“It was clear from the outset of our survey that our colleagues from The Joint Commission were caring, passionate professionals who shared our primary concern – ensuring the delivery of safe, high-quality patient care. The accreditation process gave us an invaluable perspective on our practice and our environment through a constructive, independent and outside review. Staff throughout the hospital – in all departments and roles – gave voice to their practice and received valuable feedback”.

Jeanette Ives Erickson, R.N., M.S., FAAN, Senior Vice President for Patient Care Services and Chief Nurse Executive Massachusetts General Hospital, Boston, Mass.
Hospitals participating in The Joint Commission’s accreditation process receive expert assistance and support from individual account executives and standards implementation and patient safety experts. Joint Commission certified surveyors provide a rigorous evaluation of the hospital’s patient care processes and helpful expert advice on how to improve. Twenty (20) accreditation services are provided exclusively for Joint Commission accredited organizations. From a “Value” perspective, the average cost of Joint Commission hospital accreditation has historically been about 10% to 15% of the fees hospitals pay for their annual financial audit. Internal application of Lean and Six Sigma methods at The Joint Commission has led to improved customer service, reduced costs and no fee increase for 2009 and 2010. A 1% fee increase was instituted in 2011.

1. **Account Executives** – organizations are paired with an account executive dedicated to help each customer have a positive accreditation experience and address any accreditation process questions or concerns they may have.

2. **Joint Commission Connect** – each organization’s specific extranet site provides authorized individual access to all important accreditation related information including the Accreditation Decision Report, e.app, Periodic Performance Review, historical files, ORYX data and the Evidence of Standards Compliance process.

3. **Expert analysis of Sentinel Events** – feedback and assistance with the completion of Root Cause Analyses.

4. **Targeted Solutions Tool™** – Customized solutions to serious quality and safety problems like hand hygiene, hand-off communications and surgical site infection. Through the involvement of leading hospitals in the Joint Commission’s Center for Transforming Healthcare, detailed information is being provided to Joint Commission-accredited hospitals about problem-specific root causes and identified solutions customized and targeted to the specific circumstances of individual hospitals.

5. **Expert and experienced surveyors** – The Joint Commission employs all of its field staff (surveyors), prohibits them from providing accreditation/certification-related consulting services and requires that they pass both a comprehensive written certification examination and a preceptorship training program. Many surveyors have conducted hundreds of surveys and average about 20 per year while simultaneously maintaining their clinical and professional experience in the field.
6. **Comprehensive on-site survey and tracer methodology** – certified and experienced surveyors with relevant knowledge of the health care settings they survey, perform patient tracers and care systems tracers to determine, from the patient’s viewpoint, the quality and safety of care being provided. These unannounced surveys result in a Report of Survey Findings and an official Accreditation Decision Report.

7. **E-dition – this electronic searchable standards manual** provides online access to the most up-to-date content in a single location. E-dition allows the organization to tailor the information they need and that applies to their unique services and includes full text searching, history tracking and standards filtering.

8. **National Patient Safety Goals** – and assessment of compliance with the safety Goals and related requirements.

9. **Periodic Performance Review** – an electronic PPR tool is provided to each accredited organization as an efficient and effective method for assessing organizational compliance with national standards. Joint Commission expert staff provide telephone counseling and support to assist hospitals effectively complete their self-assessment of performance.

10. **Improvement assistance** – from clinical specialists in the Standards Interpretation Group. Inquiries from accredited organizations are given a higher priority than non-accredited organizations and a call center priority routing system for customers has been implemented. Joint Commission accredited organizations receive expedited assistance by completing the Online Submission Form on their Joint Commission extranet site.

11. **Accreditation process guide** – a step-by-step review of how the hospital accreditation process works. The accreditation manual provides a comprehensive review of the accreditation process which includes a description of the survey agenda, patient tracers, accreditation decision process, the PPR process, and post survey activity.

12. **Survey activity guide** – this comprehensive 65-page guide provides detailed information on what to expect during each segment of the on-site survey from the Surveyor Preliminary Planning Session to the Exit Conference.

13. **Online electronic payment option** – customers can use Visa, MasterCard, American Express, Discover, or E-check to pay their deposit, annual fee and on-site fees online via The Joint Commission Connect extranet site.
Benefits of Joint Commission Accreditation

14. **Strategic Surveillance System (S3)** – Hospitals receive on their extranet site a comprehensive Performance Risk Assessment dashboard report that includes a risk assessment based on the Priority Focus Areas and comparative data depicting the hospital’s performance in relation to leading and poor performing hospitals.

15. **Disease-Specific Care Certification** – for an added fee, accredited organizations may seek special certification for the services they provide to patients with chronic illnesses. Advanced programs are available for primary stroke centers, and COPD, inpatient diabetes, chronic kidney disease and heart failure programs.

16. **Educational programs and publications** – a wide variety of programs and materials are made available through Joint Commission Resources (JCR). Topics include infection prevention and control, medication safety, environment of care and accreditation and certification requirements. Beginning in January 2010, Joint Commission-accredited and certified organizations will pay lower fees for educational programs and publications than other customers.

17. **Performance measurement analysis** – each hospital is provided on a quarterly basis with both Control Charts and Comparison Charts as a set of “ORYX Performance Measurement Reports” for each and all reported measures. The reports include two years of data and also feed into the Strategic Surveillance System reports organizations receive as a management tool from The Joint Commission.

18. **Relief from State and Federal agency inspections** – The Centers for Medicare and Medicaid Services (CMS) and 46 state agencies substantially rely on the Joint Commission’s accreditation of hospitals in lieu of conducting their own inspections.

19. **The Leading Practice Library** – is a complimentary tool available to organizations that are currently accredited or certified by The Joint Commission. The documents in the Library are real life solutions that have been successfully implemented by health care organizations and reviewed by Joint Commission standards experts.

20. **Recognition of excellence** – successful achievement of Joint Commission accreditation or certification earns the Joint Commission’s Gold Seal of Approval™; the internationally-recognized symbol of health care quality.

21. **Standards BoosterPaks™** – provide all the information in a single source needed to understand and correctly interpret a standard.