JCI and Housing Keeping Process Reference Matrix

HEALTHCARE ENVIRONMENTAL SERVICES

HESAS

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HESAS EMS Standards Document

Published by HESAS and ReXcels Press

Boston, MA, USA.

Initial draft publication, June 2014.

Final draft publication, December 2020.

Message from the chairman

It is vividly evident that the world witnessed the worst public health and economic crisis due to COVID-19 pandemic. This inevitably mobilized the international community to act seriously and swiftly. However, the mortalities and morbidities induced by healthcare-acquired infections (HAI) are equally fatal, but the international community did not act similarly. Consequently, we are continuously and chronically suffering from HAI.

The current intervention for HAI is merely based on passively-set standards and enforcing these standards via regulatory agencies such as the centre for disease control and prevention (CDC), joint commission international (JCI), ministries of health, and other regulatory agencies. To efficiently address HAI, we inevitably need to mobilize the international community because HAI traverses a multitude of epistemological dimensions, requiring multidisciplinary tacit knowledge, and mandates active international collaboration. Besides, we believe that we can efficiently traverse deeply into the root-causes and solution landscapes by automating the entire healthcare environmental services and infection control within healthcare institutions using the latest advancements in computational epistemology, computational infection control models, computational epidemiological models, artificial intelligence, machine learning, distributed ledger technology, collective intelligence, cognitive technologies, internet of things, ubiquitous technologies, intelligent micro-measurement frameworks, artificial life, evidence-based program implementation, patient-centric care, strategy anchored execution, and symbiotic healthcare ecosystem services. Consequently, we developed these open standards that were tailored from diverse international standards to promote the automation of healthcare environmental services and infection control processes and best practices.

The Healthcare Environmental Services Operational Map (HESOM) and other standards were developed to efficiently leverage multidisciplinary experts and practitioners to contribute towards the eradication of HAI-induced mortalities and morbidities. Using ReXcels research and innovation environment, we cultivate collective intelligence by bringing together these multidisciplinary experts to iteratively develop these standards and adaptively support the innovation of computational technology that automates the execution and enforcement of these standards. As such, we cordially invite you to use these documents and participate actively in the further development of these standards to significantly reduce HAI-induced mortalities, morbidities, and their enormous negative economic externalities.

Hamid Adem

Interim Chairman, and Chief R&D Officer

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Patient Centered Standards

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1.1 International Patient Safety Goals (IPSG)

JCI Standards	EMS Document Reference	Automation Capability	Remarks
IPSG.1 Identify Patients Correctly	NA		
IPSG.2 Improve Effective Communication	NA		
IPSG.3 Improve the Safety of High-Alert Medications	NA		
IPSG.4 Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery	NA		
IPSG.5 Reduce the Risk of Health Care – Associated Infections	Housekeeping Document, **Section 1.** Purpose, Section **5.2.8** (table)		
IPSG.6 Reduce the Risk of Patient Harm Resulting from Falls	NA		

1.2 Access to Care and Continuity of Care (ACC)

1.2.1 Admission to the Organization

JCI Standards	EMS Document Reference	Automation Capability	Remarks
ACC.1 Patients are admitted to receive inpatient care or registered for outpatient services based on their identified health care needs and the organization's mission and resources.	NA		
ACC.1.1 The organization has a process for admitting inpatients and for registering outpatients. • **ACC.1.1.1** Patients with emergent, urgent, or immediate needs are given priority for assessment and treatment. • **ACC.1.1.2** Patient needs for preventive, palliative, curative, and rehabilitative services are prioritized based on the patient's condition at the time of admission as an inpatient to the organization.	NA		

• **ACC.1.1.3** The organization considers the clinical needs of patients when there are waiting periods or delays for diagnostic and/or treatment services			
ACC.1.2 At admission as an inpatient, patients and families receive information on the proposed care, the expected outcomes of that care, and any expected cost to the patient for the care.	NA		
ACC.1.3 The organization seeks to reduce physical, language, cultural, and other barriers to access and delivery of services.	NA		
ACC.1.4 Admission or transfer to or from units providing intensive or specialized services is determined by established criteria.	NA		

1.2.2 Continuity of Care

JCI Standards	EMS Document Reference	Automation Capability	Remarks
ACC.2 The organization designs and carries out processes to provide continuity of patient care services in the organization and coordination among health care practitioners.	NA		
ACC.2.1 During all phases of inpatient care, there is a qualified individual identified as responsible for the patient's care.	House Keeping: Section **5.2.1** Establish Housekeeping Management Framework Section **5.2.5** Identify Housekeeping Resources Availability		

1.2.3 Discharge, Referral, and Follow-Up

JCI Standards	EMS Document Reference	Automation Capability	Remarks
ACC.3 There is a policy guiding the referral or discharge of patients.	NA		
ACC.3.1 The organization cooperates with health care practitioners and outside	NA		

agencies to ensure timely and appropriate referrals.			
ACC.3.2 The clinical records of inpatients contain a copy of the discharge summary. • **ACC.3.2.1** The discharge summary of inpatients is complete.	NA		
ACC.3.3 The clinical records of outpatients receiving continuing care contain a summary of all known significant diagnoses, drug allergies, current medications, and any past surgical procedures and hospitalizations.	NA		
ACC.3.4 Patients and, as appropriate, their families are given understandable follow-up instructions.	NA		
ACC.3.5 The organization has a process for the management and follow-up of patients who leave against medical advice	NA		

1.2.4 Transfer of Patients

JCI Standards	EMS Document Reference	Automation Capability	Remarks
ACC.4 Patients are transferred to other organizations based on status and the need to meet their continuing care needs.	NA		
ACC.4.1 The referring organization determines that the receiving organization can meet the patient's continuing care needs.	NA		
ACC.4.2 The receiving organization is given a written summary of the patient's clinical condition and the interventions provided by the referring organization.	NA		
ACC.4.3 During direct transfer, a qualified staff member monitors the patient's condition.	NA		
ACC.4.4 The transfer process is documented in the patient's record.	NA		

1.2.5 Transportation

JCI Standards	EMS Document Reference	Automation Capability	Remarks
ACC.5 The process for referring, transferring, or discharging patients, both inpatients and outpatients, includes planning to meet the patient's transportation needs.	NA		

1.3 Patient and Family Education (PFE)

JCI Standards	EMS Document Reference	Automation Capability	Remarks
PFR.1 The organization is responsible for providing processes that support patients' and families' rights during care.	NA		
PFR.1.1 Care is considerate and respectful of the patient's personal values and beliefs. • **PFR.1.1.1** The organization has a process to respond to patient and family requests for pastoral services or similar requests related to the patient's spiritual and religious beliefs.	NA		

PFR.1.2 Care is respectful of the patient's need for privacy.	NA		
PFR.1.3 The organization takes measures to protect patients' possessions from theft or loss.	NA		
PFR.1.4 Patients are protected from physical assault.	NA		
PFR.1.5 Children, disabled individuals, the elderly, and other populations at risk receive appropriate protection.	NA		
PFR.1.6 Patient information is confidential	NA		
PFR.2 The organization supports patients' and families' rights to participate in the care process.	NA		
PFR.2.1 The organization informs patients and families, in a method and language they can understand, about the process of how they will be told of medical conditions and any confirmed diagnosis, how they will be told of planned care and treatment, and how they can participate in care decisions, to	NA		

the extent they wish to participate. • **PFR.2.1.1** The organization informs patients and families about how they will be told about the outcomes of care and treatment, including unanticipated outcomes, and who will tell them			
PFR.2.2 The organization informs patients and families about their rights and responsibilities related to refusing or discontinuing treatment. **PFR.2.3** The organization respects patient wishes and preferences to withhold resuscitative services and to forgo or to withdraw life-sustaining treatments. **PFR.2.4** The organization supports the patient's right to appropriate assessment and management of pain. **PFR.2.5** The organization supports the patient's right to respectful and compassionate care at the end of life.	NA		

PFR.3 The organization informs patients and families about its process to receive and to act on complaints, conflicts, and differences of opinion about patient care and the patient's right to participate in these Processes.	NA		
PFR.4 Staff members are educated about their roles in identifying patients' values and beliefs and protecting patients' rights.	NA		
PFR.5 All patients are informed about their rights and responsibilities in a manner and language they can understand	NA		

1.3.1 Informed Consent

JCI Standards	EMS Document Reference	Automation Capability	Remarks
PFR.6 Patient informed consent is obtained through a process defined by the organization and carried out by trained staff in a language the patient can understand.	NA		

PFR.6.1 Patients and families receive adequate information about the illness, proposed treatment(s), and health care practitioners so that they can make care decisions.	NA		
PFR.6.2 The organization establishes a process, within the context of existing law and culture, for when others can grant consent.	NA		
PFR.6.3 General consent for treatment, if obtained when a patient is admitted as an inpatient or is registered for the first time as an outpatient, is clear in its scope and limits.	NA		
PFR.6.4 Informed consent is obtained before surgery, anesthesia, use of blood and blood products, and other high-risk treatments and procedures. **PFR.6.4.1** The organization lists those categories or types of treatments and procedures that require specific informed consent.	NA		

1.3.2 Research

JCI Standards	EMS Document Reference	Automation Capability	Remarks
PFR.7 The organization informs patients and families about how to gain access to clinical research, clinical investigation, or clinical trials involving human subjects.	NA		
PFR.7.1 The organization informs patients and families about how patients who choose to participate in clinical research, investigation, or clinical trials are protected.	NA		
PFR.7.1 The organization informs patients and families about how patients who choose to participate in clinical research, investigation, or clinical trials are protected.	NA		
PFR.9 The organization has a committee or another way to oversee all research in the organization involving human subjects.	NA		

1.3.3 Organ Donation

JCI Standards	EMS Document Reference	Automation Capability	Remarks
PFR.10 The organization informs patients and families about how to choose to donate organs and other tissues.	NA		
PFR.11 The organization provides oversight of the harvesting and transplantation of organs and tissues.	NA		

1.4 Assessment of Patients (AOP)

JCI Standards	EMS Document Reference	Automation Capability	Remarks
AOP.1 All patients cared for by the organization have their health care needs identified through an established assessment process.	Housekeeping Document, Section **5.2.3** Identify housekeeping requirement, **5.2.6** Identify housekeeping Schedule		
AOP.1.1 The organization has determined the scope and content of assessments, based on applicable laws and	NA		

regulations and professional standards.			
AOP.1.2 Each patient's initial assessment(s) includes an evaluation of physical, psychological, social, and economic factors, including a physical examination and health history.	NA		
AOP.1.3 The patient's medical and nursing needs are identified from the initial assessments and recorded in the clinical record. AOP.1.3.1 The initial medical and nursing assessment of emergency patients is based on their needs and conditions.	Housekeeping document, **5.2.4** Establish Housekeeping Type		
AOP.1.4 Assessments are completed in the time frame prescribed by the organization. • **AOP.1.4.1** The initial medical and nursing assessments are completed within the first 24 hours after the patient's admission as an inpatient or earlier as indicated by the patient's condition or hospital policy.	NA		
AOP.1.5 Assessment findings are documented in the patient's record and readily available to	NA		

those responsible for the patient's care. • **AOP.1.5.1** The initial medical assessment is documented before anesthesia or surgical treatment.			
AOP.1.6 Patients are screened for nutritional status and functional needs and are referred for further assessment and treatment when necessary.	NA		
AOP.1.7 All inpatients and outpatients are screened for pain and assessed when pain is present.	NA		
AOP.1.8 The organization conducts individualized initial assessments for special populations cared for by the organization.	NA		
AOP.1.9 Dying patients and their families are assessed and reassessed according to their individualized needs.	NA		
AOP.1.10 The initial assessment includes determining the need for additional specialized assessments.	NA		

AOP.1.11 The initial assessment includes determining the need for discharge planning.	NA		
AOP.2 All patients are reassessed at intervals based on their condition and treatment to determine their response to treatment and to plan for continued treatment or discharge.	NA		
AOP.3 Qualified individuals conduct the assessments and reassessments.	NA		
AOP.4 Physicians, nurses, and other individuals and services responsible for patient care collaborate to analyze and to integrate patient assessments. **AOP.4.1** The most urgent or important care needs are identified	Housekeeping Document, **5.2.3** Identify Housekeeping Requirements		

1.4.1 Laboratory Services

JCI Standards	EMS Document Reference	Automation Capability	Remarks
AOP.5 Laboratory services are available to meet patient needs, and all such services meet applicable local and national standards, laws, and regulations.	NA		
AOP.5.1 A laboratory safety program is in place, followed, and documented.	Housekeeping document, **5.2.1** Establish Housekeeping Management Framework		
AOP.5.2 Individuals with proper qualifications and experience administer the tests and interpret the results.	NA		
AOP.5.3 Laboratory results are available in a timely way as defined by the organization. • **AOP.5.3.1** There is a process for reporting critical results of diagnostic tests.	NA		
AOP.5.4 All equipment used for laboratory testing is regularly inspected, maintained, and calibrated, and appropriate records are maintained for these activities.	NA		

AOP.5.5 Essential reagents and other supplies are regularly available and evaluated to ensure accuracy and precision of results.	NA		
AOP.5.6 Procedures for collecting, identifying, handling, safely transporting, and disposing of specimens are followed.	NA		
AOP.5.7 Established norms and ranges are used to interpret and to report clinical laboratory results.	NA		
AOP.5.8 A qualified individual(s) is responsible for managing the clinical laboratory service or pathology service.	NA		
AOP.5.9 Quality control procedures are in place, followed, and documented. • **AOP.5.9.1** There is a process for proficiency testing.	Housekeeping Document, **5.2.8** Inspection & Reporting		
AOP.5.10 The organization regularly reviews quality control results for all outside sources of laboratory services.	NA		

AOP.5.11 The organization has access to experts in specialized diagnostic areas when necessary	NA		

1.4.2 Radiology and Diagnostic Imaging Services

JCI Standards	EMS Document Reference	Automation Capability	Remarks
AOP.6 Radiology and diagnostic imaging services are available to meet patient needs, and all such services meet applicable local and national standards, laws, and regulations.	NA		
AOP.6.1 Radiology and diagnostic imaging services are provided by the organization or are readily available through arrangements with outside sources	NA		
AOP.6.2 A radiation safety program is in place, followed, and documented.	NA		
AOP.6.3 Individuals with proper qualifications and experience perform diagnostic imaging studies, interpret the results, and report the results.	NA		

AOP.6.4 Radiology and diagnostic imaging study results are available in a timely way as defined by the organization.	NA		
AOP.6.5 All equipment used to conduct radiology and diagnostic imaging studies is regularly inspected, maintained, and calibrated, and appropriate records are maintained for these activities.	NA		
AOP.6.6 X-ray film and other supplies are regularly available.	NA		
AOP.6.7 A qualified individual(s) is responsible for managing the diagnostic radiology and imaging services.	NA		
AOP.6.8 Quality control procedures are in place, followed, and documented.	NA		
AOP.6.9 The organization regularly reviews quality control results for all outside sources of diagnostic services.	NA		
AOP.6.10 The organization has access to experts in specialized diagnostic areas when needed	NA		

1.5 Care of Patients (COP)

1.5.1 Care Delivery for All Patients

JCI Standards	EMS Document Reference	Automation Capability	Remarks
COP.1 Policies and procedures and applicable laws and regulations guide the uniform care of all patients.	Housekeeping Document, **Section 1** Purpose		
COP.2 There is a process to integrate and to coordinate the care provided to each patient.	NA		
COP.2.1 The care provided to each patient is planned and written in the patient's record.	NA		
COP.2.2 Those permitted to write patient orders write the order in the patient record in a uniform location.	NA		
COP.2.3 Procedures performed are written into the patient's record.	NA		
COP.2.4 Patients and families are informed about the outcomes of care and treatment,	NA		

including unanticipated outcomes			

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

JCI Standards	EMS Document Reference	Automation Capability	Remarks
COP.3 Policies and procedures guide the care of high-risk patients and the provision of high-risk services.	Housekeeping Document, **5.2.4** Establish Housekeeping Type		
COP.3.1 Policies and procedures guide the care of emergency patients.	Housekeeping Document, **5.2.4** Establish Housekeeping Type		
COP.3.2 Policies and procedures guide the use of resuscitation services throughout the organization.	Housekeeping Document, **5.2.1** Establish Housekeeping Management Framework		
COP.3.3 Policies and procedures guide the handling, use, and administration of blood and blood products.	NA		
COP.3.4 Policies and procedures guide the care of patients on life support or who are comatose.	NA		

COP.3.5 Policies and procedures guide the care of patients with communicable diseases and immune-suppressed patients.	Housekeeping Document, **5.2.1** Establish Housekeeping Management Framework **5.2.6** Identify housekeeping Schedule		
COP.3.6 Policies and procedures guide the care of patients on dialysis.	NA		
COP.3.7 Policies and procedures guide use of restraint and the care of patients in restraint.	NA		
COP.3.8 Policies and procedures guide the care of elderly patients, disabled individuals, children, and populations at risk for abuse	NA		
COP.3.9 Policies and procedures guide the care of patients receiving chemotherapy or other high risk medications	NA		

1.5.3 Food and Nutrition Therapy

JCI Standards	EMS Document Reference	Automation Capability	Remarks
COP.4 A variety of food choices, appropriate for the patient's nutritional status and consistent with his or her clinical care, is regularly available.	NA		
COP.4.1 Food preparation, handling, storage, and distribution are safe and comply with laws, regulations, and current acceptable practices	NA		
COP.5 Patients at nutrition risk receive nutrition therapy.	NA		

1.5.4 Pain Management

JCI Standards	EMS Document Reference	Automation Capability	Remarks
COP.6 Patients are supported in managing pain effectively	NA		

1.5.5 End-of-Life Care

JCI Standards	EMS Document Reference	Automation Capability	Remarks
COP.7 The organization addresses end-of-life care. **COP.7.1** Care of the dying patient optimizes his or her comfort and dignity	NA		

1.6 Anesthesia and Surgical Care (ASC)

1.6.1 Organization and Management

JCI Standards	EMS Document Reference	Automation Capability	Remarks
ASC.1 Anesthesia services (including moderate and deep sedation) are available to meet patient needs, and all such services meet applicable local and national standards, laws, and regulations and professional standards.	NA		
ASC.2 A qualified individual(s) is responsible for managing the anesthesia services (including moderate and deep sedation).	NA		

1.6.2 Sedation Care

JCI Standards	EMS Document Reference	Automation Capability	Remarks
ASC.3 Policies and procedures guide the care of patients undergoing moderate and deep sedation.	NA		

1.6.3 Anesthesia Care

JCI Standards	EMS Document Reference	Automation Capability	Remarks
ASC.4 A qualified individual conducts a preanesthesia assessment and preinduction assessment.	NA		
ASC.5 Each patient's anesthesia care is planned and documented in the patient's record.	NA		
ASC.5.1 The risks, benefits, and alternatives are discussed with the patient, his or her family, or those who make decisions for the patient.	NA		
ASC.5.2 The anesthesia used and anesthetic technique are written in the patient record.	NA		

ASC.5.3 Each patient's physiological status during anesthesia is continuously monitored and written in the patient's record.	NA		
ASC.6 Each patient's postanesthesia status is monitored and documented, and the patient is discharged from the recovery area by a qualified individual or by using established criteria.	NA		

1.6.4 Surgical Care

JCI Standards	EMS Document Reference	Automation Capability	Remarks
ASC.7 Each patient's surgical care is planned and documented based on the results of the assessment.	Housekeeping Document, **5.2.8** Inspection and Reporting (table)		
ASC.7.1 The risks, benefits, and alternatives are discussed with the patient and his or her family or those who make decisions for the patient.	NA		
ASC.7.2 There is a surgical report or a brief operative note in	NA		

the patient's record to facilitate continuing care.			
ASC.7.3 Each patient's physiological status is continuously monitored during and immediately after surgery and written in the patient's record.	NA		
ASC.7.4 Patient care after surgery is planned and documented	Housekeeping Document, **5.2.1** Establish Housekeeping Management Framework		

1.7 Medication Management and Use (MMU)

1.7.1 Organization and Management

JCI Standards	EMS Document Reference	Automation Capability	Remarks
MMU.1 Medication use in the organization complies with applicable laws and regulations and is organized to meet patient needs	NA		
MMU.1.1 An appropriately licensed pharmacist, technician, or other trained professional supervises the pharmacy or pharmaceutical service.	NA		

1.7.2 Selection and Procurement

JCI Standards	EMS Document Reference	Automation Capability	Remarks
MMU.2 An appropriate selection of medications for prescribing or ordering is stocked or readily available.	NA		
MMU.2.1 There is a method for overseeing the organization's medication list and medication use	NA		
MMU.2.2 The organization can readily obtain medications not stocked or normally available to the organization or for times when the pharmacy is closed.	NA		

1.7.3 Storage

JCI Standards	EMS Document Reference	Automation Capability	Remarks
MMU.3 Medications are properly and safely stored.	NA		
MMU.3.1 Organization policy supports appropriate storage of medications and applicable nutrition products.	NA		

MMU.3.2 Emergency medications are available, monitored, and safe when stored out of the pharmacy.	NA		
MMU.3.3 The organization has a medication recall system	NA		

1.7.4 Ordering and Transcribing

JCI Standards	EMS Document Reference	Automation Capability	Remarks
MMU.4 Prescribing, ordering, and transcribing are guided by policies and procedures.	NA		
MMU.4.1 The organization defines the elements of a complete order or prescription and the types of orders that are acceptable for use.	NA		
MMU.4.2 The organization identifies those qualified individuals permitted to prescribe or to order medications.	NA		
MMU.4.3 Medications prescribed and administered are written in the patient's record.	NA		

1.7.5 Preparing and Dispensing

JCI Standards	EMS Document Reference	Automation Capability	Remarks
MMU.5 Medications are prepared and dispensed in a safe and clean environment.	NA		
MMU.5.1 Medication prescriptions or orders are reviewed for appropriateness.	NA		
MMU.5.2 A system is used to dispense medications in the right dose to the right patient at the right time.	NA		

1.7.6 Administration

JCI Standards	EMS Document Reference	Automation Capability	Remarks
MMU.6 The organization identifies those qualified individuals permitted to administer medications.	NA		
MMU.6.1 Medication administration includes a process to verify the medication is correct based on the medication order.	NA		

MMU.6.2 Policies and procedures govern medications brought into the organization for patient self-administration or as samples	NA		

1.7.7 Monitoring

JCI Standards	EMS Document Reference	Automation Capability	Remarks
MMU.7 Medication effects on patients are monitored	NA		
MMU.7.1 Medication errors, including near misses, are reported through a process and time frame defined by the organization	NA		

1.8 Patient and Family Education (PFE)

JCI Standards	EMS Document Reference	Automation Capability	Remarks
PFE.1 The organization provides education that supports patient and family participation in care decisions and care processes	Housekeeping Document, **5.2.1** Establish Housekeeping Management Framework		

PFE.2 Each patient's educational needs are assessed and recorded in his or her record.	NA		
PFE.2.1 The patient's and family's ability to learn and willingness to learn are assessed	Housekeeping Document, **5.2.8** Inspection and reporting		
PFE.3 Education and training help meet patients' ongoing health needs	Housekeeping document, **5.2.1** Establish housekeeping management framework.		
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	Housekeeping document, **5.2.1** Establish housekeeping management framework.		
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.6 Health professionals caring for the patient collaborate to provide education.	NA		

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JCI and Housing Keeping Process Reference Matrix

Health Care Organization Management Standards

2 Health Care Organization Management Standards

2.1 Quality Improvement and Patient Safety (QPS)

JCI Standards	EMS Document Reference	Automation Capability	Remarks
QPS.1 Those responsible for governing and managing the organization participate in planning and measuring a quality improvement and patient safety program.	Housekeeping document, **5.2.8** Inspection and reporting		
QPS.1.1 The organization's leaders collaborate to carry out the quality improvement and patient safety program.	Housekeeping document, **5.2.8** Inspection and reporting		
QPS.1.2 The leaders prioritize which processes should be measured and which improvement and patient safety activities should be carried out.	Housekeeping document, **5.2.8** Inspection and reporting		
QPS.1.3 The leaders provide technological and other support to the quality improvement and patient safety program.	Housekeeping document, **5.2.8** Inspection and reporting		
QPS.1.4 Quality improvement and patient safety information is communicated to staff.	Housekeeping document, **5.2.8** Inspection and reporting		

QPS.1.5 Staff are trained to participate in the program.	Housekeeping document, **5.2.1** Establish Housekeeping management framework		

2.1.1 Design of Clinical and Managerial Processes

JCI Standards	EMS Document Reference	Automation Capability	Remarks
QPS.2 The organization designs new and modified systems and processes according to quality improvement principles.	Housekeeping document, **5.2.8** Inspection and reporting		
QPS.2.1 Clinical practice guidelines, clinical pathways, and/or clinical protocols are used to guide clinical care.	NA		

2.1.2 Data Collection for Quality Measurement

JCI Standards	EMS Document Reference	Automation Capability	Remarks
QPS.3 The organization's leaders identify key measures in the organization's structures, processes, and outcomes to be used in the organization wide quality improvement and patient safety plan.	Housekeeping document, **5.2.8** Inspection and reporting		

QPS.3.1 The organization's leaders identify key measures for each of the organization's clinical structures, processes, and outcomes	NA		
QPS.3.2 The organization's leaders identify key measures for each of the organizations managerial structures, processes, and outcomes	NA		
QPS.3.3 The organization's leaders identify key measures for each of the International Patient Safety Goals	NA		

2.1.3 Analysis of Measurement Data

JCI Standards	EMS Document Reference	Automation Capability	Remarks
QPS.4 Individuals with appropriate experience, knowledge, and skills systematically aggregate and analyze data in the organization.	Housekeeping document, **5.2.7** Inspection and reporting		
QPS.4.1 The frequency of data analysis is appropriate to the process being studied and meets organization requirements.	Housekeeping document, **5.2.7** Inspection and reporting		

QPS.4.2 The analysis process includes comparisons internally, with other organizations when available, and with scientific standards and desirable practices	Housekeeping document, **5.2.7** Inspection and reporting		
QPS.5 The organization uses an internal process to validate data	Housekeeping document, **Section 4.** General Assumptions **5.2.7** Inspection and reporting		
QPS.5.1 When the organization publishes data or posts data on a public Web site, the leaders of the organization ensure the reliability of the data.	NA		
QPS.6 The organization uses a defined process for identifying and managing sentinel events.	NA		
QPS.7 Data are analyzed when undesirable trends and variation are evident from the data.	Housekeeping document, **5.2.7** Inspection and reporting		
QPS.8 The organization uses a defined process for the identification and analysis of near-miss events.	Housekeeping document, **5.2.7** Inspection and reporting		

2 Health Care Organization Management Standards

2.1.4 Improvement

JCI Standards	EMS Document Reference	Automation Capability	Remarks
QPS.9 Improvement in quality and safety is achieved and sustained.	Housekeeping document, **5.2.8** Inspection and reporting		
QPS.10 Improvement and safety activities are undertaken for the priority areas identified by the organization's leaders.	NA		
QPS.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	Housekeeping document, **5.2.8** Inspection and reporting Reference **7.2**		

2.2 Prevention and Control of Infections (PCI)

2.2.1 Program Leadership and Coordination

JCI Standards	EMS Document Reference	Automation Capability	Remarks
PCI.1 One or more individuals oversee all infection prevention and control activities. This individual(s) is qualified in infection prevention and control	Housekeeping document, **5.2.1** Establish Housekeeping Management Framework		

practices through education, training, experience, or certification.			
PCI.2 There is a designated coordination mechanism for all infection prevention and control activities that involve physicians, nurses, and others as based on the size and complexity of the organization.	Housekeeping document, **5.2.1** Establish Housekeeping Management Framework		
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.	Housekeeping document, 1. Purpose (references) **5.2.1** Establish Housekeeping Management Framework		
PCI.4 The organization's leaders provide adequate resources to support the infection prevention and control program.	Housekeeping document, **5.2.3** Identify Housekeeping Requirements		

2.2.2 Focus of the Program

JCI Standards	EMS Document Reference	Automation Capability	Remarks
PCI.5 The organization designs and implements a comprehensive program to	Housekeeping document,		

reduce the risks of health care–associated infections in patients and health care workers	**5.2.1** Establish Housekeeping Management Framework		
PCI.5.1 All patient, staff, and visitor areas of the organization are included in the infection prevention and control program.	Housekeeping document, **5.2.1** Establish Housekeeping Management Framework		
PCI.6 The organization uses a risk-based approach in establishing the focus of the health care–associated infection prevention and reduction program.	Housekeeping document, **5.2.1** Establish Housekeeping Management Framework **5.2.8** Inspection and Reporting		
PCI.7 The organization identifies the procedures and processes associated with the risk of infection and implements strategies to reduce infection risk.	Housekeeping document, **5.2.1** Establish Housekeeping Management Framework		
PCI.7.1 The organization reduces the risk of infections by ensuring adequate equipment cleaning and sterilization and the proper management of laundry and linen. • **PCI.7.1.1** There is a policy and procedure in place that identifies the process for managing expired supplies and defines the conditions for reuse of single use	Housekeeping document, **5.2.1** Establish Housekeeping Management Framework **5.2.5** Identify Housekeeping Resources Availability		

devices when laws and regulations permit. • **PCI.7.2** The organization reduces the risk of infections through proper disposal of waste.	NA		
• **PCI.7.3** The organization has a policy and procedure on the disposal of sharps and needles.	NA		
• **PCI.7.4** The organization reduces the risk of infections in the facility associated with operations of the food service and of mechanical and engineering controls.	Housekeeping Document: Sub process-pantry cleaning		
• **PCI.7.5** The organization reduces the risk of infection in the facility during demolition, construction, and renovation.	NA		

2.2.3 Isolation Procedures

JCI Standards	EMS Document Reference	Automation Capability	Remarks
PCI.8 The organization provides barrier precautions and isolation procedures that protect patients, visitors, and staff from communicable diseases and protects immunosuppressed patients from acquiring infections to which they are uniquely prone	Housekeeping Document, **5.2.4** Establish Housekeeping type • Isolation Room Housekeeping, • Normal Room Terminal • Housekeeping, – Isolated Room Terminal Housekeeping,		

2.2.4 Barrier Techniques and Hand Hygiene

JCI Standards	EMS Document Reference	Automation Capability	Remarks
PCI.9 Gloves, masks, eye protection, other protective equipment, soap, and disinfectants are available and used correctly when required	Housekeeping Document Sub processes: • Raw Materials Section • Pantry Housekeeping, • Toilet Housekeeping, • Normal Room Housekeeping,		

	• Isolation Room Housekeeping, • Normal Room Terminal • Housekeeping, – Isolated Room Terminal Housekeeping, • Corridor		

2.2.5 Integration of the Program with Quality Improvement and Patient Safety

JCI Standards	EMS Document Reference	Automation Capability	Remarks
PCI.10 The infection prevention and control process is integrated with the organization's overall program for quality improvement and patient safety	Housekeeping Document, Section **5.1** Housekeeping process interaction		
PCI.10.1 The organization tracks infection risks, infection rates, and trends in health care–associated infections.	Housekeeping Document, **5.2.8** Inspection and Reporting		
PCI.10.2 Quality improvement includes using measures related to infection issues that are epidemiologically important to the organization	Housekeeping, Reference: **7.6** KPI, **7.7** CTQ		

PCI.10.3 The organization uses risk, rate, and trend information to design or to modify processes to reduce the risk of health care–associated infections to the lowest possible levels.	Housekeeping, Reference: **5.2.8** Inspection and reporting Reference Section: **7.6** KPI, **7.7** CTQ		
PCI.10.4 The organization compares its health care–associated infection rates with other organizations through comparative databases.	Housekeeping, Reference: **5.2.8** Inspection and reporting Reference Section: **7.6** KPI, **7.7** CTQ		
PCI.10.5 The results of infection prevention and control measurement in the organization are regularly communicated to leaders and staff.	Housekeeping, Reference: **5.2.8** Inspection and reporting Reference Section: **7.6** KPI, **7.7** CTQ		
PCI.10.6 The organization reports information on infections to appropriate external public health agencies.	Housekeeping, Reference: **5.2.8** Inspection and reporting		

2.2.6 Education of Staff about the Program

JCI Standards	EMS Document Reference	Automation Capability	Remarks
PCI.11 The organization provides education on infection prevention and control practices to staff, physicians, patients, families, and other caregivers when indicated by their involvement in care	Housekeeping, Reference: **5.2.1** Establish Housekeeping Management Framework		

2.3 Governance Leadership, and Direction (GLD)

2.3.1 Governance of the Organization

JCI Standards	EMS Document Reference	Automation Capability	Remarks
GLD.1 Governance responsibilities and accountabilities are described in bylaws, policies and procedures, or similar documents that guide how they are to be carried out.	NA		
GLD.1.1 Those responsible for governance approve and make public the organization's mission statement.	NA		
GLD.1.2 Those responsible for governance approve the policies and plans to operate the organization.	NA		
GLD.1.3 Those responsible for governance approve the budget and allocate the resources required to meet the organization's mission.	NA		
GLD.1.4 Those responsible for governance appoint the organization's senior manager(s) or director(s).	NA		

GLD.1.5 Those responsible for governance approve the organization's plan for quality and patient safety and regularly receive and act on reports of the quality and patient safety program.	NA		

2.3.2 Leadership of the Organization

JCI Standards	EMS Document Reference	Automation Capability	Remarks
GLD.2 A senior manager or director is responsible for operating the organization and complying with applicable laws and regulations	NA		
GLD.3 The organization's leaders are identified and are collectively responsible for defining the organization's mission and creating the plans and policies needed to fulfill the mission.	NA		
GLD.3.1 Organization leaders plan with community leaders and leaders of other organizations to meet the community's health care needs.	NA		

GLD.3.2 The leaders identify and plan for the type of clinical services required to meet the needs of the patients served by the organization.	Housekeeping Document **5.2.3** Identify housekeeping Requirements **5.2.4** Identify the Housekeeping type		
GLD.3.2.1 Equipment, supplies, and medications recommended by professional organizations or by alternative authoritative sources are used	NA		
GLD.3.3 The leaders provide oversight of contracts for clinical or management services. • **GLD.3.3.1** Contracts and other arrangements are monitored as part of the organization's quality improvement and patient safety program. • **GLD.3.3.2** Independent practitioners not employed by the organization have the right credentials for the services provided to the organization's patients.	NA		
GLD.3.4 The medical, nursing, and other leaders are educated in the concepts of quality improvement.	Housekeeping Document, **5.2.1** Establish framework for Housekeeping		

GLD.3.5 Organization leaders ensure that there are uniform programs for the recruitment, retention, development, and continuing education of all staff.	NA		
GLD.4 Medical, nursing, and other leaders of clinical services plan and implement an effective organizational structure to support their responsibilities and authority	NA		

2.3.3 Direction of Departments and Services

JCI Standards	EMS Document Reference	Automation Capability	Remarks
GLD.5 One or more qualified individuals provide direction for each department or service in the organization.	Housekeeping Document, **5.2.1** Establish Housekeeping Management Framework		
GLD.5.1 The directors of each clinical department identify, in writing, the services to be provided by the department. • **GLD.5.1.1** Services are coordinated and integrated within the department or service and with other	Housekeeping Document, **5.1** Housekeeping process interaction		

departments and services			
GLD.5.2 Directors recommend space, equipment, staffing, and other resources needed by the department or service.	Housekeeping Document, **5.2.5** Identify Housekeeping Resources Availability		
GLD.5.3 Directors recommend criteria for selecting the department or service's professional staff and choose or recommend individuals who meet those criteria.	NA		
GLD.5.4 Directors provide orientation and training for all staff of the duties and responsibilities for the department or service to which they are assigned.	Housekeeping Document, **5.2.1** Establish housekeeping Management framework		
GLD.5.5 Directors monitor the department's or service's performance as well as staff performance	Housekeeping Document, **5.2.8** Inspection and reporting		

2.3.4 Organizational Ethics

JCI Standards	EMS Document Reference	Automation Capability	Remarks
GLD.6 The organization establishes a framework for	NA		

ethical management that ensures that patient care is provided within business, financial, ethical, and legal norms and that protects patients and their rights			
GLD.6.1 The 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.	NA		
GLD.6.2 The organization's framework for ethical management supports ethical decision making in clinical care and nonclinical services	NA		

2.4 Facility Management and Safety (FMS)

2.4.1 Leadership and Planning

JCI Standards	EMS Document Reference	Automation Capability	Remarks
FMS.1 The organization complies with relevant laws,	NA		

regulations, and facility inspection requirements.			
FMS.2 The organization develops and maintains a written plan(s) describing the processes to manage risks to patients, families, visitors, and staff.	Housekeeping Document, **5.2.1** Establish Housekeeping Management framework		
FMS.3 One or more qualified individuals oversee the planning and implementation of the program to manage the risks in the care environment.	NA		
FMS.3.1 A monitoring program provides data on incidents, injuries, and other events that support planning and further risk reduction	Housekeeping Document, **5.2.1** Establish Housekeeping Management Framework (technical training Methods) **5.2.5** Identify Housekeeping Resources Availability (PPE, environmental safety equipment)		

2.4.2 Safety and Security

JCI Standards	EMS Document Reference	Automation Capability	Remarks
FMS.4 The organization plans and implements a program to provide a safe and secure physical environment.	NA		
FMS.4.1 The organization inspects all patient care buildings and has a plan to reduce evident risks and to provide a safe physical facility for patients, families, staff, and visitors	NA		
FMS.4.2 The organization plans and budgets for upgrading or replacing key systems, buildings, or components based on the facility inspection and in keeping with laws and regulations	NA		

2.4.3 Hazardous Materials

JCI Standards	EMS Document Reference	Automation Capability	Remarks
FMS.5 The organization has a plan for the inventory, handling, storage, and use of hazardous materials and the control and disposal of hazardous materials and waste	NA		

2.4.4 Disaster Preparedness

JCI Standards	EMS Document Reference	Automation Capability	Remarks
FMS.6 The organization develops and maintains an emergency management plan and program to respond to likely community emergencies, epidemics, and natural or other disasters.	NA		
FMS.6.1 The organization tests its response to emergencies, epidemics, and disasters	NA		

2.4.5 Fire Safety

JCI Standards	EMS Document Reference	Automation Capability	Remarks
FMS.7 The organization plans and implements a program to ensure that all occupants are safe from fire, smoke, or other emergencies in the facility	NA		
FMS.7.1 The plan includes prevention, early detection, suppression, abatement, and safe exit from the facility in response to fires and non-fire emergencies.	NA		
FMS.7.2 The organization regularly tests its fire and smoke safety plan, including any devices related to early detection and suppression, and documents the results.	NA		
FMS.7.3 The organization develops and implements a plan to limit smoking by staff and patients to designated non–patient care areas of the facility	NA		

2.4.6 Medical Equipment

JCI Standards	EMS Document Reference	Automation Capability	Remarks
FMS.8 The organization plans and implements a program for inspecting, testing, and maintaining medical equipment and documenting the results.	NA		
FMS.8.1 The organization collects monitoring data for the medical equipment management program. These data are used to plan the organization's long-term needs for upgrading or replacing equipment.	NA		
FMS.8.2 The organization has a product/equipment recall system			

2.4.7 Utility Systems

JCI Standards	EMS Document Reference	Automation Capability	Remarks
FMS.9 Potable water and electrical power are available 24 hours a day, seven days a week, through regular or alternate sources, to meet essential patient care needs.	NA		

FMS.9.1 The organization has emergency processes to protect facility occupants in the event of water or electrical system disruption, contamination, or failure	NA		
FMS.9.2 The organization tests its emergency water and electrical systems on a regular basis appropriate to the system and documents the results.	NA		
FMS.10 Electrical, water, waste, ventilation, medical gas, and other key systems are regularly inspected, maintained, and, when appropriate, improved.	NA		
FMS.10.1 Designated individuals or authorities monitor water quality regularly.	NA		
FMS.10.2 The organization collects monitoring data for the utility system management program. These data are used to plan the organization's long-term needs for upgrading or replacing the utility system.	NA		

2.4.8 Staff Education

JCI Standards	EMS Document Reference	Automation Capability	Remarks
FMS.11 The organization educates and trains all staff members about their roles in providing a safe and effective patient care facility	Housekeeping Document. **5.2.1** Establish Housekeeping Management Framework (training and awareness)		
FMS.11.1 Staff members are trained and knowledgeable about their roles in the organization's plans for fire safety, security, hazardous materials, and emergencies.	NA		
FMS.11.2 Staff are trained to operate and to maintain medical equipment and utility systems.	NA		
FMS.11.3 The organization periodically tests staff knowledge through demonstrations, mock events, and other suitable methods. This testing is then documented	NA		

2.5 Staff Qualifications and Education (SQE)

JCI Standards	EMS Document Reference	Automation Capability	Remarks
SQE.1 Organization leaders define the desired education, skills, knowledge, and other requirements of all staff members.	Housekeeping Document. **5.2.1** Establish Housekeeping Management Framework (training and awareness)		
SQE.2 Organization leaders develop and implement processes for recruiting, evaluating, and appointing staff as well as other related procedures identified by the organization.	NA		
SQE.3 The organization uses a defined process to ensure that clinical staff knowledge and skills are consistent with patient needs.	Housekeeping Document. **5.2.1** Establish Housekeeping Management Framework (training and awareness)		
SQE.5 There is documented personnel information for each staff member.	NA		
SQE.6 A staffing plan for the organization, developed collaboratively by the leaders,	NA		

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.	NA		

2.5.1 Orientation and Education

JCI Standards	EMS Document Reference	Automation Capability	Remarks
SQE.7 All clinical and nonclinical staff members are oriented to the organization, the department, or unit to which they are assigned and to their specific job responsibilities at appointment to the staff.	Housekeeping Document. **5.2.1** Establish Housekeeping Management Framework (training and awareness)		
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.	Housekeeping Document. **5.2.1** Establish Housekeeping Management Framework (training and awareness)		
SQE.8.1 Staff members who provide patient care and other staff identified by the organization are trained and can demonstrate appropriate competence in resuscitative techniques.	Housekeeping Document. **5.2.1** Establish Housekeeping Management Framework (training and awareness)		

SQE.8.2 The organization provides facilities and time for staff education and training.	Housekeeping Document. **5.2.1** Establish Housekeeping Management Framework (training and awareness)		
SQE.8.3 Health professional education, when provided within the organization, is guided by the educational parameters defined by the sponsoring academic program.	Housekeeping Document. **5.2.1** Establish Housekeeping Management Framework (training and awareness)		
SQE.8.4 The organization provides a staff health and safety program	NA		

2.5.2 Medical Staff

2.5.2.1 Determining Medical Staff Membership

JCI Standards	EMS Document Reference	Automation Capability	Remarks
SQE.9 The organization has an effective process for gathering, verifying, and evaluating the credentials (license, education, training, competence, and experience) of those medical staff permitted to provide patient care without supervision	NA		

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.	NA		

2.5.3 The Assignment of Clinical Privileges

JCI Standards	EMS Document Reference	Automation Capability	Remarks
SQE.10 The organization has a standardized objective, evidence-based procedure to authorize all medical staff members to admit and to treat patients and to provide other clinical services consistent with their qualifications	NA		

2.5.4 Ongoing Monitoring and Evaluation of Medical Staff Members

JCI Standards	EMS Document Reference	Automation Capability	Remarks
SQE.11 The organization uses an ongoing standardized process to evaluate the quality and safety of the patient	NA		

services provided by each medical staff member			

2.5.5 Nursing Staff

JCI Standards	EMS Document Reference	Automation Capability	Remarks
SQE.12 The organization has an effective process to gather, to verify, and to evaluate the nursing staff's credentials (license, education, training, and experience).	NA		
SQE.13 The 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.	NA		
SQE.14 The organization has a standardized procedure for nursing staff participation in the organization's quality improvement activities, including evaluating individual performance when indicated	NA		

2.5.6 Other Health Care Practitioners

JCI Standards	EMS Document Reference	Automation Capability	Remarks
SQE.15 The organization has a standardized procedure to gather, to verify, and to evaluate other health professional staff members' credentials (license, education, training, and experience).	Housekeeping Document. **5.2.5** Identify Housekeeping Resources Availability		
SQE.16 The 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.	Housekeeping Document, **5.2.1** Establish Housekeeping Management Framework (establish management structure)		
SQE.17 The organization has an effective process for other health professional staff members' participation in the organization's quality improvement activities	NA		

2.6 Management of Communication and Information (MCI)

2.6.1 Communication with the Community

JCI Standards	EMS Document Reference	Automation Capability	Remarks
MCI.1 The organization communicates with its community to facilitate access to care and access to information about its patient care services	NA		

2.6.2 Communication with Patients and Families

JCI Standards	EMS Document Reference	Automation Capability	Remarks
MCI.2 The organization informs patients and families about its care and services and how to access those services.	NA		
MCI.3 Patient and family communication and education are provided in an understandable format and language.	NA		

2.6.3 Communication Between Practitioners Within and Outside of the Organization

JCI Standards	EMS Document Reference	Automation Capability	Remarks
MCI.4 Communication is effective throughout the organization.	NA		
MCI.5 The leaders ensure that there is effective communication and coordination among those individuals and departments responsible for providing clinical services.	NA		
MCI.6 Information about the patient's care and response to care is communicated among medical, nursing, and other health care practitioners during each staffing shift and between shifts.	NA		
MCI.7 The patient's record(s) is available to the health care practitioners to facilitate the communication of essential information.	NA		
MCI.8 Information related to the patient's care is transferred with the patient	NA		

2.6.4 Leadership and Planning

JCI Standards	EMS Document Reference	Automation Capability	Remarks
MCI.9 The organization plans and designs information management processes to meet internal and external information needs.	NA		
MCI.10 Information privacy and confidentiality are maintained.	NA		
MCI.11 Information security, including data integrity, is maintained.	NA		
MCI.12 The organization has a policy on the retention time of records, data, and information.	Housekeeping Document, **5.2.8** Inspection and reporting		
MCI.13 The organization uses standardized diagnosis codes, procedure codes, symbols, abbreviations, and definitions.	Housekeeping Document, **5.2.1** Establish Housekeeping Management Framework (Establish Color codes)		
MCI.14 The data and information needs of those in and outside the organization are met on a timely basis in a format that meets user expectations and with the desired frequency.	NA		

MCI.15 Appropriate clinical and managerial staff participate in selecting, integrating, and using information management technology.	NA		
MCI.16 Records and information are protected from loss, destruction, tampering, and unauthorized access or use	NA		
MCI.17 Decision makers and other appropriate staff members are educated and trained in the principles of information management.	Housekeeping Document, **5.2.1** Establish Housekeeping Management Framework (training and awareness)		
MCI.18 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.	NA		

2.6.5 Patient Clinical Record

JCI Standards	EMS Document Reference	Automation Capability	Remarks
MCI.19 The organization initiates and maintains a clinical	NA		

record for every patient assessed or treated			
MCI.19.1 The clinical record contains sufficient information to identify the patient, to support the diagnosis, to justify the treatment, to document the course and results of treatment, and to promote continuity of care among health care practitioners. • **MCI.19.1.1** The clinical record of every patient receiving emergency care includes the time of arrival, the conclusions at termination of treatment, the patient's condition at discharge, and follow-up care instructions.	NA		
MCI.19.2 Organization policy identifies those authorized to make entries in the patient clinical record and determines the record's content and format.	NA		
MCI.19.3 Every patient clinical record entry identifies its author and when the entry was made in the record.	NA		

MCI.19.4 As part of its performance improvement activities, the organization regularly assesses patient clinical record content and the completeness of patient clinical records	NA		

2.6.6 Aggregate Data and Information

JCI Standards	EMS Document Reference	Automation Capability	Remarks
MCI.20 Aggregate data and information support patient care, organization management, and the quality management program.	NA		
MCI.20.1 The organization has a process to aggregate data and has determined what data and information are to be regularly aggregated to meet the needs of clinical and managerial staff in the organization and agencies outside the organization	NA		
MCI.20.2 The organization has a process for using or participating in external databases	NA		

MCI.21 The organization supports patient care, education, research, and management with timely information from current sources.	NA		