Facts about the unannounced survey process

The Joint Commission conducts unannounced surveys:

- To help health care organizations focus on providing safe, high quality care at all times
- To affirm the expectation of continuous standards compliance both by The Joint Commission of its accredited organizations and by these organizations of themselves
- 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

An organization will undergo an unannounced survey between 18-36 months after its previous survey. The timing of the survey is based on criteria generated from Priority Focus Process data, as well as other factors. On the morning of an organization’s survey, the biographies and pictures of the surveyors assigned to conduct the survey are posted to The Joint Commission Connect™, the organization’s secure extranet. This same-day notice of the on-site survey can be accessed via some mobile devices.

Note: All hospital and Centers for Medicare & Medicaid Services deeming or recognition surveys are unannounced.

Exceptions to unannounced surveys

The following surveys are announced:

- Initial surveys (organizations undergoing their first Joint Commission survey)
- First and second surveys for organizations that choose the Early Survey Policy option
- Periodic Performance Review Option 2 and Option 3 surveys (seven-day notice)

A seven-day notice is given for the following surveys:

**Ambulatory care program**

- Ambulatory health care organizations that only provide medical/dental services and have fewer than 5,000 annual visits or less than three licensed independent practitioners
- Ambulatory health care organizations that provide specified diagnostic and therapeutic services and have fewer than 3,000 annual visits or four or fewer licensed independent practitioners
- Office-based surgical practices
- Organizations that provide mobile diagnostic services
- Organizations that provide non-deemed ambulatory surgery
- Telehealth organizations
- Sleep centers

**Behavioral health care program**

- Community-based, freestanding programs
- Foster care programs
- Freestanding organizations with 10 or fewer staff or a total average daily census of less than 100
- In-home behavioral health, case management or Assertive Community Treatment program, if not part of a hospital
- Methadone programs, if not part of a hospital

**Disease-Specific care certification program**

- All disease-specific care reviews

**Health Care Staffing certification program**

- Health care staffing organizations with two or fewer full-time employees

**Home care program**

- Small, non-deemed health and hospice organizations, if not part of a hospital
- Small home care organizations that provide only one service

**Laboratory program**

- Freestanding in-vitro fertilization laboratories
- Small laboratories with fewer than 5,000 tests per year
Medicare/Medicaid certification-based long term care program

- One-day freestanding Medicare/Medicaid certification-based long term care surveys, if not part of a hospital

Other facilities

- Department of Defense facilities
- Bureau of Prison facilities
- Immigrant facilities

Accredited and certified organizations can identify up to 10 days in which an unannounced survey or review should be avoided (i.e., black-out dates). 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's request, but reserves the right to conduct a survey during an “avoid period” if the reason given to avoid a survey is such that a survey can be reasonably accomplished.

For more information about unannounced surveys, visit The Joint Commission website at www.jointcommission.org. Accredited and certified organizations may visit The Joint Commission Connect extranet, or contact their account executive for additional information.