



# **Joint Commission Accreditation – Supporting Provider Organizations in the State of Ohio Meet Their Accreditation Requirements**

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# Joint Commission Accreditation – Supporting Provider Organizations in the State of Ohio Meet Their Accreditation Requirements

Presented by:



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# Today's Agenda

**About  
The Joint  
Commission**

**Joint  
Commission  
Accreditation  
Difference**

**Accreditation  
Requirements**

**Accreditation  
Process**

**Questions**

# The Joint Commission



## Our Roots

- Founded in 1951
- Independent, not-for-profit organization
- Nation's oldest and most trusted standards-setting body

## Full-Service

- Covers the full continuum of care
- Behavioral Health care and Human Services programs:
  - **Mental Health**
  - **Addictions**
  - **Human Services**
  - **ID/DD**
  - **OTP's**
  - **CCBHC's**

## Gold Seal Distinction

- The Gold Seal of Approval® is a reputation-building symbol of quality
- Reflects a commitment to meeting the highest national standards
- Increasingly used as a qualifying factor for network/payor partnerships

## Market Leader

- Accrediting BHC/HS organizations for over 50 years
- Accredits more than 23,000 sites
- Accredits more than 4,100 BHC/HS organizations



# Accrediting the full continuum of Behavioral Healthcare and Human Services

## Behavioral Healthcare

- Addictions Treatment
- Opioid Treatment Programs (OTPS)
  - Mental Health Treatment
  - Eating Disorder Treatment
- Primary Physical Healthcare
  - Prevention and Wellness
    - CCBHC's

## Human Services

- Child Welfare
  - Adoption
  - Foster Care
  - Kinship Care
  - Respite Care
- Protective Services
- Family Reunification
- Family Pres./Wraparound
- Intellectual and Developmental Delays

## Recovery and Resilience

- Shelter
- Care Coordination/Case Management
  - Family Support
- Community Integration
- Employment Services
  - Peer Support
- Housing Services
- Vocational Rehabilitation

## Settings

- |   |  |   |
|---|--|---|
| Inpatient/Crisis Stabilization<br>Adult Day Care<br>Community Based Homes<br>Outdoor Treatment/Wilderness | Residential/Group Home<br>IOP/PHP/Day Treatment<br>Correctional/Forensics<br>Outpatient Services<br>Transitional/Supportive Living | 24 hour Therapeutic School<br>Therapeutic Day School<br>In home Services<br>Telehealth/Technology Based |
|---|--|---|

# Quality: A Comprehensive Framework

## The foundation for high quality and safety



**ACCREDITED ORGANIZATION**

**Leadership & Staff Competencies**

**Standardized Policies and Processes**

**Data-informed Decision-Making**

**Environment of Care/  
Life Safety**

**Clinical Operations**

**Management Operations**

**STANDARDS**

# The Joint Commission Accreditation difference



# Internal Value of Joint Commission Accreditation

## ACCREDITATION



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Increased Standardization



Reduced Variation



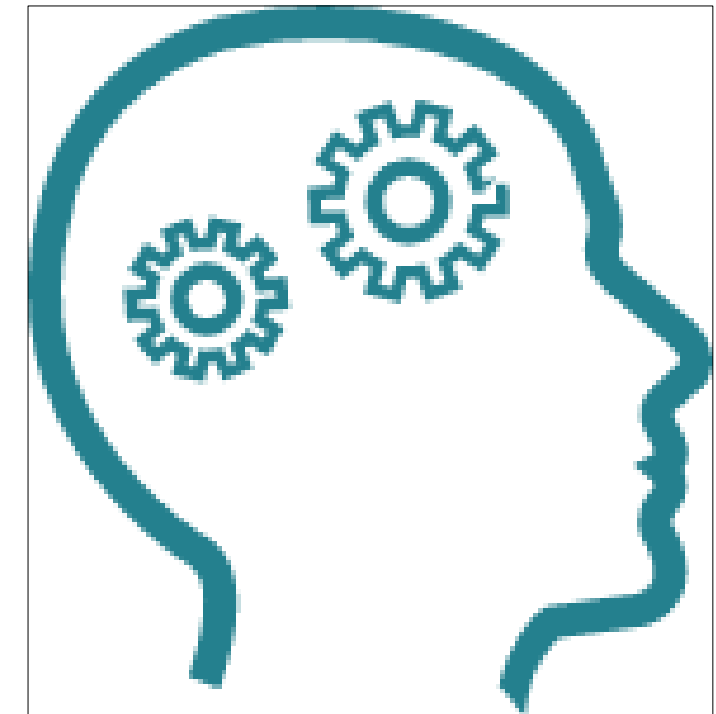
Lowered Risk



Improved Quality & Patient Safety

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## EXCELLENCE IN CARE





# External Value of Joint Commission Accreditation



The Gold Seal of Approval<sup>®</sup> substantially enhances your brand and reputation, setting you apart from your competition.

Our comprehensive, solutions-focused approach elevates performance on key components of care that foster better outcomes, enhanced safety, and greater success with business relationships.



COMPREHENSIVE  
APPROACH TO  
PATIENT SAFETY



COLLABORATIVE  
ACCREDITATION  
EXPERIENCE

UNMATCHED  
EXPERTISE AND  
RESOURCES

RECOGNIZED LEADER  
IN PATIENT SAFETY

# Top 5 Reasons organizations choose The Joint Commission:



- 1. Superior name recognition** - recognized and respected across the field
- 2. Robust standards** in support of organizational excellence to help organizations become data driven and performance improvement focused
- 3. Unparalleled Expertise** with surveyors who are experts in behavioral health care and human services at agencies just like yours providing educative, collaborative survey experiences.
- 4. Extensive resources and support** to help you excel before, during and after your accreditation with a multitude of live or online options.
- 5. Data driven framework** supports organizations in integrating data into their daily operations, including the use of measurement-based care

# Name Recognition

- Widely respected as a mark of distinction by payers, consumers, business partners and referral sources
- Aligns the organization with the health care community for partnerships and referrals
- May improve standing with payors



# A Higher Bar

- Highest standards in the field
- Guidance for good practices: Quality and Safety
- Assist organization with integrating data use into daily operations
- A visible symbol of your commitment to quality



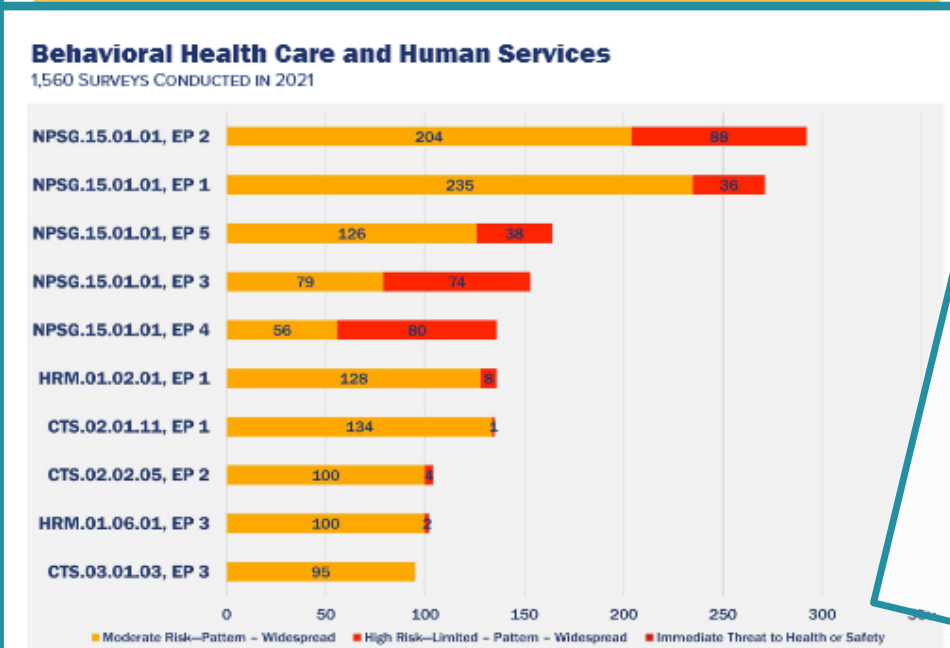
# Unparalleled Expertise

- Experienced, licensed behavioral health care professionals
- Majority currently working in the field
- Trained, mentored, and monitored to deliver consistently valuable and inspirational surveys
- Culturally Sensitive and Diverse
- Average surveyor conducts over 25 surveys per year with an average tenure of service of 9 years
- Surveyors share best practices, are collaborative, transparent, educational and inspirational
- Surveyors help organizations in their commitment to provide safe and high-quality care, treatment and services

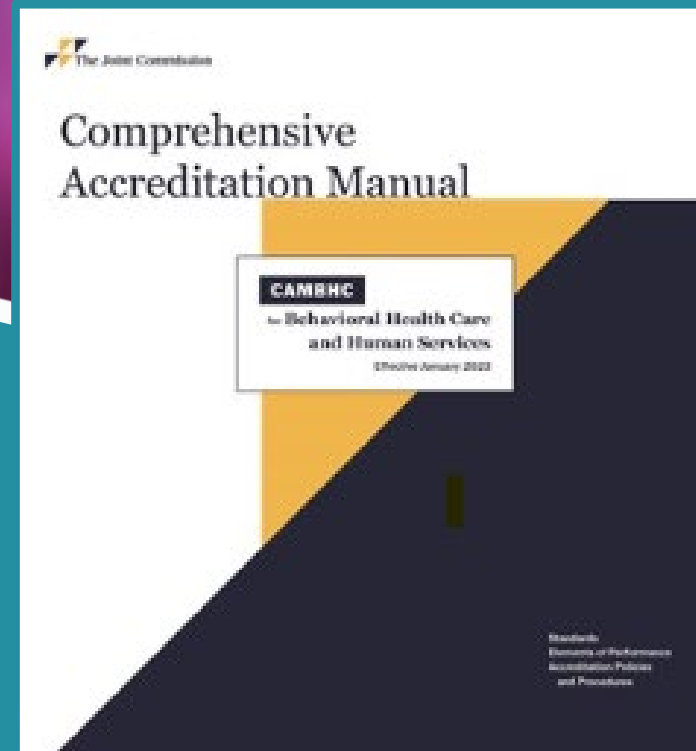




# Extensive Resources

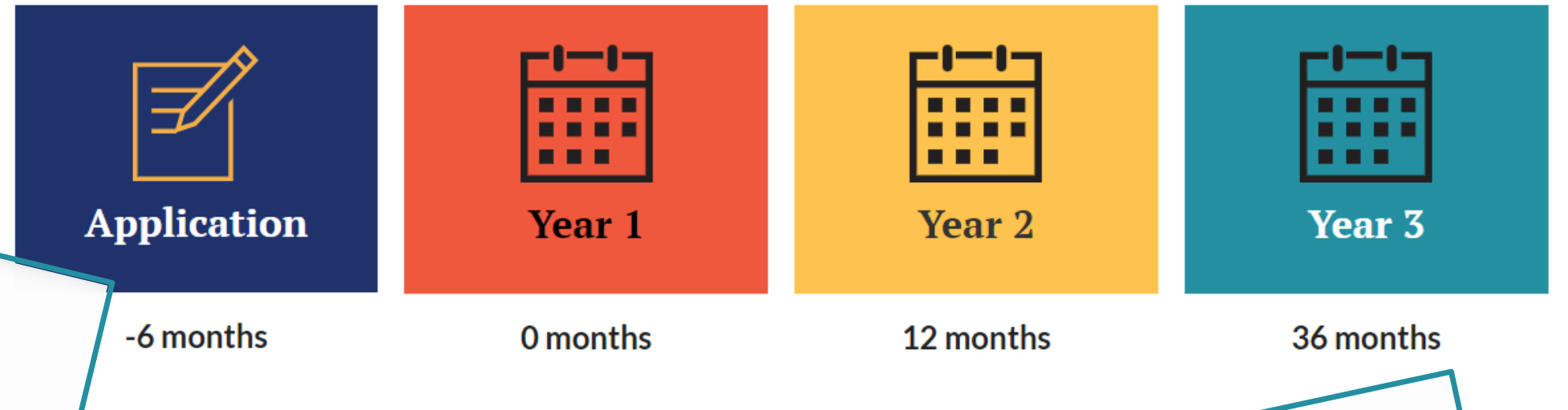


| Standard  | EP  | Keywords/Topics   |
|---|---|---|
| <b>NPSG.15.01.01:</b> Reduce the risk for suicide.<br><i>See Q1 2021 Heads-Up Report titled Reduce the Risk of Suicide on your organization's Joint Commission Connect extranet site.</i>                 | <b>EP 2:</b> Screen all individuals served for suicidal ideation using a validated screening tool.  | <ul style="list-style-type: none"> <li>• Suicidal ideation screening</li> <li>• Suicide risk reduction</li> <li>• Validated screening tools</li> <li>• Suicide risk assessment</li> <li>• Suicide risk reduction</li> </ul> |
| <b>NPSG.15.01.01:</b> Reduce the risk for suicide.<br><i>See Q3 2020 Heads-Up Report titled Identifying Environmental Risks of Suicide on your organization's Joint Commission Connect extranet site.</i> | <b>EP 1:</b> The organization conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide and takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging). | <ul style="list-style-type: none"> <li>• Ligature risks</li> <li>• Suicide risk</li> <li>• Identifying items of self-harm</li> <li>• Environmental risk assessment</li> <li>• Suicide prevention</li> </ul>                 |



## Readiness Roadmap

We have information to help you at all stages of your accreditation, certification or verification journey.



**HEADS UP...**

- [Behavioral Health Care and Human Services \(BHC\) Program](#)
- [Credentialing and competency assessments](#)
- [Identification of individuals who may have experienced trauma, abuse, neglect, or exploitation](#)
- [Identifying Environmental Risks of Suicide](#)
- [Measurement-Based Care: Using Results to Inform Care and Treatment](#)
- [Nutritional screening](#)
- [Plan of care and indices of progress](#)
- [Reduce the Risk of Suicide](#)
- [Screening Procedures](#)

# Support throughout the process

- The highest level of customer service
  - Assistance prior to survey
  - Continuing assistance throughout your tenure
  - Standards experts and other thought leaders
    - Resources for safety, suicide prevention, workplace violence prevention, equity, etc
    - Resources for robust process improvement, safety culture, change management



# Data Driven Framework: Measurement Based Care

- Effective since January 1, 2018
- Requires use of a standardized Measure to evaluate treatment progress of the individual throughout treatment as well as evaluate program/service outcomes
- Benefits
  - Identify treatment issues sooner/prevent bad outcomes
  - Proactively direct treatment and revise Tx plan
  - Give treatment teams an objective lens to view progress
  - Create a feedback loop between client and treatment team
  - Increase client engagement/satisfaction
  - Demonstrate concrete changes for third party payors
  - Drive Program Development/Evaluation

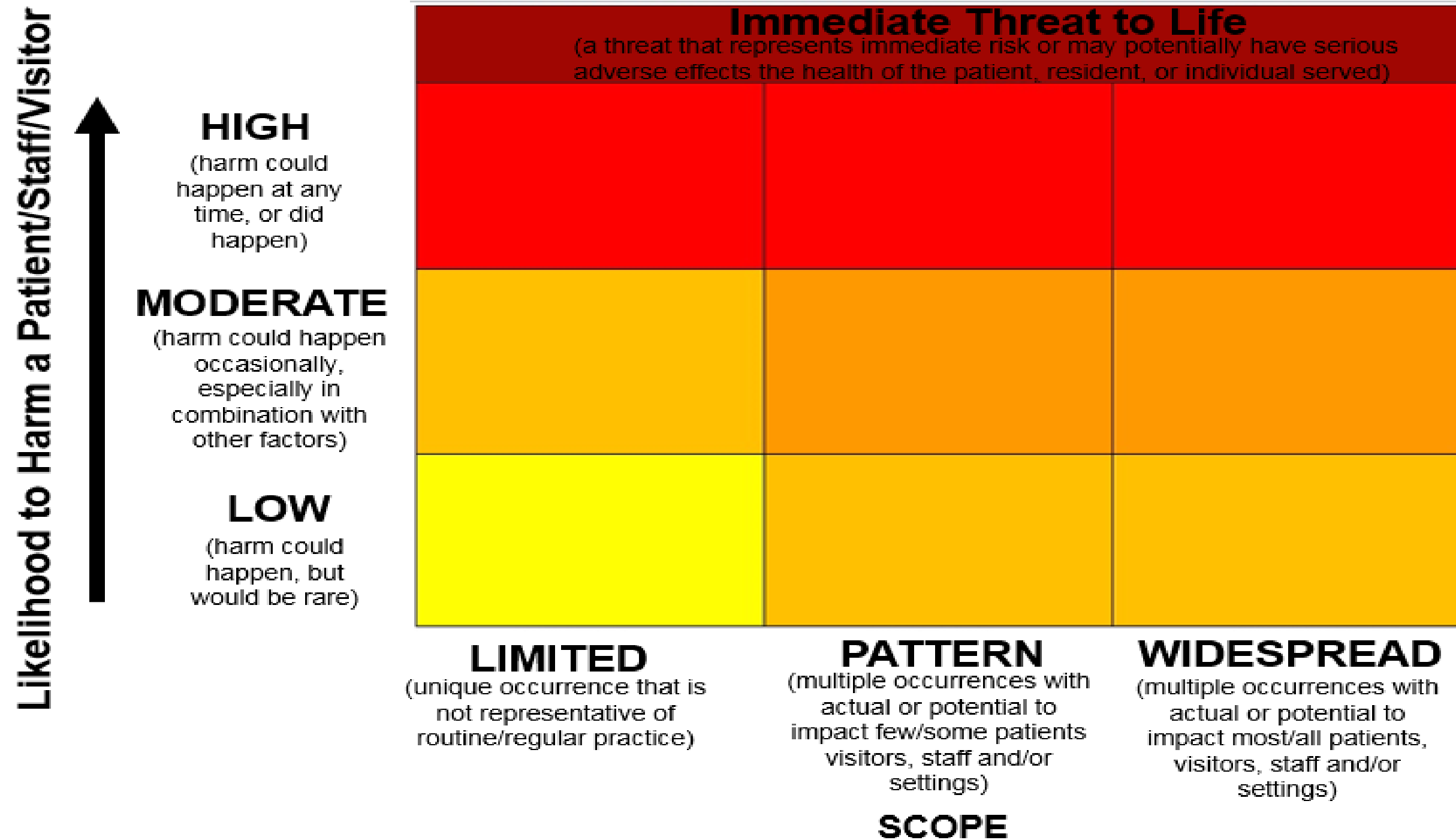
The image shows a Patient Health Questionnaire (PHQ-9) form, tilted. The form includes a header with 'Patient Health Questionnaire (PHQ-9)' and 'Date:'. Below the header, there are fields for 'Patient Name:' and 'Date:'. The main body of the form contains nine numbered items (a-i) describing various symptoms, each followed by a grid of checkboxes. The grid has five columns representing frequency: 'Not at all', 'Several days', 'More than half the days', and 'Nearly every day'. Below the grid, there are two additional questions (1 and 2) regarding the patient's thoughts and the difficulty of the problems. The form is framed with a teal border.

# Unique advantages of Joint Commission Accreditation

- Organization wide accreditation – the better to tackle systemic issues
- Non-prescriptive accreditation requirements
- Always a 3-year accreditation award
- Flexible Timing
- Safer Matrix and Safer Dash

# SAFER Matrix:

## Taking your survey findings to the next level





# SAFER® Dashboard

Data-driven Decision Making, Made Easier

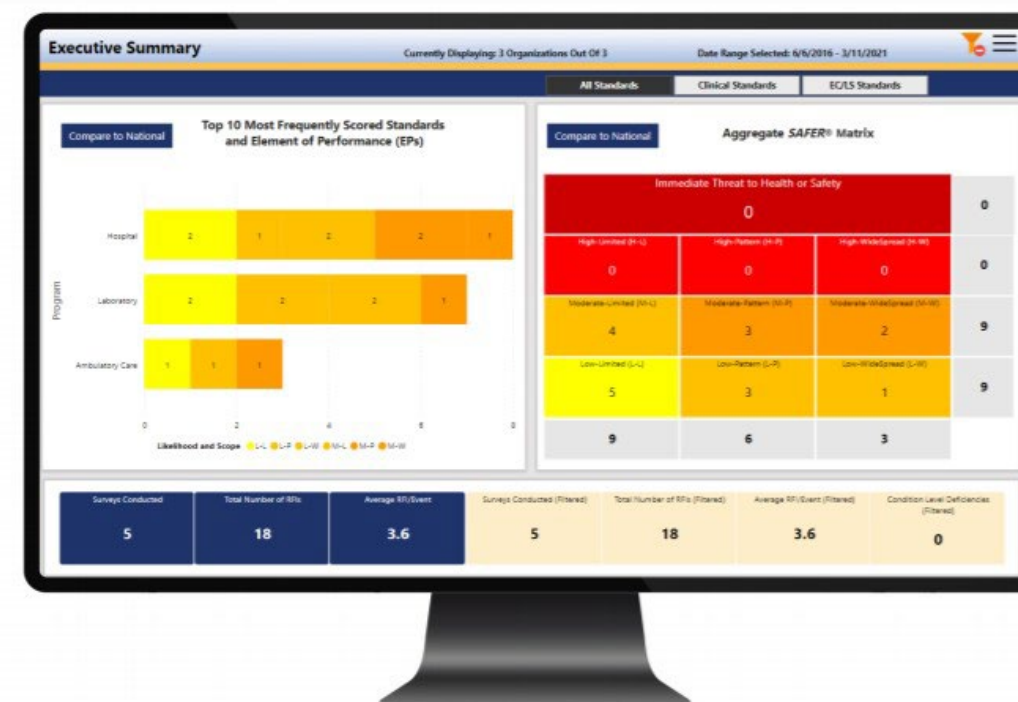


## QUEST FOR DATA INTELLIGENCE AND VISIBILITY

- Compare organizations to the national average or within a corporate/system
- Seamlessly share data with other stakeholders and enable faster reporting of data to make timely decisions
- Compare current performance to past performance, or to a target



- Compare the top 10 most frequently scored standards and elements of performance for an organization
- Proactively determine and prioritize areas of potential improvement and create measurable goals to track progress
- Access and visualize organization-wide accreditation data in one convenient place



# Accreditation Requirements: Comprehensive Accreditation Manual for Behavioral Health Care and Human Services



# Behavioral Health Care Accreditation Requirements

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- Available electronically or in print manual form
- Electronic version free to organization after applying for accreditation
- 90-day free trial available for organizations considering accreditation
- Contact us via email on last slide or sign up at <https://www.jointcommission.org/accreditation-and-certification/health-care-settings/behavioral-health-care/request-free-standards-access/>
- Print manual available at [www.jcrinc.com](http://www.jcrinc.com)

# Behavioral Health Care and Human Services Accreditation Requirements

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- Standards are specific to behavioral health and human services settings and populations served
- Developed using industry experts such as yourself, advisory & technical panels, etc.
- Based on scientific literature, evidenced based practice, with concepts of trauma informed care, person centeredness, recovery and resilience integrated into requirements
- Standards open to broad field review to test appropriateness; piloted prior to implementation
- Non-prescriptive

# Accessing the Requirements: The Joint Commission Edition

The screenshot displays the user interface of The Joint Commission E-dition. At the top left is the logo and text "The Joint Commission E-dition". A search bar labeled "Keyword Search:" with the placeholder "Enter keyword here" is positioned below the logo. To the right of the search bar is a navigation bar with icons and labels for "Home", "JCR Portal", "What's New", "Favorites", "Service Profile", "Filters", "Admin", "Help", and "Logout". Below the navigation bar is a breadcrumb trail: "Accreditation > August 27, 2023 > Behavioral Health and Human Services". On the far right of this bar is the user name "Bukowski, Colette @ The Joint Commission".

A left-hand navigation menu is visible, with "Products And Programs" expanded to show "Accreditation". Under "Accreditation", the date "August 27, 2023" is selected, and "Behavioral Health and Human Services" is highlighted. Other dates listed are "July 1, 2023" and "February 19, 2023". Below this, "Standards Manual Content" is expanded to show "Accreditation Requirements" and "Accreditation Process Info", with sub-items "Glossary" and "Crosswalks".

The main content area features a heading "WELCOME TO E-DITION!" followed by the text: "Now all of the content from The Joint Commission Comprehensive Accreditation, Certification and Verification Manual is online." Below this is a section titled "Getting Started:" with a list of instructions:

- Browse the standards and requirements. From the left menu:
  - Select a Product.
  - Select an Effective Date.
  - Select a Program.
  - Click on Accreditation Requirements, Certification or Verification Standards.
  - Select a Chapter and click on a specific Standard or requirement to see the details.
- Enter a search phrase or standard number at the top left and click the search button.
- For details click E-dition Help at the top right corner of the screen.



# Filter & Customize the Standards

## Select a Service:

- Behavioral Health Care Services
  - Addictions
    - Opioid Treatment (OTPs certified by SAMHSA/CSAT) (including methadone detoxification/maintenance) [Applicable EPs](#)
    - Adult (excluding methadone detoxification / methadone maintenance) [Applicable EPs](#)
    - Child/Youth (excluding methadone detoxification / methadone maintenance) [Applicable EPs](#)
  - Certified Community Behavioral Health Clinics [Applicable EPs](#)
  - Mental Health
    - Adult [Applicable EPs](#)
    - Child/Youth [Applicable EPs](#)
  - Eating Disorders Treatment [Applicable EPs](#)
  - Primary Physical Health Care [Applicable EPs](#)
  - Prevention and Wellness Promotion [Applicable EPs](#)

## Select Medication Management Processes:

- Medication Management Processes
  - Store Medication(s) [Applicable EPs](#)
  - Prescribe Medication(s) [Applicable EPs](#)
  - Administer Medication(s)/Allow Self-Administration [Applicable EPs](#)
  - Dispense Medication(s) [Applicable EPs](#)

## Settings:

- Human Services
  - Child Welfare
    - Adoption [Applicable EPs](#)
    - Foster Care - Adult [Applicable EPs](#)
    - Foster Care Treatment - Child/Youth [Applicable EPs](#)
    - Foster Care Traditional - Child/Youth [Applicable EPs](#)
    - Respite Care [Applicable EPs](#)
    - Kinship Care [Applicable EPs](#)
    - Protective [Applicable EPs](#)
    - Family Reunification [Applicable EPs](#)
    - Family Preservation/Wraparound [Applicable EPs](#)
  - Intellectual Disabilities/Developmental Delays (ID/DD)
    - Adult [Applicable EPs](#)
    - Child/youth [Applicable EPs](#)
  - Shelter [Applicable EPs](#)
  - Recovery or Resilience
    - Care Coordination/Case Management [Applicable EPs](#)
    - Community Integration [Applicable EPs](#)
    - Employment [Applicable EPs](#)
    - Family Support [Applicable EPs](#)
    - Peer Support [Applicable EPs](#)
    - Housing [Applicable EPs](#)
    - Vocational Rehabilitation [Applicable EPs](#)
- Residential Care, Treatment, or Services [Applicable EPs](#)
  - Group Homes
  - 24-hour Therapeutic School
  - Residential Care
- Outpatient Care, Treatment, or Service Settings [Applicable EPs](#)
  - Adult Day Care
  - Day Treatment
  - Intensive Outpatient Program (IOP)
  - Partial Hospitalization Program (PHP)
  - Therapeutic Day School
- Community-Based Homes [Applicable EPs](#)
- Correctional/Forensic [Applicable EPs](#)
- In-home Care, Treatment, or Services [Applicable EPs](#)
- Inpatient Crisis Stabilization [Applicable EPs](#)
- Outdoor Treatment/Wilderness Program [Applicable EPs](#)
- Outpatient Care, Treatment, or Services/Staff Office(s) Only [Applicable EPs](#)
- Technology-Based [Applicable EPs](#)
- Transitional/Supportive Living [Applicable EPs](#)

# Behavioral Health Care and Human Services Standards Manual Chapters

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→ Standards Manual Content

- ▣ Accreditation Requirements
  - Accreditation Participation Requirements (APR)
  - Care, Treatment, and Services (CTS )
  - Environment of Care (EC)
  - Emergency Management (EM)
  - Human Resources Management (HRM )
  - Infection Prevention and Control (IC)
  - Information Management (IM)
  - Leadership (LD)
  - Life Safety (LS)
  - Medication Management (MM)
  - National Patient Safety Goals (NPSG)
  - Performance Improvement (PI)
  - Record of Care, Treatment, and Services (RC)
  - Rights and Responsibilities of the Individual (RI)
  - Waived Testing (WT)

**Standard:** performance expectation

**Rationale statement:** why do it?

**Elements of Performance:**

- Building blocks for compliance
- Step wise guidance to support achieve performance expectation
- Incorporates elements commonly expected by states, regulators and payers
- Leverages TJC knowledge of methods that have been found to reduce the chance of non-compliance
- Identifies corollary standards to consider



# Standard Example

Standard: Performance expectation (identified by chapter abbreviation and six number identifier)

**CTS.03.01.01** The organization bases the planned care, treatment, or services on the needs, strengths, preferences, and goals of the individual served. Note: For opioid treatment programs: Methadone has well-documented effects on several systems, including the respiratory, nervous, and cardiac systems, and the liver. In addition, many medications including methadone can act to increase the QT interval on an electrocardiogram and potentially lead to torsades de pointes, a potentially life-threatening cardiac arrhythmia. Therefore, it is important for the program physician to consider all of the medications the patient is currently taking (including actual versus prescribed doses, illicit drugs, medically active adulterants potentially present in illicit substances, and medically active over-the-counter or natural remedies). Given consideration of this information, the program physician can determine whether the treatment drug will be methadone, buprenorphine, or another medication and whether the treatment indicated for the patient is induction, detoxification, or maintenance.

**Standard Introduction and Rationale**

**Introduction to Standards CTS.03.01.01 Through CTS.03.02.03—Planning Care, Treatment, or Services**


The expressed needs, strengths, preferences, and goals of the individual served provide a contextual framework for the information and impressions collected from screening and assessment. Taken together, these sources provide a foundation for planning individualized care, treatment, or services. The individual served, as well as his or her family, as appropriate to the individual's circumstances, are important participants in the care, treatment, or services planning process. Plans are modified in accordance with progress toward goals and changes in needs and preferences.

| Nbr | Elements of Performance (EPs)   | SAMHSA/OTP   | New | FSA | DOC | ESP |
|-----|---|--|-----|-----|-----|-----|
| 1   | The needs, strengths, preferences, and goals of the individual served are identified based on the screening and assessment and are used in the plan for care, treatment, or services. | <a href="#">2.L.2.a.</a><br><a href="#">2.Q.1.</a><br><a href="#">2.U.2.g.</a> |     |     |     |     |
| 2   | Care, treatment, or service decisions are collaborative and interdisciplinary when more than one discipline is involved in the care, treatment, or services of the individual served. | <a href="#">2.U.2.g.</a>   |     |     |     |     |
| 3   | Planning for care, treatment, or services includes identifying objectives for the identified goals. (See also CTS.03.01.03, EP 3)   | <a href="#">2.Q.1.</a><br><a href="#">2.U.2.g.</a>                             |     |     |     |     |
| 4   | Planning for care, treatment, or services includes interventions and services necessary to meet the identified goals.   | <a href="#">2.L.2.a.</a><br><a href="#">2.Q.1.</a><br><a href="#">2.U.2.g.</a> |     |     |     |     |




Rationale: Why do it?

Elements of Performance: Steps/Guidance to meet the Standard

# Standard Example 2

Keyword Search:  

Home JCR Portal What's New Service Profile **Filters** Help Logout

| Standard Label      | Standard Text   | Actions   |
|---------------------|---|---|
| <b>CTS.01.01.01</b> | The organization accepts for care, treatment, or services only those individuals whose identified care, treatment, or service needs it can meet. Note 1: For opioid treatment programs: If an individual eligible for treatment applies for admission to a comprehensive maintenance treatment program but cannot be placed within 14 days in a program that is within a reasonable geographic area, an opioid treatment program's program sponsor may place the individual in interim maintenance treatment. Note 2: For opioid treatment programs: There may be individuals in special populations who have a history of opioid use but are not currently physiologically dependent. Federal regulations waive the one-year history of addiction for these special populations, because these individuals are susceptible to relapse to opioid addiction, leading to high-risk behaviors with potentially life-threatening consequences. These populations include the following: - Persons recently released from a penal institution - Persons recently discharged from a chronic care facility - Pregnant patients - Previously treated patients |    |

Standard Introduction and Rationale

| Nbr | Elements of Performance (EPs)  | SAMHSA/OTP | New | FSA | DOC      | ESP          |
|-----|--|------------|-----|-----|----------|--------------|
| 1   | The organization follows a written process for determining eligibility of individuals that includes the following:<br>- The criteria to determine eligibility for care, treatment, or services<br>- The information to be collected to determine eligibility for care, treatment, or services<br>- The populations of individuals accepted or not accepted by the organization (for example, programs designed to treat adults that do not treat young children)<br>- The procedures for accepting referrals |            |     |     | <b>D</b> | <b>ESP-1</b> |
| 3   | The organization screens individuals for eligibility at the point of first contact with the organization.  |            |     |     |          |              |
| 4   | After screening, the organization matches accepted individuals with the care, treatment, or services most appropriate to their needs.  |            |     |     |          |              |
| 6   | The organization provides information about the locations and hours during which care, treatment, or services are available.   |            |     |     |          |              |

Requires a document at the time of survey to be in compliance

Part of the Early Survey



Use filters at top right-hand side to view either



# Joint Commission Accreditation Process





# The Joint Commission Accreditation Process

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## We move at your speed:

- Flexibility to meet your timeline
- We do not require 6 months of compliance prior to survey
- We do not require that you conduct a formal self assessment or submit any documentation prior to the survey
- Fastest to accreditation → On-site survey within 60 days from the date you tell us you are ready



# OHMHAS's new national accreditation requirement

## Currently certified OhioMHAS providers

Current OhioMHAS certified community behavioral health services providers will need to hold national accreditation at the first renewal, on or after October 1, 2025.

## New providers

Effective October 3, 2023, a community behavioral health services provider must be accredited by one or more of the following national accrediting organizations prior to OhioMHAS application.

# Step 1: Review the Standards Manual

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- Access to Joint Commission standards is always free
  - Free trial access during pre-survey preparation/for applicants
  - Free ongoing access for accredited organizations annually
- Electronic manual has a customization feature allowing organizations to ‘filter out’ settings and services that are not applicable to them
- Direct support provided to assist organization in understanding standards manual
  - Orientation to Standards Manual provided
  - Assistance customizing the manual
  - FAQ’s posted or can request standards help



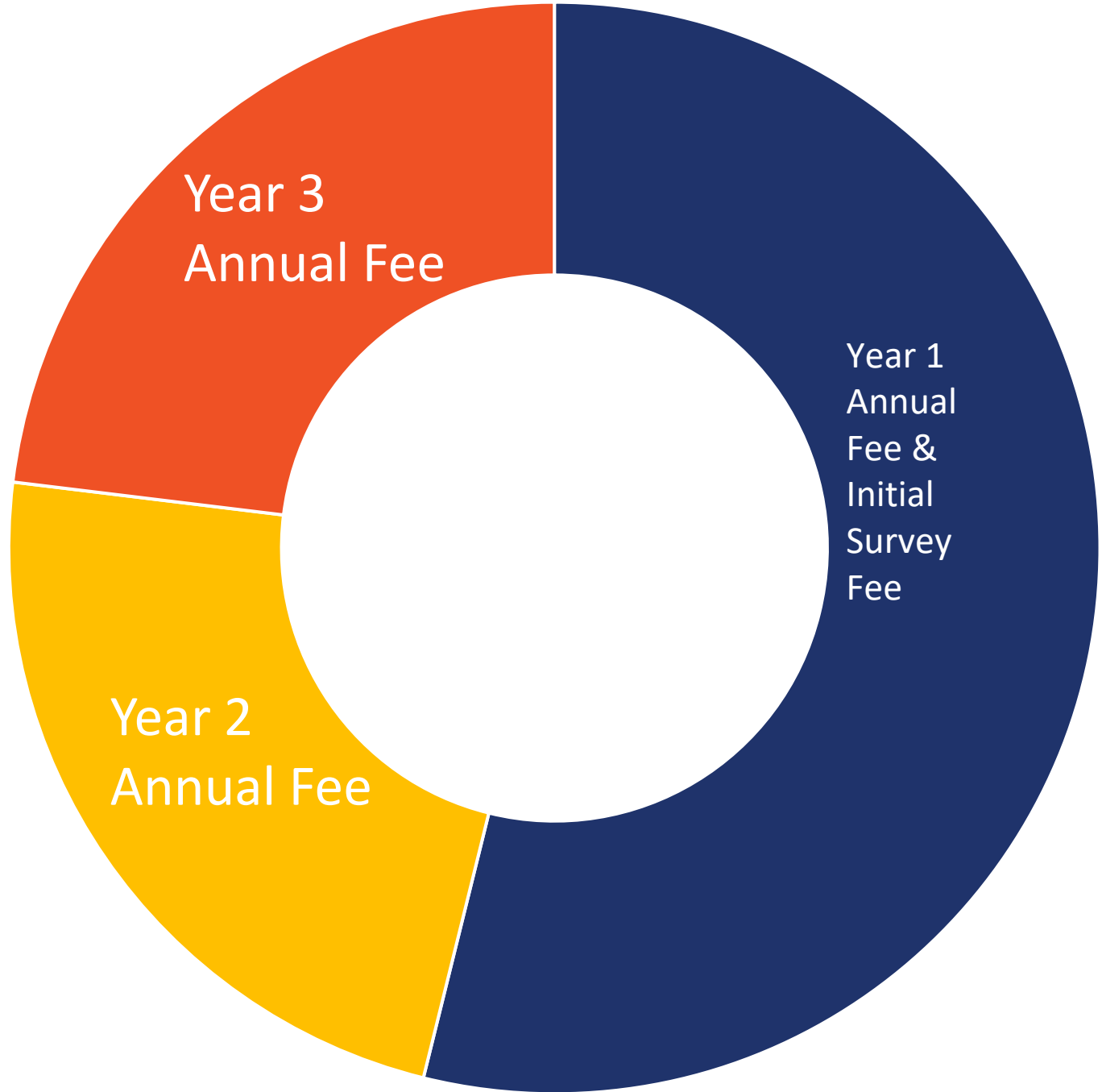
# Step 2: Understand your Pricing

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- Accreditation costs based on volume of services and number of locations/sites
- Fees are all inclusive
- There are two types of fees across accreditation period
  - Annual Accreditation Fees – billed every January
  - On-Site Survey Fees – billed after initial survey, then every 3 yrs, cover all survey costs
  - \$1,700 pre-payment is required upon submission of application. (Payment applied to 1<sup>st</sup> years annual fee – this is *not* an additional fee)

Contact us for an estimate.

# Costs spread across the 3-year accreditation cycle



■ Year 1 ■ Year 2 ■ Year 3

## Sample Pricing:

|              |                |
|--------------|----------------|
| Annual Fee - | \$1990- \$2570 |
| Survey fee - | \$3430         |

Total 3 year  
140  
accreditation cycle - \$ 9,400-11,

\* Lower range annual fees are typical for smaller organizations. Pricing dependent on types of services or volumes. Depending on the size of your organization, your annual fee/survey fees may be higher than the sample fees provided above.



# Step 3: Conduct a Gap Analysis and develop a timeline

## Mine for Gold

- Identify policies, procedures, practices, processes already in place that demonstrate full compliance with accreditation requirements

## Quick Fixes

- Identify policies, procedures, practices, processes that demonstrate partial compliance with accreditation requirements

## Gaps

- Lack of any policies, procedures, practices, processes to demonstrate compliance

Set a timeline for accreditation (on average 4-6 months)  
Factor in more time for larger chapters or organizations  
Use Intracycle Monitoring Tool (ICM) to track

# Use our Readiness Assessment Tool to track your Gap Analysis

AutoSave On TJC BH Accreditation Readiness Assessment Tool...

File Home Developer Insert Draw Page Layout Formulas Data Review View Automate Help Acrobat Comments Share

A4 EP 1

|     | A                     | B  | C               | D                      | E                 | F                    | G                   | H            |
|-----|-----------------------|--|-----------------|------------------------|-------------------|----------------------|---------------------|--------------|
| 1   |                       | <b>CARE, TREATMENT AND SERVICES (CTS)</b>  |                 |                        |                   |                      |                     |              |
| 2   | <b>Standard Label</b> | <b>Standard Text</b>   | <b>Risk (R)</b> | <b>Written Doc (D)</b> | <b>Full Comp.</b> | <b>Partial Comp.</b> | <b>Not in Comp.</b> | <b>Notes</b> |
| 156 | CTS.03.01.03          | The organization has a plan for care, treatment, or services that reflects the assessed needs, strengths, preferences, and goals of the individual served.   |                 |                        |                   |                      |                     |              |
| 157 | EP 1                  | The organization develops a plan for care, treatment, or services that reflects the assessed needs, strengths, preferences, and goals of the individual served.  | R               |                        |                   |                      |                     |              |
| 158 | EP 2                  | The plan for care, treatment, or services includes the following:<br>- Goals that are expressed in a manner that captures the individual's words or ideas<br>- Goals that build on the individual's strengths<br>- Factors that support the transition to community integration when identified as a need during assessment<br>- The criteria and process for the individual's expected successful transfer and/or discharge/termination of services, which the organization discusses with the individual (For more information, refer to Standard CTS.06.02.01)<br>Note 1: Barriers that might need to be considered include co-occurring illnesses, cognitive and communicative disorders, developmental disabilities, vision or hearing disabilities, physical disabilities, and social and environmental factors.<br>Note 2: For opioid treatment programs: For patients receiving interim maintenance treatment, neither an initial treatment plan nor a periodic treatment plan evaluation is required. |                 |                        |                   |                      |                     |              |
| 159 | EP 3                  | The objectives of the plan for care, treatment, or services meet the following criteria:<br>- They are based on identified goals<br>- They include identified steps to achieve the goal(s)<br>- They are sufficiently specific to assess the progress of the individual served<br>- They are expressed in terms that provide indices of progress<br>- They are expressed in terms that provide indices of progress   | R               |                        |                   |                      |                     |              |
| 160 | EP 4                  | The organization reevaluates and, when necessary, revises the goals and objectives of the plan for care, treatment, or services based on change(s) in the individual's needs, preferences, and goals and the individual's response to care, treatment, or services. If no change(s) occurs, the goals and objectives are reevaluated at a specified time interval established by organization policy.  |                 |                        |                   |                      |                     |              |

Instructions | APR | **CTS** | EC | EM | HRM | IC | IM | LD | MM | NPSG | PI | RC | RI

# Step 4: Apply for Accreditation

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- The application is the “start of the survey process”
- Asks for a “ready date” for survey
- Once the application is submitted it is ‘active’ for 12 months
- Make sure you input the care, treatment or services you are providing carefully so the proper surveyor(s) are sent for the proper length of time
- Your TJC Professional can answer questions and assist
- Prepayment of \$1,700 due upon submission



# Step 5: Prepare for Survey

## Organizational Activities

- Designate an Accreditation Champion/Team
- Conduct Accreditation Meetings
  - Core Team and Departments
- Close any gaps identified in gap analysis
- Participate in free webinars / view replays
- Utilize resources from the Joint Commission (Crosswalk, Standards FAQ's, Standards Interpretation Group, Heads Up Reports, ICM tool etc.)





# Step 6: The On-Site Survey

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- Joint Commission On-site surveys are customized to the setting(s)/service(s) and population(s) served by the organization
- 30 days advance notice for your Early Survey and/or initial on-site surveys (seven business days for re-surveys) is provided prior to the actual on-site survey date once it is scheduled
- Early Surveys are 1 day long and are typically conducted virtually
- Shortest full initial survey is one surveyor for two days but can be multiple surveyors for multiple days
- The on-site survey agenda is in sync with an organization's normal operational systems and is flexible - plan to have a "normal" day





# The Early Survey – Sample Agenda

| Time               |   |
|--------------------|---|
| 8:00 – 8:30 a.m.   | Opening Conference and Orientation to Organization  |
| 8:30 – 9:00 a.m.   | Document Review Q&A:<br>-Map/Building Drawings of organization, if applicable/available<br>-Policies and procedures (for example, assessment and reassessment, staff orientation and education), plans (for example, infection control, emergency management, environment of care, performance improvement<br>-Organizations are not required to collect or analyze data at the time of the Early survey<br>-Organizational chart/structures (for example, leadership team, mission, budget, human resources, information management) |
| 9:00 – 9:15 a.m.   | <a href="#">Break (camera/sound off)</a>  |
| 9:15 – 9:30 a.m.   | Individual Tracer Activity including Building Tour  |
| 9:30 – 10:00 a.m.  |   |
| 10:00 – 10:30 a.m. |   |
| 10:30 – 11:00 a.m. |   |
| 11:00 – 11:30 a.m. |   |
| 11:30 – 11:45 p.m. |   |
| 11:45 – 12:00 p.m. | Environment of Care and Emergency Management Session  |
| 12:00 – 12:30 p.m. |   |
| 12:30 – 1:00 p.m.  | <a href="#">Surveyor Lunch (camera/sound off)</a>   |
| 1:00 – 1:30 p.m.   | System Tracer – Data Management   |
| 1:30 – 1:45 p.m.   |   |
| 1:45 – 2:00 pm.    | Competence Assessment Session   |
| 2:00 – 2:30 p.m.   |   |
| 2:30 – 3:00 p.m.   | Surveyor Report Preparation <a href="#">(camera/sound off)</a>  |
| 3:00 – 3:30 p.m.   |   |
| 3:30 – 4:00 p.m.   |   |
| 4:00 – 4:30 p.m.   | CEO Exit Briefing and Organization Exit Conference  |

# The On-Site Full Initial Survey – Sample Day 1 Agenda

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| <b>Time</b>        | <b>Activity</b>                                   |
|--------------------|---|
| 8:00 - 8:30 a.m.   | Introductory Session and Orientation to Services* |
| 8:30 - 9:00 a.m.   | Building Tour/Environment of Care                 |
|                    |   |
| 10:00 - 11:00 a.m. | Individual Tracer Activity                        |
|                    |   |
| 11:00 - 12:00 p.m. | Individual Tracer Activity                        |
|                    |   |
| 12:00 - 12:30 p.m. | Surveyor Lunch/Planning                           |
| 12:30 – 1:30 p.m.  | System Tracer                                     |
|                    |   |
| 1:30 - 2:30 pm.    | Individual Tracer Activities                      |
| 2:00 - 2:30 p.m.   |   |
| 2:30 - 3:30 pm     |   |
|                    |   |
| 3:30 - 4:00 p.m.   | Special Issue Resolution*                         |
| 4:00 - 4:30 p.m.   |   |

\* On Day 2 will be Daily Briefing and Exit Conference and Report out for a two-day survey

# Our Unique “Tracer Methodology”

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- System Tracers – Environment of Care, Emergency Management, Infection Control, Medication Management, Data, Competency and Leadership
- Individual Tracers – Focus on actual delivery of care, treatment, or services and the individual’s experience -- not paperwork
  - Individual Tracers are usually at least 60% of the on-site survey
  - Directly involves staff who provide care, treatment or services (interviews and direct observation)
  - Follows care, treatment or services provided to an individual throughout your organization; “traces” their experience
  - Individual served/family is involved as appropriate
  - Samples from all programs/services operated by organization



# Step 7: Close of Survey Event and Post Survey Activities

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- **Exit Conference (end of last day of survey):**
  - Communication of survey observations (should be no surprises!)
  - Preliminary Report (including SAFER matrix)
- **Post Survey Activities**
  - Submit the evidence of standards compliance report to resolve any findings within a 60-day window
  - Work with Account Executive and Standards Interpretation Group as needed
  - Accreditation award letters are posted once a successful Evidence of Standards Compliance (ESC) is completed and approved.
  - The accreditation effective date then becomes the day your ESC is accepted

# Step 8: Early Survey Option (only)

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- **Once awarded Limited Temporary Accreditation**
  - Submit application for and receive certification from OhioMHAS.
  - Begin providing services
  - Keep Account Executive updated
  - Undergo Full Initial Survey (within 6 months of Early Survey)
  - Submit the evidence of standards compliance report to resolve any findings within a 60-day window after survey report is finalized
  - Accreditation award letters are posted once a successful Evidence of Standards Compliance (ESC) is completed and approved.
  - The accreditation effective date then becomes the day your ESC is accepted



# Maintain Survey Readiness

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- **Maintain compliance**
  - Use available tools on your extranet portal
  - Remain aware of standards updates released July and January
  - Take advantage of access to Standards Interpretation Group
- **Notify Joint Commission of changes**
  - Submit updates in service, location, ownership, etc through the e-app
  - Keep in touch with your account executive for all things Joint Commission!



# Get the most out of your survey experience

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- ✓ Educate your staff about the survey process
- ✓ Encourage organizational staff to be open to learn, share, and seek to understand
- ✓ Ask questions and seek clarification if needed
- ✓ Be eager to learn, grow and improve
- ✓ Ask “What would we like to get out of the survey?”
- ✓ Ask “How will we measure the success of the survey?”

# Questions?



# Thank you!



**When you become part of *Joint Commission* and earn our *Gold Seal*, you are recognized as having the highest standard in **Quality and Safety.****