

JOINT COMMISSION INTERNATIONAL ACCREDITATION STANDARDS FOR **HOME CARE**

1st Edition



**Effective
1 July
2012**

International Patient Safety Goals (IPSG)

Overview

This chapter addresses the International Patient Safety Goals (IPSG), as required for implementation as of 1 July 2012 in all home care organizations accredited by Joint Commission International (JCI) under the International Accreditation Standards for Home Care. The purpose of the IPSG is to promote specific improvements in patient safety.

The goals highlight problematic areas in health care and describe evidence- and expert-based consensus solutions to these problems. Recognizing that sound system design is intrinsic to the delivery of safe, high-quality health care, the goals generally focus on systemwide solutions, wherever possible.

The goals are structured in the same manner as the other standards, including a standard (goal statement), an intent statement, and measurable elements. The goals are scored similar to other standards as “met,” “partially met,” or “not met.” The accreditation decision rules include compliance with the IPSG as a separate decision rule.

Applicability

Some IPSG may not be applicable to the home care organization. For example, IPSG.4 is not applicable if the organization does not provide any type of surgical services (as described in the minimum definition of surgery). If the organization believes one or more goals are not applicable, the organization is responsible for contacting the Joint Commission International Accreditation office at the time of application for survey.

Goals

The following is a list of all goals. They are presented here for your convenience without their requirements, intent statements, or measurable elements. For more information about these goals, please *see* the next section in this chapter, Goals, Standards, Intents, and Measurable Elements.

IPSG.1 Identify Patients Correctly

IPSG.2 Improve Effective Communication

IPSG.3 Improve the Safety of High-Alert Medications

IPSG.4 Not applicable for home care

IPSG.5 Reduce the Risk of Health Care–Associated Infections

IPSG.6 Reduce the Risk of Patient Harm Resulting from Falls

Patient Access and Assessment (PAA)

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please *see* the next section in this chapter, Standards, Intents, and Measurable Elements.

Access

- PAA.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.
- PAA.1.1** When the home care organization accepts the patient for care, the organization provides information to patients 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.
 - PAA.1.2** The home care organization seeks to reduce physical, language, cultural, and other barriers to access and delivery of services.
 - PAA.1.3** The home care organization has a process for managing patients who may be required to wait for acceptance into the home care program.

Assessment

- PAA.2** An initial assessment process that includes an evaluation of physical, psychological, social, and economic factors is used to identify the care and services necessary to support the patient's needs.
- PAA.2.1** The organization has determined the minimum content of assessments, based on applicable laws and regulations and professional practice.
 - PAA.2.2** The home care organization conducts individualized initial assessments for special populations cared for by the organization.
 - PAA.2.2.1** The home care organization has a process to identify, report, and refer suspected or alleged victims of abuse or neglect, according to law and regulation.
 - PAA.2.3** Patients are screened for nutritional status and functional needs and receive an in-depth assessment when needs are identified.
 - PAA.2.4** All patients are screened for pain and assessed when pain is present.

PAA.2.5 Patients are referred for any additional assessments when the need is identified through findings from the initial assessment, reassessments, the patient's need and desire for services, the patient's response to previous services, or the setting, and as required by law and regulation.

PAA.3 All patients are reassessed at appropriate intervals to determine their response to care and services and to plan for continued care and services or discharge.

PAA.4 Assessment findings are documented in the patient's record and are readily available to those responsible for the patient's care and services.

PAA.4.1 Patient assessment findings are analyzed, integrated, and prioritized by the health professional responsible for the care and services provided.

Clinical Laboratory Services

PAA.5 Policies and procedures for ordering tests and collecting, identifying, handling, safely transporting, and disposing of specimens are followed.

PAA.5.1 Laboratory services are readily available through arrangements with outside sources to meet patient needs.

PAA.5.2 Laboratory services provided through arrangements with outside sources meet applicable local and national standards, laws, and regulations; and have a quality control program.

PAA.5.3 Policies and procedures guide the use of laboratory services provided through point of care testing.

Diagnostic Imaging Services

PAA.6 The home care organization provides access to diagnostic imaging services within a time frame to meet patient needs.

PAA.6.1 Diagnostic imaging services meet applicable local and national standards, laws, and regulations; meet quality expectations and professional standards; and are managed by an individual qualified through training and experience.

PAA.6.2 Diagnostic imaging services are available within a time frame to meet the patient's needs as defined by the home care organization.

PAA.7 The home care organization has access to experts in specialized diagnostic areas based on patients' needs.

Patient Rights and Responsibilities (PRR)

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please *see* the next section in this chapter, Standards, Intents, and Measurable Elements.

- PRR.1** The home care organization is responsible for providing processes that support the patients' and families' rights and responsibilities during care and services.
 - PRR.1.1** Care and services are considerate and respectful of the patient's personal values and beliefs.
 - PRR.1.1.1** Care and services support patients' personal freedom and dignity, independent expression, and choices.
 - PRR.1.2** Care and services are respectful of patients' need for privacy.
 - PRR.1.3** The patient has the right to receive protection from neglect, exploitation, and abuse.
 - PRR.1.4** Patient information is confidential and protected from loss or misuse.
 - PRR.1.4.1** The organization informs patients about how to obtain information related to their health care and the cost of care as directed by laws and regulations.
- PRR.2** The home care organization supports the patients' and families' rights to participate in the care and services process.
 - PRR.2.1** The home care organization informs patients and families, in a method and language they can understand, about how they will be told of medical conditions and treatments and how they can participate in care and services decisions, to the extent they wish to participate.
 - PRR.2.2** The home care organization informs patients and families about their rights and responsibilities related to refusing or discontinuing treatment.
 - PRR.2.3** The home care organization respects patient wishes and preference about resuscitative service and forgoing or withdrawing life-sustaining treatments.

- PRR.3** 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.
- PRR.4** Staff are educated about their role in identifying patients' values and beliefs and protecting the patients' rights.
- PRR.5** All patients are informed about their rights and responsibilities in a manner and language they can understand.

Informed Consent

- PRR.6** Patient informed consent is obtained through a process defined by the home care organization and is carried out by trained staff.
- PRR.6.1** Patients and families receive adequate information about the illness, proposed treatment, and health professionals so that they can make care and services decisions.
- PRR.6.2** The home care organization establishes a process, within the context of existing law and culture, for when others can grant consent.

Research

- PRR.7** The home care organization informs patients and families about how to gain access to clinical research, investigation, or clinical trials involving human subjects.
- PRR.7.1** The home care organization informs patients and families about how patients who choose to participate in clinical research, investigations, or clinical trials are protected.
- PRR.7.2** Informed consent is obtained before a patient participates in clinical research, investigations, and trials.
- PRR.8** The home care organization has a committee or another way to oversee all research involving human subjects.

Organ Donation

- PRR.9** The home care organization informs patients and families about how to choose to donate organs and other tissues.

Patient Care and Continuity of Care (PCC)

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please *see* the next section in this chapter, Standards, Intents, and Measurable Elements.

Care Delivery

- PCC.1** Policies, procedures, and applicable laws and regulations guide the uniform care and services of all patients.
- PCC.2** The care and services planned for each patient are evidence based, individualized, and written in the clinical record.
 - PCC.2.1** The home care organization identifies those permitted to write orders and the uniform location in which those orders are to be written in the clinical record.
- PCC.3** Care and services provided to the patient maintain the patient's daily routine when possible and meet the patient's identified needs.
 - PCC.3.1** Care and services provided are written into the patient's clinical record.
 - PCC.3.2** The patient's plan of care and services are revised when indicated by a change in the patient's condition.
- PCC.4** Policies and procedures guide the care of high-risk patients, including when the care or services pose a high risk.

Food and Nutrition Therapy

- PCC.5** Based on the patient's nutritional status and/or need, patients and families are provided with nutritional education and support.
 - PCC.5.1** All patients are hydrated according to their fluid tolerance.
 - PCC.5.2** Policies and procedures govern the preparation, handling, storage, and distribution of parenteral and enteral tube nutrition therapy.
- PCC.6** A nutritional plan is developed and implemented for patients assessed to be at nutritional risk, and the response to the plan is monitored and recorded.

Pain Management

PCC.7 Pain assessment and management are designed to meet the patient's needs and support the care and services provided.

PCC.7.1 Pain management for patients, when provided within the home care organization, is included in the patient's plan for care and services.

End-of-Life Care

PCC.8 The home care organization addresses end-of-life care.

PCC.8.1 Care of the dying patient optimizes his or her comfort and dignity.

Transfer of Patients

PCC.9 There is a process to transfer patients to other health care organizations or health professionals to meet their continuing care and services needs.

PCC.9.1 The receiving organization is given a written summary of the patient's clinical and nonclinical condition and the care provided.

PCC.9.2 The process for referring, transferring, or arranging needed services outside the home considers transportation needs.

Patient Medication Management (PMM)

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please *see* the next section in this chapter, Standards, Intents, and Measurable Elements.

Management and Use

PMM.1 Medication use in the home care organization is efficiently organized and compliant with applicable laws and regulations.

PMM.1.1 Policies and procedures govern a patient's use of medications in the home setting and the control of medication samples.

Preparation, Dispensing, and Storage

PMM.2 Policies and procedures govern the safe preparation, dispensing, and storage of medications.

PMM.2.1 Policies and procedures govern the storage, distribution, handling, and dispensing of chemotherapeutic, investigational, hazardous materials, and other medications.

PMM.2.2 Emergency medications are available, monitored, and safe when stored out of the pharmacy.

PMM.2.3 The home care organization has a medication recall system.

PMM.2.4 When medications and nutrition therapy solutions are delivered to the patient's home, the home care organization has processes to ensure product stability and potency and timely delivery to the correct patient.

Administration

PMM.3 The home care organization identifies those qualified individuals permitted to administer medications.

PMM.3.1 Medications are safely and accurately administered by patients, families, and/or caregivers in the home.

PMM.4 Medication administration performed by the home care organization's staff includes a process to verify the medication is correct based on the medication order.

PMM.4.1 Medications prescribed and administered by home care staff are documented.

Monitoring

PMM.5 Medication effects on patients are monitored, including adverse effects.

PMM.5.1 Medication errors, including near misses, are reported through a process and time frame defined by the home care organization.

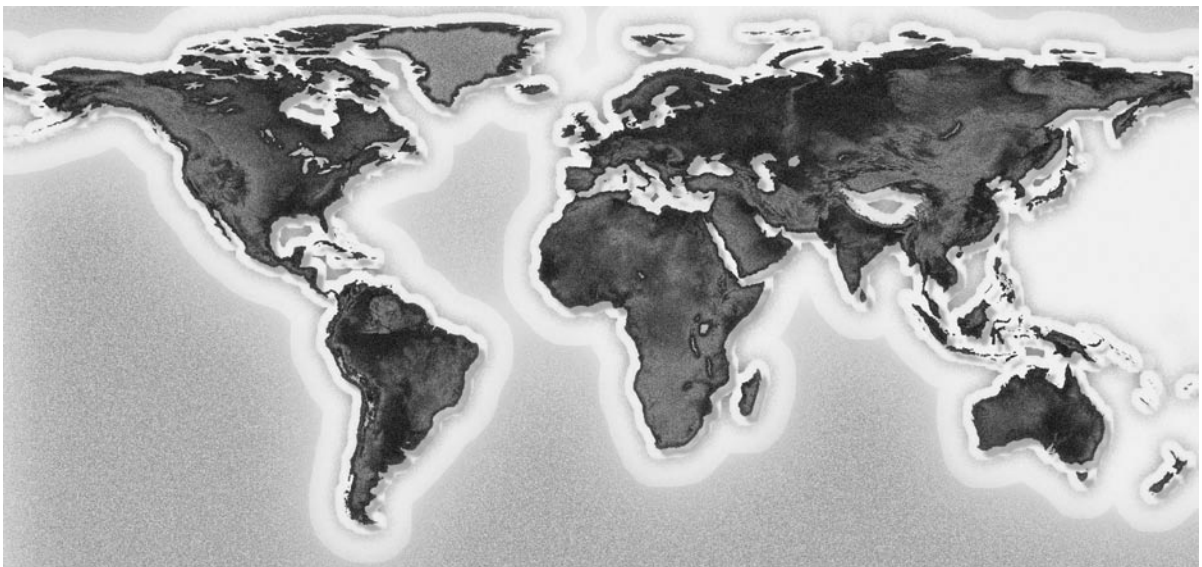
Patient and Family Education (PFE)

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please *see* the next section in this chapter, Standards, Intents, and Measurable Elements.

- PFE.1** The home care organization provides education that supports patient and family participation in care decisions and care processes.
- PFE.2** Each patient's educational needs are assessed and recorded in his or her record.
 - PFE.2.1** The patient's and family's ability to learn and willingness to learn are assessed.
- PFE.3** Education and training help meet patients' ongoing health needs.
- PFE.4** Patient and family education includes the following topics related to the patient's care: the safe use of medications, the safe use of medical equipment, potential interactions between medications and food, nutritional guidance, pain management, and rehabilitation techniques.
 - PFE.4.1** Patient and family education includes basic home safety and emergency planning.
 - PFE.4.2** Patient and family education includes identifying, handling, and disposing of hazardous materials and wastes in a safe and sanitary manner.
 - PFE.4.3** Patient and family education includes storage, handling, and access to medical gases and related supplies when indicated by the patient's condition.
- PFE.5** Education methods include the patient's and family's values and preferences and allow sufficient interaction among the patient, family, and staff for learning to occur.
 - PFE.5.1** The patient and family are taught in a format and language that they understand.
- PFE.6** Health professionals caring for the patient collaborate to provide education.

Section II: Health Care Organization Management Standards



Improvement in Quality and Patient Safety (IQS)

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please *see* the next section in this chapter, Standards, Intents, and Measurable Elements.

Leadership and Planning

IQS.1 Those responsible for governing and managing the home care organization participate in planning and measuring a quality improvement and patient safety program.

IQS.1.1 The organization's leaders collaborate to carry out the quality improvement and patient safety program.

IQS.1.2 The leaders prioritize which processes should be measured and which improvement and patient safety activities should be carried out.

IQS.1.3 The leaders provide technological and other support to the quality improvement and patient safety program.

IQS.1.4 Quality improvement and patient safety information are communicated to staff.

IQS.1.5 Staff are trained to participate in the program.

Design of Clinical and Managerial Processes

IQS.2 The organization designs new and modified systems and processes according to quality improvement principles.

IQS.2.1 Clinical practice guidelines, clinical pathways, and/or clinical protocols are used to guide clinical care.

Measure Selection and Data Collection

IQS.3 The organization's leaders identify key measures in the organization's structures, processes, and outcomes to be used in the organizationwide quality improvement and patient safety plan.

IQS.3.1 The organization's leaders identify at least five (5) key measures for each of the organization's clinical structures, processes, and outcomes.

IQS.3.2 The organization's leaders identify at least five (5) key measures for each of the organization's managerial structures, processes, and outcomes.

- IQS.3.3** The organization's leaders identify key measures for each of the International Patient Safety Goals that are applicable to the home care surveys provided.

Validation and Analysis of Measurement Data

- IQS.4** Individuals with experience, knowledge, and skills systematically aggregate and analyze data in the organization.
- IQS.4.1** The frequency of data analysis is consistent with the process being studied and meets organization requirements.
- IQS.4.2** The analysis process includes comparisons internally, with other organizations when available, and with scientific standards and desirable practices.
- IQS.5** The organization uses an internal process to validate data.
- IQS.5.1** When the organization publishes data or posts data on a public website, the leaders of the organization ensure the reliability of the data.
- IQS.6** The organization uses a defined process for identifying and managing sentinel events.
- IQS.7** Data are analyzed when undesirable trends and variation are evident from the data.
- IQS.8** The organization uses a defined process for the identification and analysis of near-miss events.

Gaining and Sustaining Improvement

- IQS.9** Improvement in quality and safety is achieved and sustained.
- IQS.10** Improvement and safety activities are undertaken for the priority areas identified by the organization's leaders.
- IQS.11** An ongoing program of risk management is used to identify and to reduce unanticipated adverse events and other safety risks to patients and staff.

Infection Prevention and Control (IPC)

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please *see* the next section in this chapter, Standards, Intents, and Measurable Elements.

Leadership and Planning

- IPC.1** One or more individuals, qualified in infection control practices through education, training, experience, or certification, oversee all infection prevention and control activities.
- IPC.2** The home care organization designs, implements, and designates a coordination mechanism for a comprehensive program to reduce the risks of organization-acquired infections in patients and staff.
- IPC.3** The infection prevention and control program is based on current scientific knowledge, accepted practice guidelines, and applicable law and regulation.

Focus of the Program

- IPC.4** The home care organization uses a risk-based approach in establishing the focus of the health care–associated infection prevention and reduction program.
 - IPC.4.1** The home care organization implements and supports an evidence-based immunization program.
- IPC.5** The home care organization identifies the procedures and processes associated with the risk of infection and implements strategies to reduce infection risk.

Barrier Techniques and Hand Hygiene

- IPC.6** Gloves, masks, eye protection, other protective equipment, soap, and disinfectants are available and used correctly when required.

Education About the Program

- IPC.7** The home care organization provides education on infection control practices to family, patients, and all care providers.

Management and Safety of the Environment (MSE)

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please *see* the next section in this chapter, Standards, Intents, and Measurable Elements.

Planning and Direction

- MSE.1** One or more qualified professionals oversee the planning and implementation of a program to ensure a safe and effective home care environment.
- MSE.1.1** The home care organization complies with relevant laws, regulations, and inspection requirements.
 - MSE.1.2** The home care organization plans and budgets for a program to ensure physical safety in the home care environment.
 - MSE.1.3** The home care organization plans and implements a program to identify and recommend management of risks to the environment in which patient care and services are provided.

Fire Prevention and Safety

- MSE.2** The home care organization plans and implements a program to ensure that all patients, families, and staff are safe from fire, smoke, other potential fire hazards, or other emergencies in all settings in which patients receive care and services.
- MSE.2.1** The fire safety plan includes fire response and potential fire hazards in the home care setting.

Utility Systems

- MSE.3** Utility systems within the environment of the patient served are compatible and used safely in relation to the care and services provided.

Hazardous Materials

- MSE.4** The home care organization has a plan for the identification, handling, storage, and use of hazardous materials and the control and disposal of hazardous materials and waste.

Medical Equipment

- MSE.5** When the home care organization supplies medical equipment in the home, the organization plans and implements a program for inspecting, testing, and maintaining medical equipment and for documenting the results.

- MSE.5.1** Equipment that is received and stored by the home care organization for use in the patient's home is stored appropriately.
- MSE.5.2** Medical equipment is delivered and set up according to the patient's needs for care and services.
- MSE.5.3** When equipment is provided by the home care organization, the home care organization provides emergency maintenance, replacement, or backup equipment if needed.
- MSE.5.4** 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.

Staff Education

- MSE.6** The home care organization educates and trains all staff members about their roles in providing a safe and effective patient care environment.
 - MSE.6.1** Staff members are trained and knowledgeable about their roles in the home care organization's plans for fire safety, security, hazardous materials, and emergencies.
 - MSE.6.2** Staff are trained to operate and maintain medical equipment and assess utility systems.
 - MSE.6.3** The home care organization periodically tests and documents staff knowledge through demonstrations, written tests, and other suitable methods.

Staff Qualifications and Education (SQE)

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please *see* the next section in this chapter, Standards, Intents, and Measurable Elements.

Planning

- SQE.1** Home care organization 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 organization 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 organization needs and the requirements of the position.
- SQE.5** There is documented personnel information for each staff member.
- SQE.6** A staffing plan for the organization identifies the number, types, and desired qualifications of staff.
- SQE.6.1** The staffing plan is reviewed on an ongoing basis and updated as necessary.

Orientation and Education

- SQE.7** Upon appointment to the staff, all clinical and nonclinical staff members are oriented to the home care organization and to their specific job responsibilities.
- 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.

- SQE.8.2** The home care organization provides facilities and time for staff education and training.
- SQE.8.3** Staff are given the opportunity to participate in other educational experiences to acquire new skills and knowledge and to support job advancement.
- SQE.8.4** The home care organization provides a staff health and safety program.

Medical Staff

Determining Medical Staff Membership

- SQE.9** The home care organization has an effective process for gathering, verifying, and evaluating the credentials (license, education, training, competence, and experience) of the home care organization's medical staff permitted to provide patient care without supervision.
 - SQE.9.1** Leadership makes an informed decision about renewing permission for each medical staff member to continue providing patient care services at least every three years.

The Assignment of 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 Monitoring and 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.

Nursing Staff

- SQE.12** The home care organization has an effective process to gather, to verify, and to evaluate the nursing staff's credentials (license, education, training, and experience).
- SQE.13** 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** 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 professional staff members' credentials (license, education, training, and experience).
- SQE.16** The home care organization has a standardized procedure to identify job responsibilities and to make clinical work assignments based on other health professional staff members' credentials and any regulatory requirements.
- SQE.17** The home care organization has an effective process for other health professional staff members' participation in the home care organization's quality improvement activities.

Governance and Leadership (GAL)

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please *see* the next section in this chapter, Standards, Intents, and Measurable Elements.

Governance of the Home Care Organization

- GAL.1** Governance responsibilities and accountabilities are described in bylaws, policies and procedures, or similar documents that guide how they are to be carried out.
 - GAL.1.1** Those responsible for governance approve and make public the home care organization's mission statement and values.
 - GAL.1.2** Those responsible for governance approve the policies and plans to operate the home care organization.
 - GAL.1.3** Those responsible for governance approve the budget and allocate the resources required to meet the home care organization's mission.
 - GAL.1.4** Those responsible for governance appoint the home care organization's senior manager(s) or director(s).
 - GAL.1.5** Those responsible for governance approve the home care organization's plan for quality and patient safety and regularly receive and act on reports of the quality and patient safety program.

Leadership of the Organization

- GAL.2** A senior manager or director is responsible for operating the home care organization and complying with applicable laws and regulations.
- GAL.3** The home care organization's leaders are identified and are collectively responsible for defining the home care organization's mission and values and creating the plans and policies needed to fulfill the mission.
 - GAL.3.1** Organization leaders plan with community leaders and leaders of other organizations to meet the community's health care needs.
 - GAL.3.2** The leaders identify and plan for the type of clinical services required to meet the needs of the patients served by the home care organization.

GAL.3.2.1 Equipment, supplies, and medications recommended by professional organizations or by alternative authoritative sources are used.

GAL.3.3 The leaders are accountable for contracts for clinical or management services.

GAL.3.3.1 Contracts and other arrangements are included as part of the home care organization's quality improvement and patient safety program.

GAL.3.3.2 Independent practitioners not employed by the home care organization have the right credentials for the services provided to the home care organization's patients.

GAL.3.4 The leaders are educated in the concepts of quality improvement.

GAL.3.5 Organization leaders ensure that there are uniform programs for the recruitment, retention, development, and continuing education of all staff.

GAL.4 Medical, nursing, and other leaders of clinical services plan and implement an effective organizational structure to support their responsibilities and authority.

Direction of Services

GAL.5 One or more qualified individuals provide direction for each service provided by the home care organization.

GAL.5.1 The directors of each clinical service area identify, in writing, the services to be provided.

GAL.5.1.1 Services are coordinated and integrated with other services.

GAL.5.2 Directors recommend equipment, staffing, and other resources needed by the service.

GAL.5.3 Directors recommend criteria for selecting the service's professional staff and choose or recommend individuals who meet those criteria.

GAL.5.4 The home care organization's leaders provide orientation and training for all staff of the duties and responsibilities for the service to which they are assigned.

GAL.5.5 The home care organization's leaders evaluate the service's performance as well as staff performance.

Organizational Ethics

GAL.6 The home care organization establishes a framework for ethical management that ensures that patient care is provided within business, financial, ethical, and legal norms and that protects patients and their rights.

GAL.6.1 The home care organization's framework for ethical management includes marketing, admissions, transfer, discharge, and disclosure of ownership and any business and professional conflicts that may not be in patients' best interests.

GAL.6.2 The home care organization's framework for ethical management supports ethical decision making in clinical care and nonclinical services.

Culture of Safety

GAL.7 Leaders create and support a culture of safety throughout the organization.

GAL.7.1 Leaders implement, monitor, and take action to improve the program for a culture of safety throughout the organization.

Communication and Information Management (CIM)

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please *see* the next section in this chapter, Standards, Intents, and Measurable Elements.

Communication with the Community

CIM.1 The home care organization communicates with its community to facilitate access to care and access to information about its patient care services.

Communication with Patients and Families

CIM.2 The home care organization informs patients and families about its care and services and how to obtain those services.

CIM.3 Patient and family communication and education are provided in an understandable format and language.

Communication Between Professionals Within and Outside the Organization

CIM.4 Communication is effective throughout the home care organization.

CIM.5 The leaders ensure that there is effective communication and coordination among those responsible for providing clinical services.

CIM.6 Information about the patient's care and services and response to care and services is communicated between all health care practitioners involved with the patient's care and services.

CIM.7 The patient's record(s) is available to the health care practitioners to facilitate the communication of essential information.

Leadership and Planning

CIM.8 The home care organization plans and designs information management processes to meet internal and external information needs.

CIM.9 Information privacy and confidentiality are maintained.

CIM.10 Information security, including data integrity, is maintained.

CIM.11 The home care organization has a policy on the retention time of records, data, and information.

- CIM.12** The home care organization uses standardized diagnosis codes, procedure codes, symbols, abbreviations, and definitions.
- CIM.13** 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.
- CIM.14** Clinical and managerial staff participate in selecting, integrating, and using information management technology.
- CIM.15** Records and information are protected from loss, destruction, tampering, and unauthorized access or use.
- CIM.16** Decision makers and other staff members are educated and trained in the principles of information management.
- CIM.17** A written policy or protocol defines the requirements for development and maintenance of internal policies and procedures and a process for managing external policies and procedures.

Patient Record

- CIM.18** The home care organization initiates and maintains a record for every patient assessed or treated.
 - CIM.18.1** The patient record contains sufficient information to identify the patient, to support any new diagnoses made while receiving home care services, to justify the treatment, to document the course and results of treatment, and to promote continuity of care among health care professionals.
 - CIM.18.2** Organization policy identifies those authorized to make entries in the patient record and determines the record's content and format.
 - CIM.18.3** Every patient record entry identifies its author and when the entry was made in the record.
 - CIM.18.4** As part of its performance improvement activities, the home care organization regularly assesses patient record content and the completeness of patient records.

Aggregate Data and Information

- CIM.19** Aggregate data and information support patient care, organization management, and the quality management program.
 - CIM.19.1** The home care organization has a process to aggregate data and has determined which data and information are to be regularly aggregated to meet the needs of clinical and managerial staff in the home care organization and agencies outside the organization.
 - CIM.19.2** The home care organization has a process for using or participating in external databases.
- CIM.20** The home care organization supports patient care, education, research, and management with timely information from current sources.