Welcome Colleague!

The Joint Commission’s goal for its Ambulatory Care Accreditation Program is to provide a patient-centered, customer-driven accreditation process that strives to meet the needs of all ambulatory care organizations. This state-of-the-art accreditation program:

- Uses ambulatory-specific standards as a means to help your organization achieve and maintain high-quality operational systems.
- Delivers an on-site evaluation process that engages you and your staff in a thorough review of the actual delivery of care instead of a survey process focused purely on policies and documentation.
- Views the accreditation experience as educational, and as a partnership in achieving improved operations in your ambulatory health care setting.

The Ambulatory Care Program is equally committed to continuous improvement. Led by our president, Mark Chassin, MD, we’re applying the techniques and strategies of the Joint Commission’s new Robust Process Improvement™ tools to:

- Quantifiably improve customer satisfaction
- Foster financial discipline within The Joint Commission, and
- Enhance the overall quality and consistency of our accreditation processes

This Accreditation Handbook for Ambulatory Care is designed to provide an overview of the accreditation process. However, if you have additional questions, please turn to the ‘Telephone and Website Directory’, where you’ll find contact information for the entire Ambulatory Care team, for assistance in beginning the accreditation process. Finally, in The Joint Commission’s spirit of process improvement, I encourage you to contact me or any member of the Ambulatory Care team if we can improve this Accreditation Handbook for Ambulatory Care, our website (www.jointcommission.org/AHC), or any of our Ambulatory Care support materials.

Yours in patient safety,

Michael Kuleczycki
Executive Director, Ambulatory Care Accreditation Program

The mission of The Joint Commission –

“To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.”
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Telephone and Website Directory

Ambulatory Care Program ................................................................................................. (630) 792-5286
To receive an initial Application for Accreditation, or for general information about
ambulatory care accreditation, call or email AHCquality@jointcommission.org.

Account Executive ............................................................................................................. (630) 792-3007
Call to inquire about your completed Application for Accreditation, survey date, or
for assistance with specific issues related to your accreditation.

Joint Commission Resources (JCR) Customer Service Center (Toll Free).............. (877) 223-6866
To register for, or receive information about education programs and to
purchase or inquire about publications. JCR is an affiliate of The Joint Commission.
Online registration and ordering is available at www.jcrinc.com.

Standards Interpretation Group ....................................................................................... (630) 792-5900
(Option 6)
For information about interpreting and applying specific ambulatory standards or
to inquire about the Statement of Conditions, Life Safety Code, or equipment and
utilities management. Note: Please request assistance from an ambulatory care specialist.
An online inquiry form is also available at www.jointcommission.org.

Joint Commission Pricing Unit ......................................................................................... (630) 792-5115
For information on accreditation fees, or to handle your application deposit fee.
Also available via e-mail at pricingunit@jointcommission.org.

Joint Commission Website: www.jointcommission.org
- Current Joint Commission news
- Resources for becoming accredited for ambulatory care organizations:
  www.jointcommission.org/AHC
- Quality Check™ -- information about accreditation status for ambulatory care
  organizations
- Information about publicizing your accreditation
- Frequently asked questions (FAQs)
- Ambulatory Advisor newsletter
Resources for Ambulatory Care Organizations

**Business Development Staff**
Business Development staff work closely with organizations preparing for their first accreditation. Any questions that you have about the overall accreditation process or your preparation efforts should be directed to (630) 792-5286.

**Standards Interpretation Group**
The Standards Interpretation Group is responsible for answering specific questions about standards and how they are evaluated during the accreditation process. This is a free service accessed over the phone or through the Joint Commission website. If phoning, call (630) 792-5900, select option 6, and be sure to request assistance from an ambulatory care specialist. To access the online form, visit: www.jointcommission.org/Standards/OnlineQuestionForm.

**Frequently Asked Questions**
The Joint Commission website contains frequently asked questions (FAQs) for many areas of potential importance to ambulatory care organizations. These common questions are posted by the Standards Interpretation Group, so you may find answers by checking the FAQs before calling or e-mailing.

**Survey Activity Guide**
Once your request for an Application is received, you will gain access through a secure log-in to the Joint Commission extranet site, The Joint Commission Connect™. This is where you will find the electronic application and also a Survey Activity Guide, which goes into great detail on the survey agenda, what to expect during the survey, and other details in preparation for your on-site visit.
The Joint Commission Snapshot

This handbook is designed to help you learn about The Joint Commission’s ambulatory care accreditation process. It also provides important information about The Joint Commission, eligibility for accreditation, the on-site survey, survey preparation and accreditation decisions.

Our Mission
To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

The Joint Commission: Who Are We?
The Joint Commission is the leader in accreditation, with more than 50 years of experience across the full spectrum of health care organizations. Founded in 1951, The Joint Commission was constructed under the auspices of the American Hospital Association, the American Medical Association, the American College of Physicians, and the American College of Surgeons, with the later addition of the American Dental Association, to act as an independent accrediting body for health care organizations nationwide. The Joint Commission is a non-governmental, not-for-profit organization.

Because of the changing nature of health care in America, The Joint Commission has, over the years, broadened its scope to include accreditation of many non-hospital settings, including ambulatory care. Beginning in 1975, The Joint Commission established the Ambulatory Health Care Accreditation Program to encourage high quality patient care in all types of freestanding ambulatory care facilities. Of all the types of ambulatory sites accredited by The Joint Commission, a large segment – about 30% -- are medical/dental providers; nearly 50% are surgical providers; and over 20% provide some form of diagnostic or therapeutic services.

Why Choose The Joint Commission? The Value of Joint Commission Accreditation
Today, Joint Commission accreditation of an ambulatory care organization is a widely recognized standard for evaluating and demonstrating high quality services. Many payers, regulatory agencies, and managed care contractors require Joint Commission accreditation for reimbursement, certification and licensure, and as a key element of their participation agreements. Joint Commission accreditation represents the Gold Seal of Approval™ in health care and provides the most comprehensive evaluation process in the industry. Joint Commission accreditation also benefits your center by:

- **Giving you a competitive advantage**
  Accreditation provides evidence of quality patient care that helps level the playing field with hospitals and ambulatory organizations offering the same types of procedures.

- **Strengthening community confidence**
  Achieving accreditation is a visible demonstration to patients and the community that your organization is committed to providing the highest quality services.

- **Fulfilling licensure requirements in more than 30 states**
  Many states recognize Joint Commission accreditation as fulfilling some, or all state licensure or regulatory requirements.

- **Assisting recognition from insurers, associations, and other third parties**
  Increasingly, accreditation is becoming a prerequisite for eligibility for insurance reimbursement, for association membership, for participation in managed care plans and for bidding on contracts.

“Being Joint Commission accredited speaks for itself in the health care world.
It is the gold standard for quality and excellence!”
Dee Weigel, R.N., B.S., Quality Assurance and Risk Manager
Algonquin Road Surgery Center, L.L.C., Lake in the Hills, Ill.
The Value of Joint Commission Accreditation (cont’d)

- **Validating quality care to individuals**
  Joint Commission standards are focused on one goal: raising the safety and quality of patient care to the highest possible level. Achieving accreditation is a strong validation that you have taken the extra steps to meet a high level of safety and quality.

- **Helping organize and strengthen your improvement efforts**
  Accreditation encompasses state-of-the-art performance improvement concepts that help you continuously improve quality.

- **Enhancing staff education**
  The survey process is designed to be educational. Joint Commission surveyors are trained to help you improve your internal procedures and day-to-day operations.

- **Improving liability insurance coverage**
  By enhancing risk management efforts, accreditation may improve access to, or reduce the cost of liability insurance coverage. A list of liability insurers that recognize Joint Commission accreditation can be found on our web site at: www.jointcommission.org/BusinessCommunity/liability_insurers.htm.

Is Your Organization Eligible for Ambulatory Care Accreditation?
Any health care organization may apply for Joint Commission Ambulatory Care accreditation if all the following requirements are met:

- The organization assesses and improves the quality of its services. This process includes a review of care by clinicians, when appropriate.
- The organization identifies the services it provides, indicating which services it provides directly, under contract, or through some other arrangement.
- The organization provides services addressed by The Joint Commission’s Ambulatory Care standards.
- The organization is in the United States or its territories or, if outside the United States, is operated by the U.S. government, or under a charter of the U.S. Congress.

See page 32 of this publication for a list of the diverse settings falling under the Ambulatory Care accreditation program.

For organizations that perform surgical procedures and have four or fewer Licensed Independent Practitioners (LIPs), Office-Based Surgery Accreditation is available. For more information, call (630) 792-5286.
Standards, Goals and Survey Process

The Standards Manual
The Joint Commission’s Comprehensive Accreditation Manual for Ambulatory Care (CAMAC) is the place to begin when preparing for accreditation. Even if you do not pursue accreditation right away, this manual is an excellent tool to help your organization become organized and established.

Joint Commission standards address patient-focused requirements and are organized around functions and processes. The CAMAC starts with chapters – provided in alphabetical order – covering the accreditation requirements in one of three formats (Standards with Elements of Performance; Accreditation Participation Requirements; or National Patient Safety Goals).

Chapters
The CAMAC includes 14 standards chapters:

Environment of Care
These standards measure how well a safe, functional and effective environment for patients, staff and other individuals in the organization is being maintained. The following areas are addressed: safety and security risks, hazardous materials and waste management, fire safety, medical equipment, and utility systems.

Emergency Management
These standards – applicable if your ambulatory care organization participates in community-wide emergencies – cover planning for responding to emergencies. It covers areas of: communications, managing resources, security and safety, staff, utilities, patients, and use of volunteers for disaster responsibilities.

Human Resources
This chapter covers processes for management at two levels: staff and licensed independent practitioners (LIPs). For staff, it covers staffing, qualifications, orientation, education and training, competency, and evaluation. For physicians (LIPs), standards cover sections on granting clinical privileges, orientation, fair hearing processes, and review processes for LIPs providing telemedical services.

Infection Prevention and Control
These standards address how the ambulatory care provider identifies and reduces the risk of acquiring and transmitting infections. Areas covered include responsibility and resources for the function, risk identification and goal setting processes, prevention planning functions, implementation steps, and evaluation of the program.

Information Management
These standards address how well the ambulatory care provider obtains, manages and uses information to provide, coordinate and integrate services. The principles of good information management apply to all methods, whether paper-based or electronic, and Joint Commission standards are equally compatible with either method. Standards cover the planning for use of information, privacy & security of health information, and managing the collection of information.

“We pursued accreditation to gain credibility in our market. Now we can show we have the same level of commitment to quality and safety as the hospital.”
Beverly Curran, PET Resource Coordinator
Mobile PET Imaging of Florida, Clearwater, FL
Leadership
Effective leadership is reflected in the performance of the following areas:
• Leadership structure, accountability and knowledge;
• Leadership relationships;
• Maintenance of a culture of safety and quality; and
• Operational performance, including adequate resources and policies; ethical issues; meeting patient needs through contractual relationships; and managing safety and quality.

Life Safety
This standards chapter is only applicable if the ambulatory care organization is designated as an “ambulatory health care occupancy.” It covers requirements for ongoing maintenance of the “Statement of Conditions,” interim life safety measures during construction, and building safety requirements.

Medication Management
These standards address the stages of medication use, including planning; selection; storage and safe management of medications; ordering; preparing and dispensing; administration; and monitoring of effect and evaluation of the processes.

Provision of Care
This chapter covers four basic areas: planning care, implementing care, special conditions, and discharge or transfer. Standards address steps such as admission and assessment of patients, planning care, direct patient care, patient education and training, and coordination of follow-up care. Standards are included which address issues specific to certain types of care including:
• Blood products
• Operative or other high-risk procedures.

Performance Improvement
These standards focus on basic elements of using data to monitor performance, compiling and analyzing data to identify improvement opportunities, and taking action on improvement priorities.

Record of Care, Treatment and Services
This chapter covers the planning function (components of clinical records, authentication, timeliness, and record retention) as well as documentation of items in the patient records.

Rights and Responsibilities of the Individual
These standards address both the rights of patients, as well as patient responsibilities. Standards regarding patient rights are in respect to informed consent, receiving information, participating in decision making, and services provided to respect patient rights.

Transplant Safety
This chapter only applies to ambulatory organizations using tissues as part of the provision of care.
The Standards Manual (cont’d)

Waived Testing
Five areas are covered by these standards for the use of CLIA-approved laboratory testing: policies, identifying staff responsible for performing and supervising waived testing, competency requirements, quality control, and record keeping.

These standards are also available in a handy, spiral-bound book Standards for Ambulatory Care. Visit www.jcrinc.com for details and ordering information.

If your organization provides services other than ambulatory care, The Joint Commission will work with you to determine which standards from other accreditation manuals may be applied. For example, if an ambulatory organization provides laboratory services beyond waived lab tests, The Joint Commission tailors the survey to include the appropriate standards from the Comprehensive Accreditation Manual for Pathology and Clinical Laboratory Services.

Required Written Documentation
While documentation is important, the primary emphasis of the on-site survey will be how your organization carries out the functions described in the Comprehensive Accreditation Manual for Ambulatory Care (CAMAC). The surveyor(s) may use a combination of data sources, including interviews with leaders of the organization, staff, patients, and patient family members; visits to patient care settings; and reviews of documentation to arrive at an assessment of your organization’s compliance with the standards.

To simplify your preparatory efforts, you will find an icon next to elements of performance in the CAMAC that require written documentation. See the Required Written Documents chapter in the CAMAC for complete details.

Electronic Standards Manual
In addition to a complimentary printed copy of the CAMAC, organizations who apply for accreditation will also receive access to an electronic version of the accreditation manual, called the E-dition. This is a web-based, single-user license version of the accreditation standards with a host of user-friendly features:

- 3-click access to most standards.
- Full text searching.
- Filter displays to customize the ambulatory care standards to the specific setting of care. For example, with selection of a specific setting (medical provider, ASC, diagnostic imaging, endoscopy center) only the standards and EPs applicable in that setting will be displayed.
- A history tracking function to compare changes in Standards/Elements of Performance from one year to another.

For further details visit: www.jcrinc.com/e-dition.

“The accreditation process touched every part of our organization and led to process improvement. That’s the number one reason to get accredited.”
Hal Teitelbaum, M.D., MBA, Managing Partner & CEO
Crystal Run Healthcare, Middletown, NY
National Patient Safety Goals

National Patient Safety Goals and their requirements are a series of specific actions that organizations are expected to take in order to prevent medical errors such as miscommunication among caregivers and medication errors. A panel of national safety experts has determined that taking these simple, proven steps will reduce errors. The Joint Commission issues a set of National Patient Safety Goals (requirements) each year, drawn in part from The Joint Commission’s extensive sentinel event database.

Much like Joint Commission standards, organizations are evaluated for compliance with the specific elements of performance associated with the National Patient Safety Goals.

An example of the National Patient Safety Goals content and structure (requirement and elements of performance) follows:

**NPSG.01.01.01** – Use of at least two patient identifiers when providing care, treatment or services:

**Requirement** – Use at least two patient identifiers when providing care, treatment or services.

**Rationale for Requirement** -- Wrong-patient errors occur in virtually all stages of diagnosis and treatment. The intent for this goal is two-fold; first, to reliably identify the individual as the person for whom the service or treatment is intended; second to match the service or treatment to that individual.

**Elements of Performance for NPSG.01.01.01:**

1. Two patient identifiers are used when administering medications, blood, or blood components.
2. Two patient identifiers are used when collecting blood samples and other specimens for clinical testing.
3. Two patient identifiers are used when providing other treatments or procedures.
4. The patient’s physical location is not used as an identifier.
5. Containers used for blood and other specimens are labeled in the presence of the patient.

A list of the program-specific National Patient Safety Goals and frequently asked questions (FAQs) about the National Patient Safety Goals can be found at the website, [www.jointcommission.org/NPSG](http://www.jointcommission.org/NPSG). The FAQs include detailed answers about Elements of Performance (requirements) related to the Goals.
Our Standards Represent a National Consensus
The Joint Commission’s ambulatory care standards and accreditation processes are the result of careful
analysis of the rapidly changing health care field. Every effort is made to reflect state-of-the-art technology
and processes in ambulatory health care and to provide reasonable guidelines that every ambulatory health
care organization should strive to meet.

Professional and Technical Advisory Committee
The standards undergo extensive field review prior to their publication. The Joint Commission uses a
Professional and Technical Advisory Committee, composed of experts in the field, to advise the
Ambulatory Care Accreditation Program. This committee provides advice and assistance in the
development of new and revised standards and recommends improvements to the accreditation process.
Members of the Ambulatory Professional and Technical Advisory Committee are drawn from
representatives of these national bodies:

Ambulatory Surgery Center Association
American Academy of Ambulatory Care Nursing
American Academy of Nurse Practitioners
American Academy of Pediatrics
American Academy of Physician Assistants
American Association for Respiratory Care
American Association of Nurse Anesthetists
American Association of Oral and
  Maxillofacial Surgeons
American College Health Association
American College of Emergency Physicians
American College of Foot and Ankle Surgeons
American College of Physicians/
  American Society of Internal Medicine
American College of Surgeons
American Dental Association
American Healthcare Radiology Administrators
American Hospital Association
American Medical Association
American Medical Group Association
American Nurses’ Association
American Podiatric Medical Association
American Society of Anesthesiologists
American Society of Cataract and Refractive Surgery/
  American Society of Ophthalmic Administrators
American Society for Gastrointestinal Endoscopy
American Society of Health-System Pharmacists
American Telemedicine Association
Association of periOperative Registered Nurses
Bureau of Primary Health Care
Centers for Disease Control and Prevention
Centers for Medicare and Medicaid Services
Coalition of Rehabilitation Therapy Organizations
Convenient Care Association
Department of Defense
Federal Bureau of Prisons/
  U.S. Department of Homeland Security
Federal Nursing Services Council
Indian Health Service
Medical Group Management Association
National Association for Ambulatory Care
National Association of Community Health Centers
Oncology Nursing Society
Radiological Society of North America
Society for Ambulatory Anesthesia
Urgent Care Association of America

Ambulatory Customer Advisory Councils
On a regular basis, two Ambulatory Care Advisory Councils – one representing accredited practices from
surgical settings, and one representing accredited practices from medical and diagnostic settings – meet to
discuss ongoing issues and suggest potential future improvements to the accreditation process.
Our Surveyors: Ambulatory Care Professionals

Joint Commission ambulatory care surveyors, as employees – not volunteers – are professionals experienced in the ambulatory arena. As they are also currently practicing in the ambulatory care field, Joint Commission surveyors understand the day-to-day issues that confront centers and have the hands-on expertise to help organizations resolve them.

The Joint Commission ensures surveyor consistency by providing a minimum two weeks of initial training and a minimum of 10 days of continuing education annually to keep surveyors up-to-date on advances in quality-related performance evaluation. All surveyors must also pass a rigorous Certification Exam. Part of the training is ensuring that your on-site survey is an educational process. The Joint Commission evaluates its surveyors’ performance continually throughout the year.

A highly experienced clinician and/or administrator Joint Commission surveyor will conduct your on-site survey event.

The Joint Commission Patient-Centered Accreditation Process

The purpose of a Joint Commission accreditation survey is to assess the extent of an organization’s compliance with applicable Joint Commission standards, National Patient Safety Goals, and Accreditation Participation Requirements. Another important aspect of the Joint Commission survey process is the on-site education as surveyors offer suggestions for approaches and strategies that may help the organization better meet the intent of the standards and, more importantly, improve performance. In addition to evaluating standards compliance and educating an organization, the Joint Commission accreditation process also emphasizes the importance of high-quality patient care.

During an on-site survey, The Joint Commission evaluates an organization’s performance of functions and processes aimed at continuously improving patient outcomes. The survey process focuses on assessing performance of important patient-centered and organization functions that support the safety and quality of patient care. This assessment is accomplished through evaluating an organization’s compliance with the applicable standards, based on the following:

- Tracing the care delivered to patients
- Verbal and written information provided to The Joint Commission
- On-site observations and interviews by Joint Commission surveyors
- Documents provided by the organization.

The Joint Commission’s accreditation process seeks to help organizations identify and correct problems and improve the safety and quality of care and services provided.

The accreditation process does not end when the on-site survey is completed. In the approximately three years between on-site surveys, The Joint Commission requires ongoing self-assessment and corrective actions. Continuous survey compliance means less focus on the ‘ramp up’ for survey. Instead, organizations can and should continually improve their systems and operations, eliminating the need for intense survey preparation. Continuous compliance with Joint Commission standards directly contributes to the maintenance of safe, high-quality patient care and improved organizational performance.

“Our Joint Commission surveyors made the process interactive and educational. It truly was a positive experience for everyone involved.”
Barbara McKee, COO
Millennium Healthcare Management, Metairie, LA
The Joint Commission Patient-Centered Accreditation Process (cont’d)

Initial Surveys – Minimum Criteria
Ambulatory organizations seeking accreditation for the first time (initial survey) are eligible after serving a minimum number of patients (three patients served, with one active at the time of survey). For initial applicants, the full scope of applicable standards and National Patient Safety Goals are evaluated during the survey.

Tracer Methodology
Tracer Methodology utilizes the patient care experience to assess standards compliance. At the beginning of the on-site survey, the surveyor(s) will select patients from an active patient list. The surveyor(s) will ‘trace’ the patient’s experience, looking at services provided by various care providers and departments within the organization, as well as ‘hand-offs’ between them. This type of review is designed to uncover systems issues, looking at both the individual components of an organization and how the components interact to provide safe, high-quality patient care. For a sample of a survey agenda, see page 29.

There are two types of tracers used in the Tracer Methodology:
- The **Individual Care Tracer** follows the actual care experiences of individuals who have received care, treatment or services within or from that organization.
- The **Individual-based System Tracer** traces the experience of individuals through a specific system related to the provision of care, treatment and services. The system tracer focuses on high-risk processes across an organization, such as infection prevention or medication management.

The number of patients followed under the Tracer Methodology will depend on the size and complexity of the organization, and the length of the on-site survey.

Priority Focus Process
The **Priority Focus Process** focuses on the organization-specific issues most relevant to safety and quality of care. Prior to the initial survey, information is gathered from several data sources which include:
- Data from the completed Application for Accreditation; and
- Complaints about the organization (if any) received by the Joint Commission’s Office of Quality Monitoring.

The data is then converted into useful information that focuses survey activities, increases consistency in the accreditation process and customizes the on-site survey to make it specific to the organization.

Post-Survey Steps
At the end of the on-site survey, the report left with the organization – a “Summary of Survey Findings Report” – will identify any standards that were scored as being in partial or insufficient compliance, also known as **Requirements for Improvement (RFIs)**. This summary report does not include the potential accreditation decision. A center’s “Accreditation Survey Findings Report” will be posted on their secure The Joint Commission Connect™ extranet site after the survey; this report will include the potential accreditation decision. Typically, this report is posted 24-48 hours after the survey. The final accreditation decision is provided to the organization after the post-survey documents (below) are received and approved, always less than 10 days after the successful completion of the post-survey documents.
The final accreditation decision is based on the Requirements for Improvement (RFIs). If there are no RFIs, the organization is accredited with an effective date of the day after the last survey day. If there are RFIs, the accreditation status depends on the submission of acceptable Evidence of Standards Compliance (ESC) within an established timeframe (from 45 to 60 days maximum; however, organizations can submit their evidence of compliance as soon as appropriate after the survey). The accreditation effective date, for an initial survey with RFIs, is the date of submission of an accepted ESC in response to the requirement(s).

Evidence of Standards Compliance
For those standards scored as non-compliant, the organization will need to submit Evidence of Standards Compliance (ESC) to show that the organization is now in full compliance with those standards and elements of performance. ESCs must be submitted to The Joint Commission within 45-60 days following the survey. For some ESCs, organizations will need to identify Measures of Success (MOS). These are quantifiable, data-driven measurements that can show compliance with a standard or set of standards and can be used to validate resolution of problem areas. Once the ESC is approved by The Joint Commission, the organization is officially accredited. See page 24 for a description of the accreditation status decisions.

Random Unannounced ESC Validation Survey
All organizations new to the accreditation process that become accredited after receiving a requirement to submit Evidence of Standards Compliance will be included in a 5% pool of organizations undergoing a random on-site validation survey. This unannounced survey will validate information in the organizations’ Evidence of Standards Compliance and evaluate how effectively corrective actions were implemented. There is no charge to organizations for this survey.

Accreditation Timeframe
All organizations accredited by The Joint Commission are eligible for resurvey on an unannounced basis within an 18-39 month window from the previous, initial survey. Pre-established criteria will establish the timing of the survey. Organizations will be identified and scheduled for an earlier survey when data suggests that patient safety and quality are potentially at risk. While it is expected that the majority of ambulatory care organizations will still be surveyed in a three-year time frame from the initial survey, a minority of organizations could be surveyed earlier than three years.
Preparing and Applying for Accreditation

Accreditation Preparation
The accreditation process begins when you submit your application. It is best to submit your application when you are confident your organization can demonstrate compliance with the CAMAC standards and applicable elements of performance at the time of your requested survey date. See “How to Request Ambulatory Accreditation” on page 19.

After The Joint Commission accepts an ambulatory care organization’s Application for Accreditation and the application deposit fee, both parties begin preparing for the on-site survey. The ambulatory care organization begins with a review of the standards. To help organizations prepare for accreditation, The Joint Commission offers the **Survey Activity Guide** and **Periodic Performance Review** (PPR)* on The Joint Commission Connect™ extranet site. In addition, Joint Commission Resources, an affiliate company, offers live and distance education, numerous publications and periodicals to aid in your preparation.

The Joint Commission organizes a surveyor, or team of surveyors, to match an organization’s needs and unique characteristics. On-site surveys are typically conducted by one surveyor for two days; centers with a high volume of annual patient visits may require more than one surveyor. The survey follows actual patient records through the center and includes discussions with key personnel, observation of the organization’s administrative and clinical activity, assessment of the physical facilities and patient care equipment. A sample survey agenda is included on page 29.

For initial accreditation surveys, your Account Executive is available as a resource to your organization during the application and pre-survey process.

**About the PPR**

The Periodic Performance Review (PPR) is a powerful accreditation readiness and support tool provided on your personalized extranet site, The Joint Commission Connect™. As you begin the process of preparing your organization for survey, the information and questions posed in the electronic PPR tool will help you assess just how ready for accreditation your facility is today – and will allow you to continually assess your facility’s readiness going forward.

Designed as a management tool for ongoing internal monitoring of the quality of care provided within your organization, the PPR should be integrated into your facility’s day-to-day operations to promote continuous standards compliance.

Your Joint Commission Account Executive can answer any questions you may have regarding access to the PPR, even in advance of your initial survey.

“Since we’ve been Joint Commission accredited, we've had excellent patient safety results and no losses from patient claims. We believe this is a direct result of compliance with the standards.”

Thomas C. Buckley, M.B.A., C.P.A., CEO
Naples Day Surgery, L.L.C., Naples, FL
**Preparation Timeline – Ambulatory Care**  
*All Initial Organizations Requesting Initial Accreditation*

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Joint Commission Activity</th>
<th>Your Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-6 months before preferred month of survey</td>
<td>Call 630/792-5286 to obtain an Application for Accreditation.</td>
<td></td>
</tr>
<tr>
<td><strong>Upon receipt of your call</strong></td>
<td>Accreditation Handbook for Ambulatory Care is e-mailed. You will also receive your password for access to The Joint Commission Connect™ extranet web site where the application is located.</td>
<td></td>
</tr>
<tr>
<td><strong>Upon receipt of application log-in</strong></td>
<td>The application is good for 1 year from receipt by The Joint Commission.</td>
<td>Once you receive electronic access to the application, staff member(s) with knowledge of your organization’s services, sites, and patient volume should complete and electronically submit the Application for Accreditation and submit, via check, credit card or e-pay, the $1,700 deposit fee.</td>
</tr>
</tbody>
</table>
| **Upon receipt of your Application for Accreditation AND deposit** | ▪ Your Account Executive will contact your organization during the application and pre-survey process.  
▪ Your Account Executive will review and process your application within 30 days of submission of deposit.  
▪ You will be mailed a copy of the Comprehensive Accreditation Manual for Ambulatory Care (CAMAC).  
▪ You receive single-user web access to E-dition, the electronic version of the ambulatory standards manual.  
▪ You are given access to a complimentary 6-month online subscription of Perspectives, the official newsletter of The Joint Commission. You are provided access to the PPR tools and other communications via The Joint Commission Connect™ web site.  
▪ The invoice for your annual fee is posted on The Joint Commission Connect™ web site. See details under Fees and Annual Billing on Page 21. | Ensure the $1,700 deposit fee is submitted.                                                                                       |
<p>| 4 weeks before survey           | Verification of survey date(s) and names of surveyor(s) are communicated.                                                                                                                                            | Call your Account Executive promptly if you have questions.                                                                                     |</p>
<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Joint Commission Activity</th>
<th>Your Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey</td>
<td>Surveyor(s) arrives for scheduled on-site survey. At the conclusion of the survey, you receive a copy of “Summary of Survey Findings Report” which details requirements for improvement (RFIs), which are non-compliant standards that need to be addressed.</td>
<td>During the survey, staff should be available as outlined on the survey agenda. Refer to your Survey Activity Guide on The Joint Commission Connect™ extranet for a sample agenda or see page 29.</td>
</tr>
<tr>
<td>Within 24-48 hours of on-site survey</td>
<td>Joint Commission posts your report of survey findings, the “Accreditation Survey Findings Report”. This report includes your potential accreditation decision.</td>
<td>Organization begins preparing, for each Requirement for Improvement from survey findings, either: • Clarifying evidence; or • Corrective evidence.</td>
</tr>
<tr>
<td>Under 10 days</td>
<td>Joint Commission staff reviews and approves your electronically-submitted Evidence of Standards Compliance and Measures of Success.</td>
<td>Your Account Executive will work with your organization regarding these electronically-submitted documents.</td>
</tr>
<tr>
<td>Within 45 or 60 calendar days after posting of Accreditation Survey Findings Report</td>
<td>For any standards scored as non-compliant, you submit your Evidence of Standards Compliance and Measures of Success (if applicable.)</td>
<td></td>
</tr>
<tr>
<td>No longer than 8-10 weeks after survey</td>
<td>After the ESC is approved, the accreditation decision is made, the award letter is posted to the extranet, and the accreditation certificate is mailed. The accreditation certificate should be delivered within three weeks of notice of accreditation decision.</td>
<td>The accreditation effective date for an initial survey is the date on which the ESC(s) are submitted and accepted. If there are no requirements for improvement, the effective date is the date after the last day of the survey.</td>
</tr>
<tr>
<td>2 weeks after final report is received by your organization</td>
<td>Your organization’s description, contact information, accreditation decision and status are updated for public viewing on the Joint Commission website at <a href="http://www.jointcommission.org">www.jointcommission.org</a> via Quality Check®. As soon as a decision is rendered granting your organization accreditation, a Quality Report is created and displayed on the Joint Commission website at <a href="http://www.jointcommission.org">www.jointcommission.org</a>. Afterwards, Quality Report is updated the day after any change is made to your existing information. The Quality Report further expands on the information already available on Quality Check®. It contains summary information about an organization’s performance relating specifically to Joint Commission standards.</td>
<td>The Quality Report is not released until all issues subject to review and/or revision have been resolved. You will receive a copy of the Quality Report for review, which includes an opportunity to submit a commentary about the Quality Report prior to its being released to the public. For additional information about Quality Reports, see the “Quality Report” chapter in the CAMAC.</td>
</tr>
<tr>
<td>Four months after the accreditation decision</td>
<td>You submit data to support Measures of Success (if applicable) for partial or non-compliant Elements of Performance from your Evidence of Standards Compliance.</td>
<td></td>
</tr>
<tr>
<td>Joint Commission Activity</td>
<td>Your Activity</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td><strong>Monthly</strong></td>
<td>Each accredited organization is sent one copy of the <em>Joint Commission Perspectives</em> newsletter, which is the official source for updates to standards, policies, and procedures.</td>
<td>Staff should review all changes featured in <em>Perspectives</em> to keep abreast of changes and developments in the standards and survey process.</td>
</tr>
<tr>
<td><strong>12 months after the on-site survey</strong></td>
<td>The Periodic Performance Review (PPR), a self-assessment process tool is also made available to organizations prior to survey as an accreditation resource. (See page 28.)</td>
<td>Access your PPR on The Joint Commission Connect™ extranet.</td>
</tr>
<tr>
<td><strong>Annually</strong></td>
<td>The Periodic Performance Review (PPR), a self-assessment process tool is also made available to organizations prior to survey as an accreditation resource. (See page 28.)</td>
<td>The organization conducts a self-assessment, completes the PPR and submits it to The Joint Commission. The organization develops a Plan of Action and Measures of Success to address issues uncovered in the self-assessment.</td>
</tr>
<tr>
<td><strong>Annually</strong></td>
<td>The organization is contacted by The Joint Commission’s Standards Interpretation Group to schedule an (optional) conference call to review the PPR and discuss and approve any plans of action and Measures of Success, if applicable.</td>
<td>Staff should review the new accreditation manual or update to act on new and modified standards, scoring guidelines, policies and procedures.</td>
</tr>
<tr>
<td><strong>Biannually</strong></td>
<td>One complimentary copy of the updated <em>Comprehensive Accreditation Manual for Ambulatory Care (CAMAC)</em> OR annual Update to the CAMAC will be sent to each accredited organization.</td>
<td>The organization must notify The Joint Commission regarding significant changes. A decision about appropriate follow-up will be made based upon the type and extent of the change.</td>
</tr>
<tr>
<td><strong>Within 30 days of any significant organizational changes (as defined in the CAMAC)</strong></td>
<td>An organization must notify The Joint Commission regarding significant changes. A decision about appropriate follow-up will be made based upon the type and extent of the change.</td>
<td>The organization must notify The Joint Commission (via letter, fax, or e-mail) of any significant change (as defined in the “Accreditation Process” chapter in the CAMAC).</td>
</tr>
<tr>
<td><strong>Between surveys</strong></td>
<td>Each year, a randomly selected 5% sample of initially accredited organizations submitting Evidence of Standards Compliance (ESC) will undergo an unannounced survey. The intent of this unannounced survey process is to validate information in organizations’ ESCs and evaluate how effectively corrective actions are sustained over time.</td>
<td>Initially surveyed organizations will be prepared for a random unannounced ESC validation survey. There is no charge to organizations for this survey.</td>
</tr>
</tbody>
</table>
Informing the Public Regarding Your On-Site Survey
An Accreditation Participation Requirement requires ambulatory care organizations seeking accreditation to continuously inform the public about their organization’s ability to report any complaints or concerns about safety to The Joint Commission. Any individual who learns that a Joint Commission survey is taking place may request a Public Information Interview during an on-site survey; however, there is no longer a formal process to notify the public in advance of the survey.

The Joint Commission will continue to conduct all special types of surveys – for-cause, special, random unannounced – as warranted. When The Joint Commission learns of a serious event at an organization that has significantly impacted the delivery of safe and high quality care, it will continue to authorize a for-cause unannounced survey.

Beginning the Accreditation Process

Initial Surveys
The Joint Commission schedules initial surveys systematically and efficiently. An initial survey, i.e. an organization’s first full accreditation survey, will be on an announced date, and it must be scheduled within one year from the time The Joint Commission receives the organization’s Application for Accreditation. Organizations are encouraged to accept scheduled survey dates.

Timeliness of Application and Deposit Fee
The Joint Commission requires an organization to submit a new Application for Accreditation if the organization does not accept a scheduled survey within one year. This assures that the organization’s information is current. If an organization’s initial survey is not conducted within one year of submitting its application, the organization forfeits its application deposit. The organization must then reapply and submit a new deposit to begin the accreditation process again.

How to Request Ambulatory Care Accreditation
Ambulatory care organizations that wish to be accredited by The Joint Commission can receive an Application for Accreditation through varied means:

- calling (630) 792-5286
- e-mailing jfranklin@jointcommission.org
- visiting www.jointcommission.org/AHC

“Accreditation has had a real impact on quality. Our approach to clinical processes has improved, and we’ve improved record keeping, and other elements that contribute to quality care.”
Dr. Bill Mayer, Chief, Clinical Excellence and Innovation
Family Health Center of Battle Creek, Battle Creek, MI
Ambulatory Care Application

The Application for Accreditation is in an electronic format that can be completed by using provided log-in information to access a Joint Commission secure website. The application collects essential information about the organization, including ownership and management, demographics, and types and volume of services provided. The Application for Accreditation is valid for one year from the date submitted, which means you can submit your application and still have time to finish your preparations before the on-site survey takes place.

It is best to submit your application when you are confident your organization will be able to demonstrate compliance with the CAMAC standards and applicable elements of performance by the time of your preferred survey date.

On your Application for Accreditation for initial survey, you may indicate the month/year when you would like the survey to take place, and/or specific dates when you would not like the survey to take place. The Joint Commission will make every effort to accommodate your request. The earlier you submit your application, the more likely it is that your specific requested month can be accommodated.

Your organization will be given password-protected access to the Joint Commission extranet site The Joint Commission Connect, where you will find a Survey Activity Guide, a list of survey activities, as well as a guide to the limited number of documents you will need to gather for the surveyor.

You will also be assigned an Account Executive who will serve as your organization’s resource during the application and pre-survey process, to:

• Answer your questions about survey preparation, and help you through each step of the process;
• Analyze your Application for Accreditation and contact you if there are any questions or items requiring clarification;
• Update changes to your demographic information including address, contact name(s), services, etc.;
• Assist you with other Joint Commission contacts and questions.

The Joint Commission schedules on-site surveys based on information provided in your Application for Accreditation. With the information provided, The Joint Commission determines the number of days required for a survey, the composition of the survey team and the services to be reviewed.

Inaccurate or incomplete information in the electronic application may require an additional survey, which could delay the processing of your survey findings and the final accreditation decision. It may also lead to additional survey charges.

Approximately four weeks before the survey, you will be notified of the date(s) of the survey. You will also receive notification of the surveyors’ names approximately 4 weeks before your survey.

Handling Changes During the Application Process

Your organization must notify The Joint Commission (in writing within 30 calendar days after changes) if it undergoes a change that modifies the information reported in the Application for Accreditation. These types of changes may require an extension survey; check with your assigned Account Executive.

Information that must be reported includes:
• A change in ownership
• A change in location
Handling Changes (cont’d)

- Significant increase or decrease in the volume of services
- Opening or closing any service or site of care
- A change in the “occupancy” level for your center (“business” vs. “ambulatory health care”)
- Offering at least 25% of its services at a new location or in a significantly altered building
- Merger, consolidation, or acquisition of an unaccredited site or service.

The Joint Commission may conduct an additional survey at a later date if its surveyor arrives at your organization and discovers that a change was not reported. The Joint Commission may also survey any unreported services and sites addressed by its standards. In either event, there may be additional fees assessed. The Joint Commission makes the final accreditation decision for the organization only after surveying all or an appropriate sample of services and sites provided by the organization for which The Joint Commission has standards.

Fees and Annual Billing
For initial surveys, the electronic application is submitted with a $1,700 deposit fee, which is applied toward your accreditation fee and can be paid by check, credit card or e-pay. This deposit is nonrefundable and nontransferable, and cannot be applied to accreditation fees beyond the one-year application period.

The Joint Commission currently uses an annual billing model, also called subscription billing. This billing model spreads the costs of accreditation over a 3-year period. The accreditation fee is based on an on-site survey fee PLUS an annual fee every year of the accreditation cycle. Annual fees for all accreditation programs are based upon the size (eg: number of sites of care) and annual patient volumes of an organization, as determined by the information submitted in the application.

The Joint Commission is committed to “cost transparency” to help organizations plan and budget for their future investment in achieving accreditation. It is the only ambulatory accrediting body which publicly posts its accreditation fees, in a customer-friendly format, on its web site. To view the pricing sheets for ambulatory care, visit: www.jointcommission.org/AHC.

Most customers can expect that their annual fee, each year, will be approximately 20 percent of the total accreditation fee, except in the year of survey, when the organization will pay approximately 40 percent of the total after the survey has been conducted. For example, assume that an organization's accreditation fee is $10,000. Under subscription billing, rather than paying the entire $10,000 at the time of survey, the fee will be split into three annual payments of $2,000, with the remaining $4,000 to be paid after the on-site survey has been performed.

The annual fees, which are non-refundable, will be due from accredited organizations each January upon receipt of an invoice posted to the secure extranet site. Organizations seeking accreditation for the first time will have their first annual fee pro-rated, based upon when the organization's application is processed.

For more information on fees or for assistance in handling your application deposit via:
- Electronic payment
- Credit card
- Check
Please contact the Joint Commission Pricing Unit at (630) 792-5115 or pricingunit@jointcommission.org.

“Working through the accreditation process helped us in many ways: with team building and staff education, with improved patient communication, and with implementation of best practices.”
Joan Krupa, CEO
Heartland Community Health Center, Peoria, IL
Survey Postponements and Delays

Definition of Postponements and Delays for Initial Surveys
The Joint Commission also provides for the postponement or delay of initial surveys. A *postponement* is an organization’s request to alter an already-scheduled survey date. A *delay* is an organization’s request to push back the survey date before it is actually scheduled. A survey ordinarily may be postponed or delayed for no more than six months. For an organization due for resurvey, The Joint Commission will conduct an on-site extension survey if the original survey is postponed or delayed for more than six months. An organization should direct a request for a postponement or delay to its Account Executive.

Accepted Reasons for Postponement of Initial Surveys
An organization may request to postpone scheduled initial surveys when one or more of the following events happen:
- A natural disaster or another major unforeseen event occurs that totally or substantially disrupts operations;
- The organization is involved in a major strike, has ceased accepting patients, and is transferring patients to other organizations; or
- Patients, the organization, or both are being moved to another building during the dates of the scheduled survey.

Fees for Postponements of Initial Surveys
The Joint Commission may require a survey postponement fee for an organization not meeting any of the postponement criteria described above. In such cases, the organization pays a minimum fee of $2,000 to defray costs. The Joint Commission reserves the right, however, to deny any request for a postponement or delay, regardless of the organization’s willingness to pay the special fees.

Special Accreditation Options

System Accreditation Option
The system accreditation option for Ambulatory Care organizations involves awarding a *single accreditation decision* to a “system” composed of an ambulatory organization with a corporate office or a main site, and multiple sites under the auspices of the main site. The main site has oversight of the performance of the sites in the system. Under the system accreditation option, the corporate office or main site is visited to assess system-wide policies and functions and then a random sample of sites within the system are visited to assess the execution of the policies and the delivery of care. The sites are selected based on their size and risk levels and the selected sites undergo *unannounced surveys.*

With system accreditation, the entire Ambulatory Care organization undergoes the accreditation process during a concentrated period of time. *System eligibility* requires a minimum of four sites and a common governance structure with system management in the following areas:
- Overseeing performance improvement
- Setting strategic goals and expectations
- Developing policies and monitoring execution
- Approving and monitoring site budgets
- Overseeing site managers’ performance
- Credentialing/privileging licensed independent practitioners
System Accreditation Option (cont’d)

After surveys are completed, the system receives an accreditation certificate and a consolidated report of findings, leading to a three-year accreditation decision. Each site within the system receives a copy of the system’s accreditation certificate. If after the system becomes accredited, the system begins to operate or acquires sites, the sites may be subject to extension surveys.

Please contact Michael Kulczycki, Executive Director, Ambulatory Care Accreditation Program for details regarding system accreditation: 630.792.5290 or mkulczycki@jointcommission.org.

Medicare Deemed Status Option
The Joint Commission has deemed status from the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) for purposes of Medicare certification of ambulatory surgical centers (ASCs). This means that CMS recognizes and accepts Joint Commission accreditation of “Deemed Status Option” ASCs as demonstrating that the accredited organization meets or exceeds all Medicare ASC Conditions for Coverage (CFCs). This option only applies to an organization that meets the Medicare definition of an ASC and is eligible for Medicare certification as determined by Federal regulations. Most ASCs seeking to enter the Medicare certification program for the first time have only the accreditation / deemed status option available, as Medicare discontinued funding initial certification surveys through most state survey agencies in 2008.

Ambulatory surgery centers which request Joint Commission accreditation under the Medicare deemed status option may avoid duplicative surveys, become accredited, and comply with Medicare certification requirements with a single accreditation survey. All deemed status surveys, whether initial or resurvey, are unannounced. For more information about the Medicare deemed status option, please call (630) 792-5286 and request the booklet Accreditation Handbook for Ambulatory Surgery Centers.

Laboratories in Ambulatory Care Organizations
If your ambulatory care organization has a laboratory performing waived testing, your Joint Commission ambulatory survey will include the laboratory in the review of leadership, improving organization performance and other standards from the Comprehensive Accreditation Manual for Ambulatory Care (CAMAC) that apply to all departments of your organization.

However, under the requirements of CLIA 88, if your laboratory performs more than just waived testing or provider-performed microscopy, the laboratory must also undergo a specific review of its own. A Joint Commission laboratory survey complies with all CLIA 88 requirements for certification of laboratories that provide moderate- or high-complexity testing. In addition, through a Joint Commission laboratory survey, you will receive important performance improvement-oriented suggestions and consultation from a surveyor who is a trained medical technologist.

CLIA regulations require that laboratory surveys be conducted every two years. This means that your Joint Commission laboratory survey will not always be conducted the same year as your ambulatory accreditation survey. Laboratory accreditation for all types of labs follows the standards from the Comprehensive Accreditation Manual for Pathology and Clinical Laboratory Services. For questions about laboratory accreditation, call (630) 792-5754.

“We’ve always been making every effort to give patients the highest standard of care. Joint Commission accreditation gives us a challenge to make sure we’re doing things right 100% of the time.”
Paula Hollister, Facility Director
Sturgis Foot & Ankle Clinic, Sturgis, MI
Accreditation Decisions

Survey Results and Accreditation Decisions
Within 48 hours of the on-site survey, an organization’s “Accreditation Survey Findings Report” is posted on the organization’s secure page on the Joint Commission extranet site. The report gives the potential accreditation decision, and provides any applicable Requirements for Improvement.

The final accreditation decision, which is valid for approximately three years, is based on an organization’s compliance with Joint Commission standards and will be awarded a decision in one of these categories of accreditation:

**Accredited**
This decision indicates that an organization is in compliance with all applicable standards at the time of the on-site survey or has successfully addressed all survey requirements for improvement in its Evidence of Standards Compliance within 45 or 60 days of posting of the “Accreditation Survey Findings Report.”

**Preliminary Accreditation**
This accreditation decision indicates an organization is in satisfactory compliance with a subset of CAMAC standards and EPs assessed during the first of two on-site survey events conducted under the Early Survey Policy*. The Preliminary Accreditation decision remains in effect until the organization completes the second on-site survey event. [*The Early Survey Policy is utilized by organizations not actively caring for patients, but needing to provide evidence (to payers, state and/ or federal regulators) of their intent to obtain ‘full’ accreditation.]

**Provisional Accreditation**
A provisional accreditation decision results when an organization fails to address all requirements for improvement in its Evidence of Standards Compliance within 45 or 60 days of posting of the “Accreditation Survey Findings Report.”

**Conditional Accreditation**
This decision indicates that substantial compliance deficiencies exist in an organization. Correction of these deficiencies, which serve as the basis for further consideration or awarding full accreditation, must be demonstrated through preparation and submission of Evidence of Standards Compliance and a subsequent, follow-up survey. Conditional Accreditation may result when:

- An organization fails to meet requirements for the timely submission of data and information to The Joint Commission, or
- Survey findings demonstrate systemic patterns, trends, or repeat findings from previous surveys, or
- There is credible evidence indicating that possible fraud or abuse has occurred at a health care organization.

After the follow-up survey, the organization is either accredited or denied accreditation.

**Preliminary Denial of Accreditation**
An organization is in “preliminary denial of accreditation” when:

- There is an immediate threat to health or safety situation, or
- Failure to resolve the requirements from Conditional Accreditation, or
- Significant non-compliance with Joint Commission standards.

The decision is subject to review and appeal, and the appeal process may result in a decision other than denial of accreditation.
Accreditation Decisions (cont’d)

Denial of Accreditation
The organization has been denied accreditation. All review and appeal opportunities have been exhausted.

Accreditation Effective Dates
For organizations that undergo their first Joint Commission survey (initial organizations) and receive one or more Requirements for Improvement (RFIs) as a result of the survey, their accreditation effective date will be on the date on which the organization submits its evidence of standards compliance, if the evidence of standards compliance is determined to be acceptable. In other cases, the following effective dates apply:

- For initial organizations that do not receive any RFIs, the effective date of accreditation will be the day after the last day of the organization's survey.
- For initial organizations that receive either a conditional accreditation or a preliminary denial of accreditation decision, the effective date will be the date the Accreditation Committee decision was made.

Extension Surveys
Accreditation is not automatically transferred or continued if significant changes occur within an organization. An extension survey is a survey of limited scope conducted to assure that a previously demonstrated level of compliance is being maintained under changed circumstances. There are many circumstances that may lead to an extension survey, including:

- Changed ownership and/or a significant number of changes in the management and clinical staff or operating policies and procedures
- At least 25% of the organization’s services offered at a new location or in a significantly altered physical plant
- Expanded capacity to provide services by 25% or more, as measured by patient volume, pieces of equipment, or other relevant measures
- Providing a more intensive level of service

See Handling Changes on page 20 for further information.
Promoting Your Accreditation

Publicize your achievement of national accreditation and The Joint Commission's Gold Seal of Approval™ by notifying patients, the public, the local media, third-party payers and referral sources. Available at www.jointcommission.org/AccreditationPrograms/PublicityKit/, The Joint Commission offers free publicity assistance that includes:

- Suggestions for celebrating your accreditation;
- Guidelines for publicizing your Joint Commission accreditation;
- Frequently asked questions;
- Sample news releases;
- Fact sheets; and
- Gold Seal of Approval™ downloadable artwork.

Especially helpful for promoting your accreditation is the brochure, This Facility Received the Gold Seal of Approval™ from The Joint Commission. What does that mean? Available on The Joint Commission’s website at www.jointcommission.org/AccreditationPrograms/AmbulatoryCare/consumer_brochure.htm, this brochure speaks to your patients about the additional effort that went into your accreditation and the high level of quality and safety patients can expect from your accreditation status. Download and print this file in English and/or Spanish to create handouts for patients in your waiting room.

Following your survey, information about your accreditation status will be posted on Quality Check® at www.qualitycheck.org. Quality Check® allows anyone to search for accredited organizations within a city or state, or by type of setting.

“The Gold Seal is a strong marketing tool that not only promotes our accreditation, but recognizes the hard work and pride of our staff. It’s an invaluable addition to our promotional materials.”
Charlene Black, RN, Facility Director
Pain Diagnostic & Treatment Center, Sacramento, CA
Information for Re-Surveys
In the three years between on-site surveys, The Joint Commission requires ongoing self-assessment and improvements. As the accreditation process does not end when the on-site survey is completed, neither do the need for updates and changes to Joint Commission policies and procedures. Below are updates to specific procedures for the accreditation process. Accredited organizations undergoing future surveys are encouraged to read this section to prepare for future changes, as well as continually study and improve their systems and operations as continuous compliance with the Joint Commission standards contributes directly to quality patient care.

Unannounced Surveys
Organizations that have already completed their initial survey are re-surveyed on an unannounced basis. The Joint Commission implemented unannounced surveys:

- To enhance the credibility of the accreditation process by ensuring that surveyors observe organization performance under normal circumstances;
- To reduce the unnecessary costs that health care organizations incur to prepare for survey;
- To address public concerns that The Joint Commission receive an accurate reflection of the quality and safety of care; and
- To help health care organizations focus on providing safe, high quality care at all times.

Organizations undergoing an unannounced re-survey should be aware of the following:

- The re-survey can occur any time between 18 – 39 months after the previous survey. It is expected the majority of ambulatory organizations will continue to be surveyed between January and December in the third year after their last survey (see Accreditation Timeframe on page 14).
- On the morning of an organization’s unannounced survey, the following information will be posted by 7:30 am (local time) to their Joint Commission extranet site, The Joint Commission Connect™:
  - Letter of introduction from The Joint Commission
  - Survey activities
  - Biography and picture of surveyor(s) assigned
  - Output data from Priority Focus Process for your organization.
- Accredited organizations will be able to identify up to 10 days each year in which an unannounced survey should be avoided. These 10 days should not include federal holidays but may include regional events in which it may be difficult to conduct a survey during a given period. The Joint Commission will make every effort to accommodate the organization regarding avoiding these 10 days. However, The Joint Commission reserves the right to conduct a survey during an “avoid period” if the reason(s) given to avoid a survey at that time are such that a survey can be reasonably accomplished.
- The organization is required to fulfill an Accreditation Participation Requirement which requires ambulatory care organizations seeking accreditation to continuously inform the public about their organization’s ability to report any complaints or concerns about safety to The Joint Commission.
- The organization will not receive any communication from the surveyor prior to the survey.
Exemptions to Unannounced Surveys
The Joint Commission has approved exemptions from completely unannounced surveys for certain types of ambulatory health care organizations undergoing a re-survey.

These organizations include:

- Department of Defense, Bureau of Prisons, and Immigration Health Services facilities; and
- "Very Small" organizations which can be further defined as:
  - Ambulatory care organizations that provide surgery/anesthesia services (with the exception of Ambulatory Surgery Centers using the “deemed status” accreditation option);
  - Office-based surgery practices;
  - Ambulatory care organizations that provide medical/dental services with less than 5,000 annual visits or less than 3 licensed independent practitioners;
  - Ambulatory care organizations that provide specified Diagnostic/Therapeutic services and have fewer than 3,000 annual visits or 4 or fewer licensed independent practitioners;
  - Ambulatory care organizations that provide sleep diagnostic services at any volume;
  - Ambulatory care organizations that provide mobile diagnostic services;
  - Ambulatory care organizations that provide telehealth services.

These organizations will receive a seven-business-day advance notice from The Joint Commission of its triennial re-survey. For more information regarding surveys, refer to the Survey Activity Guide on the Joint Commission extranet site The Joint Commission ConnectTM.

Update Application for Re-accreditation
All organizations undergoing a re-survey are notified they are required to update their original application information. Staff member(s) with knowledge of your organization’s services, sites, and patient volume will need to update the original Application for Accreditation (if changes are necessary).

Evidence of Standards Compliance
For organizations not undergoing their initial survey, once the ESC and MOS are approved by The Joint Commission, the accreditation decision is retroactive to the day after the last day of the survey.

Periodic Performance Review
Twelve months after the on-site survey, organizations are required to participate in an evaluation called the Periodic Performance Review (PPR). The goal of a Periodic Performance Review is to help organizations identify performance areas not in compliance with the standards and help them to correct these non-compliant areas before the next on-site survey. These reviews are due annually on the anniversary of the last day of the last full survey, until the organization is resurveyed, which is approximately every three years.

For those areas self-identified as out of compliance with Joint Commission standards, the organization needs to submit a Plan of Action to The Joint Commission. The Joint Commission’s Standards Interpretation Group (SIG), whose responsibilities include answering organizations’ questions about interpreting and applying the standards, will review each organization’s Plan of Action in a scheduled telephone consultation. The review of your PPR cannot affect your accreditation decision, and this phone call is optional.

Standards Interpretation Group (SIG)
SIG will also assist you in developing plans of action when you have completed the self-assessment part of the Periodic Performance Review (for re-survey organizations.) This will consist of a phone consultation (optional) to review your findings and discuss areas for improvement and possible Measures of Success that you will be able to show to the surveyor during your next on-site review.
Survey Preparation Tools

Sample Ambulatory Care Agenda and Survey Activities – Initial Announced Survey

Note: The sample survey agenda, below, provides a list of the events that will take place over the course of a typical, 2-day Ambulatory Care survey. Your ambulatory surveyor will work closely with you, upon his/her arrival, to ensure that each of the survey events is addressed. Additional detail regarding both your agenda and specific survey activities, are provided in the Survey Activity Guide, available through your extranet site, The Joint Commission Connect™.

Day 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Surveyor</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00–9:00 am</td>
<td><strong>Opening Conference</strong></td>
</tr>
<tr>
<td></td>
<td>□ Introductions: Joint Commission surveyor and key management staff.</td>
</tr>
<tr>
<td></td>
<td>□ Surveyor planning needs (Surveyor will request the “ready to go” materials for the Planning Meeting).</td>
</tr>
<tr>
<td></td>
<td><strong>Orientation to health care organization</strong></td>
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<tr>
<td></td>
<td>□ A high-level orientation to the organization (vision, mission, community, etc.)</td>
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<tr>
<td>9:00–10:00 am</td>
<td><strong>Surveyor Planning Session</strong></td>
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<td></td>
<td>□ Review the Priority Focus Process information</td>
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<td></td>
<td>□ Review Measures of Success from the previous Periodic Performance Review (re-survey only)</td>
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<td></td>
<td>□ Review list of eligible contracts</td>
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<td></td>
<td>□ Review list of current patients</td>
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<tr>
<td></td>
<td>□ Quick overview of performance improvement and infection control data</td>
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<tr>
<td></td>
<td>□ Select patients for Tracer Methodology</td>
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<tr>
<td></td>
<td>□ Finalize agenda activities</td>
</tr>
<tr>
<td>10:00 am -12:30 pm</td>
<td><strong>Individual Care Tracer Activity</strong></td>
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<tr>
<td></td>
<td>Tracers may include:</td>
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<tr>
<td></td>
<td>□ Review of closed clinical records</td>
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<td></td>
<td>□ Patient/family member interview</td>
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<td></td>
<td>□ Site visits</td>
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<td></td>
<td>□ Pharmacy visit, as applicable</td>
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<td></td>
<td>□ Patient care areas (i.e., ambulatory infusion, operating room, examination room)</td>
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<tr>
<td></td>
<td>□ Interdisciplinary team interview</td>
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<tr>
<td>12:30 – 1:00 pm</td>
<td><strong>Lunch</strong></td>
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<tr>
<td>1:00 – 2:30 pm</td>
<td><strong>Individual Care Tracer Activity (Cont’d)</strong></td>
</tr>
<tr>
<td>2: 30 – 3:00 pm</td>
<td><strong>Surveyor Team Meeting / Planning Session</strong></td>
</tr>
<tr>
<td>3:00 – 4:00 pm</td>
<td><strong>Leadership Session</strong></td>
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<td></td>
<td>□ Discussion of critical systems analysis exploration – Leadership probes on some of the critical processes</td>
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<tr>
<td></td>
<td>□ Discussion of organization-wide performance improvement activities as appropriate to type and scope of services</td>
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<tr>
<td>4:00 – 4:30 pm</td>
<td><strong>Special Issue Resolution</strong></td>
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</tbody>
</table>

“Undergoing accreditation through The Joint Commission has offered a new perspective on quality and safety. As a result, we are better clinicians, executives, consumers and people.”

Steve Savarese, CEO
Louisiana Sleep Diagnostics, Denham Springs, LA
**Sample Survey Agenda: Initial Survey (cont’d)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Surveyor</th>
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</thead>
<tbody>
<tr>
<td>8:00 – 8:30 am</td>
<td>Daily Briefing</td>
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<tr>
<td>8:30 – 9:30 am</td>
<td>Systems Tracer</td>
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<td>□ Discussion with appropriate staff regarding the use of data for improvement purposes, the management of medication and infection control issues</td>
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<tr>
<td>9:30 – 11:30 am</td>
<td>Individual Care Tracer Activity</td>
</tr>
<tr>
<td>11:30 am – 12:30 pm</td>
<td>Environment of Care Session</td>
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<td></td>
<td>□ Review of management plans</td>
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<td></td>
<td>□ Review evaluation of emergency plan</td>
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<td></td>
<td>□ Review system for reporting accidents, injuries, and safety hazards, identification of any trends, implementation and monitoring of improvement</td>
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<tr>
<td></td>
<td>□ Building tour for Life Safety Code compliance (if applicable)</td>
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<tr>
<td>12:30 –1:00 pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00 – 2:00 pm</td>
<td>Human Resources/Credentials Review</td>
</tr>
<tr>
<td></td>
<td>□ Selected records to include health care professionals of interest pertaining to Tracer activities</td>
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<tr>
<td></td>
<td>□ Includes contract staff</td>
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<tr>
<td>2:00 – 3:30 pm</td>
<td>Surveyor Report Preparation</td>
</tr>
<tr>
<td>3:30 – 4:30 pm</td>
<td>CEO Exit Briefing and Organization Exit Conference</td>
</tr>
</tbody>
</table>

“Joint Commission accreditation takes you to the next level. Our staff is better educated and there is a greater team approach. Joint Commission accreditation is a part of our business plan for the future.”

Brian Chan-A-Sue, General Manager,
Tri-County Diagnostic and Imaging Center, Lakeworth, FL
“Ready to Go” List

**Important:** As an Ambulatory Care organization, you will need the following information and documents for your Preliminary Planning Session and Surveyor Planning Session which occurs as early as possible, on the first day of your survey. To facilitate the survey process, have these items readily available for the surveyor on the first day of the survey:

- Performance / Quality Improvement Data
- Infection Prevention & Control surveillance data
- Infection Control Plan
- Analysis of a high risk process
- Environment of Care data including Statement of Conditions (SOC), if applicable
- Access to computer for surveyor ‘sign-off,’ regarding current Environment of Care and any Plans for Improvement, if applicable
- Environment of Care management plans
- Environment of Care team meeting minutes
- Organization chart
- Map of the organization, if available
- List of all sites eligible for survey
- List of locations where services are provided, including anesthetizing locations
- Reports or lists of patient appointment schedules or surgery schedules for each survey day
- List of contracted services
- Name and extension of key contacts who can assist surveyors in planning tracer selection
Ambulatory Health Care Accreditation Program

List of Eligible Settings
Please note: additional settings eligible for accreditation are available that are not included in this list.

- Ambulatory Surgery Center
- Birthing Center
- Cardiac Catheterization Lab
- Chiropractic Center
- Community/Migrant/Homeless Center
- Convenient Care Clinic
- Correctional Facility
- Dental Office
- Diagnostic Imaging Center
- Dialysis Center
- Freestanding Emergency Care
- Government Health Department
- Indian Health Center
- Infusion Center
- Lithotripsy Center
- Military Clinic
- Mobile Imaging
- Multi-Specialty Group
- Occupational Health Center
- Office-Based Surgery Organization
- Oncology Center
- Pain Clinic
- Podiatric Clinic
- Rehabilitation Center
- Single Specialty Practice
- Sleep Center
- Student Health Center
- Telehealth
- Urgent Care/Immediate Care Center
- VA Clinic
- Women’s Health Center
- Other
What Others Are Saying About the Value of Joint Commission Accreditation

“Michelle Koury, MD, with Crystal Run Healthcare LLP, says Joint Commission accreditation meshes with the Middletown, NY–based multispecialty group practice’s mission and core values. ‘The Joint Commission is truly the national standard in benchmarking quality in healthcare,’ says Koury, COO at the 190-physician practice that first became Joint Commission accredited in 2006. ‘We felt the external validation would further distinguish us from our peers. It would distinguish us with payers and patients and with politicians, regulators, all of our constituents and stake holders!’”


“Pursuing Joint Commission accreditation….assisted in organizing organizing and strengthening patient safety efforts, enhancing performance improvement strategies for continuous improvement in safety and quality care, and reducing the risk of medical effort.”

*Group Practice Journal*, June 2009, “Joint Commission Accreditation: Leadership Challenges and Advantages”

“Joint Commission accreditation is a benchmark for quality comparison with other healthcare organizations. In a pay-for-performance world, accreditation distinguishes us as having achieved structural and process outcomes objectives, a fact rewarded by more progressive payers.”

*Group Practice Journal*, June 2009, “Joint Commission Accreditation: Leadership Challenges and Advantages”

“The results of this study support the HRSA/BPHC effort to facilitate voluntary accreditation as a means of integrating ongoing quality improvement into daily operations and providing a framework for safe, appropriate, and effective care in health centers.”


“The Joint Commission takes a more direct approach to increasing patient safety and making accreditation more meaningful. …Major revisions to the standards at once remove ambiguity from the survey process while improving elements of performance to show their impact on patients…”


“Ambulatory Care Accreditation by The Joint Commission afforded not only external validation of our multispecialty group’s efforts, but even more importantly, the accreditation process provided a disciplined framework for improvement of patient care and safety. My partners and staff rank Joint Commission accreditation as one of the most important and meaningful undertakings in the history of our practice.”


“The structure of your operation is one sign of quality…..Your practice can earn accreditation as well. This is worthwhile, as a credentialed practice brings leverage and marketability at all levels. Credentialing bodies exist for practices, such as The Joint Commission….. The key to success isn’t just doing things right; it’s documenting that you are doing them right.”

*Physicians Practice*, Sept., 2007, “Physicians Practice Pearls: Licensed to Skill”

“Achieving accreditation is also one way health centers can evaluate their performance against nationally recognized standards of care, and be able to communicate that accomplishment through the display of the accreditation seal. In the competitive and changing arena of health care, accreditation has become a highly sought after distinction.”