Mastering JCI Hospital Accreditation (8th Edition): Standards, Implementation & Survey Readiness

Empowering Learning. Enhancing Quality. Inspiring Impact.

Program Title	**Mastering JCI Hospital Accreditation (8th Edition): Standards, Implementation & Survey Readiness**
Program Code	Quality-001
Instructor / Lead Trainer	Dr.Moustafa Youssef-Quality Consultant/Surveyor Dr.Dalia Abdullah- Quality Consultant Dr.Nada Helmy- Infection Control Consultant Dr.Eman Sherif- Medication Management Consultant Eng.Muhammed Khan – IT consultant
Language of Instruction	English (Arabic clarification)
Proposed Start Date	5-Sep-2026
Total Duration	65 contact hours — 21 sessions of 3 hours over 10 weeks (approximately 2 months)
Standards Edition Covered	Joint Commission International Accreditation Standards for Hospitals, 8th Edition, effective 1 January 2025
Template Version	v1.0

01 PROGRAM OVERVIEW

Joint Commission International accreditation remains the most widely recognised international benchmark of hospital quality and patient safety. It is used by ministries of health, insurers, medical tourism authorities and corporate payers as objective evidence that a hospital operates to a defined, externally validated standard. The 8th Edition of the Joint Commission International Accreditation Standards for Hospitals became effective on 1 January 2025 and is now the sole basis on which hospital surveys are conducted and accreditation decisions are made.

The 8th Edition is not a cosmetic revision of the 7th. Every standard in the manual has been renumbered; entire groups of standards have been merged, relocated between chapters or deleted; an entirely new chapter on Health Care Technology has been created to govern telehealth, artificial intelligence clinical decision support and cybersecurity; and a new (Section-IV) introduces the Global Health Impact chapter on environmental sustainability, developed with the International Hospital Federation's Geneva Sustainability Centre. Requirements that did not exist in any previous edition — workplace violence prevention, diagnostic error reduction, staff mental health, high-consequence and novel pathogen preparedness, single-use device reuse governance, and protection of vulnerable populations — now carry scorable measurable elements. A hospital that simply re-labels its 7th Edition documentation will fail survey on requirements it has never seen before.

This program exists because accreditation is not won by knowing the standards; it is won by implementing them and being able to demonstrate that implementation under tracer conditions. The overwhelming majority of survey findings are not knowledge failures. They are implementation failures: a policy that exists but is not practised, an indicator that is reported but not validated, a risk that is identified but never escalated to the governing body, a staff member who cannot describe what they do when the system is down. This program is therefore built around doing the work, not describing it.

The program is delivered over 65 contact hours as 15 structured lectures and 6 full practical workshops. Every lecture is anchored to the 8th Edition chapter architecture and carries a 45–60 minute applied exercise using real hospital documents, forms, records and data sets. Every workshop is a working session in which participants produce a usable deliverable — a gap analysis, a policy, an indicator profile with validated data, a risk register with a completed root cause analysis and failure mode and effects analysis, and finally a full mock survey with patient tracers, system tracers, documentation review and a corrective action plan. Participants complete the program holding a departmental gap analysis, a prioritised action plan and a survey readiness roadmap for their own hospital.

02 SCOPE OF THE PROGRAM

In Scope

- The Joint Commission International Accreditation Standards for Hospitals, 8th Edition (effective 1 January 2025), as the sole authoritative reference.
- Hospital accreditation: Section I Accreditation Participation Requirements; Section II Patient-Centered Standards (ACC, AOP, ASC, COP, IPSG, MMU, PCC); Section III Health Care Organization Management Standards (FMS, GLD, HCT, MOI, PCI, QPS, SQE); and Section IV Global Health Impact Standards (GHI).
- Practical implementation of standards at measurable-element level — converting each requirement into a process, an owner, a document and a source of evidence.
- Survey readiness: the survey agenda, surveyor evidence logic, opening conference, daily briefings, scoring, and Strategic Improvement Plan expectations.
- Gap analysis at measurable-element level, compliance scoring, and construction of a prioritised gap register.
- Documentation architecture: identifying every requirement carrying the documentation icon, and building an evidence library with version control and accountable ownership.
- Governance and leadership: governing entity accountability, contract oversight, supply chain strategy, ethics, safety culture, workplace violence prevention and diagnostic error reduction.
- Patient safety: International Patient Safety Goals implementation and audit, event reporting culture, sentinel event management, intensive analysis and open disclosure of clinical errors.
- Performance improvement: indicator design, sampling, data validation, run and control charts, improvement methodology and board-level reporting.
- Risk management: risk register construction, root cause analysis, failure mode and effects analysis, and verification of corrective action effectiveness.
- Mock survey preparation: individual patient tracers, system tracers, documentation review sessions, leadership interviews and departmental readiness assessment.
- Digital health and technology governance under the new Health Care Technology chapter: health IT oversight, secure messaging, telehealth, artificial intelligence clinical decision support, downtime response and cybersecurity.
- Environmental sustainability under the new Global Health Impact chapter, including its scoring status and the evidence hospitals must begin producing now.

03 TARGET AUDIENCE

The program is designed for the professionals who are accountable for achieving and sustaining compliance — those who must build the systems, own the evidence and answer the surveyor.

ATTRIBUTE	DETAILS
Targeted audience	Quality Managers · Patient Safety Officers · Accreditation Coordinators · Hospital Survey Coordinators · Quality Specialists · Risk Managers · Infection Prevention and Control Practitioners · Medication Safety Officers
	Hospital Directors and Chief Executives · Medical Directors · Nursing Directors · Department and Service Heads · Clinical Leaders · Hospital Administrators · Healthcare Consultants and independent accreditation advisers · Health information technology and facility management leads- Healthcare professionals (Physicians-Nurses-Allied staff)
Experience level	Intermediate. Suitable both for professionals new to JCI who hold a quality or clinical leadership role, and for experienced teams transitioning an accredited hospital from the 7th to the 8th Edition.
Class size	Minimum 12 — maximum 30 participants.
Institutional teams	Hospitals are encouraged to enrol a cross-functional team of four to eight covering quality, nursing, medical leadership, pharmacy, infection control, facilities and information technology, so that the practical project produces a genuinely hospital-wide gap analysis.

04 PREREQUISITES

- A bachelor's degree or higher in medicine, nursing, pharmacy, allied health, healthcare management, engineering or a related discipline.
- A minimum of one year of experience in a hospital setting, in a clinical, quality, risk, infection control, facility management, information technology or administrative role.
- Current or intended responsibility for accreditation, quality, patient safety or departmental compliance. Participants are expected to apply the material to a real department or service throughout the program.
- Access to the official Joint Commission International Accreditation Standards for Hospitals, 8th Edition, either individually or through the participant's organisation. HQIC does not distribute the copyrighted manual.
- Working professional English. All materials, assessments and sessions are delivered in English; Arabic clarification is available during live sessions/records.
- A stable internet connection and a device with a working camera and microphone.
- Opening camera is optional but participating in workshops and discussions are highly recommended.
- Basic spreadsheet literacy. The gap analysis, KPI and risk workbooks are Excel-based; participants should be able to enter data and read a simple chart.

05 PROGRAM BENEFITS

- **A completed transition map.** Participants leave with a 7th-to-8th Edition crosswalk for their own hospital, identifying every policy, indicator, committee charter and staff education module that references retired standard numbering and must be reissued.
- **A departmental gap analysis they have actually performed.** The practical project requires participants to run a measurable-element-level gap analysis on their own department or service and score it against defined evidence rules — not to observe one being demonstrated.
- **Compliance packages for requirements that did not exist in the 7th Edition.** Participants build working drafts for the new obligations: workplace violence prevention, diagnostic error reduction, artificial intelligence clinical decision support oversight, cybersecurity incident response, expired medication handling, high-consequence pathogen preparedness, staff mental health, vulnerable population protection and the Global Health Impact starter set.
- **Indicators that survive validation.** Participants design indicator profiles, collect a supplied data set, calculate results and then validate them against an independent abstractor — the exercise that most often exposes why a hospital's reported performance collapses under survey scrutiny.
- **Working competence in the three risk tools surveyors ask about.** Every participant personally facilitates a risk assessment, a root cause analysis and a failure mode and effects analysis, and rewrites weak corrective actions up the action hierarchy.
- **Tracer capability.** Participants conduct individual patient tracers and system tracers as the surveyor conducts them, and then experience being traced — the fastest way to expose the difference between a documented process and a practised one.
- **A survey readiness roadmap with realistic lead times.** Participants learn which 8th Edition requirements need months of accumulated data before survey — annual analyses, four sustained measurement periods, annual programme tests, three-yearly environmental assessments — and sequence their preparation accordingly.
- **Internal capability rather than dependence.** The program is designed to produce hospital staff who can run their own gap analysis, mock survey and corrective action cycle.
- **A defensible position with the governing body.** Participants learn what leadership must be seen to decide, minute and act upon, and how to construct board reporting that demonstrates governance action rather than data volume.

06 LEARNING OBJECTIVES

By the end of this program, participants will be able to:

- Analyse the architecture of the JCI 8th Edition across its five sections and locate any requirement by chapter, standard, intent and measurable element.
- Evaluate the differences between the 7th and 8th Editions and develop a hospital-specific crosswalk covering renumbered, combined, relocated, new and retired requirements.
- Conduct a measurable-element-level gap analysis of a hospital department or service and apply a defined compliance scoring and evidence rule set.
- Develop policies, procedures and programme plans that are auditable against measurable elements, and implement a document control system that maintains their currency.
- Implement the International Patient Safety Goals as restructured in the 8th Edition, and audit compliance including the requirements relocated to patient assessment, care of patients and infection prevention.
- Design patient access, flow, assessment, care and transition processes that satisfy the consolidated ACC, AOP and COP requirements and generate documented evidence at each interface.
- Implement medication management controls across stewardship, recall, expired medication, radiopharmaceuticals, prescribing indication, appropriateness review and error analysis.
- Perform pre-anaesthesia, preinduction and pre-sedation assessment processes and validate perioperative documentation against the ASC requirements.
- Design a quality and patient safety measurement system, and conduct data validation to determine whether reported performance is defensible.
- Develop and lead a diagnostic error reduction program, including case-finding, contributing-factor analysis and mitigation interventions.
- Conduct a structured risk assessment, build and maintain a hospital risk register, and escalate risk to the governing entity.
- Perform a root cause analysis that produces corrective actions at the strong and intermediate levels of the action hierarchy, and validate their effectiveness.
- Perform a failure mode and effects analysis on a high-risk clinical process, calculate risk priority numbers and evaluate the redesigned process.
- Implement facility safety, security, hazardous materials, fire, medical equipment, utility and emergency management programmes, including workplace violence and global communicable disease requirements.
- Evaluate and implement the Health Care Technology requirements governing health IT oversight, secure electronic communication, telehealth, artificial intelligence clinical decision support, downtime response and cybersecurity.
- Implement infection prevention and control requirements including device reprocessing, single-use device reuse governance, expired and damaged device management and high-consequence pathogen preparedness.
- Design staff qualification, credentialing, privileging, evaluation, education, mental health and workplace violence training systems that satisfy the SQE requirements.
- Develop the governance, engagement, resource management, procurement and resilience elements required by the Global Health Impact chapter, and identify the evidence a hospital must begin generating before it becomes decision-affecting.
- Conduct individual patient tracers and system tracers, and evaluate findings against measurable elements.

- Lead a mock survey including documentation review and leadership interview, and score the outcome.
- Develop a prioritised corrective action plan with named owners, verification measures and realistic evidence lead times.
- Design a departmental and hospital-wide survey readiness roadmap.
- Apply the stricter-standard principle where national law or regulation and JCI requirements differ.
- Improve organisational performance by translating accreditation compliance into sustained clinical and operational outcomes rather than survey-cycle activity.

07 LEARNING METHODS

☒ Live online lectures	☒ Practical workshops
☒ Recorded sessions for participant review	☒ Case studies and group discussion
☒ Assignments and take-home tasks	☒ Other: tracer methodology, gap analysis and mock survey

How the Methods Are Applied

- **Live online lectures.** Fifteen facilitated sessions of three hours. Each is anchored to an 8th Edition chapter, opens with the 7th-to-8th change analysis for that chapter, and closes with an applied exercise. Sessions are interactive; passive attendance is not sufficient to pass.
- **Interactive workshops.** Five full three-hour working sessions in facilitated teams of four to six. Each workshop produces a deliverable that is submitted, peer-reviewed and graded.
- **Case studies.** Every session uses anonymised real-world hospital scenarios — an unvalidated indicator, an ungoverned artificial intelligence tool, a board report with no recorded decision — rather than illustrative abstractions.
- **Tracer methodology.** Individual patient tracers and system tracers are taught in separate workshop.
- **Gap analysis.** Introduced in Workshop 1 and carried through the whole program as the practical project, so that participants finish with a completed departmental analysis rather than a worked example.
- **Group discussion.** Structured comparison of practice across participating hospitals and jurisdictions, including how the stricter-standard rule resolves conflicts with national regulation.
- **Practical assignments.** Four graded take-home assignments applied to the participant's own department, returned with written feedback.
- **Real hospital documents.** Anonymised policies, medical records, medication orders, anaesthesia records, incident reports, board minutes, risk registers and indicator data sets are used throughout so participants work with authentic material.
- **Templates, checklists and audit tools.** Every tool used in class is issued to participants for use in their own organisation.

08 PROGRAM DURATION AND SCHEDULE

Total contact hours	65 hours
Number of sessions	20 sessions — 15 lectures and 6 practical workshops
Overall length	9 weeks (approximately 2 months)
Frequency	Two sessions per week,
Session length	3 hours per session
Days and times	Saturday (from 15:00 to 17:00) and Wednesday, (from 19:00–22:00) (Riyadh, GMT+3)

Additional participant effort	Approximately 1-2 hours per week for assignments, reading and the practical project
Session recordings	Available to enrolled participants and valid for one year access.

09 New and Expanded Requirements Carrying the Greatest Implementation Burden

These sixteen themes are the requirements most likely to generate findings at a first 8th Edition survey, because they demand systems, data or documented programmes that did not exist under the 7th Edition. Each is taught as a build-it exercise rather than a briefing.

THEME	PRINCIPAL 8th EDITION REFERENCES	WHAT THE HOSPITAL MUST BE ABLE TO PRODUCE
Workplace violence prevention	GLD.07.02 · FMS.03.00 · FMS.04.00 · SQE.02.02	Leadership-owned prevention programme; incident capture, investigation and documented annual analysis; staff training with completion records
Diagnostic error reduction	GLD.04.02	Case-finding method, contributing-factor assessment, leadership reporting and mitigation interventions
Artificial intelligence clinical decision support	HCT.01.03	Governance charter, qualified selection, bias and ethics assessment, human-in-the-loop rule, monitoring log, adverse outcome reporting, staff training
Cybersecurity and cyber risk	HCT.01.05 · HCT.01.02 · MOI.01.02 · MOI.01.04	Annually tested incident response programme, communication strategies, recovery and backup evidence, workforce cybersecurity education records
Telehealth governance	HCT.01.02	Written guidelines, confidentiality controls, cross-platform information integration, documented staff cybersecurity training
Environmental sustainability	GHI.01.00 – GHI.05.00	Appointed lead, board reporting, measurable plan with targets, staff training, procurement criteria, climate entries in the risk register, three-yearly vulnerability assessment
Medication indication for use	MMU.04.01	Diagnosis, condition or indication captured for every medication ordered; prescribing system and form redesign; prescriber behaviour change
High-consequence and novel pathogens	PCI.07.02 · FMS.09.01	Preparedness and response plan, surge and isolation capacity, supplies and staffing, integration with emergency management, exercise evidence
Suicide and self-harm care	COP.05.00	Screening and assessment documentation, staff competence and reassessment policy, environmental risk assessment, discharge follow-up care
Clinical error disclosure	PCC.02.03 · GLD.04.00	Disclosure policy content and implementation evidence, recurrence-prevention analysis, support for staff involved in the event
Vulnerable population protection	PCC.01.04	Identification criteria, protective measures, staff awareness demonstrable at ward level
Staff mental health and wellbeing	SQE.02.00	Evaluation of staff mental health, provision of resources, documented preventive action

THEME	PRINCIPAL 8th EDITION REFERENCES	WHAT THE HOSPITAL MUST BE ABLE TO PRODUCE
Medical staff temporary privileges and performance monitoring	SQE.06.01 · SQE.07.01	Defined temporary privileging process; data-driven ongoing professional practice evaluation with declared data sources
Event reporting culture	QPS.03.04 · QPS.01.00 · QPS.04.01	Active measures to increase reporting with evidence of response; defined qualifications for quality and risk personnel
Expired medications, devices and supplies	MMU.01.03 · PCI.03.02	Defined processes with evidence at storage level across pharmacy, wards and stores

10 COURSE CONTENT

The curriculum was rebuilt for the 8th Edition rather than resequenced from the 7th. It follows the patient journey through the patient-centered chapters, then moves to organisational management, then to the new Global Health Impact chapter, and closes with a full mock survey. Every lecture opens with the change analysis for its chapter, so participants always know what is different from the edition their hospital was accredited under.

Master Schedule

SESSION	TOPIC / CONTENT	DURATION	LEARNING METHOD	Instructors
Lecture 1	Introduction to the JCI 8th Edition — manual architecture, the accreditation process, transition from the 7th Edition, and the Accreditation Participation Requirements	3 hrs	Lecture + applied exercise	Dr.Moustafa Yousef
Lecture 2	International Patient Safety Goals (IPSG) — the restructured chapter, relocated requirements, critical results, medication safety, safe surgery and hand hygiene	3 hrs	Lecture + applied exercise	Dr.Moustafa Yousef
Workshop 1	Gap Analysis and Documentation Readiness — measurable-element gap analysis, compliance scoring, evidence rules and the documentation architecture	3 hrs	Workshop	Dr.Moustafa Yousef
Lecture 3	Access to Care and Continuity of Care (ACC) — screening, triage, patient flow, specialised unit criteria, continuity, transfer and discharge	3 hrs	Lecture + applied exercise	Dr.Dalia Abdullah
Lecture 4	Assessment of Patients (AOP) — consolidated initial assessment, special populations, fall risk, laboratory, blood and transfusion, and imaging safety	3 hrs	Lecture + applied exercise	Dr.Moustafa Yousef
Lecture 5	Care of Patients (COP) — uniform care, care plans, clinical alarms, deteriorating patients, resuscitation, suicide risk, nutrition, end of life and transplant	3 hrs	Lecture + applied exercise	Dr.Moustafa Yousef
Lecture 6	Patient-Centered Care (PCC) — rights, vulnerable populations, complaints, clinical error disclosure, consolidated informed consent and patient education	3 hrs	Lecture + applied exercise	Dr.Dalia Abdullah
Workshop 2	Policy, Plan and Procedure Development — writing to the measurable element, required written documents, document control and 7th Edition document rationalisation	3 hrs	Workshop	Dr.Moustafa Yousef
Lecture 7	Medication Management and Use (MMU) — governance, antimicrobial stewardship, recalls, expired medications, radiopharmaceuticals, prescribing indication and error analysis	3 hrs	Lecture + applied exercise	Dr.Eman Sherif

SESSION	TOPIC / CONTENT	DURATION	LEARNING METHOD	Instructors
Lecture 8	Anaesthesia and Surgical Care (ASC) — sedation governance, presedation and preanaesthesia assessment, anaesthesia planning, surgical documentation and implantable devices	3 hrs	Lecture + applied exercise	Dr.Moustafa Yousef
Lecture 9	Quality and Patient Safety (QPS) — programme design, measurement, data validation, event reporting, intensive analysis, improvement methodology and risk management	3 hrs	Lecture + applied exercise	Dr.Moustafa Yousef
Workshop 3	KPI Design and Data Validation — indicator profiles, sampling, calculation, independent validation, run and control charts and board dashboards	3 hrs	Workshop	Dr.Moustafa Yousef
Workshop 4	Performance improvement project : A practical workshop where participants apply quality improvement methodologies and JCI standards to design, implement, and evaluate a performance improvement project, using data-driven analysis, root cause analysis, and measurable outcomes to achieve sustainable improvements in patient care and organizational performance.	3 hrs	Workshop	Dr.Moustafa Yousef
Lecture 10	Governance, Leadership and Direction (GLD) — governance accountability, diagnostic error, contract and supply chain oversight, ethics, safety culture and workplace violence	3 hrs	Lecture + applied exercise	Dr.Moustafa Yousef
Workshop 5	Risk Management Toolkit — risk register construction, root cause analysis and failure mode and effects analysis, with action effectiveness verification	3 hrs	Workshop	Dr.Moustafa Yousef
Lecture 11	Facility Management and Safety (FMS) — safety and security, workplace violence, hazardous materials, fire, medical equipment, utilities and emergency management	3 hrs	Lecture + applied exercise	Dr.Moustafa Yousef
Lecture 12	Health Care Technology (HCT) — the new chapter: health IT oversight, secure messaging, telehealth, artificial intelligence decision support, downtime and cybersecurity	3 hrs	Lecture + applied exercise	Eng.Muhammed Khan
Lecture 13	Management of Information (MOI) — information governance, security and cyberattack response, document control, abbreviations and health record integrity	3 hrs	Lecture + applied exercise	Dr.Moustafa Yousef
Lecture 14	Prevention and Control of Infections (PCI) — programme leadership, risk assessment,	3 hrs	Lecture + applied exercise	Dr.Nada Helmy

SESSION	TOPIC / CONTENT	DURATION	LEARNING METHOD	Instructors
	reprocessing, single-use device reuse, isolation and high-consequence pathogens			
Lecture 15	Staff Qualifications and Education (SQE) and Global Health Impact (GHI) — credentialing, privileging, staff wellbeing, and the new environmental sustainability chapter	3 hrs	Lecture + applied exercise	Dr.Moustafa Yousef
Workshop 6	Patient tracer workshop: A workshop where participants conduct simulated JCI-style patient tracers, following the patient's journey across the continuum of care to evaluate compliance with JCI 8th Edition standards, identify gaps, and develop practical improvement actions to enhance survey readiness.	3 hrs	Workshop (capstone)	Dr.Moustafa Yousef

Total 21 sessions · 65 contact hours. Each lecture includes a 45–60 minute applied exercise using real hospital documents; each workshop is a full three-hour working session.

11 TRAINING MATERIALS AND RESOURCES

Every tool used in class is issued to participants for use in their own organisation. Materials are released progressively through the HQIC Training Platform as each session is delivered, and remain available for lifetime except for records it will be available for 12 months from the enrolment date.

MATERIAL	DESCRIPTION
Participant Manual	The full course reference, structured by 8th Edition chapter. Contains the change analysis, implementation guidance, worked examples and the crosswalk register. Issued as a searchable PDF. Does not reproduce copyrighted standard text.
Presentation Slides	The complete slide set for all 15 lectures and 6 workshops, issued as PDF handouts after each session and trainees can download from website.
Audit Checklists	Chapter-by-chapter compliance audit checklists at measurable-element level, covering all Section II, III and IV chapters, for internal audit use after the program.
Tracer Forms	Individual patient tracer, system tracer, medication management tracer, infection control tracer, facility management tracer and data management tracer forms.
Gap Analysis Tool	Excel workbook covering every 8th Edition chapter at measurable-element level, with scoring, evidence type, owner, target date and automatic gap register and prioritisation output.
Risk Register Template	Excel risk register with likelihood and consequence matrix, inherent and residual scoring, treatment, owner, escalation route and review cycle, including climate and environmental risk categories.
RCA Template	Root cause analysis pack: team composition guide, event timeline, causal statement builder, the five rules of causation, action hierarchy guide and action effectiveness verification form.

MATERIAL	DESCRIPTION
FMEA Template	Failure mode and effects analysis workbook with process mapping sheet, severity, occurrence and detection scoring guides, automatic risk priority number calculation and redesign comparison.
KPI templates	Excel workbook containing indicator profile templates, a starter library of 8th Edition–aligned indicators, sampling calculator, run chart and control chart generators and the data validation worksheet.
Policy Templates	A template set for the required written documents, including the new 8th Edition obligations: workplace violence prevention, cybersecurity incident response, artificial intelligence clinical decision support oversight, telehealth guidelines, downtime response, expired medication handling, single-use device reuse, vulnerable population protection, clinical error disclosure and the sustainability plan.
Survey Readiness Toolkit	Mock survey scoring sheets, documentation review request lists, leadership and departmental interview guides, opening conference briefing pack and departmental readiness assessment forms.
Action Plan Templates	Corrective action plan and Strategic Improvement Plan formats with owner, action hierarchy level, timeline, verification measure and evidence lead time fields.

Participant Requirements

- A computer with Microsoft Excel or a compatible spreadsheet application for the gap analysis, KPI, risk register and FMEA workbooks.
- A stable internet connection and a device with a working camera and microphone for tracer, interview and mock survey exercises.
- Opening camera is optional but discussions in workshops and online lectures are highly recommended.
- The program isnot part of any official JCI certification.

12 ASSESSMENT AND CERTIFICATION

Assessment is weighted toward demonstrated capability rather than recall.

Attendance requirement	Minimum 80 per cent of scheduled sessions (16 of 20).
Assessment method	Six graded workshop deliverables; Four graded assignments; a practical project applied to the participant's own hospital; a final written examination; and a post-test measuring knowledge gain.
Passing score	70 per cent overall, with a minimum of 60 per cent in each graded component.
Certificate awarded	HQIC Certificate of Completion — JCI Hospital Accreditation Standards (8th Edition) Implementation and Survey Readiness Program, stating 65 contact hours and the standards edition covered contain verifiable link.

Assessment Weighting

COMPONENT	WEIGHT	DESCRIPTION
Workshop deliverables (6)	25%	One graded deliverable per workshop: the scored gap register; two documents drafted to publication standard; three indicator profiles with calculated and validated results; a risk register, root cause analysis and failure mode and effects analysis; and the consolidated patient tracer report with corrective action plan. Marked against a published rubric with written feedback.
Graded assignments (4)	25%	Assignment 1: Patient Centered Care standards (IPSG-ACC-AOP-COP-PCC) Assignment 2: Medication Management and Use (MMU) Assignment 3: Organization based standards (GLD-FMS-QPS-SQE-MOI-HCT) Assignment 4: Infection control related standards (PCI)
Final written examination	30%	60 multiple-choice and scenario-based questions weighted toward interpretation, implementation decisions and the changes introduced by the 8th Edition.
Participation and attendance	20%	Active contribution to workshops, tracer exercises and interview simulations. Camera-on participation is required for tracer and interview stations.

Certification Criteria

The HQIC Certificate of Completion is awarded to participants who meet all of the following:

- Attendance at a minimum of 16 of the 20 sessions.
- An overall score of 70 per cent or above, with no graded component below 60 per cent.
- Completion of the post-test and the end-of-program evaluation.

Workshop Evaluation and Program Feedback

- **End-of-program evaluation.** A structured evaluation covering content, delivery, materials, assessment fairness and perceived readiness to lead accreditation work, submitted through the HQIC Training Platform.

14 PROGRAM FEES

Fee per participant	500 USD
Group / early-bird discount	5% for group of 5 / 10% for group of 10
Included in the fee	platform access: session recordings for one year; materials access lifetime,assessment and marking with written feedback; the HQIC Certificate of Completion.
Payment method	Online payment through the HQIC Training Platform.

15 REGISTRATION AND ENQUIRIES

All registrations and enquiries for this program are handled by the HQIC Training Platform. Participants register through the platform, receive access credentials and the cohort schedule on confirmation of payment, and access all materials, assessments and session recordings through their platform account. Hospitals wishing to enrol a cross-functional team should contact HQIC before registering so that the practical project can be structured around a single institution.

FOR REGISTRATION OR ENQUIRIES

https://hqictraining.com/

WhatsApp: 00966537837978

Instructor signature: _____ Date: _____