

- 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

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.

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.

Rationale for APR.02.00

JCI requires each hospital seeking accreditation or already accredited to engage in the accreditation process with honesty, integrity, and transparency. This type of engagement in the accreditation process is evident by providing complete and accurate information during all phases of the three-year cycle of the accreditation process.

Hospitals provide information to JCI in any of the following ways:

- Verbally
- Direct observation by, or in an interview or any other type of communication with, a JCI employee
- Electronic or hard-copy documents submitted to JCI or through a third party, such as the media, or a government report

For the purpose of this requirement, *falsification of information* is defined as the fabrication, in whole or in part, of any information provided by an applicant or accredited organization to JCI. Falsification may include redrafting, reformatting, or deleting document content or submitting false information, reports, data, or other materials.

Consequences of Noncompliance with APR.02.00

If JCI is reasonably convinced that the hospital has submitted inaccurate or falsified information to JCI or has presented inaccurate or falsified information to surveyors, the hospital may be required to undergo a for-cause survey. Failure to resolve this issue in a timely manner or at the time of the for-cause survey may result in Denial of Accreditation.

Measurable Elements of APR.02.00

1. The hospital provides accurate and complete information throughout the accreditation process. (*See also* APR.01.00, ME 1)

Requirement APR.03.00

The hospital reports any changes in the information provided in the application for accreditation and any changes made between surveys.

Rationale for APR.03.00

JCI collects core information regarding each hospital's profile in its E-App to understand ownership, licensure, scope and volume of patient services, and types of patient care facilities, among other factors. When any of these factors change, JCI must evaluate the change to determine if the change is within or outside of the scope of a planned initial survey or the scope of a current accreditation award.

Thus, the hospital notifies JCI within 30 days of the effective date of the change for the following:

- A change in the organization's ownership
- Requesting to change hospital accreditation to academic medical center accreditation
- A merger or acquisition; the organization has merged with, consolidated with, or acquired an unaccredited site, service, or program for which there are applicable JCI standards.
- The revocation or restriction of operational licenses or permits, any limitations or closure of patient care services, any sanctions of professional or other staff, or other actions under laws and regulations brought by relevant health authorities
- New biomedical equipment for patient care that are used to expand the types and volume of patient care services 25% or more than was stated in the most recent E-App
- Changes in use of patient care buildings, construction of new or expansion of patient care buildings, or the occupation of buildings that are used to expand the types and volume of patient care services 25% or more than was stated in the most recent E-App, or was not reported as a patient care location, or was not included in the scope of the previous accreditation survey