

- Temporary cessation of services and/or significant reduction of patient care services/volume due to extenuating circumstances
- Intentional expansion of the organization's capacity to provide services in the absence of new, renovated, or expanded facilities by 25% or greater, as measured by patient volume, scope of services, or other relevant measures
- The addition of one or more types of health care services (for example, addition of a dialysis unit)
- Implementation of a higher level of service (for example, adding inpatient invasive diagnostic cardiology when originally providing only outpatient cardiac rehabilitation)

JCI does not automatically extend accreditation to new services and facilities. Based on the change, JCI may request additional information or documents; for example, policies, floor plans, fire safety plan, credentials of new staff for a new service. When JCI is unable to fully evaluate the changes with the additional information or documents provided, an extension survey may be necessary for all or a portion of the hospital again or for the first time in the case of new facilities or services.

### **Consequences of Noncompliance with APR.03.00**

If the hospital does not provide notification to JCI within 30 days of the effective date of any change(s), the hospital may be denied accreditation.

### **Measurable Elements of APR.03.00**

1. ⑩ The hospital reports within 30 days of the effective date of any change(s) in the hospital's profile (electronic database) or information provided to JCI via the E-App before and between surveys.

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## **Requirement APR.04.00**

The hospital permits the performance of a survey at JCI's discretion.

### **Rationale for APR.04.00**

Achieving JCI accreditation implies to the public, governmental agencies, and payment sources, among others, that the hospital is in compliance with JCI standards and accreditation policies at all times. Thus, it is important that JCI has the right to enter all or any portion of the hospital on an announced or unannounced basis to confirm standards and accreditation policy compliance and/or evaluate patient safety and quality concerns at any time during all phases of accreditation. Surveyors will always present an official letter of introduction and at least one other form of identification as a JCI representative when the visit is unannounced.

### **Consequences of Noncompliance with APR.04.00**

JCI will deny or withdraw the accreditation of a hospital that refuses or limits access to authorized JCI staff to perform an evaluation.

### **Measurable Elements of APR.04.00**

1. The hospital permits evaluations of standards and policy compliance or verification of quality and safety concerns, reports, or regulatory authority sanctions at the discretion of JCI.

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## **Requirement 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.

## Rationale for APR.05.00

In order to conduct a thorough accreditation survey, JCI collects information on many aspects of hospital operations. External bodies other than JCI evaluate areas related to safety and quality—for example, fire safety inspections, staff working conditions inspections, and evaluation of safety incidents or quality complaints by local authorities. These evaluations complement accreditation reviews but may have a different focus or emphasis. These evaluations may produce information JCI needs to make accreditation decisions.

When requested, the hospital provides JCI with all official records, reports, and recommendations of outside agencies, such as licensing, examining, reviewing, government, or planning bodies. JCI may also request such reports directly from the outside agency. The reports can be requested during any phase of accreditation, including during an accreditation survey or as part of the evaluation of a quality concern or incident.

## Consequences of Noncompliance with APR.05.00

When the hospital fails to provide an official report when requested during an on-site survey, relevant standards will be scored out of compliance and the hospital may be required to undergo a for-cause survey to review the report and the relevant standards. When the hospital fails to provide a requested report during other phases of accreditation, a for-cause survey may be required.

## Measurable Elements of APR.05.00

1. ⑩ When requested, the hospital provides JCI with all official records and reports of licensing, examining, reviewing, or planning bodies.

## Requirement APR.06.00

The hospital selects and uses measures as part of its quality improvement measurement system.

## Rationale for APR.06.00

Collection, analysis, and use of data are important for any quality improvement system and are at the core of the JCI accreditation process. Many JCI standards specify that organizations must collect data as part of their quality improvement system. To comply with these standards, the organization's leaders select well-defined, evidence-based measures that are applicable to the organization's patient populations and services. The organization analyzes measurement data, and the data are used to inform and propel quality improvement activities in the organization.

Organizations may choose any well-defined, evidence-based measures and measurement approaches that address process and outcomes for which the data will guide improvement in the delivery of patient care. Acceptable measures are those developed by any one or combination of the following:

- The organization's quality leaders and team
- A municipal, regional, or national health authority
- Internationally recognized health care quality authorities, such as Joint Commission International, the Institute for Healthcare Improvement, or the US-based Agency for Healthcare Research and Quality

## Consequences of Noncompliance with APR.06.00

A Strategic Improvement Plan (SIP) will be required when a hospital is found to be not compliant with this requirement.

## Measurable Elements of APR.06.00

1. ⑩ The hospital selects and uses performance measures from among those available that are relevant to the service(s) it provides to the population(s) it serves.