



Accreditation Participation Requirements (APR)

Overview

This section consists of specific requirements for participation in the Joint Commission International (JCI) accreditation process and for maintaining an accreditation award.

For a hospital seeking accreditation for the first time, compliance with many of the APRs is assessed during the initial survey. For the already-accredited hospital, compliance with the APRs is assessed throughout the accreditation cycle, through surveys, the Strategic Improvement Plan (SIP), and periodic updates of hospital-specific data and information.

When a hospital does not comply with certain APRs, the hospital may be asked to submit an SIP, go through a for-cause survey, or be placed in Preliminary Denial of Accreditation. Refusal to permit performance of survey activities, such as limiting or denying access to authorized JCI staff (APR.04.00) will lead to immediate Denial of Accreditation. Consequences of noncompliance with the requirement are noted with each APR.

Requirements

The following is a list of all accreditation participation requirements. They are presented here for your convenience without their rationales, consequences of noncompliance, and measurable elements. For more information about these standards, please see the next section in this chapter, Requirements, Rationales, and Measurable Elements. JCI reserves the right to update its Accreditation Participation Requirements (APRs) and recognizes the *JCI Direct Connect* website as the official location for the posting of all current APRs.

- APR.01.00** The hospital submits information to Joint Commission International (JCI) as required.
- APR.02.00** The hospital provides accurate information throughout the accreditation process.
- APR.03.00** The hospital reports any changes in the information provided in the application for accreditation and any changes made between surveys.
- APR.04.00** The hospital permits the performance of a survey at JCI's discretion.
- APR.05.00** The hospital allows JCI to request (from the hospital or outside agency) and review an original or authenticated copy of the results and reports of external evaluations from publicly recognized bodies.
- APR.06.00** The hospital selects and uses measures as part of its quality improvement measurement system.
- APR.07.00** The hospital accurately represents its accreditation status and the programs and services to which JCI accreditation applies. Only hospitals with current JCI accreditation may display the Gold Seal.
- APR.08.00** Any individual hospital staff member (clinical or administrative) can report concerns about patient safety and quality of care to JCI without retaliatory action from the hospital.

- APR.09.00** The hospital notifies the public it serves about how to contact its hospital management and JCI to report concerns about patient safety and quality of care.
- APR.10.00** Translation and interpretation services arranged by the hospital for an accreditation survey and any related activities are provided by qualified translation and interpretation professionals who have no relationship to the hospital.
- APR.11.00** The hospital provides patient care, treatment, services, and an environment that pose no risk of an “Immediate Threat to Health or Safety.”

Requirements, Rationales, and Measurable Elements

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Requirement APR.01.00

The hospital submits information to Joint Commission International (JCI) as required.

Rationale for APR.01.00

There are many points in the accreditation process at which data and information are required. Some examples include the completion of the electronic application (E-App); annual updates to the E-App; submission of a Strategic Improvement Plan (SIP); any changes in hospital executive leadership, such as a change in ownership; Office of Quality and Patient Safety (OQPS) requests for information; JCI Accreditation requests for verification of information received from a regulatory or other authority; or timely notification of intent to appeal an accreditation decision. Relevant accreditation policies and procedures inform the hospital of what data and/or information are required and the time frame for submission.

Consequences of Noncompliance with APR.01.00

If the hospital consistently fails to meet the requirements for the timely submission of data and information to Joint Commission International, the hospital will be required to undergo a follow-up survey. Failure to resolve this issue at the time of the follow-up survey may result in an accreditation decision change.

These consequences address only compliance with the requirement itself and not the content of the hospital’s submissions to JCI. For example, if information in a hospital’s E-App leads to inaccuracies in the appropriate length of the survey and a longer survey is required, the hospital will incur the additional costs of the longer survey. In addition, if there is evidence that the hospital has falsified or withheld the information or intentionally deleted information submitted to JCI, the requirement at APR.02.00 and its consequences will apply.

Measurable Elements of APR.01.00

1. The hospital meets all requirements for timely submissions of data and information to Joint Commission International. (*See also* APR.02.00, ME 1)

Requirement APR.02.00

The hospital provides accurate information throughout the accreditation process.