**Clarification**: Approved Laboratory Services in a Joint Commission-Accredited Primary Program

When laboratory testing is provided in a Joint Commission–accredited organization, the organization must have a Clinical Laboratory Improvement Amendments of 1988 (CLIA ’88) certificate that is appropriate for the testing performed there. In addition, if the testing is categorized by the Food and Drug Administration (FDA) as nonwaived, the testing must be accredited by The Joint Commission’s Laboratory Accreditation Program or one of the cooperative partners of The Joint Commission. These partners include the College of American Pathologists (CAP), COLA, and the American Society of Histocompatibility and Immunology (ASHI). With the exception of the state of Washington, state inspection does not negate the requirement for accreditation by The Joint Commission or one of the cooperative partners. This requirement is described at the beginning of “The Accreditation Process” (ACC) chapter of The Joint Commission’s comprehensive accreditation manuals, in both the “Scope of Accreditation Surveys” and the “Tailored Survey Policy” sections.

As indicated in the ACC chapter, “The Joint Commission evaluates all health care services provided by the organization for which The Joint Commission has standards and makes an accreditation decision for each accreditation program surveyed.” In addition, because the Centers for Medicare & Medicaid Services (CMS) considers them to be an essential service of the hospital, laboratory services are regarded as part of the entire organization’s compliance status for accreditation. Consequently, Joint Commission policy is that all services must be accredited to maintain the same level of service delivery throughout the organization.

If nonwaived laboratory testing is not accredited as described above, decision rule FOC01 (in the “Accreditation Decision Rules” section of the ACC chapter) applies. This rule requires documentation of successful accreditation, which can be verified with an accreditation decision letter from the relevant accreditation organization or with other documents that state the laboratory has been awarded accreditation in good standing. If a laboratory cannot demonstrate this achievement, The Joint Commission will perform a laboratory survey within one month.

If you have any questions about whether your laboratory services comply with the tailored survey policy described in the ACC chapter (and shown in the box below), please contact your account executive at 630-792-5900.

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**Tailored Survey Policy**

The public expects all of the programs or services delivered under the auspices of an accredited organization to have been evaluated. As such, The Joint Commission applies its Tailored Survey Policy to components (for which there are applicable Joint Commission standards) that are organizationally and functionally integrated with the health care organization applying for accreditation (see “Organizational and Functional Integration” [in the ACC chapter]).

The Joint Commission will include another service, program, or related entity (that is, component), whether providing programs or services directly or through a contractual arrangement, in the survey of the applicant organization under the following circumstances:

- There are Joint Commission standards applicable to the component
- There is organizational and functional integration between the component and the applicant organization

The Joint Commission survey, assuming satisfactory compliance, provides one accreditation award for each accreditation program surveyed (for example, ambulatory, home care, long term care, and so forth).

Note: Any service, program, or related entity that is a component of an accreditation-eligible organization may independently seek accreditation if it can meet Joint Commission survey eligibility requirements. The results of such a separate accreditation survey will not affect the overall organization’s decision.