AccreHealth Solutions
by Partners Consultants International
Your Accreditation Partner

CAHO
Committed to Safer Healthcare

In association with

Partners Consultants International FZC

Presents Master Class series on JCI standards

Session: 1 (02- Oct- 2026)
Introduction to JCI Accreditation

This presentation to cover

- What is JCIA/Global Presence
- Value of JCI accreditation
- Chapter skeleton
- Anatomy of a standard
- Determining the compliance
- Scoring guidelines
- Accreditation decision rules

- Safer Matrix
- Survey Methodology
- Patient, System and Dept tracers
- What is included in a survey
- Common Myths about JCIA
- After accreditation- Touch point
- Contact us

What is JCI Accreditation?

- An internationally recognized standard for healthcare quality and patient safety.
- A comprehensive evaluation process for healthcare organizations.

Benefits of JCI Accreditation

Improved Patient Safety:	• Standardized processes reduce errors.
Enhanced Quality of Care:	• Evidence-based practices ensure consistency.
Increased Staff Satisfaction:	• Clear roles and better training.
Competitive Advantage:	• Accreditation attracts more patients.
Access to Global Best Practices:	• Aligns with international standards.
Better Operational Efficiency:	• Streamlined workflows and reduced waste.

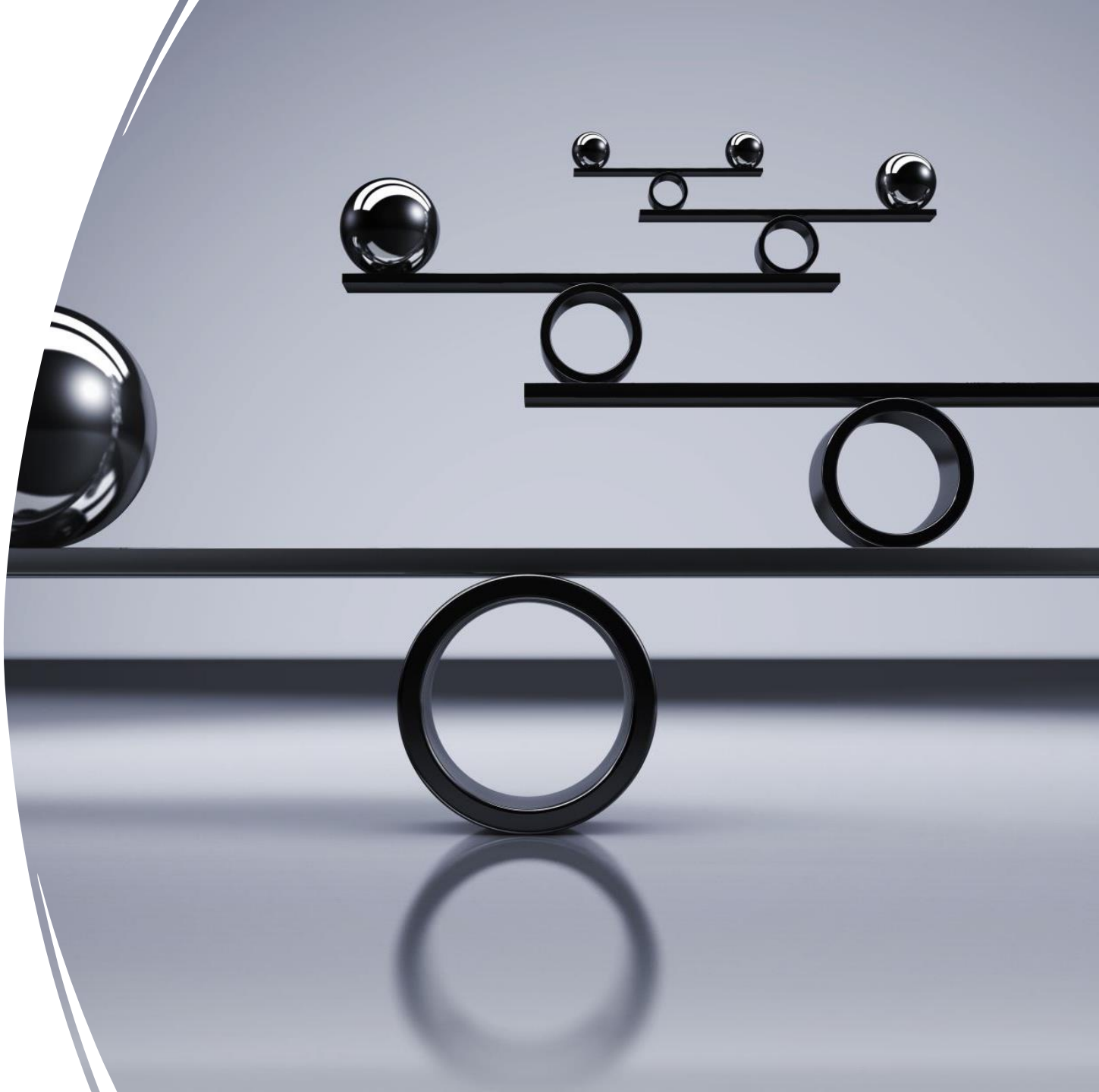
Reputation Benefits

- Recognition as a leader in healthcare quality.
- Attraction and retention of top healthcare professionals.
- Enhanced partnerships with stakeholders and organizations.



Financial Benefits

- Increased patient volume due to higher trust and confidence.
- Potential for reduced liability insurance costs.
- Improved operational efficiency reduces waste and costs.



Benefits for Patients & Community

- Safer care and reduced medical errors.
- Clear communication about their care plan.
- Improved outcomes and patient satisfaction.
- Increased trust in the healthcare system.
- Better public health initiatives and education.
- Contribution to overall community well-being

LIST OF CHAPTERS

Patient – Centered Standards

- Access to Care and Continuity of Care (ACC)
- Assessment of Patients (AOP)
- Anesthesia and Surgical Care (ASC)
- Care of Patients (COP)
- International Patient Safety Goals (IPSG)
- Medication Management and Use (MMU)
- Patient – Centered Care (PCC)

Health Care Organization Management Standards

- Facility Management and Safety (FMS)
- Governance, Leadership and Direction (GLD)
- Health Care Technology (HCT)
- Management of Information (MOI)
- Prevention and Control of Infection (PCI)
- Quality and Patient Safety (QPS)
- Staff Qualifications and Education (SQE)

Global Health Impact Standards

- Global Health Impact (GHI)

Academic Medical Centre Standards

- Human Subjects Research Program (HRP)
- Medical Professional Education (MPE)

Anatomy of a standard

Standard ASC.03.00

A qualified individual conducts a preanesthesia assessment and preinduction assessment.

Intent of ASC.03.00

Because anesthesia carries such a high level of risk, administration is carefully planned. Therefore, an anesthesiologist or another qualified individual conducts the preanesthesia assessment. The patient's preanesthesia assessment is the basis for the anesthesia plan of care, which includes identifying what findings from the clinical assessment and from monitoring during anesthesia and recovery may be significant, and for the use of postoperative analgesia. The preanesthesia assessment may be carried out some time prior to admission or prior to the surgical procedure or shortly before the surgical procedure, as in emergency and obstetrical patients.

The preinduction assessment is separate from the preanesthesia assessment, as it focuses on the physiological stability and readiness of the patient for anesthesia and occurs immediately prior to the induction of anesthesia. When anesthesia must be provided emergently, the preanesthesia assessment and preinduction assessment may be performed immediately following one another, or simultaneously, but are documented independently.

Measurable Elements of ASC.03.00

1. A preanesthesia assessment is performed that includes at least the following elements when evaluating risk and appropriateness of anesthesia for the patient:
   - Identify airway problems that may influence the type of anesthesia used.
   - Evaluate at-risk patients for appropriateness of anesthesia.
   - Select the anesthesia and plan anesthesia care.
   - Safely administer an anesthetic based on patient assessment, identified risks, and type of procedure.
   - Interpret findings from patient monitoring during anesthesia and recovery.
   - Provide information for the use of analgesia following surgery.
2. A separate preinduction assessment is performed to reevaluate patients immediately before the induction of anesthesia.
3. The preanesthesia assessment and the preinduction assessment are performed by an individual(s) qualified to do so and documented in the patient's medical record.
4. Ⓓ The scope and content of the preanesthesia assessment and the preinduction assessment are based on professional guidelines and defined in hospital policy.

Care of Patients (COP)			
Standard	**Standard Text**	**In English**	**Type of Document**
COP.05.00 ME 5	Ⓓ The hospital follows written policies and procedures addressing the care of patients identified as at risk for suicide. At a minimum, the polices should include the following: • Training and competence assessment of staff who care for patients at risk for suicide • Guidelines for reassessment of patients who are at risk for suicide and self-harm • Monitoring patients who are at high risk for suicide and self-harm		**Policy/Procedure**
COP.05.00 ME 6	Ⓓ The hospital follows written policies and procedures for counseling and follow-up care at discharge for patients identified as at risk for suicide and self-harm.		**Policy/Procedure**
COP.05.00 ME 7	Ⓓ The hospital monitors implementation and effectiveness of policies and procedures for screening, assessment, and management of patients at risk for suicide and self-harm, and takes action as needed to improve compliance.		**Program**
COP.06.00 ME 5	Ⓓ Food and nutrition products, including those provided by family, are stored under proper conditions, following current food storage guidelines, to prevent contamination.		**Written Document**
COP.09.01 ME 1	Ⓓ The hospital develops a written organ and tissue donation and procurement process that is consistent with the region's laws and regulations and its religious and cultural values.	**Yes**	**Program**
COP.09.03 ME 1	Ⓓ The transplant program has an infrastructure, including systems and written policies and procedures, capable of supporting all aspects of the program.	**Yes**	**Program**
COP.09.03 ME 4	Ⓓ The transplant program documents the composition of each transplant team(s).	**Yes**	**Program**
COP.09.03 ME 5	Ⓓ The transplant program documents the team members' responsibilities.	**Yes**	**Program**
COP.09.05 ME 3	Ⓓ The hospital develops and maintains standardized written procedures for the acquisition, receipt, storage, and issuance of organs, tissues, and/or cells.	**Yes**	**Program**
COP.09.05 ME 4	Ⓓ The hospital verifies at the time of receipt of the organ that package integrity is met, and transport temperature range was controlled and acceptable for the organ(s), tissues, and/or cells. This verification is documented.	**Yes**	**Written Document**
COP.09.05 ME 5	Ⓓ The hospital follows the tissue suppliers' or manufacturers' written directions for transporting, handling, storing, and using tissue.		**Written Document**

TYPES OF DOCUMENTS

Policy: A statement of expectations meant to influence orr determine decisions an actions.

Procedure: How a task is performed, usually including step – by – step instructions.

Program – An organized, official system that guides action toward a specific goal. The program may include narratives, polices and procedures, plans, protocols, practice guidelines, clinical pathways, care maps etc.

Written document: A printed or electronic document furnishing information of a formal or informal nature for a specific purpose.

TRACER METHODOLOGY



Involves the use of information provided in the accreditation survey application an previous survey and monitoring reports.

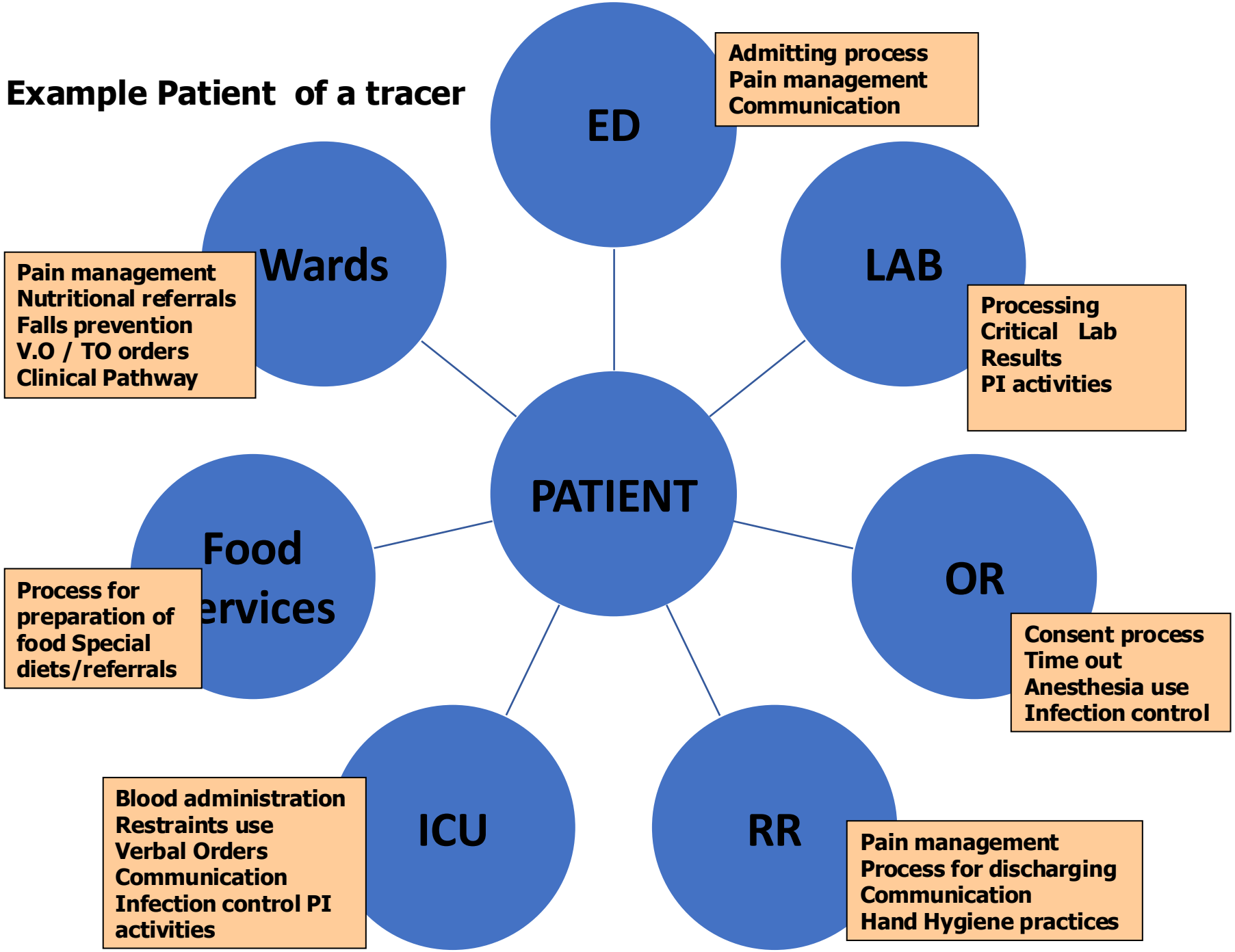


Follows the experience of care for a number of patients through the hospital’s entire healthcare process.



Allows the surveyor to identify issues in one or more steps of the patient care process or the interface between processes.

Example Patient of a tracer



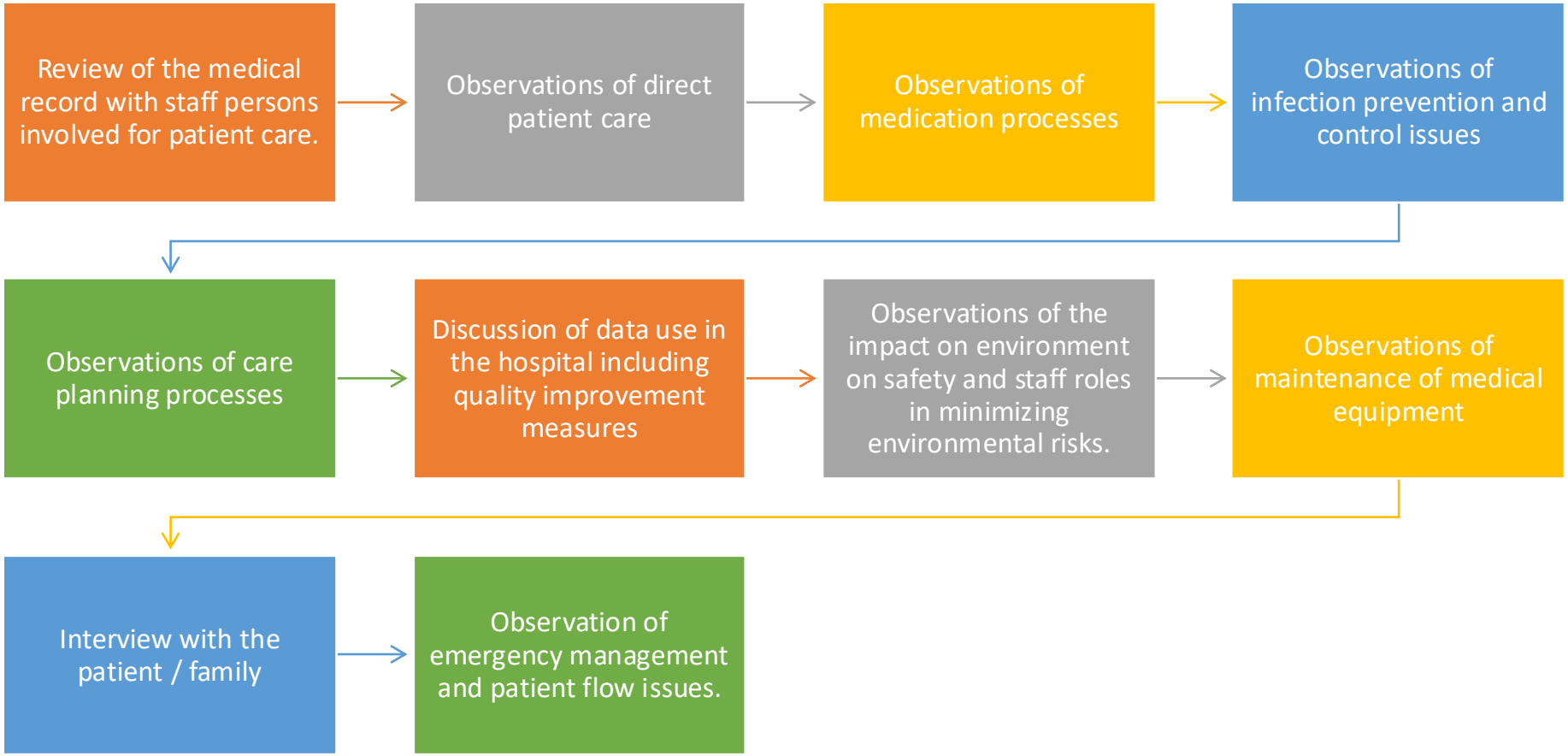
INDIVIDUAL PATIENT TRACER ACTIVITY

Aim: Uncover system issues, look at individual components of a hospital, interaction between components.

Surveyor will select patients from an active patient list to "trace" their experiences throughout the hospital.

- Patients in the top 5 diagnoses groups for the hospital.
- Patients related to system tracers such as PCI and MMU.
- Patients who cross programs (follow-up in OP)
- Patients on a research protocol
- Patients receiving care by a medical student or specialty resident.

Tracer will involve the following:



SYSTEM TRACER ACTIVITY

Aim: Focus on the experiences of specific patients or on activities relevant to specific patients.

Surveyor will perform the following during the system tracer:

Evaluate the performance of relevant processes with particular focus on the integration and coordination of distinct but related processes.	Evaluate communication between departments.	Identify potential concerns in relevant process system tracers.

FMS System Tracer, Medication Management & Medication Supply Chain System Tracer, PCI System Tracer, HCT System Tracer.

UNIT / DEPARTMENT TRACER ACTIVITY

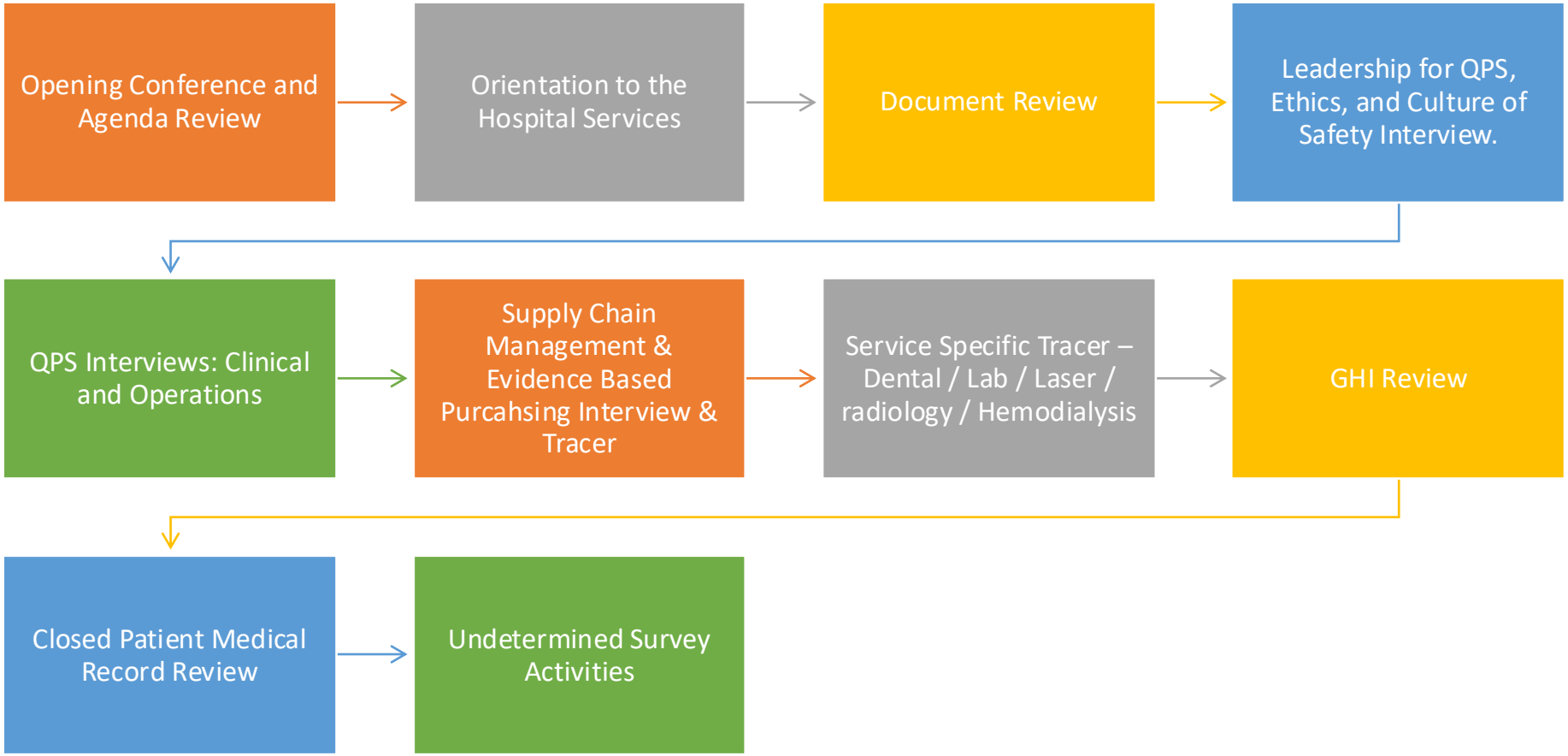
Aim: To evaluate the implementation of the system process and to review the impact o patient care, services and treatments.

Surveyor will perform the following during the unit / department tracer:

- Interactive session with relevant staff members.
- Identify flow of process including risk points, integration of key activities and communication methods.
- Baseline assessment of JCI standards and IPSG compliance.
- Issues requiring further exploration in other survey activities

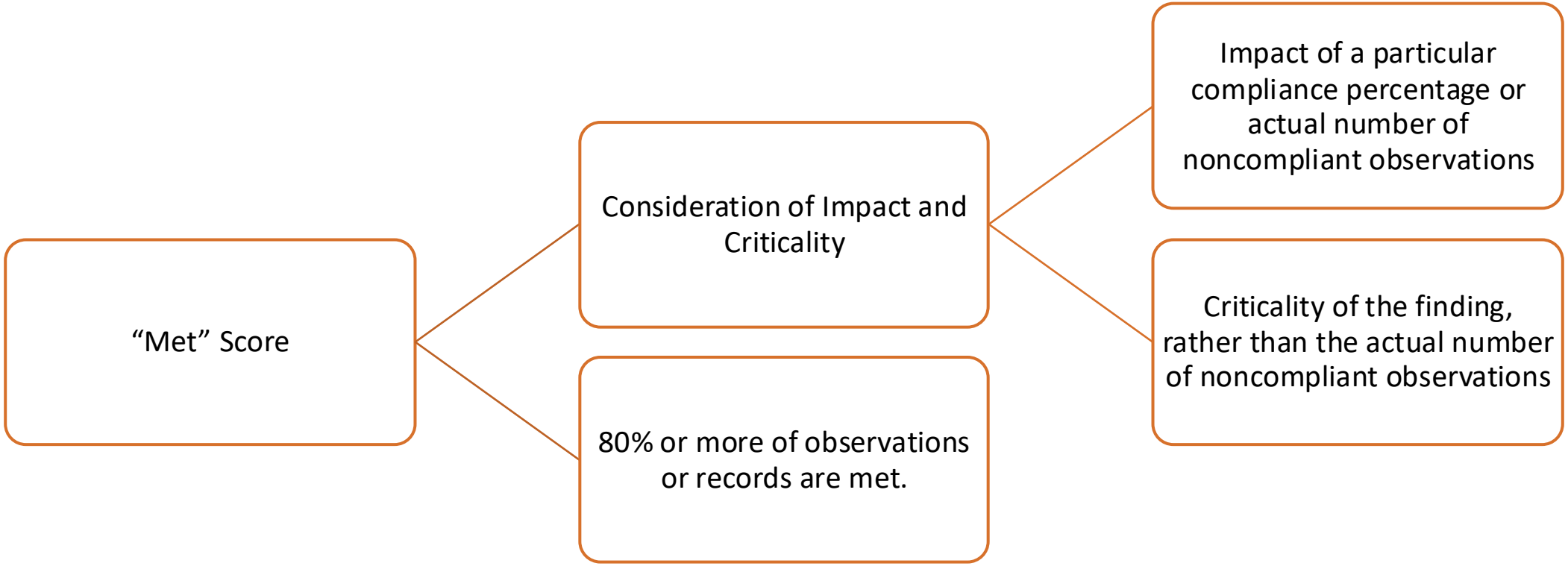
OT Tracer, CSSD Tracer, Endoscopy Tracer, Department / Service Quality Measurement Tracer.

LIST OF SESSIONS DURING SURVEY (example)



DETERMINING THE SCORE

Each measurable element (ME) of a standard is scored as either “met,” “not met,” or “not applicable.”



Not Met" Score

Rarely / Sometimes / Never to specific requirements of ME.

In one ME, 79% or fewer of records or observations demonstrate compliance.

Evidence of compliance cannot be found in all areas / departments.

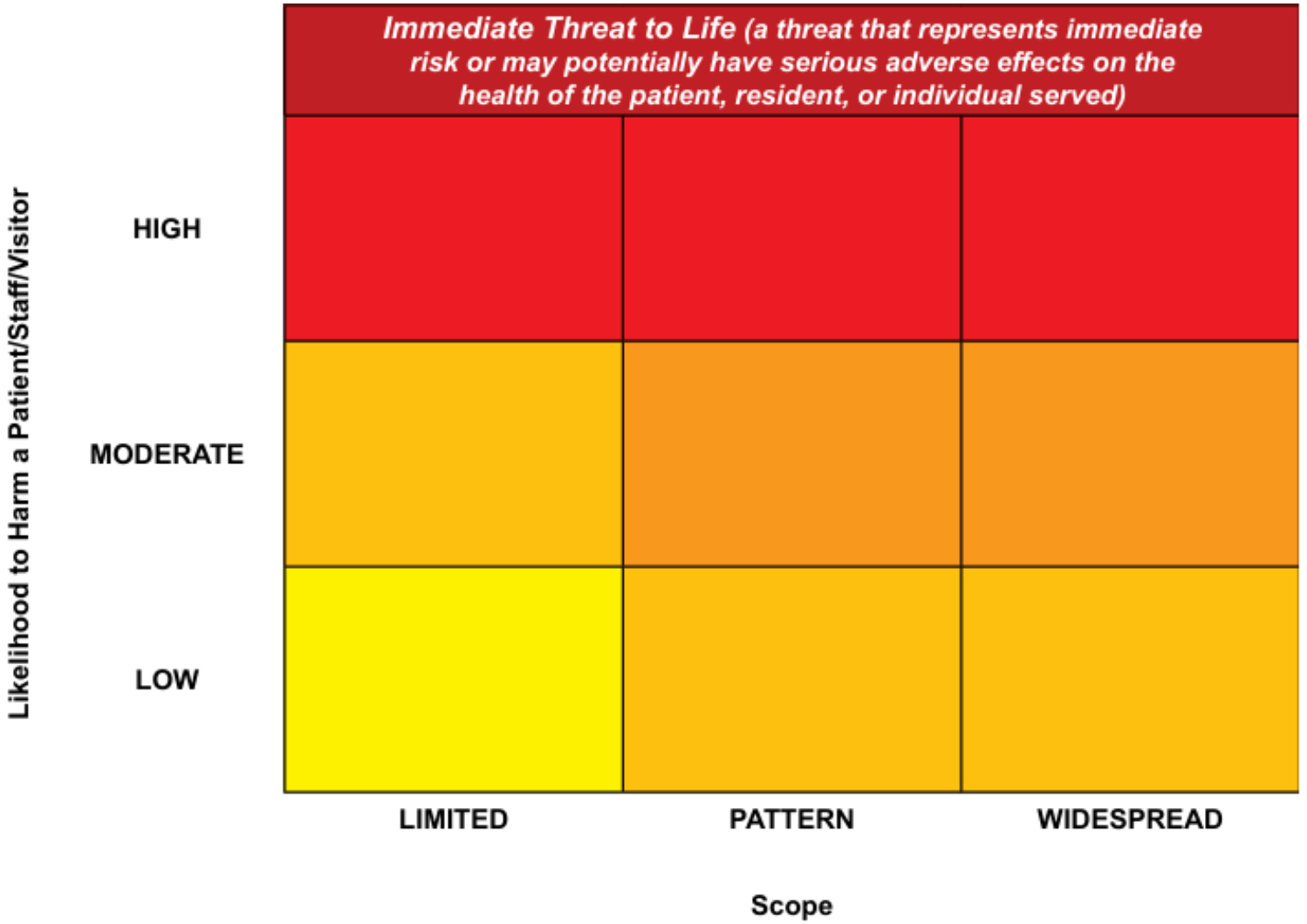
All requriements of an ME with multiple components.

A policy / process is developed, implemented, and sustainable but does not have the track record required for "met."

A policy / process is developed but is not implemented or sustainable.

SAFER MATRIX

Survey for Evaluating Risk Matrix Analysis



THE ACCREDITATION DECISION

No numeric score as part of the final accreditation decision.

JCIA Program may request for submission of SIP(s).

Continuing Accreditation Cycle

Accredited

The organization demonstrates acceptable compliance with each standard. Acceptable compliance is a score of at least “5” on each standard.

The organization demonstrates acceptable compliance with the standards in each chapter. Acceptable compliance is an aggregate score of at least “8.5” for each chapter of standards.

The organization demonstrates overall acceptable compliance. Acceptable compliance is an aggregate score of at least “9” on all standards.

Denial of Accreditation



1. One or more standards is scored less than “5.”



2. The aggregate score of one or more chapter of standards is less than “8.5.”



3. The aggregate score for all standards is less than “9.”

Preliminary Denial of Accreditation

An immediate threat to health or staff safety exists within the organization (seen in the top red row of the SAFER Matrix).

An individual who does not possess a valid license, registration, or certification (for example, expired license) is providing or has provided health care services in the organization that would, under applicable laws and regulations, require such a license, registration, or certification and which placed the organization's patients at risk for a serious adverse outcome.

JCI is reasonably persuaded that the organization submitted falsified documents or misrepresented information in seeking to achieve or retain accreditation.

The organization has not met the policy for reporting requirements to JCI as outlined in the Accreditation Participation Requirements.

The organization fails to submit an acceptable Strategic Improvement Plan within 120 calendar days of the organization's survey.

The provision of one or more clinical services has been suspended due to ongoing reconstruction, construction of new building, a mandate set forth by a governmental/regulatory authority, or the results of a natural disaster or another unforeseen event.



Common Myths

JCI is particular about certain infrastructure

- **Myth: Ramp for fire evacuation required for a multistorey building**
- **Reality:** 100s of Hospitals globally accredited without Ramp as building requirement, in each country fire evacuation method may vary, Ramp is not a requirement

JCI standards are only for large hospitals

- **Myth:** Small or specialty healthcare facilities cannot achieve JCI accreditation.
  Reality: JCI standards are scalable and apply to healthcare organizations of various sizes, including clinics, day surgery centers, and laboratories or Hospital with 10 beds or 50 beds

Common Myths

JCI Accreditation is for International patients only

Myth: The primary purpose of JCI accreditation is to attract medical tourists.
Reality: JCI accreditation benefits local patients and healthcare providers by ensuring a consistent quality of care and safety.

Accreditation is too expensive

Myth: JCI accreditation is unaffordable for most healthcare organizations.
Reality: While accreditation requires investment, the long-term benefits, including improved patient safety, operational efficiency, and reputation, outweigh the initial costs. JCI don’t have annual audit or annual fees, the cost incurred in the first year is averaged for 3 years.

Common Myths

Accreditation is just about documentation

Myth: JCI accreditation is solely about maintaining extensive paperwork.
Reality: While documentation is important, JCI focuses on the implementation of safe and effective care practices, staff training, patient outcomes, and continuous quality improvement.

It's only about patient safety

Myth: JCI standards focus exclusively on patient safety.
Reality: JCI addresses patient safety as well as leadership, facility management, staff competence, infection control, Sustainability and overall organizational performance.

Common Myths

It's impossible to meet JCI standards

- **Myth:** JCI standards are overly complex and unattainable.
  Reality: While rigorous, the standards are practical and achievable with proper planning, training, and organizational alignment.

State-of-the-Art Technology Is Mandatory

- **Myth**: Hospitals must invest in the latest medical technology to be JCI accredited.
  Reality: JCI standards emphasize the effective and safe use of available resources rather than the latest technology. Hospitals can achieve accreditation with existing equipment if it is maintained and used correctly.

Common Myths

Paying money can "guarantee" accreditation

Myth: Paying money ensures successful accreditation.
Reality: Never happened

JCI accreditation means perfection

Myth: Accredited hospitals are free of all risks and errors.
Reality: JCI ensures a robust quality framework, but continuous monitoring and improvement are necessary to maintain high standards.

Common Myths

JCI Accreditation Requires Expensive Renovations

- **Myth**: Achieving JCI accreditation demands extensive and costly infrastructure upgrades.
  Reality: Accreditation focuses more on processes, policies, and patient safety rather than on lavish or modern infrastructure. While some changes may be necessary, many can be implemented cost-effectively.

Survey Activities

Documents Review:

- Evaluation of policies, procedures, and protocols to ensure alignment with JCI standards.
- Verifies compliance with documentation requirements.

Staff Interviews:

- Direct discussions with healthcare providers and support staff.
- Assesses knowledge of policies, roles, and quality practices.

Observations:

- On-site evaluation of processes in action, such as hand hygiene, patient care, and emergency response.
- Ensures implementation of documented practices.

Personnel Files Review:

- Examination of staff credentials, training records, and certifications.
- Confirms qualifications and ongoing education compliance.

Medical Records Review:

- Inspection of patient records for accuracy, completeness, and adherence to clinical documentation standards.
- Evaluates continuity and quality of care.

JCIA Surveyors visit

- Documents
- Medical Records
- Personnel Files
- Staff interview
- Observations

What is Touch Point?

In the JCI Continuous Engagement model, a **“touchpoint”** is a planned check-in between the full (triennial) accreditation surveys.

Each touchpoint:

- Is led by a JCI survey expert
- Helps the hospital review progress, fix gaps, and keep improving
- Supports staff in maintaining quality and safety every step of the way
- Does **not** add extra cost or disruption

So, a **touchpoint process guide** is simply the plan or instructions for how these check-ins happen, what is discussed, and how they help the organization stay ready and continuously improve between surveys.

What is included in touch point?

- Meeting with the Survey Coordinator and Agenda Review
- Strategic Improvement Plan Review
- Performance Improvement Plan and Patient Safety Data Review
- FMS Document Review/Emergency Management Discussion
- Global Health Impact Review Discussion
- Health Care Information Technology Discussion
- Medical, Nursing, and Other Staff Qualifications and Education Discussions
- Supply Chain System Discussion and Interview (to include contracted services)
- Prevention and Control of Infections Discussion
- Staff Qualifications and Education
- Summation of Conversation
- E-App Discussion

AccreHealth Solutions
by Partners Consultants International
Your Accreditation Partner

CAHO
Committed to Safer Healthcare

For any queries Related to today's topic, clarification or resources please reach out on

+91 6282341473
(whatsapp no)

+971 507021503
(WhatsApp no)

thomas@partnersconsultants.com

www.partnersconsultants.com