

Guidelines for Submission of Evidence of Standards Compliance

Following the completion of a Joint Commission survey, you will receive a report from the surveyor(s). This report will be posted to your password protected extranet site. In this report, any standards that are Not Compliant are identified in the Requirements for Improvement section and sorted by Priority Focus Area. Your report will list which Element(s) of Performance (EPs) contributed to the standard being scored Not Compliant. Elements of Performance are the specific measurable requirements of a standard that are surveyed and scored to determine overall compliance with the standard. These are the performance expectations that must be met in order to qualify an organization for accreditation.

All “Not Compliant” standards and Accreditation Participation Requirements require follow-up to the Joint Commission in the form of Evidence of Standards Compliance (ESC). This document provides an overview of the Evidence of Standards Compliance process as well as detailed instructions for submission of Evidence of Standards Compliance, via the Joint Commission’s secure extranet site.

What is Evidence of Standards Compliance?

Evidence of Standards Compliance (ESC) is being introduced into the accreditation process for surveys conducted after January 1, 2004. Evidence of Standards Compliance is an electronic, extranet based report submitted by a surveyed organization in response to Requirements for Improvement (“Not Compliant” standards) that are identified as the result of a Joint Commission Survey. This report details the action(s), at the Element of Performance level, the organization has taken to comply with the standards or to clarify why it believes it was in compliance with the standards at the time of survey. The ESC replaces the Written Progress Report as the primary means of communicating the resolution of Requirements for Improvement to the Joint Commission.

What information must be included in the Evidence of Standards Compliance Report?

The ESC submission form includes fields for documenting the Corrective Action Taken, Evaluation Method, Measure of Success Goal, and Clarification, as appropriate, for each Element of Performance that is included in the Requirements for Improvement section of the Accreditation Decision Report. For each Element of Performance being addressed, the description of the corrective action taken and evaluation method (if required), should be succinct. The same is true for Clarifications. Supporting documentation (e.g., scanned or paper copies of policies and procedures) should not be submitted with your ESC.

The identification of an Evaluation Method and Measure of Success Goal is not required for all Elements of Performance. Elements of Performance that require such information, as part of the ESC submission, are identified in the Comprehensive Accreditation Manuals beginning January 1, 2004. The electronic Evidence of Standards Compliance submission form contains the Evaluation Method and Measure of Success fields only if applicable. Each component of the ESC report is described below:

Corrective Action Taken (required): A detailed description of the action(s) an organization has taken (*not* planning to take), to come into compliance with the Element of Performance following a survey. If the issue cited in the Requirement for Improvement is an organization-wide system problem, the issue must be addressed at the organization level. In order to be considered acceptable, the corrective action

taken must have been implemented as of the ESC submission date and address the requirements of the Element of Performance. Stating that a policy or procedure will be developed or revised at a future date will not be considered acceptable.

These actions should include, when applicable:

- Who (Title of who approved the action, policy, or procedure. Title of whom was trained)
- What (A description of the action taken, how the element of performance was addressed)
- When (A date of when each action, policy, procedure, and/or training was completed)
- How (A description of how employees were trained or updated with the changes)

Evaluation Method (if required): The organization’s plan for assessing the effectiveness of the Corrective Action(s) Taken, during the four (4) month MOS period. The Evaluation Method is to be implemented after an organization has been notified of a successful ESC. In order to be considered acceptable, the evaluation method must include the method of evaluation, the source(s) of data to be used in the evaluation, and the frequency of evaluation. The frequency of evaluation must allow for the reporting of compliance data, at a minimum, on a monthly basis. The frequency of evaluation should be stated in the ESC submission form. Methods that might be used to gather data relative to evaluating the effectiveness of the corrective action taken include record review, staff interview, building inspection, performance improvement data, and so forth.

If the evaluation method includes sampling, either systematic random sampling (e.g., the organization selects every 2nd or 3rd record) or simple random sampling (e.g., random number generator) techniques should be used. If an organization selects closed records as part of its sample, the records can have been closed no more than three months before the ESC submission.

When compliance with category “C” (frequency-based) elements of performance is being evaluated, the following sample guidelines must be followed:

- For a population size of less than 30 cases, sample 100% of cases
- For a population size up to 100 cases, sample 30 cases
- For a population size of 101 to 500 cases, sample 50 cases
- For a population size of over 500 cases, sample 70 cases

The population should be defined as any record, not just records of a specific case type.

Measure of Success Goal (if required): A Measure of Success is a quantifiable measure that demonstrates whether an action was effective and sustained. The Measure of Success Goal is the quantifiable level of compliance (expressed as a percentage) that the organization is striving to achieve as the result of implementation of the corrective action identified in the Evidence of Standards Compliance (ESC) report.

When establishing the Measure of Success Goal, the organization must be mindful of the fact that upon approval of the Evidence of Standards Compliance report by the Joint Commission, the organization must implement the approved Evaluation Method and document the actual level of compliance (expressed as a percentage) for four consecutive months. At the conclusion of the four-month period, the organization must report the average level of actual compliance over that period (Measure of Success).

For category “A” EP’s the actual level of sustained compliance, as averaged over the four-month period, must be 100%.

For category “B” EP’s, generally no MOS requirements exist, please consult your electronic ESC form for determination. If a MOS requirement does exist, the actual level of sustained compliance, as averaged over the four-month period, must be 100%.

For category “C” EP’s the actual level of sustained compliance, as averaged over the four-month period, will be scored in accordance with the following guidelines:

- 90-100% = Satisfactory Compliance
- 80-89% = Partial Compliance
- ≤79% = Insufficient Compliance

Clarification (optional):

The clarification process provides organizations an opportunity to demonstrate compliance with standards that were scored as “Not Compliant” at the time of survey. Supplemental recommendations are not addressed in this process. Clarifications may take either of the following forms:

- An organization believes it had adequate evidence available to the survey team and was in compliance at the time of survey. The organization may submit clarifying evidence to support that contention.
- The organization has detailed evidence that was not immediately available at the time of survey. The clarification must include an explanation as to why the surveyor(s) did not have access to the information or why it was not provided to the surveyor(s) at the time of survey.

The Joint Commission will carefully examine the clarifying evidence provided by the organization. One of the following actions will be taken:

- The Requirement for Improvement is removed, with the standard being rescored as “Compliant”. A new accreditation report with this change is posted to the organization’s extranet site.
- The Requirement for Improvement is changed to supplemental. This is only possible for “B” and “C” EPs. A new accreditation report with this change is posted to the organization’s extranet site.
- The Requirement for Improvement is upheld. The organization is given time to create and implement appropriate corrective actions to demonstrate compliance with the standard.

Clarifying Different Categories of Elements of Performance

When an organization submits clarification, its evidence will vary based on the category of EP that was found to be not compliant at the time of survey. The information below provides some guidance for submitting clarifying evidence for EPs in different categories.

Category A and B Elements of Performance

Category A EPs relate to the presence or absence of the requirement(s) and are scored either yes (2) or no (0). Category B EPs are also scored in a yes-no manner, but the surveyor must also assess the principles of good process design and whether the organization implemented the process consistently throughout the organization.

If an organization believes it was compliant at the time of survey with a Category A or B EP that was scored not compliant, it should submit the following information in a clarification to the Joint Commission:

- **What:** A description of the policy or procedure that was present before survey. *Please include a description of the associated implementation. Please also include a description of how the surveyor’s observation(s) actually met the requirements of the policy or procedure.*
- **Who:** The title of who approved the policy or procedure.
- **When:** The date of approval of the policy or procedure and the effective date.
- **How:** The description of how the information was disseminated to staff members.
- **Why:** An explanation as to why the surveyor(s) did not have access to the information or why it was not provided to the surveyor(s) at the time of survey.

Category C Elements of Performance

Category C EPs are scored 0, 1, or 2, based on the number of times the organization did not meet the EP. These EPs are frequency based and require totaling the number of occurrences (that is, results of performance or nonperformance) related to the particular EP. Each situation discovered by a surveyor(s) will be counted as a separate occurrence. (However, multiple events of the same type related to a single patient and single practitioner/staff member are counted as one occurrence only.)

If an organization believes it was compliant at the time of survey with a Category C EP that was scored not compliant, it should conduct an audit and submit its findings to the Joint Commission as a clarification. Organizations should adhere to the following guidelines for auditing:

- The audit should use records from no more than 30 days before survey. Exception-for EOC Standards with C EPs, an audit for the purposes of clarification should include the twelve months prior to survey.
- The sampling of the audit should be random (systematic random sampling involves selecting every second or third case for review; simple random sampling involves a series of random numbers generated by a computer to identify cases for review).
- The specific population directly related to the surveyor’s findings should determine the sample size (see table below for sampling criteria for auditing category C EPs). After conducting an audit, if an organization finds that it was 90% to 100% compliant at the time of survey, it would submit that information as a clarifying ESC to the Joint Commission. (If the organization finds that it was 80% to 89% compliant, it is partially compliant with the requirement; if the organization is complaint 79% or less, it is insufficiently compliant with the requirement.) The percentage of compliance is determined by the ratio of the number of times the requirement was found to be compliant by the total number of times this requirement occurred.

| Sampling Criteria for Auditing C Elements of Performance | |
|---|--------------------|
| Population Size | Sample Size |
| Fewer than (<) 30 cases | 100% of cases |
| 31 to 100 cases | 30 cases |
| 101 to 500 cases | 50 cases |
| Greater than (>) 500 cases | 70 cases |

In addition, the submission should include:

- **What:** A description of the policy or procedure that was present before survey.
- **Who:** The title of who approved the policy or procedure.

- When: The date of approval of the policy or procedure and the effective date.
- How: The description of how the information was disseminated to staff members.
- Why: An explanation as to why the surveyor(s) did not have access to the information or why it was not provided to the surveyor(s) at the time of survey.

Clarification Examples

The following two examples of clarification submission are provided to assist you:

- The first example is specific to NPSG 2, Requirement 2B. Please carefully follow these instructions if you are submitting clarifying evidence for “do not use” abbreviations.
- The second example describes how to collect and submit clarifying information for MM.5.10. However, this example may be used for any C category. The bolded information is specific to the MM.5.10 and should be edited to reflect the intent of the specific standard and EP you are addressing.

Example (1) NPSG 2, Requirement 2B.

(Use for this Standard and EP ONLY)

How to Conduct the Audit

- 1) Select the minimum number of medical records that must be audited based upon the population size. This may be the ADC of your organization at the time of survey (for inpatient facilities), outpatient volume (outpatient facilities), or may be specific to one unit or service if the surveyor’s findings were so limited:
Sampling Criteria:
 - For a population size of less than 30, sample 100% of your medical records
 - For a population size up to 100, sample 30 medical records
 - For a population size of 101 to 500, sample 50 medical records
 - For a population size of over 500, sample 70 medical records
- 2) Select medical records that were in service prior to the first day of survey and up to 30 days prior to the first day of survey.
- 3) Select a process to randomly choose the medical records.
- 4) Counting guidelines for abbreviations, acronyms and symbols on the do not use list:
 - (1) hard coded electronic “do not use” abbreviations are considered compliant **are not to be included in the audit,**
 - (2) any correct use of unabbreviated terms from your “do not use” abbreviations are considered compliant,
 - (3) human entered (free text) electronic “do not use” abbreviations are considered not compliant, and
 - (4) hand written use of “do not use” abbreviations are considered not compliant.
- 5) Review each medical record, the review should include:
 - (1) all physician orders,
 - (2) nurse medication administration records, and
 - (3) any charting that references medication(s) (for example H&P, progress notes, etc.).
- 6) Collect:
 - (1) the medical record number,
 - (2) the initials of the attending physician,
 - (3) the number of correct uses of the abbreviation(s),

- (4) the number of incorrect uses of the unapproved abbreviation(s), and
- (5) the title of the person conducting the audit.

What to submit to the JCAHO in the form of a clarifying ESC (via the electronic audit form)

- 1) Provide the population size, the total number of records audited, and the title of the person conducting the audit.
- 2) Provide a detailed description of how you decided to select your records. You must include the method of randomization.
- 3) Please confirm the date range of the records. They must have been in service prior to the survey and up to 30 days prior to the survey.
- 4) In the audit tool, provide the medical record number, the attending physician, the number of correct uses of do not use abbreviations, the number of incorrect uses of do not use abbreviations, the total of correct and incorrect do not use abbreviations, a final tally of correct, incorrect and total abbreviations and percent correct use of do not use abbreviations. This information is very important, as your audit may need to be verified on-site, if a CVS (Clarification Verification Survey) is conducted.
- 5) Below is an example of the tabular form:

| | Column 1 Add Delete | Column 2 Add Delete | Column 3 Add Delete | Column 4 Add Delete | Column 5 Add Delete | Add/Delete Rows | |
|------|------------------------|------------------------|------------------------|------------------------|------------------------|-----------------|--------|
| Row1 | MR NUMBER | Attending Physician | #Correct Abbrevs | # Incorrect Abbrevs | Total Abbrevs | Add | Delete |
| Row2 | 12345 | SW | 5 | 5 | 10 | Add | Delete |
| Row3 | 23456 | SB | 10 | 1 | 11 | Add | Delete |
| Row4 | 34567 | CD | 10 | 0 | 10 | Add | Delete |
| Row5 | Total | | 25 | 6 | 31 | Add | Delete |
| Row6 | Percent Compliant | | 80% | | | Add | Delete |

In addition, the submission should include:

- What: A description of the policy or procedure that was present before survey.
- Who: The title of who approved the policy or procedure.
- When: The date of approval of the policy or procedure and the effective date.
- How: The description of how the information was disseminated to staff members.
- Why: An explanation as to why the surveyor(s) did not have access to the information or why it was not provided to the surveyor(s) at the time of survey.

Example (2) MM.5.10, EP 6

Use for any C EP by modifying the bolded information which is specific to the MM.5.10, EP 6. This information should be edited to reflect the intent of the specific standard and EP you are addressing.

How to Conduct the Audit

- 1) Select the minimum number of medical records or cases that must be audited based upon the population size. This may be the ADC of your organization at the time of survey (for inpatient facilities), outpatient volume (outpatient facilities), or may be specific to one unit or service if the surveyor's findings were so limited:
Sampling Criteria
 - For a population size of less than 30, sample 100% of your medical records or cases
 - For a population size up to 100, sample 30 medical records or cases
 - For a population size of 101 to 500, sample 50 medical records or cases
 - For a population size of over 500, sample 70 medical records or cases
- 2) Select medical records or cases that were in service prior to the first day of survey and up to 30 days prior to the first day of survey. Exception-for EOC Standards with C EPs, an audit for the purposes of clarification should include the twelve months prior to survey.
- 3) Select a process to randomly choose the medical records or cases.
- 4) **Review each order in the medical record or case and compare it to the information on the MAR, the review should include:**
 - (1) **was the medication administered at the proper time,**
 - (2) **was the prescribed dose given, and**
 - (3) **was the correct route used?**
- 5) Collect:
 - (1) the medical record or case number,
 - (2) the Initials of the attending physician,
 - (3) the title of the person conducting the audit, and
 - (4) **was the medication safely and accurately administered per the intent of item 4 above?**
 - (5) Please note that one occurrence that step 4 was NOT done appropriately results in that medical record or case as not compliant.

What to submit to JCAHO in the form of a clarifying ESC

- 1) Provide the population size, the total number of medical records or case audited, and the title of the person conducting the audit.
- 2) Provide a detailed description of how you decided to select your medical records or cases. You must include the method of randomization.
- 3) Confirm that the records were in service prior to the survey and up to 30 days prior to the survey. Exception-for EOC Standards with C EPs, an audit for the purposes of clarification should include the twelve months prior to survey.
- 4) In the audit tool, provide the medical record or case number, the attending physician, whether the medical record or case was compliant or not and a final tally or the number of compliant or non compliant medical records or cases and the percent compliance rate. This information is very

important, as your audit may need to be verified on site if a CVS (Clarification Verification Survey) is conducted.

5) Below is an example of the tabular form:

| | Column 1 | Column 2 | Column 3 | Column 4 | Add/Delete Rows |
|------|-------------------|---------------------|--------------------------|-------------------------|-----------------|
| | Add Delete | Add Delete | Add Delete | Add Delete | |
| Row1 | MR NUMBER | Attending Physician | Medical Record Compliant | Medical Record Not Comp | Add Delete |
| Row2 | 12345 | SW | Yes | No | Add Delete |
| Row3 | 23456 | SB | No | Yes | Add Delete |
| Row4 | 34567 | CD | Yes | No | Add Delete |
| Row5 | Total | | 2 | 2 | Add Delete |
| Row6 | Percent Compliant | | 50% | 50% | Add Delete |

Save Print Return

In addition, the submission should include:

- What: A description of the policy or procedure that was present before survey.
- Who: The title of who approved the policy or procedure.
- When: The date of approval of the policy or procedure and the effective date.
- How: The description of how the information was disseminated to staff members.
- Why: An explanation as to why the surveyor(s) did not have access to the information or why it was not provided to the surveyor(s) at the time of survey.

If there is not adequate evidence to support the organization’s clarification submission, it will be denied and the applicable Element of Performance score will remain as it was scored at the time of survey. If the organization’s submission of clarifying evidence is accepted by the Joint Commission, the applicable Element of Performance will be removed from the Accreditation Decision Report, the new report will be posted to the organization’s extranet site, and the ESC submission form will be revised, as appropriate.

How does an organization know if it is required to submit an ESC report to the Joint Commission?

As of January 1, 2004 an ESC report is required when one or more standards are identified as Not Compliant as the result of a Joint Commission survey. The organization’s Joint Commission coordinator will be notified via email when Evidence of Standards Compliance is due and when the submission form will be available to be completed on the secure extranet web site (45 days before the ESC due date).

When is the ESC report due to the Joint Commission?

The due date for submission of the ESC is also included in the notification letter. Organizations surveyed as of January 1, 2006 will have 45 days to submit their ESC(s).

Is Evidence of Standards Compliance required for Supplemental Findings?

The accreditation report may include supplemental findings. These are usually EPs that were scored “Partially Compliant”, but did not cause the standard to be scored “Not Compliant.” While these findings do not require follow-up to the Joint Commission in the form of an ESC, they should be

addressed by the organization, and will be entered into the Priority Focus Process for the organization's next survey.

How does an organization submit its ESC report to the Joint Commission?

Please refer to the “**Instructions for Submission of Evidence of Standards Compliance to the Joint Commission**” which are located at the conclusion of this document.

What should be included in the ESC if the Requirements for Improvement were based on an insufficient track record of compliance?

If, at the time of survey, the organization was implementing an acceptable policy or procedure, but had not been doing so for an acceptable length of time (insufficient track record), the organization should document ongoing implementation of the acceptable process in the Corrective Action Taken field of the ESC. If required for the Element of Performance in question, the organization should also document the method for evaluating the effectiveness of the process and set a measure of success goal.

What form of Evidence of Standards Compliance is required in follow-up to Life Safety Code (LSC) deficiencies?

Requirements for Improvement relative to Life Safety Code deficiencies will be identified at standard EC.5.20, EP #1. In follow-up to such deficiencies, the organization must document, in the Corrective Action Taken field of the ESC, that (1) the Life Safety Code issue has been resolved (in the case of a minor LSC issue) or (2) the Life Safety Code issue has been added to Part 4 of the organization's Statement of Conditions.

All requests for clarification of Life Safety Code deficiencies must be made at standard EC.5.20, EP#1.

Is an ESC report required from organizations which meet the criteria for Conditional Accreditation or Preliminary Denial of Accreditation as the result of a survey?

If an organization is notified that a recommendation will be made to the Accreditation Committee for either Conditional Accreditation or Preliminary Denial of Accreditation, the organization will be given ten (10) business days to submit clarifying Evidence of Standards Compliance. Please see Clarification instructions starting on page three.

If, as the result of the submission of clarifying Evidence of Standards Compliance, the organization no longer meets the criteria for Conditional Accreditation or Preliminary Denial of Accreditation, the organization will be given forty-five (45) days to submit corrective evidence of standards compliance for the balance of the “Not Compliant” standards.

If, as the result of the submission of clarifying Evidence of Standards Compliance, the organization continues to meet the criteria for Conditional Accreditation or Preliminary Denial of Accreditation, the survey results will be presented to the Accreditation Committee for a decision. The organization will be given forty-five (45) days to submit corrective evidence of standards compliance for the "Not Compliant" standards.

What happens after the ESC report is submitted to the Joint Commission?

Upon submission of the ESC report to the Joint Commission, an email message confirming receipt of the ESC will be sent to the organization's Joint Commission coordinator. The Joint Commission

Account Representative will review and process the ESC within 30 days of receipt. During this time, the organization retains its then-current accreditation decision.

How will the Joint Commission evaluate the ESC submission?

The organization's ESC submission will be evaluated by Joint Commission staff using the same scoring guidelines used by surveyors at the time of survey and by health care organizations when they conduct their Periodic Performance Reviews (PPR). Staff will review the factual and quantitative information submitted as part of the health care organizations ESC submission. The Joint Commission's evaluation technique will be slightly different for elements that are category A-B or C.

Category "A" EPs: The surveyor findings should indicate that a required policy was absent or a procedure was not being followed at the time of survey. The organization's ESC should document the action that it has taken to become compliant with the standard including the staff involved, dissemination methods and dates when the required policy was written and approved. The Joint Commission's evaluation of the ESC submission will be objective in that what was absent at the time of survey has become present, and the health care organization will clearly state that it is now present.

Category "B" EPs: The method of evaluation will be similar to category "A" EPs, however the Joint Commission will also look for the organization to address that the 5 principles of good process design were considered in the development of the policy.

Category "C" EPs: At the time of reviewing the ESC, the Joint Commission will evaluate the affirmative steps taken. The organization may describe education provided, new equipment purchased and trained on, additional expert staff being hired, etc. The Joint Commission will also have the comfort of seeing the hard data during the MOS process that proves the changes described in the ESC and made were effective.

If the documented Corrective Action Taken, Evaluation Method (if required), and Measure of Success Goal (if required) are acceptable, in accordance with scoring guidelines, the score for the Element of Performance in question will be upgraded to "2" - Satisfactory Compliance. If the Corrective Action Taken, Evaluation Method (if required), and Measure of Success Goal (if required) are unacceptable or not documented when required, the ESC submission for the Element of Performance in question will be considered unacceptable. The score for the Element of Performance will remain as it was at the time of survey.

If the Joint Commission accepts the organization's submission of clarifying evidence, the score for the Element of Performance in question will be changed to 2 – Satisfactory Compliance, and the Accreditation Decision Report will be revised, as appropriate. If the Joint Commission does not accept the organization's clarifying evidence, the score for the Element of Performance in questions will remain as it was at the time of survey.

Following the processing of the ESC submission(s), the EP scores will be aggregated to determine the level of standards compliance. If the organization demonstrates resolution of all requirements for improvement (no standards are identified as Not Compliant), the ESC will be considered acceptable and the organization's accreditation decision will be reflected as Accredited, retroactive to the day following the last day of survey. If one or more standards remain Not Compliant, the organization's ESC

submission will be considered unacceptable and its accreditation decision will become Provisional Accreditation.

After the ESC has been processed, the organization will be notified, via email, that the results have been posted to the organization's extranet site. The email notification will also identify the next steps to be taken (e.g., the submission of Measure of Success data in four months).

What is required after the ESC is processed?

Acceptable ESC

If all requirements for improvement have been resolved, the organization's accreditation decision will be updated to or maintained at Accredited. For all Elements of Performance that required the identification of an Evaluation Method and Measure of Success Goal, the organization will be required to measure the effectiveness of the corrective action(s) taken for four consecutive months, using its approved Evaluation Method. At the end of that four-month period, the organization must report the average level of actual compliance over that period. This Measure of Success (MOS) will be evaluated according to the following scale:

For category "A" EP's the actual level of sustained compliance, as averaged over the four-month period, must be 100%.

For category "B" EP's, generally no MOS requirements exist, please consult your electronic ESC form for determination.

For category "C" EP's the actual level of sustained compliance, as averaged over the four-month period, will be scored in accordance with the following guidelines:

- 90-100% = Satisfactory Compliance
- 80-89% = Partial Compliance
- ≤79% = Insufficient Compliance

Unacceptable ESC

In accordance with accreditation decision rules, if an organization fails to resolve all requirements for improvement through its ESC submission, within specified time frames, it will be placed in Provisional Accreditation. The standards that were determined to be Not Compliant will be disclosed on the organization's Quality Report. The organization will be required to submit a second ESC report, within 30 days, for those standards that remain "Not Compliant."

Instructions for Submission of Evidence of Standards Compliance to the Joint Commission.

Begin by accessing the Joint Commission’s web page at www.JCAHO.org. Once there, select the “JAYCO” option. This will take you directly to our secure extranet site, where you will be given the option to “LOGIN”. You will be asked for a User Name and Password. Position your cursor on the “LOGIN” icon and enter. These are the same user name and password previously used by your organization to submit your Application for Accreditation.

After entering the user name and password you will enter the secure portal for your organization. ONLY representatives of your organization using secure passwords will have access to this information. Your Evidence of Standards Compliance (ESC) submission forms will be available on your web-site upon notification. To begin working on your ESC, select the ESC/MOS Link on the Jayco Home Page.

The screenshot shows the JCAHO website navigation menu. At the top, there are five main categories: Standards, Shared Visions-New Pathways, Survey Process, Sentinel Events, and News & Information. Below these are sub-categories: Data Mart | Quality Check, What's New, Standards, Shared Visions - New Pathways, Survey Process Sentinel Events, and News & Information from JCAHO. The main content area is divided into three columns: Application for Accreditation, Pre-Survey, Post-Survey, and Reports. A callout box points to the 'Evidence of Standards Compliance' link under the Post-Survey section.

| Standards | Shared Visions-New Pathways | Survey Process | Sentinel Events | News & Information |
|--|-----------------------------|--|-----------------|--------------------|
| Data Mart Quality Check | | | | |
| What's New | | | | |
| <ul style="list-style-type: none"> Quality Report Prototype 2004 Codman Award Application Now Available JCAHO Issues Alert on Surgical Fires | | | | |
| Standards | | | | |
| <ul style="list-style-type: none"> Draft Standards Standards Revisions Frequently Asked Questions Online Question Form | | | | |
| Shared Visions - New Pathways | | | | |
| <ul style="list-style-type: none"> Video Information Series Frequently Asked Questions 2004 Accreditation Process | | | | |
| Survey Process Sentinel Events | | | | |
| <ul style="list-style-type: none"> Forms and Tools Statistics | | | | |
| News & Information from JCAHO | | | | |
| <ul style="list-style-type: none"> Perspectives JCAHOnline Sentinel Event Alert Accreditation Program Newsletters News Releases | | | | |
| Application for Accreditation | | Primary JCAHO contact | | |
| <ul style="list-style-type: none"> Application for Accreditation - General Application for Accreditation - Laboratory HIPAA Business Associate Agreement Organization Contacts | | test hco1 (630) 792-5537 glee@caho.org President: Pearl Capoeman-Baller | | |
| Pre-Survey | | Update primary contact information! | | |
| <ul style="list-style-type: none"> Periodic Performance Review Survey Agenda | | Update organization contacts now! | | |
| Post-Survey | | representative | | |
| <ul style="list-style-type: none"> Evidence of Standards Compliance Measure of Success | | Jo Koinange JKoinange@caho.org (630) 792-3007 | | |
| Reports | | | | |
| <ul style="list-style-type: none"> Accreditation Report ORYX Performance Measure Report Priority Focus Process Summary Event Correspondence Other Correspondence | | | | |
| Reports (Coming in 2004) | | | | |
| <ul style="list-style-type: none"> Quality Report <ul style="list-style-type: none"> Commentary Form Special Quality Award Submittal Form | | | | |

A Summary page will display follow-up activities for your organization and their due dates.

Jayco
www.jcaaho.org

Sample Health Care Organization

Evidence of Standards Compliance

| Survey Selection | Due Date | Status |
|----------------------------------|-----------|-----------|
| Measure of Success | 8/25/2003 | Open |
| Evidence of Standards Compliance | 8/25/2003 | Submitted |

Measure of Success has not been submitted

Evidence of Standards Compliance has been submitted

Brought to you by Joint Commission ©2003, Joint Commission on Accreditation of Healthcare Organizations

Please note that the Measurement of Success form cannot be accessed until your organization has successfully submitted an acceptable Evidence of Standards Compliance report.

To access the Evidence of Standards Compliance form, select that option. You will then be able to view the results from your survey that require follow-up.

Central Office - Survey Summary - Microsoft Internet Explorer

Address: http://localhost/ESCMOS/MosSummary.aspx?id=352

"Jayco"
www.jcaaho.org

Sample Health Care Organization

Evidence of Standards Compliance

Select Survey
Esc Form
Summary
Instructions

Survey Summary

The Following standards were found out of compliance . Select each one of them and provide required information. Click on standard link to view details:

| Programs | Standard | Standard Text | Total EPs | Addressed EPs |
|----------|------------------------------|--|-----------|---------------|
| HAP | RI.1.2.3@HAP | The family participates in care decisions. | 3 | 3 |
| HAP | RI.1.2.1@HAP | Informed consent is obtained. | 1 | 1 |

Submit

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Accreditation Program

Standard #

Total Elements of Performance

Elements of Performance already addressed

You will then view a list of all not compliant standards for each program in your organization, the number of Elements of Performance (EP's) that need to be addressed, as well as, the number of Elements of Performance that have already been addressed by the organization. Select the standard you wish to address by selecting that standard number.

You will then have access to the details of the standard and the applicable Elements of Performance for a particular standard.

Please note that you should respond to all Elements of Performance listed.

The screenshot shows a web browser window with the following interface elements:

- Standard: [Dropdown]
- Program: [Dropdown]
- Table with columns: EP, EP Text, and Clarify.
- Form fields: Corrective Action Taken, Evaluation Method, Measure of Success (%).
- Save button.

| EP | EP Text | Clarify |
|----|---|-------------------------|
| 0 | The leaders approve sources for the organizations's services that are provided by consultation, contractual arrangements, or other agreements | Clarify |
| 1 | The leaders approve sources for the organizations's services that are provided by consultation, contractual arrangements, or other agreements | Clarify |
| 2 | The leaders approve sources for the organizations's services that are provided by consultation, contractual arrangements, or other agreements | Clarify |
| 3 | The leaders approve sources for the organizations's services that are provided by consultation, contractual arrangements, or other agreements | Clarify |
| 4 | The leaders approve sources for the organizations's services that are provided by consultation, contractual arrangements, or other agreements | Clarify |

Depending upon the requirements for a particular Element of Performance, you will see only those data fields that need to be completed (i.e., Corrective Action Taken, Evaluation Method, Measure of Success). All Elements of Performance require the submission of Corrective Action Taken.

If applicable to the selected Element of Performance, data fields for the Evaluation Method and the Measure of Success will also be displayed. In this example, the hyperlink for Element of Performance #1 is selected and the free text boxes for the required data are displayed. An Evaluation Method and Measure of Success are required for the displayed Element of Performance.

As a reminder, you should SAVE after each data input on each screen.

CLARIFICATION OPTION

You also have the option of submitting clarifying evidence in response the surveyor findings for a particular Element of Performance. To submit clarifying evidence, select the box on the right side of your screen labeled “Clarify” next to the Element of Performance in question.

Selecting the “Clarification” option to the right of the Standard Text will display a free-text area in which you may input clarifying evidence of compliance. Please note that if you opt to submit clarifying evidence, you will not have the option of also submitting the Corrective Action Taken, an Evaluation Method, or a Measure of Success Goal.

The screenshot displays the 'Evidence of Standards Compliance Form' in a web browser. The form includes a sidebar with navigation links: 'Select Survey', 'Esc Form', 'Summary', and 'Instructions'. The main content area shows the 'Standard Text' and a table of 'Element Of Performance (EP) Text'. The table has two columns: 'Element Of Performance (EP) Text' and 'Clarification'. The first row (EP 2) has the 'Clarification' checkbox checked. Below the table is a 'Clarification Documentation' text area and a 'Save' button. A callout box points to the 'Clarification' checkbox with the text 'Clarification Option'. Another callout box points to the 'Clarification Documentation' text area with the text 'Clarification Documentation'.

Successful **Clarification** contains a specific narrative discussion for each Element of Performance being questioned, outlining the clarifying evidence, an explanation for why the surveyor did not have access to the information or why it was not provided at the time of survey. Information must have been available at the time of survey, not generated after the survey date, and relate to the specific recommendation.

Upon completing and saving all required data fields, you will be returned to the Summary screen. Please remember that ALL Elements of Performance should be addressed prior to submission of your ESC.

Central Office - Survey Summary - Microsoft Internet Explorer

Address: http://localhost/ESCMOS/MosSummary.aspx?id=355

"Jayco"
www.jcabo.org

Sample Health Care Organization

Measure of Success

Survey Summary

The Following standards were found out of compliance. Select each one of them and provide required information. Click on standard link to view details:

| Programs | Standard | Standard Text | Total EPs | Addressed EPs |
|----------|------------------------------|---|-----------|---------------|
| HAP | RI.1.2.1@HAP | Informed consent is obtained. | 1 | 1 |
| HAP | RI.1.2.3@HAP | The family participates in care decisions. | 3 | 3 |
| BHC | RI.1.2.4@BHC | Individuals served are involved in resolving conflicts in treatment, care, and service decisions. | 3 | 3 |
| BHC | RI.1.2.6@BHC | Individuals served have the right to appropriate screening or assessment and referral for or provision of management of pain. | 3 | 3 |

Submit Button

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If you chose to submit, you will be prompted with a message to verify the submission. If you have not addressed ALL EP's you will receive a message offering you the option of submitting without addressing all Elements of Performance. You will receive a confirmation message when the transmission has been successful.