








Accreditation Program: Laboratory
Accreditation Participation Requirements

APR.01.01.01

The laboratory submits information to The Joint Commission as required.

Elements of Performance for APR.01.01.01

1. The laboratory meets all requirements for timely submissions of data and information to The Joint Commission.  **A**
- Note 1: The Joint Commission will impose the following consequences for failure to comply with this APR:
- If the laboratory does not comply with the requirement after 31 days, the laboratory will be placed in Provisional Accreditation.
 - If the laboratory does not comply with the requirement after 61 days, the laboratory's accreditation decision will be changed from Provisional Accreditation to Conditional Accreditation.
 - If the laboratory does not comply with the requirement after 91 days, the laboratory's accreditation decision will be changed from Conditional Accreditation to Denial of Accreditation. In accordance with the Accreditation Committee policy, such laboratories will not be afforded any appeal.
- Note 2: The proposed consequences address only compliance with the requirement itself. They do not address the content of the laboratory's submissions to The Joint Commission. For example, if information in a laboratory's electronic application for accreditation (e-App) leads to inaccuracies in the appropriate length of the survey and a longer survey is required, the laboratory will incur the additional costs of the longer survey. In addition, if there is evidence that the laboratory has intentionally falsified the information submitted to The Joint Commission, the requirement at APR.01.02.01, EP 1 and its consequences will apply. (See also APR.01.02.01, EP 1)

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required


APR.01.02.01

The laboratory provides accurate information throughout the accreditation process.

Rationale for APR.01.02.01

The Joint Commission requires each laboratory seeking accreditation to engage in the accreditation process in good faith. Sound business practices require transparency in all reporting procedures to ensure the safety of the public and the people who work in the laboratory. Any laboratory that fails to participate in good faith by falsifying information or by failing to exercise due care and diligence to ensure the accuracy of such information may have its accreditation denied or removed by The Joint Commission.


Elements of Performance for APR.01.02.01

1. The laboratory provides accurate information throughout the accreditation process. (See also APR.01.01.01, EP 1; QSA.01.04.01, EP 1) 
 Note 1: Information may be received in any of the following ways:
 - Provided verbally
 - Obtained through direct observation by, or in an interview or any other type of communication with, a Joint Commission employee
 - Derived from documents supplied by the laboratory to The Joint Commission
 Note 2: For the purpose of this requirement, falsification is defined as the fabrication, in whole or in part, of any information provided by an applicant or accredited laboratory to The Joint Commission. This includes redrafting, reformatting, or deleting document content. However, the laboratory may submit supporting material that explains the original information submitted to The Joint Commission. These additional materials must be properly identified, dated, and accompanied by the original documents.

APR.01.03.01

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

Elements of Performance for APR.01.03.01

1.  The laboratory notifies The Joint Commission in writing within 30 days of a change in ownership, control, location, capacity, or services offered. **A**
 Note: When the laboratory changes ownership, control, location, capacity, or services offered, it may be necessary for The Joint Commission to survey the laboratory again. If the laboratory does not provide written notification to The Joint Commission within 30 days of these changes, the laboratory could lose its accreditation.

APR.02.01.01

The laboratory permits the performance of a survey at The Joint Commission's discretion.

Elements of Performance for APR.02.01.01

1. The laboratory permits the performance of a survey at The Joint Commission's discretion.

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APR.03.01.01

The laboratory fulfills requirements for Periodic Performance Review.

Rationale for APR.03.01.01

The Periodic Performance Review (PPR) helps laboratories incorporate The Joint Commission standards into routine daily operations. When laboratories use the PPR tool to self-assess, monitor, and improve services, their patients are more likely to receive safe, high-quality care on a constant basis.

Elements of Performance for APR.03.01.01

1.  The laboratory annually updates and transmits to The Joint Commission the full Periodic Performance Review (PPR) and its Plan of Action on any recommendations cited. (Refer also to the PPR Options section in "The Accreditation Process" (ACC) chapter.)
Note: For laboratories that select Options 1, 2, or 3, the requirement to transmit the PPR and its Plan of Action to The Joint Commission may not apply in part or in whole.
3.  The laboratory exercising Option 1, 2, or 3 for the Periodic Performance Review (PPR) annually attests that, after careful consideration with its legal counsel, the laboratory has decided not to participate in the full PPR.
4.  The laboratory exercising Option 1 for the Periodic Performance Review (PPR) completes a PPR and Plan of Action.
Note: The laboratory does not submit this information to The Joint Commission.
6.  The laboratory exercising Option 2 for the Periodic Performance Review agrees to undergo a limited survey and then submit a Plan of Action for recommendations cited as a result of the survey.
7. The laboratory exercising Option 3 for the Periodic Performance Review agrees to undergo a limited survey.
Note: The laboratory does not receive a written report after the survey.

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APR.05.01.01

The laboratory allows The Joint Commission to review the results of external evaluations from publicly recognized bodies.

Rationale for APR.05.01.01

In order to conduct a meaningful accreditation survey, The Joint Commission collects information on many aspects of the laboratory's performance. External bodies other than The Joint Commission evaluate areas related to safety and quality. These evaluations complement accreditation reviews but may have a different focus or emphasis. These evaluations may contain information The Joint Commission needs to make accreditation decisions.

Elements of Performance for APR.05.01.01

1.  When requested, the laboratory provides The Joint Commission with all official records and reports of licensing, examining, reviewing, or planning bodies.

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APR.06.01.01

Applicants and accredited laboratories do not use Joint Commission employees to provide accreditation-related consulting services.

Elements of Performance for APR.06.01.01

1. The laboratory does not use Joint Commission employees to provide any accreditation-related consulting services.
 Note: Consulting services include, but are not limited to, the following:
 - Helping the laboratory to meet Joint Commission standards
 - Helping the laboratory to complete its Periodic Performance Review (PPR)
 - Assisting the laboratory in remedying areas identified in its PPR as needing improvement
 - Conducting mock surveys
 - Providing the laboratory with consultation to address Priority Focus Process information

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APR.07.01.01

The laboratory accepts the presence of Joint Commission surveyor management staff or a Board of Commissioners member in the role of observer of an on-site survey.

Elements of Performance for APR.07.01.01

1. The laboratory allows Joint Commission surveyor management staff or a member of the Board of Commissioners to observe the on-site survey.
 Note: The observer will not participate in the on-site survey process, including the scoring of standards compliance. The laboratory will not incur any additional survey fees because an observer(s) is present.

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KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

APR.08.01.01

The laboratory accurately represents its accreditation status and the programs and services to which Joint Commission accreditation applies.

Elements of Performance for APR.08.01.01

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| 1. | The laboratory's advertising accurately reflects the scope of programs and services that are accredited by The Joint Commission. | A |
| 2. | The laboratory does not engage in any false or misleading advertising about its accreditation award. | A |

APR.09.01.01

The laboratory notifies the public it serves about how to contact laboratory management and The Joint Commission to report concerns about patient safety and quality of care.

Note: Methods of notice may include, but are not limited to, distribution of information about The Joint Commission, including contact information in published materials such as brochures and/or posting this information on the laboratory's Web site.

Elements of Performance for APR.09.01.01

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| 1. | The laboratory informs the public it serves about how to contact its management to report concerns about patient safety and quality of care. | A |
| 2. | The laboratory informs the public it serves about how to contact The Joint Commission to report concerns about patient safety and quality of care. | A |

APR.09.02.01

Any individual who provides laboratory services can report concerns about safety or the quality of care to The Joint Commission without retaliatory action from the laboratory.

Rationale for APR.09.02.01

Any individual who provides laboratory services should be free to raise concerns to The Joint Commission when the laboratory has not adequately prevented or corrected problems that can have or have had a serious adverse impact on patients. To support this culture of safety, the laboratory must communicate to staff that such reporting is permitted. Further, the laboratory must make it clear to staff that no formal disciplinary actions (for example, demotions, reassignments, or change in working conditions or hours) or informal punitive actions (for example, harassment, isolation, or abuse) will be threatened or carried out in retaliation for reporting concerns to The Joint Commission.

Elements of Performance for APR.09.02.01

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| 1. | The laboratory educates its staff and other individuals who provide laboratory services that concerns about the safety or quality of services provided in the laboratory may be reported to The Joint Commission. | A |
| 2. | The laboratory informs its staff that it will take no disciplinary or punitive action because an employee or other individual who provides laboratory services reports safety or quality-of-care concerns to The Joint Commission. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

3. The laboratory takes no disciplinary or punitive action against employees or other individuals who provide laboratory services when they report safety or quality-of-care concerns to The Joint Commission. **A**

APR.09.03.01

The laboratory is truthful and accurate when describing information in its Quality Report to the public.

Elements of Performance for APR.09.03.01

1. The laboratory adheres to The Joint Commission’s published guidelines for how it describes information in its Quality Report. **A**



APR.10.03.01





The laboratory complies with The Joint Commission’s requirements addressing unsuccessful proficiency testing.

Note: Unsuccessful proficiency testing is defined as a failure to achieve satisfactory performance for two consecutive or two out of three consecutive testing events. The following are considered unsatisfactory proficiency testing events:

- Failure to attain a score of at least 80% for all specialties, subspecialties, or tests, except ABO group and D (Rho) typing and compatibility testing
- Failure to attain a score of 100% for ABO group and D (Rho) typing and compatibility testing
- Failure to return proficiency testing results to the proficiency testing provider within the time frame specified by that provider
- Omission of results on the proficiency testing form
- Failure to participate in a proficiency testing event

Elements of Performance for APR.10.03.01

1.  If notified by The Joint Commission of an unsuccessful proficiency testing status, the laboratory submits a plan of action within 10 calendar days of notification.  **A**
2. The laboratory must cease testing if unsuccessful proficiency testing is documented and one of the following occurs: The laboratory has failed to submit a written Plan of Action after two requests from The Joint Commission. Note: The laboratory must cease testing for at least six months after the notice is issued for the testing specified. The laboratory may not resume testing until the criteria for reinstatement are met and the laboratory receives written confirmation from The Joint Commission that it may resume testing. **A**
3. The laboratory must cease testing if unsuccessful proficiency testing is documented and one of the following occurs: The Plan of Action has not been found acceptable by The Joint Commission after three opportunities to provide an acceptable plan. Note: The laboratory must cease testing for at least six months after the notice is issued for the testing specified. The laboratory may not resume testing until the criteria for reinstatement are met and the laboratory receives written confirmation from The Joint Commission that it may resume testing. **A**

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

- 4. The laboratory must cease testing if unsuccessful proficiency testing is documented and one of the following occurs: The laboratory fails to achieve satisfactory performance on one of the next two consecutive proficiency testing events. **A**
Note: The laboratory must cease testing for at least six months after the notice is issued for the testing specified. The laboratory may not resume testing until the criteria for reinstatement are met and the laboratory receives written confirmation from The Joint Commission that it may resume testing.

- 5. The laboratory must cease testing if unsuccessful proficiency testing is documented and one of the following occurs: The nature, scope, severity, and duration of the underlying issue warrants a cease in testing, such as nonsequential, but repeated, unsuccessful proficiency testing events. **A**
Note: The laboratory must cease testing for at least six months after the notice is issued for the testing specified. The laboratory may not resume testing until the criteria for reinstatement are met and the laboratory receives written confirmation from The Joint Commission that it may resume testing.