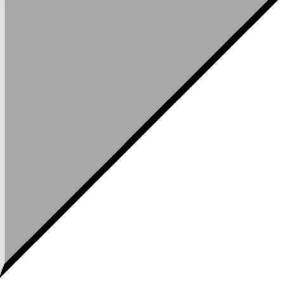
Transfer of Residents

ACC.5 The long-term care organization develops a process to transfer residents 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 residents' needs. (P)

ACC.5.1 The receiving organization is given a written summary of the resident's clinical condition and the interventions provided by the referring organization, and the process is documented in the resident's health record.

Transportation

ACC.6 The long-term care organization's transportation services comply with relevant laws and regulations and meet requirements for quality and safe transport. ⑥



Resident-Centered Care (RCC)

Standards

Resident and Family Rights

- RCC.1** The long-term care organization is responsible for providing processes that support the residents' and families' rights during care.
- RCC.1.1** The long-term care organization seeks to reduce physical, language, cultural, and other barriers to access and delivery of services and provides information and education to residents and families in a language and manner they can understand.
 - RCC.1.2** The long-term care organization provides care that supports resident dignity, is respectful of the resident's personal, spiritual/religious, and cultural values and beliefs, and responds to requests for spiritual and religious observance.
 - RCC.1.3** The long-term care organization establishes a process to ensure resident privacy and confidentiality of care and information and allows residents the right to have access to their health information within the context of existing law and culture. (P)
 - RCC.1.4** The long-term care organization takes measures to protect residents' possessions from theft or loss.
 - RCC.1.5** Residents are protected from physical assault, and populations at risk are identified and protected from additional vulnerabilities.
- RCC.2** Residents and families are engaged in all aspects of their medical care and treatment through education and participation in care, treatment decisions, and care processes. (P)
- RCC.2.1** The long-term care organization informs residents and families about their rights and responsibilities to refuse or discontinue treatment, withhold resuscitative services, and forgo or withdraw life-sustaining treatments. (P)
 - RCC.2.2** The long-term care organization supports the resident's right to assessment and management of pain and respectful compassionate care at the end of life.
- RCC.3** The long-term care organization informs residents and families about its process to receive and to act on complaints, conflicts, and differences of opinion about resident care and the resident's right to participate in these processes. (P)
- RCC.3.1** The long-term care organization allows residents and/or families to meet as an organized group to discuss issues of importance related to resident care and services provided by the organization.

Resident Consent Process

- RCC.4** General consent for treatment, if obtained when a resident is admitted to the organization, is clear in its scope and limits. (P)

RCC.4.1 Resident informed consent is obtained through a process defined by the long-term care organization and carried out by trained staff in a manner and language the resident can understand. ⑥

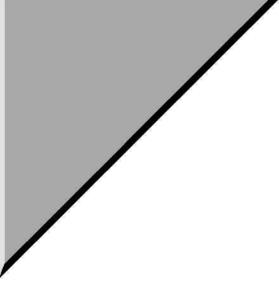
RCC.4.2 The long-term care organization establishes a process, within the context of existing law and culture, for when others can grant consent.

Resident and Family Education

RCC.5 The long-term care organization provides an education program that is based on its mission, services provided, and resident population, and health care practitioners collaborate to provide education.

RCC.5.1 Each resident's educational needs and ability and willingness to learn are assessed and recorded in the resident's health record.

RCC.5.2 Education methods take into account the values and preferences of the resident and their family and allow sufficient interaction among the resident, family, and staff for learning to occur.



Assessment of Residents (AOR)

Standards

Resident Assessment

- AOR.1** All residents cared for by the long-term care organization have their health care needs identified through an assessment process that has been defined by the organization. ⑥
- AOR.1.1** Each resident's initial assessment includes a physical examination and health history as well as an evaluation of psychological, spiritual/cultural, social, and economic factors.
- AOR.1.2** The long-term care organization has a process for accepting initial medical assessments conducted in a physician's private office or other outpatient or inpatient settings prior to admission.
- AOR.1.3** Residents are screened for nutritional status, functional needs, and other special needs and are referred for further assessment and treatment when necessary.
- AOR.1.4** All residents whose condition, diagnosis, or situation may indicate they are at risk for pain, are screened for pain and assessed when pain is present.
- AOR.2** All residents are reassessed at intervals based on their condition and treatment to determine their response to treatment and to plan for continued treatment or discharge. ⑥
- AOR.3** Qualified individuals conduct the assessments and reassessments. ⑥
- AOR.4** Medical, nursing, and other individuals and services responsible for resident care collaborate to analyze and integrate resident assessments and prioritize the most urgent/important resident care needs.

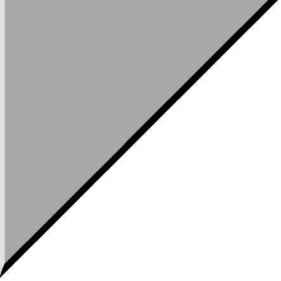
Clinical Laboratory Services

- AOR.5** Laboratory services are available to meet resident needs, and all such services meet applicable local and national standards, laws, and regulations.
- AOR.5.1** A qualified individual is responsible for the oversight and supervision of the point-of-care testing program. ⑥
- AOR.5.2** Laboratory results are available in a timely way as defined by the long-term care organization. ⑥
- AOR.5.3** Procedures for collecting, identifying, handling, safely transporting, and disposing of specimens are established and implemented. ⑥

Radiology and Diagnostic Imaging Services

- AOR.6** Radiology and diagnostic imaging services are available to meet resident needs, and all such services meet applicable local and national standards, laws, and regulations.

AOR.6.1 Radiology and diagnostic imaging study results are available in a timely way as defined by the long-term care organization. ③



Care of Residents (COR)

Standards

Care Delivery for All Residents

COR.1 Uniform care of all residents is provided and follows applicable laws and regulations. ⑥

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

COR.2.1 Clinical and diagnostic procedures and treatments are carried out and documented as ordered, and the results or outcomes are recorded in the resident's health record.

COR.2.2 An individualized plan of care is developed and documented for each resident.

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

COR.3 The care of high-risk residents and the provision of high-risk services are guided by professional practice guidelines, laws, and regulations. ⑥

Recognition of Changes to Resident Condition

COR.3.1 Clinical staff are trained to recognize and respond to changes in a resident's condition.

Resuscitation Services

COR.3.2 Resuscitation services are available throughout the long-term care organization.

Management of Residents at Risk for Suicide or Self-Harm

COR.3.3 The long-term care organization has a process to identify residents at risk for suicide and self-harm. ⑥

Food and Nutrition Therapy

COR.4 A variety of food choices, appropriate for the resident's nutritional status and consistent with their clinical care, is available.

COR.4.1 Residents at nutritional risk receive nutrition therapy.

Pain Management

COR.5 Residents are supported in managing pain effectively. ⑥

End-of-Life Care

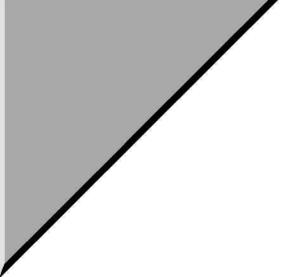
COR.6 The long-term care organization provides end-of-life care for the dying resident that addresses the needs of the resident and family and optimizes the resident's comfort and dignity.

Deinstitutionalization

COR.7 The long-term care organization engages residents and families in decisions related to the operational aspects of the organization as appropriate.

Long-Term Care Organizations Providing Dementia and Memory Care Services

COR.8 The long-term care organization has a process to provide evidence-based care to dementia/memory residents.



Medication Management and Use (MMU)

Standards

Organization and Management

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

Antibiotic Stewardship

MMU.1.1 The long-term care organization develops and implements a program for the prudent use of antibiotics based on the principle of antibiotic stewardship. (P)

Selection and Procurement

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

Storage

MMU.3 Medications are properly and safely stored. (P)

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

MMU.3.2 The long-term care organization has a medication recall system. (P)

Ordering and Transcribing

MMU.4 The long-term care organization identifies and documents a current list of medications taken by the resident and reviews the list against all new medications prescribed or dispensed. (P)

MMU.4.1 The long-term care organization identifies those qualified individuals permitted to prescribe or to order medications.

MMU.4.2 The long-term care organization identifies safe prescribing, ordering, and transcribing practices and defines the elements of a complete order or prescription. (P)

Preparing and Dispensing

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

MMU.5.1 A system is used to safely dispense medications in the right dose to the right resident at the right time.

Administration

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

MMU.6.1 Medication administration includes a process to verify the medication is correct based on the medication prescription or order.

MMU.6.2 Policies and procedures govern medications brought into the long-term care organization by the resident or family and medication prescribed for resident self-administration. (P)

MMU.6.2.1 Policies and procedures govern medications brought into the long-term care organization as samples. (P)

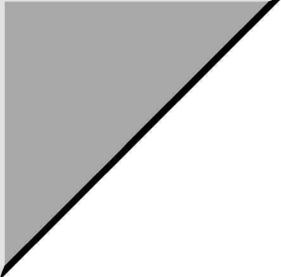
Monitoring

MMU.7 Medication effects on residents are monitored. (P)

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

Section III: Health Care Organization Management Standards





Quality Improvement and Resident Safety (QRS)

Standards

Quality and Resident Safety Activities

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

Measure Selection and Data Collection

QRS.2 Quality improvement and resident safety program staff support the measure selection process throughout the long-term care organization and provide coordination and integration of measurement activities throughout the organization.

QRS.3 Long-term care leaders build a culture and environment that supports implementation of evidence-based care through the use of current scientific knowledge and information to support resident care, health professional education, clinical research, and management.

Analysis and Validation of Measurement Data

QRS.4 Individuals with appropriate experience, knowledge, and skills systematically aggregate and analyze data in the long-term care organization.

QRS.5 The data analysis process includes at least one determination per year of the impact of organizationwide priority improvements on cost and efficiency.

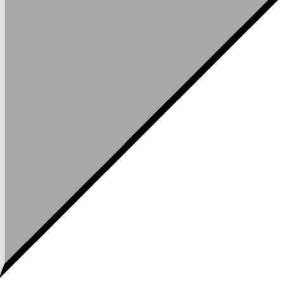
QRS.6 The long-term care organization uses an internal process to validate data. (P)

QRS.7 Data are always analyzed when undesirable trends and variation are evident from the data. (P)

Gaining and Sustaining Improvement

QRS.8 Improvement in quality and safety is achieved and sustained.

QRS.9 An ongoing program of risk management is used to identify and to proactively reduce unanticipated adverse events and other safety risks to residents and staff. (P)



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 long-term care organization.

Resources

- PCI.3** Long-term care leaders provide resources to support the infection prevention and control program.

Goals of the Infection Prevention and Control Program

- PCI.4** The long-term 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. (P)
- PCI.5** The long-term care organization uses a risk-based data-driven approach in establishing the focus of the health care–associated infection prevention and control program. (P)
- PCI.5.1** The long-term care organization identifies areas at high risk for infections by conducting a risk assessment, develops interventions to address these risks, and monitors the effectiveness.

Medical Equipment, Devices, and Supplies

- PCI.6** The long-term care organization reduces the risk of infections associated with medical equipment, devices, and supplies by ensuring adequate cleaning, disinfection, sterilization, and storage. (P)
- PCI.6.1** The long-term care organization identifies and implements a process for managing the reuse of single-use devices consistent with regional and local laws and regulations and implements a process for managing expired supplies. (P)

Environmental Cleanliness

- PCI.7** The infection prevention and control program identifies and implements standards from recognized infection prevention and control programs to address cleaning and disinfection of the environment and environmental surfaces. (P)
- PCI.7.1** The infection prevention and control program identifies standards from recognized infection control health agencies related to cleaning and disinfection of laundry, linens, and scrub attire provided by the long-term care organization.

Infectious Human Tissues and Waste

PCI.8 The long-term care organization has a process to protect residents and staff from bloodborne pathogens related to exposure to blood and body fluids. (P)

Food Services

PCI.9 The long-term care organization reduces the risk of infections associated with the operations of food services.

Engineering Controls

PCI.10 The long-term care organization reduces the risk of infection in the facility through the use of mechanical and engineering controls.

Construction and Renovation Risks

PCI.11 The long-term care organization reduces the risk of infection in the facility associated with demolition, construction, and renovation.

Transmission of Infections

PCI.12 The long-term care organization provides barrier precautions and isolation procedures that protect residents, visitors, and staff from communicable diseases and protects immunosuppressed residents from acquiring infections to which they are uniquely prone. (P)

PCI.12.1 The long-term care organization develops and implements a process to manage a sudden influx of residents with airborne infections and when negative pressure rooms are not available. (P)

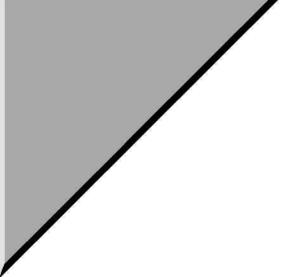
PCI.12.2 The long-term care organization develops, implements, and evaluates an emergency preparedness program to respond to the presentation of global communicable diseases. (P)

PCI.13 Gloves, masks, eye protection, other protective equipment, soap, and disinfectants are available and used correctly when required. (P)

Quality Improvement and Program Education

PCI.14 The infection prevention and control process is integrated with the long-term care organization's overall program for quality improvement and resident safety, using measures that are epidemiologically important to the organization.

PCI.15 The long-term care organization provides education on infection prevention and control practices to staff, physicians, residents, families, and other caregivers when indicated by their involvement in care. (P)



Governance, Leadership, and Direction (GLD)

Standards

Governance of the Long-Term Care Organization

- GLD.1** The structure and authority of the long-term care organization's governing entity are described in bylaws, policies and procedures, or similar documents. (P)
- GLD.1.1** The operational responsibilities and accountabilities of the governing entity are described in a written document(s). (P)
- GLD.1.2** The governing entity approves the long-term care organization's program for quality and resident safety and regularly receives and acts on reports of the quality improvement and resident safety program. (P)

Chief Executive(s) Accountabilities

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

Long-Term Care Leadership Accountabilities

- GLD.3** Long-term care leaders are identified and collectively responsible for defining the organization's mission and creating the programs and policies needed to fulfill the mission.
- GLD.3.1** Long-term care leaders plan with community leaders and leaders of other organizations to meet the community's health care needs. (P)
- GLD.3.2** Long-term care leaders identify and plan for the type of clinical services required to meet the needs of the residents served by the organization. (P)
- GLD.3.3** Long-term care leaders ensure effective communication throughout the organization. (P)
- GLD.3.4** Long-term care leaders ensure that there are uniform programs for the recruitment, retention, development, and continuing education of all staff.

Long-Term Care Leadership for Quality and Resident Safety

- GLD.4** Long-term care leaders plan, develop, and implement a quality improvement and resident safety program. (P)
- GLD.4.1** Long-term care leaders communicate quality improvement and resident safety information to the governing entity and organization staff on a regular basis.
- GLD.5** The chief executive and long-term care leaders prioritize which organizationwide processes will be measured, which organizationwide quality improvement and resident safety activities will be implemented, and how success of these organizationwide efforts will be measured.

Long-Term Care Leadership for Contracts

GLD.6 Long-term care leaders are accountable for the review, selection, and monitoring of clinical and nonclinical contracts and inspect compliance with contracted services as needed. (P)

GLD.6.1 Long-term care leaders ensure that contracts and other arrangements are included as part of the organization's quality improvement and resident safety program.

GLD.6.2 Long-term care leaders ensure that licensed health care professionals and independent health care practitioners not employed by the organization have the appropriate credentials and are competent and/or privileged for the services provided to the organization's residents. (P)

Long-Term Care Leadership for Resource Decisions

GLD.7 Long-term care 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.7.1 Long-term care leaders seek and uses data and information on the safety of the supply chain to protect residents and staff from unstable, contaminated, defective, and counterfeit supplies.

Direction of Long-Term Care Departments and Services

GLD.8 One or more qualified individuals provide direction for each department or service in the long-term care organization. (P)

GLD.9 Each department/service leader identifies, in writing, the services to be provided by the department and integrates or coordinates those services with the services of other departments. (P)

GLD.10 Measures selected by the department/service 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.10.1 Department/service leaders select and implement clinical practice guidelines, and related clinical pathways and/or clinical protocols, to guide clinical care. (P)

Organizational and Clinical Ethics

GLD.11 Long-term care leaders establish a framework for ethical management that promotes a culture of ethical practices and decision-making to ensure that resident care is provided within business, financial, ethical, and legal norms and protects residents and their rights.

GLD.11.1 The long-term 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 residents' best interests. (P)

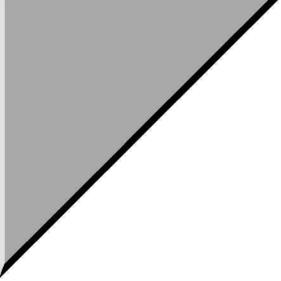
GLD.11.2 The long-term care organization's framework for ethical management addresses ethical issues and decision-making in clinical care. (P)

GLD.12 Long-term care leaders create and support a culture of safety program throughout the organization. (P)

GLD.12.1 Long-term care leaders implement, monitor, and take action to improve the program for a culture of safety throughout the organization.

Human Subjects Research

GLD.13 Human subjects research, when provided within the organization, is guided by laws, regulations, and long-term care leaders. (P)



Facility Management and Safety (FMS)

Standards

Leadership and Planning

FMS.1 The long-term 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.

Risk Assessment and Monitoring

FMS.3 The long-term care organization develops and documents a comprehensive risk assessment based on facility management and safety risks identified throughout the organization, 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 environment, track progress on goals and improvements, and support planning for replacing and upgrading facilities, systems, and equipment.

Safety

FMS.5 The long-term care organization develops and implements a program to provide a safe physical facility through inspection and planning to reduce risks. (P)

Security

FMS.6 The long-term care organization develops and implements a program to provide a secure environment for residents, families, staff, and visitors. (P)

Hazardous Materials and Waste

FMS.7 The long-term care organization develops and implements a program for the management of hazardous materials and waste. (P)

FMS.7.1 The long-term care organization's program for the management of hazardous materials and waste includes the inventory, handling, storage, and use of hazardous materials. (P)

Fire Safety

FMS.8 The long-term 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. (P)

FMS.8.1 The fire safety program includes the early detection, suppression, and containment of fire and smoke. (P)

- FMS.8.2** The fire safety program includes measures to ensure safe exit from the facility when fire and nonfire emergencies occur. (P)
- FMS.8.3** All fire safety equipment and systems, including devices related to early detection, alarm notification, and suppression, are inspected, tested, and maintained. (P)
- FMS.8.4** The long-term care organization involves staff in regular exercises to evaluate the fire safety program. (P)
- FMS.8.5** The fire safety program includes limiting smoking by staff and residents to designated non-resident care areas of the facility. (P)

Medical Equipment

- FMS.9** The long-term care organization develops and implements a program for the management of medical equipment throughout the organization. (P)
- FMS.9.1** The medical equipment program includes inspection, testing, preventive maintenance, and documenting the results. (P)
- FMS.9.2** The long-term care organization has a process for monitoring and acting on medical equipment hazard notices, recalls, reportable incidents, problems, and failures. (P)

Utility Systems

- FMS.10** The long-term care organization develops and implements a program for the management of utility systems throughout the organization. (P)
- FMS.10.1** The utility systems program includes inspection, testing, and maintenance to ensure that utilities operate effectively and efficiently to meet the needs of residents, staff, and visitors. (P)
- FMS.10.2** The long-term care organization's utility systems program ensures that essential utilities, including power, water, and medical gases, are available at all times and that alternative sources for essential utilities are established and tested. (P)

Emergency and Disaster Management

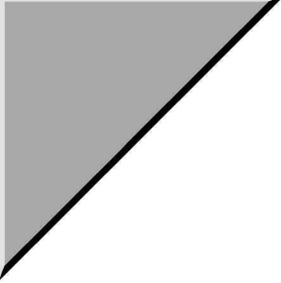
- FMS.11** The long-term care organization develops, maintains, and tests an emergency management program to respond to internal and external emergencies and disasters that have the potential of occurring within the organization and community. (P)

Construction and Renovation

- FMS.12** When planning for construction, renovation, and demolition projects, or maintenance activities that affect resident care, the organization conducts a preconstruction risk assessment. (P)

Staff Education

- FMS.13** Staff and others are trained and knowledgeable about the long-term 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** Leaders of long-term care departments and services 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. ⑥
- SQE.2** Leaders of long-term care departments and services develop and implement processes for recruiting, evaluating, and appointing staff as well as other related procedures identified by the organization.
- SQE.3** The long-term care organization uses a defined process to ensure that clinical staff knowledge and skills are consistent with resident needs.
- SQE.4** The long-term 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. ⑥
- SQE.6** A staffing strategy for the long-term care organization, developed by the leaders of the organization's departments and services, identifies the number, types, and desired qualifications of staff. ⑥
- SQE.6.1** The staffing strategy is reviewed on an ongoing basis and updated as necessary.
- SQE.7** All clinical and nonclinical staff members are oriented to the long-term care organization, the department or unit to which they are assigned, and 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 their skills and knowledge.
- SQE.8.1** Staff members who provide resident care are trained and demonstrate competence in the resuscitative techniques specific to the level of training identified.
- SQE.8.1.1** Other staff identified by the long-term care organization are trained and can demonstrate appropriate competence in resuscitative techniques.

Staff Health and Safety

- SQE.8.2** The long-term care organization provides a staff health and safety program that addresses staff physical and mental health and safe working conditions. ⑥
- SQE.8.3** The long-term 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. ⑥

Determining Medical Staff Membership

- SQE.9** The long-term care organization has a uniform process for collecting the credentials of those medical staff members permitted to provide resident care without supervision. (P)
- SQE.9.1** Medical staff members' education, licensure/registration, and other credentials required by laws or regulations and the long-term care organization are verified and kept current. (P)
- SQE.9.2** There is a uniform, transparent decision process for the initial appointment of medical staff members. (P)

The Assignment of Medical Staff Clinical Privileges

- SQE.10** The long-term care organization has a standardized, objective, evidence-based procedure to authorize medical staff members to admit and to treat residents and/or to provide other clinical services consistent with their qualifications. (P)

Ongoing Professional Practice Evaluation of Medical Staff Members

- SQE.11** The long-term care organization uses an ongoing standardized process to evaluate the quality and safety of the resident care provided by each medical staff member. (P)

Medical Staff Reappointment and Renewal of Clinical Privileges

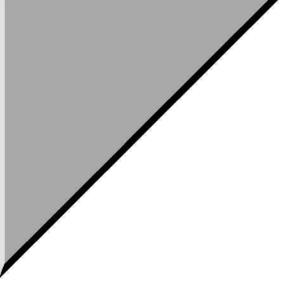
- SQE.12** At least every three years, the long-term care organization determines, from the ongoing professional practice evaluation of each medical staff member, if medical staff membership and clinical privileges are to continue with or without modification. (P)

Nursing Staff

- SQE.13** The long-term care organization has a uniform process to collect, verify, and evaluate the nursing staff's credentials (license, education, training, and experience). (P)
- SQE.14** The long-term care organization has a standardized process to identify job responsibilities and make clinical work assignments based on the nursing staff member's credentials and any regulatory requirements.
- SQE.14.1** The long-term care organization has a standardized process for nursing staff participation in the organization's quality improvement activities, including evaluating individual performance when indicated.

Other Clinical Staff

- SQE.15** The long-term care organization has a uniform process to collect, verify, and evaluate other health care practitioners' credentials (license, education, training, and experience). (P)
- SQE.16** The long-term care organization has a uniform process to identify job responsibilities and to make clinical work assignments based on other clinical staff credentials and any regulatory requirements.
- SQE.16.1** The long-term care organization has a uniform process for other clinical staff participation in the organization's quality improvement activities.



Management of Information (MOI)

Standards

Information Management

- MOI.1** The long-term care organization plans and designs information management processes to meet the information needs of those who provide clinical services, the long-term care leaders, and those outside the organization who require data and information from the organization.
- MOI.2** The long-term care organization maintains the confidentiality, security, privacy, and integrity of data and information through processes to manage and control access.
- MOI.2.1** The long-term 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 long-term care organization determines the retention time of resident health records, data, and other information. ④
- MOI.4** The long-term 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 long-term 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. ④
- MOI.7.1** The policies, procedures, plans, and other documents that guide consistent and uniform clinical and nonclinical processes and practices are fully implemented. ④

Resident Health Record

- MOI.8** The long-term care organization initiates and maintains a standardized, accurate health record for every resident assessed or treated and determines the record's content, format, and location of entries. ④
- MOI.8.1** The health record contains sufficient information to identify the resident, to support the diagnosis, to justify the treatment, and to document the course and results of treatment.
- MOI.9** Every resident health record entry identifies its author and when the entry was made in the health record.

MOI.10 As part of its monitoring and performance improvement activities, the long-term care organization regularly assesses resident health record content.

Information Technology in Health Care

MOI.11 Long-term care leaders identify a qualified individual to oversee the organization's health information technology systems and processes.

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

MOI.13 The long-term care organization develops, maintains, and tests a program for response to planned and unplanned downtime of data systems. (P)