

Certified Professional in Healthcare Accreditation

CPHA — Official Study Material & Handbook

American Institute for Medical Sciences and Management (AIMSM)

Aligned with international hospital accreditation standards, including the JCI standards framework.

This handbook is an educational resource prepared by AIMSM. It is not affiliated with, endorsed by, or a publication of Joint Commission International.

How to Use This Handbook

This handbook is your primary study resource for the CPHA examination and, more importantly, for leading real accreditation readiness in your organization. It follows the same six modules as the course and mirrors the structure of international accreditation manuals: chapters contain standards, each standard has a statement of intent, and each intent is demonstrated through measurable elements (MEs).

As you read, keep asking the three questions a surveyor asks: What does the standard require? How do you know you meet it (the evidence)? And can your frontline team show it in practice? Mastering those three questions — requirement, evidence, and practice — is the core skill this certification builds.

Module 1 — Foundations of Healthcare Accreditation

Accreditation is a voluntary, external peer evaluation in which an independent body assesses a healthcare organization against published standards of quality and safety. Unlike licensure (a government minimum to operate) or certification (which usually targets a single program or disease), accreditation evaluates the whole organization and is renewed on a cycle, typically every three years.

International standards are organized hierarchically. A manual is divided into chapters (patient-centered chapters and organization-management chapters). Each chapter contains standards — short statements of what must be achieved. Each standard carries a statement of intent that explains its purpose, and a set of measurable elements that define exactly what will be scored. Surveyors score each measurable element as fully met, partially met, or not met, and these roll up into the standard, the chapter, and the final accreditation decision.

Key distinctions to master

- Licensure = legal permission to operate (minimum, government).
- Certification = focused recognition of a specific program or service.
- Accreditation = comprehensive, organization-wide, cyclical evaluation.
- Standard then Intent then Measurable Elements is the unit of everything you will do.

Module 2 — International Patient Safety Goals (IPSG)

The International Patient Safety Goals are the non-negotiable core of any accreditation program because they target the errors most likely to harm patients. They are assessed everywhere, in every tracer, and weak IPSG compliance is one of the most common reasons organizations fail.

The six goals

- Identify patients correctly — use at least two identifiers (never the room or bed number) before any care, medication, or procedure.

- Improve effective communication — read-back of verbal and telephone orders and critical results, and standardized handovers.
- Improve the safety of high-alert medications — control concentrated electrolytes and look-alike / sound-alike drugs.
- Ensure safe surgery — correct patient, correct site, correct procedure, verified with a time-out and the surgical safety checklist.
- Reduce the risk of healthcare-associated infections — hand hygiene aligned with the WHO Five Moments.
- Reduce the risk of patient harm from falls — assessment and reassessment with matched interventions.

Module 3 — Patient-Centered Standards

Patient-centered chapters follow the patient's journey through the organization and ask whether each step is safe, respectful, and well-coordinated.

Core chapters

- Access to Care and Continuity of Care (ACC): admission, triage, transfer, referral, and discharge planning.
- Patient and Family Rights (PFR): informed consent, privacy, and the right to participate in care decisions.
- Assessment of Patients (AOP): timely initial assessment and reassessment, laboratory and radiology safety.
- Care of Patients (COP), Anesthesia and Surgical Care (ASC), and Medication Management and Use (MMU): the full medication cycle from selection to monitoring.
- Patient and Family Education (PFE): education that is understood and tied to the patient's care needs.

Module 4 — Organization-Management Standards

Management chapters ask whether the organization is led, resourced, and run in a way that makes safe care possible and sustainable.

Core chapters

- Quality Improvement and Patient Safety (QPS): selecting indicators, collecting and validating data, and acting on it.
- Prevention and Control of Infection (PCI): a risk-based program with surveillance and measurable reduction.
- Governance, Leadership, and Direction (GLD): accountable leadership, service planning, and ethical management.

- Facility Management and Safety (FMS): safety, security, hazardous materials, emergencies, fire, medical equipment, and utilities.
- Staff Qualifications and Education (SQE): credentialing, privileging, competency, and ongoing education.
- Management of Information (MOI): the medical record, data integrity, confidentiality, and document control.

Module 5 — Building Compliance: Policies & Evidence

A standard is only met if you can prove it. The evidence file is the organized body of documents and data that demonstrates compliance: policies and procedures aligned to the standards, records that show the policy is actually followed, and indicator data that shows results over time.

The most common documentation gaps are policies that contradict each other, documents with no version control or review date, and indicators that are collected but never analyzed or acted upon. Every policy should name its owner, its review cycle, and the measurable elements it satisfies, so the link from standard to evidence to practice is explicit.

A defensible evidence file

- Policies aligned to specific standards and measurable elements.
- Document control: version, approval, and review dates on every document.
- Records proving the policy is followed (logs, checklists, minutes).
- Indicator data with analysis and resulting action, not just numbers.

Module 6 — Survey Readiness and the Tracer Method

The tracer methodology is how surveyors actually evaluate an organization. In an individual (patient) tracer, the surveyor follows one patient's path and examines every standard touched along the way. In a system tracer, the surveyor follows a system — such as medication management or infection control — across the whole organization.

Readiness is built by doing to yourself what the surveyor will do to you: run internal mock surveys and tracers, document the gaps, assign corrective actions with owners and dates, and verify closure. Equally important is coaching frontline teams so they can calmly show and explain their practice. Readiness is not a two-week sprint before the survey; it is a continuous-compliance program that holds between cycles.

Readiness checklist

- Run patient and system tracers on a recurring schedule.
- Maintain a live gap-and-corrective-action log with owners and due dates.
- Coach staff to answer 'show me' and 'tell me how you...' questions.
- Keep the evidence file current, not rebuilt at survey time.

- Close the loop: verify that corrective actions actually fixed the gap.

Examination & Certification

The CPHA examination tests your ability to interpret standards, link them to evidence, and apply the tracer method to real scenarios — not simple recall. Two forms are available: Model 1 (foundational) and Model 2 (advanced, scenario-based). The passing score is 60%. On passing, AIMS issues a verifiable digital certificate valid for three years.

Prepare by interpreting standards into intent and measurable elements, practicing gap analysis on your own unit, and rehearsing tracer questions with your team. Use this handbook alongside the course workshops and the readiness toolkit provided with the program.