

## Map over 60 Joint Commission International Standards to UpToDate® and Lexicomp®

JCI Standard	Description	Applicable Clinical Effectiveness Solution[s]
<b>Access to Care and Continuity of Care (ACC)</b>		
ACC.2.3	Admission to departments/wards providing intensive or specialized services is determined by established criteria.	UpToDate
ACC.2.3.1	Discharge from departments/wards providing intensive or specialized services is determined by established criteria.	
ACC.3	The hospital designs and carries out processes to provide continuity of patient care services in the hospital and coordination among health care practitioners.	
ACC.3.2	Information related to the patient's care is transferred with the patient.	
ACC.4	There is a process for the referral or discharge of patients that is based on the patient's health status and the need for continuing care or services.	UpToDate Integrated Patient Education
ACC.4.1	Patient and family education and instruction are related to the patient's continuing care needs.	UpToDate Integrated Patient Education Lexicomp
ACC.4.3	The complete discharge summary is prepared for all inpatients.	UpToDate Lexicomp
ACC.4.3.1	Patient education and follow-up instructions are given in a form and language the patient can understand.	Integrated Patient Education Lexicomp
ACC.4.3.2	The medical records of inpatients contain a copy of the discharge summary.	UpToDate
ACC.4.4	The records of outpatients requiring complex care or with complex diagnoses contain profiles of the medical care and are made available to health care practitioners providing care to those patients.	
<b>Assessment of Patients (AOP)</b>		
AOP1.2.1	The initial medical and nursing assessments of emergency patients are based on their needs and conditions.	UpToDate
AOP1.3.1	A preoperative medical assessment is documented before anesthesia or surgical treatment and includes the patient's medical, physical, psychological, social, economic, and discharge needs.	UpToDate Lexicomp
AOP1.4	Patients are screened for nutritional status, functional needs, and other special needs and are referred for further assessment and treatment when necessary.	UpToDate
AOP1.5	All inpatients and outpatients are screened for pain and assessed when pain is present.	UpToDate Lexicomp
AOP1.7	Dying patients and their families are assessed and reassessed according to their individualized needs.	UpToDate
AOP1.8	The initial assessment includes determining the need for discharge planning.	UpToDate Lexicomp
AOP2	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.	Lexicomp
AOP5.7	Procedures for collecting, identifying, handling, safely transporting, and disposing of specimens are established and implemented.	
AOP5.8	Established norms and ranges are used to interpret and to report clinical laboratory results.	

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<b>Anesthesia and Surgical Care (ASC)</b>		
ASC.1	Sedation and anesthesia services are available to meet patient needs, and all such services meet professional standards and applicable local and national standards, laws, and regulations.	Lexicomp
ASC.3	The administration of procedural sedation is standardized throughout the hospital.	UpToDate
ASC.3.2	Procedural sedation is administered and monitored according to professional practice guidelines.	UpToDate Lexicomp
ASC.3.3	The risks, benefits, and alternatives related to procedural sedation are discussed with the patient, his or her family, or those who make decisions for the patient.	
ASC.5.1	The risks, benefits, and alternatives related to anesthesia and post-operative pain control are discussed with the patient and/or those who make decisions for the patient.	
ASC.6	Each patient's physiological status during anesthesia and surgery is monitored according to professional practice guidelines and documented in the patient's medical record.	UpToDate
ASC.6.1	Each patient's post-anesthesia status is monitored and documented, and the patient is discharged from the recovery area by a qualified individual or by using established criteria.	
ASC.7	Each patient's surgical care is planned and documented based on the results of the assessment.	
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.	UpToDate Lexicomp
ASC.7.3	Patient care after surgery is planned and documented.	UpToDate
<b>Care of Patients (COP)</b>		
COP.3	The care of high-risk patients and the provision of high-risk services are guided by professional practice guidelines, laws, and regulations.	UpToDate
COP.3.3	Clinical guidelines and procedures are established and implemented for the handling, use, and administration of blood and blood products.	UpToDate Lexicomp
COP.6	Patients are supported in managing pain effectively.	UpToDate Integrated Patient Education Lexicomp
COP.7	The hospital provides end-of-life care for the dying patient that addresses the needs of the patient and family and optimizes the patient's comfort and dignity.	UpToDate Lexicomp
COP.8.6	The transplant program has documented protocols, clinical practice guidelines, or procedures for organ recovery and organ receipt to ensure the compatibility, safety, efficacy, and quality of human cells, tissues, and organs for transplantation.	
COP.8.7	Individualized patient care plans guide the care of transplant patients.	UpToDate
COP.9.2	Transplant programs that perform living donor transplants use clinical and psychological selection criteria to determine the suitability of potential living donors.	
COP.9.3	Individualized patient care plans guide the care of living donors.	
<b>Facility Management and Safety (FMS)</b>		
FMS.5	The hospital has a program for the inventory, handling, storage, and use of hazardous materials and waste.	Lexicomp
FMS.5.1	The hospital has a program for the control and disposal of hazardous materials and waste.	
<b>Governance, Leadership, and Direction (GLD)</b>		
GLD.11.2	Department/service leaders select and implement clinical practice guidelines, and related clinical pathways, and/or clinical protocols, to guide clinical care.	Lexicomp
GLD.12.2	The hospital's framework for ethical management addresses ethical issues and decision making in clinical care.	UpToDate
<b>International Patient Safety Goals (IPSG)</b>		
IPSG.3	The hospital develops and implements a process to improve the safety of high-alert medications.	UpToDate Lexicomp Formulink
IPSG.6	The hospital develops and implements a process to reduce the risk of patient harm resulting from falls for the inpatient population.	UpToDate Lexicomp
IPSG.6.1	The hospital develops and implements a process to reduce the risk of patient harm resulting from falls for the outpatient population.	

JCI Standard	Description	Applicable Clinical Effectiveness Solution[s]
<b>Medication Management and Use (MMU)</b>		
MMU.1	Medication use in the hospital is organized to meet patient needs, complies with applicable laws and regulations, and is under the direction and supervision of a licensed pharmacist or other qualified professional.	UpToDate Lexicomp
MMU.1.1	The hospital develops and implements a program for the prudent use of antibiotics based on the principle of antibiotic stewardship.	UpToDate Lexicomp Formulink
MMU.2.1	There is a method for overseeing the hospital's medication list and medication use.	Lexicomp Formulink
MMU.4	Prescribing, ordering, and transcribing are guided by policies and procedures.	Formulink
MMU.5.1	Medication prescriptions or orders are reviewed for appropriateness.	UpToDate Lexicomp Formulink
MMU.6.1	Medication administration includes a process to verify the medication is correct based on the medication prescription or order.	UpToDate Lexicomp
MMU.6.2	Policies and procedures govern medications brought into the hospital for patient self-administration or as samples.	Lexicomp
MMU.7	Medication effects on patients are monitored.	UpToDate Lexicomp
<b>Management of Information (MOI)</b>		
MOI.5	The data and information needs of those in and outside the hospital are met on a timely basis in a format that meets user expectations and with the desired frequency.	Lexicomp
<b>Prevention and Control of Infection (PCI)</b>		
PCI.10	The infection prevention and control process is integrated with the hospital's overall program for quality improvement and patient safety, using measures that are epidemiologically important to the hospital.	UpToDate
PCI.11	The hospital provides education on infection prevention and control practices to staff, physicians, patients, families, and other caregivers when indicated by their involvement in care.	
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.	
<b>Patient and Family Education (PFE)</b>		
PFE.1	The hospital provides education that supports patient and family participation in care decisions and care processes.	UpToDate Lexicomp Integrated Patient Education
PFE.4	Health care practitioners caring for the patient collaborate to provide education.	UpToDate
<b>Patient and Family Rights (PFR)</b>		
PFR.1.1	The hospital seeks to reduce physical, language, cultural, and other barriers to access and delivery of services.	UpToDate Lexicomp
PFR.2.1	The hospital informs patients and families about their rights and responsibilities to refuse or discontinue treatment, withhold resuscitative services, and forgo or withdraw life-sustaining treatments.	Lexicomp
PFR.5.3	Patients and families receive adequate information about the patient's condition, proposed treatment(s) or procedure(s), and health care practitioners so that they can grant consent and make care decisions.	UpToDate Lexicomp
<b>Quality Improvement and Patient Safety (QPS)</b>		
QPS.3	The quality and patient safety program uses current scientific and other information to support patient care, health professional education, clinical research, and management.	UpToDate Lexicomp Formulink