

Joint Commission Behavioral Health Accreditation On-Site Survey Overview



A snapshot of the survey process

About this Overview

At The Joint Commission, we understand that while the accreditation process can be very rewarding, it can also be challenging. That's why we wrote this On-Site Survey Overview. Our goal is to provide you with practical answers to questions that are commonly asked about the on-site survey and what happens afterwards. We hope you will find the overview helpful as you begin to plan for your accreditation. This complimentary guide will help walk you through our policies and procedures for the survey process, as well as provide a sample survey agenda so you may familiarize yourself with this stage in achieving accreditation.

As the nation's leading health care accrediting body, The Joint Commission is an independent, objective evaluator. Accreditation from The Joint Commission is a "gold seal of quality" and a mark of distinction for organizations. Our customized accreditation requirements and survey process address a range of settings, services, programs, and populations throughout an individual's life span.

Please feel free to call us at (630) 792-5771 if you have additional questions or need more information. We look forward to working with you.



Why Undergo an On-Site Survey?

An on-site survey is an integral part of the accreditation process and provides our surveyors a chance to see your organization in action and talk with your staff and those you serve to get the best understanding of your mission, goals, and operation. Achieving accreditation validates the high caliber of the care, treatment or services the organization provides and clearly indicates to your community and those you serve that the organization is quality-driven and has exceeded the "minimal standards" imposed by regulatory agencies.

The Joint Commission offers organizations a comprehensive body of accreditation requirements to guide them in providing quality behavioral health care services and in performance improvement. The on-site survey assesses compliance with these requirements, and also provides an opportunity for your surveyor to answer questions, provide tips, and comment on good practices.

In addition to the accreditation requirements and the accreditation survey, The Joint Commission also offers accredited organizations a variety of support services on a continual basis. The Joint Commission Behavioral Health Accreditation team is always ready to assist you because the expert knowledge of our dedicated staff is one of the greatest resources we offer to customers.

The On-Site Survey Process

The purpose of a Joint Commission accreditation survey is to assess an organization's compliance with applicable Joint Commission accreditation requirements. Understanding your unique organization and assessing how you are meeting the accreditation requirements that apply to you is accomplished through observation and interviews as well as document reviews. It ensures that your survey is an educational experience, not just a compliance exercise. It may include:

- Observation of care, treatment or services
- Observation of the planning of care, treatment or services process
- Verbal information concerning implementation of accreditation requirements, or examples of their implementation
- Interviews with the individuals you serve and/or family members
- Review of clinical/case records, as needed
- Staff-level interaction, including:
 - daily roles and responsibilities
 - training and orientation
 - staff qualifications
 - performance measurement
- Review of policies and procedures as needed.

The limited number of required written documents you'll need for your survey are noted in the accreditation manual with an icon (D) next to them.



Need access to the accreditation requirements?

We can help. Contact us at BHC@jointcommission.org or 630.792.5771.

Tracer Methodology

The Tracer Method is a key component of every on-site survey. It uses the experience of the individuals you serve with the care, treatment or services you provide as the basis from which to assess compliance with applicable accreditation requirements. The surveyor(s) will select individuals from an active list of individuals served to 'trace' their experience throughout the organization, resulting in an individual-focused model of accreditation requirement compliance.

The surveyor(s) will follow the individual's experience with care, treatment or services throughout your organization, reviewing their file and talking with staff with whom they've interacted. This type of review allows the surveyor(s) to identify performance issues in one or more of the steps of the care, treatment or service process. It uses interviews and observation to assess compliance rather than relying solely on written documents.

The number of individuals traced will depend on the size and complexity of the organization, and the length of the survey.

Survey Options

Initial (Full) Survey

Initial surveys are for organizations that are seeking Joint Commission accreditation for the first time. The full scope of applicable accreditation requirements is reviewed during the on-site survey, and the date of the survey is scheduled with the organization with a 30 day notice of scheduled dates. Organizations are expected to be able to demonstrate compliance with all applicable accreditation requirements during this survey.

Early Survey Option:

The Early Survey Policy allows an organization new to Joint Commission accreditation to enter the accreditation process in two stages. Available for new organizations and for those already established, the Early Survey Option is different than a normal, full survey in that this option consists of two on-site visits. For an organization not yet providing care, treatment or services, this option makes it possible to set up the business operations on a foundation of compliance with administrative and organizational requirements before the first individuals are served. For an established organization it provides accreditation with more intensive consultation/education during the first of two surveyor visits.

Early Survey Option: First Survey

The first survey can be conducted as early as two months before the organization begins operations, provided the organization meets the following criteria:

- it is in the appropriate licensing process;
- the building in which (or the office from which) individuals will be cared for or treated is identified, constructed, and equipped to support such services;
- it has identified its chief executive officer/administrator, and clinical director; and
- it has identified the date it plans to begin operation

The first survey is a limited survey, addressing a subset of the accreditation requirements including the physical environment; policies and procedures; and related structural considerations for care, treatment or services as identified in the accreditation manual. Following this initial survey, assuming that the organization can demonstrate compliance with the abbreviated set of accreditation requirements, the organization receives a Preliminary Accreditation designation.

Early Survey Option: Second Survey

A second survey is conducted after care, treatment or services has been provided to a minimum of three (3) individuals, and covers the full set of applicable behavioral health care accreditation requirements.

If the organization is found to be in compliance with all applicable accreditation requirements, the organization becomes fully accredited.

Converting a Full Survey to an Early Survey

There are occasions when an organization has requested a full survey, but once the surveyor begins the on-site evaluation, it becomes clear that the organization is not ready for a comprehensive review and faces the possibility of being denied accreditation. In that instance, the organization may be offered the option to convert its full survey to a first survey for Early Survey Option.



Not sure which survey option is right for you? We can help.
Contact us at BHC@jointcommission.org or at 630.792.5771.

Survey Scheduling

Your first Joint Commission accreditation survey needs to be scheduled within twelve months from the time we receive your Application for Accreditation. In the application, you'll indicate the date you will be ready for your initial on-site survey. The Joint Commission will then schedule the survey as soon thereafter as possible.

You can also indicate 15 dates that you would not like the survey to be conducted. Our account executives will work with you to schedule your survey, and you will have at least 30 days notice of the exact date that the surveyor(s) will be there.

Postponement and Delays

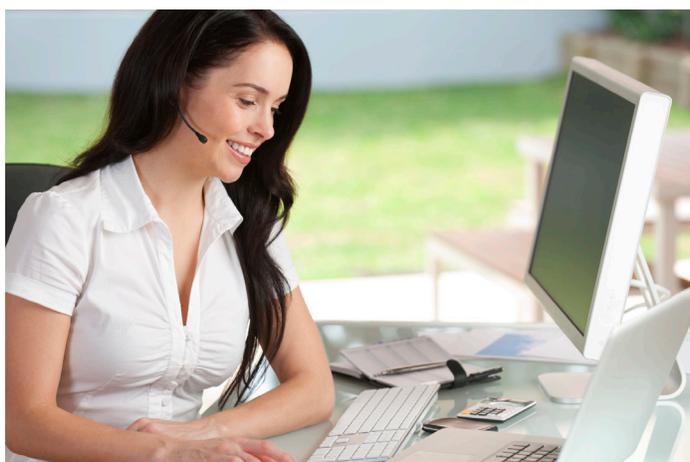
We understand that sometimes things don't go according to plan. So The Joint Commission also provides for the delay or postponement of surveys.

For initial surveys, your organization may contact their account executive to change the "ready" date submitted in the application at any time prior to the scheduling of the initial on-site survey. Once scheduled, you have 20 business days to request a postponement without financial penalty. After 20 business days, a penalty is incurred if you request the postponement of a scheduled initial on-site survey.

For resurveys, an organization can postpone the survey without financial penalty only in the event of a major disruption, such as natural disaster, a major employee strike, or moving the organization or program to a new location. If none of these criteria are met and your organization still wishes to postpone its survey, at the discretion of The Joint Commission, the survey may be postponed for a fee so long as it is more than twenty (20) days before the first day of the scheduled survey.



Not sure who your Account Executive is? See your Joint Commission Connect™ home page, or call 630.792.3007.



Important Notes for Scheduling Your Survey

When completing your application for accreditation, you should identify all of the services/programs that you provide and the location of each site. It is important that all of these are listed so The Joint Commission can determine how many surveyors and how many days will be needed for the on-site survey. The surveyor(s) then plan the review of the sites of programs/services with the organization based on the following criteria:

1. Physical Site review of every 24-hour site
2. Sampling of a number of the non-24 hour sites. The number of non 24 hour sites reviewed is based on the survey length and the number of sites needing to be reviewed until the surveyor(s) is comfortable with the organization's ability to replicate the quality and safety of care, treatment or services provided through compliance with applicable accreditation requirements. The surveyor(s) will utilize various methods to review the sites including physical site review, technology-based reviews, requesting representative staff and records from multiple 24-hour sites to gather at one site, and utilizing similar methods used by the organization to manage its programs/services.

If your corporation contains multiple operations in multiple states, ask your account executive about our unique options for multi-organizational entities. These options include a corporate orientation and/or summation, scheduling the same surveyor to lead or conduct all the surveys, providing one account executive for all entities, and more.

Fees and Survey Scheduling

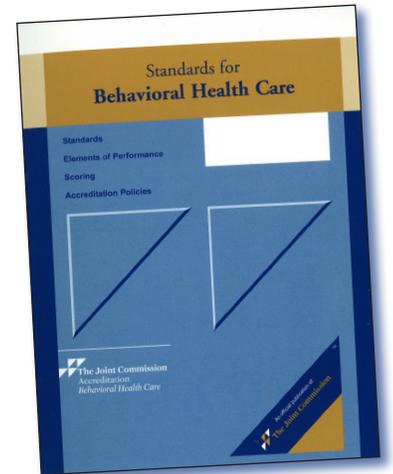
Upon completing your application for accreditation, submit the application with a \$1,700 deposit, which is applied towards your accreditation fees. Submitting your application without the deposit will delay the scheduling of your survey.



Need a price quote? Call our Pricing Unit at 630.792.5115, or download pricing examples or a fee worksheet at www.jointcommission.org/BHCS.

Accreditation Requirements

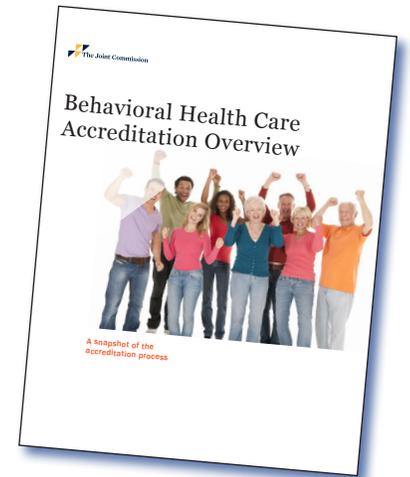
The Joint Commission's Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC) is the place to begin when preparing for accreditation. The CAMBHC is the basis for an accreditation survey, but the manual is also designed for use in self-assessment activities. It is available in both an on-line version and in print.



The individual-focused requirements include chapters on Care, Treatment and Services; Infection Prevention and Control; Medication Management; Record of Care; Rights and Responsibilities of Individuals; and Waived Testing.

The organization-focused requirements include chapters on Emergency Management; Environment of Care; Human Resources; Information Management; Leadership; Life Safety; and Performance Improvement.

For more detailed information on the CAMBHC and its chapters please consult the Behavioral Health Care Accreditation Overview found at www.jointcommission.org/BHCS under The Accreditation Process.



National Safety Goals

In addition to the CAMBHC accreditation requirements, The Joint Commission has a set of requirements called National Safety Goals. These requirements address high risk issues such as suicide risk in individuals served.

Notifying the Public about Accreditation

An accredited organization is required to demonstrate how it notifies the public that quality and safety concerns can be communicated to The Joint Commission. The organization may notify the public by posting an accreditation certificate, posting information on its web site and/or in admission brochures, or by using any other effective means of its choice.



Considering accreditation and need access to the accreditation manual? We can help. Contact us at BHC@jointcommission.org or at 630.792.5771.

Sample Survey Agenda: Behavioral Health Care Initial Survey (3 days)

DAY 1

Time	Surveyor Activity
8:00 – 9:00 am	<p>Surveyor Arrival and Preliminary Planning Session</p> <ul style="list-style-type: none"> • Introduction • Quick overview of the Statement of Conditions (SOC) and Plans for Improvement [Applicable only for 24-hour care settings, not including foster/respite homes] • Review list of eligible contracts* • Review list of individuals being served • Review of performance improvement and infection control data • Select individuals for individual tracer activities (surveyor(s) may add to selection at any time during the survey) • Plan and confirm agenda activities <p>Surveyor(s) will request the following materials for the Planning Meeting:</p> <ul style="list-style-type: none"> • List of individuals being served (by service/program) with name, address and diagnosis/condition • High-level organization chart • Identification of governance membership by background and consumer/non-consumer status, if applicable • List of eligible contracts* • Environment of care management plans • Policies/procedures for credentialing and assignment of clinical responsibilities • Performance improvement data <p>*Clinical services or programs provided by your organization through a written contracted agreement.</p>
9:00 – 10:00 am	<p>Opening Conference and Orientation to Organization</p> <p>A high-level orientation to the organization (vision, mission, community(ies)/, population(s) served, etc.) and introduction of the Joint Commission surveyor(s) to key management staff.</p>
10:00 – 11:30 am	<p>Continued Surveyor Planning Session</p>
11:30 am – 12:30 pm	<p>Life Safety Code® Building Assessment (24-hour care facilities only)</p> <p>Please Note: If the Life Safety Code Building Assessment is not required, an additional Individual Tracer Activity is substituted.</p>
12:30 – 1:00 pm	<p>Surveyor Lunch</p>

Sample Survey Agenda: Behavioral Health Care Initial Survey (3 days)

DAY 1 (cont'd)

Time	Surveyor Activity
1:00 – 3:30 pm	<p>Individual Tracer Activity</p> <p>Tracers include:</p> <ul style="list-style-type: none"> • Observation of direct care, treatment or services • Interview with individuals served • Observation of medication process (storage or administration), if applicable • Observation of environment of care • Performance improvement discussion at the staff level • Review of open clinical/case records • Staff discussion • Review of policies, as needed • Education, as applicable <p>Tracers may or may not include:</p> <ul style="list-style-type: none"> • Attend team meeting, if applicable and time permits
3:30 – 4:00 pm	Special Issue Resolution
4:00 – 4:30 pm	Surveyor Team Meeting / Planning Session

DAY 2

Time	Surveyor Activity
8:00 – 8:30 am	Daily Briefing
8:30 – 9:30 am	Individual Based System Tracer – Data Use Discussion with staff regarding the use of data for improvement purposes
9:30 am – 12:00 pm	Individual Tracer Activity
12:00 – 12:30 pm	Surveyor Lunch
12:30 – 1:00 pm	Surveyor Team Meeting / Planning Session
1:00 – 3:30 pm	Individual Tracer Activity
3:30 – 4:00 pm	Special Issue Resolution
4:00 – 4:30 pm	Surveyor Team Meeting / Planning Session

Sample Survey Agenda: Behavioral Health Care Initial Survey (3 days)

DAY 3

Time	Surveyor Activity
8:00 – 9:00 am	Leadership Session <ul style="list-style-type: none"> • Discussion of critical systems analysis exploration – Leadership asked questions on some of the critical processes • Review of Periodic Performance Review Plans of Action (for previously accredited organizations; not applicable for initial surveys) • Discussion of organization-wide performance improvement activities as appropriate to type and scope of services/programs
9:00 – 11:30 am	Individual Tracer Activity
11:30 am - 12:30 pm	Environment of Care Session
12:30 – 1:00 pm	Surveyor Lunch
1:00 – 2:00 pm	Competency Assessment Process <ul style="list-style-type: none"> • Selected personnel records will include staff identified through tracer activities • Contract staff will be included
2:00 – 3:30 pm	Surveyor Preparation of Findings
3:30 – 4:30 pm	CEO Exit Briefing and Organization Exit Conference

Information Needed for the Preliminary Planning Session and Survey Planning Meeting

Please have the following available for your surveyor(s):

- Performance Improvement Data
- Environment of Care data as follows:
 - Statement of Conditions (SOC) and Plans for Improvement (24-hour care settings only, not including foster homes)
 - Management Plans and annual evaluations, if applicable
 - Environment of Care meeting minutes for the 12 months prior to survey, if applicable
- Reports from regulatory agencies
- An organization chart
- A map of the organization, if available
- List of areas/programs/services within the organization, if applicable
- Any reports or lists of individuals (e.g., appointment schedules) that will help in identifying individuals to trace
- Name of key contact staff who can assist surveyors in planning tracer selection

Please note that any written documentation required for your survey will be noted in the accreditation manual with a (D) icon next to it.

For further details on foster care or respite care accreditation surveys, or other surveys with non-traditional locations or hours, please contact your Account Executive.



Have more survey questions? Contact your Account Executive or see the Survey Activity Guide on your Joint Commission Connect™ site.



Decisions and Scoring

Accreditation Decisions

The final accreditation decision for your organization, which is valid for approximately three years, will be awarded in one of these six categories:

- Accredited
- Preliminary Accreditation
- Accreditation with Follow-up Survey
- Contingent Accreditation
- Preliminary Denial of Accreditation
- Denial of Accreditation

Certification Decisions

The final certification decision, valid for approximately 3 years, has only two categories.

- Certified
- Not Certified

Scoring

Joint Commission accreditation requirements are organized in the following manner:

Standard: This is a statement that defines the performance expectations and/or structures or processes that must be in place in order for an organization to provide safe, quality care, treatment or services. An organization is either “compliant” or “not compliant” with a standard.

Rationale: This is a statement that provides background, justification, or additional information about a standard. A standard’s rationale is not scored. In some instances, the rationale for a standard is self-evident. Therefore, not every standard has a rationale.

Element(s) of Performance (EP): Every standard has one or more Elements of Performance. These are the specific performance expectations and/or structures or processes that impact standard compliance. The scoring of the Element(s) of Performance determines an organization’s overall compliance with a standard. Elements of Performance are evaluated on the following scale:

- 0 = Insufficient compliance
- 1 = Partial compliance
- 2 = Satisfactory compliance
- NA = Not applicable



Need to know if what you’re doing is in compliance with a specific standard? Contact the Standards Interpretation Group at www.jointcommission.org/standards_information/jcfaq.aspx

After Your Survey

When an organization is found not to be in full compliance with one or more accreditation requirements during an on-site survey, it results in finding called a **“Requirement for Improvement.”** To address the Requirement for Improvement, an organization needs to submit an **Evidence of Standards Compliance report** to their account executive within a specified time, usually 45 or 60 days depending upon criticality. This report describes the action(s) the organization took (note: it must be a completed action) to bring itself into compliance with the accreditation requirement.

Some Elements of Performance will also require a **“Measure of Success.”** A Measure of Success is a numerical or quantifiable measure, usually related to an audit, which determines if an action was effective and is being sustained. When required, an organization should identify in the Evidence of Standards Compliance report how it plans to evaluate the effectiveness of the corrective action and its target Measure of Success. Four months after the Evidence of Standards Compliance is approved, the organization then submits aggregate data for the Measure of Success that demonstrates compliance.

Measures of Success are evaluated as follows: performance in the 90-100% range (score of 2); performance in the 80-89% range (score of 1); performance at 79% or below (score of 0).

Our survey process strives to be transparent, so your surveyor(s) will discuss any findings with you during the survey. At the end of the survey, they will provide a final summary. A preliminary report will also be made available to you to identify any Requirements for Improvement (RFIs) needed, after which you can work with your account executive on a plan to resolve them.

Intra-cycle Monitoring

The **Focused Standards Assessment (FSA)** is a key component in the continuous accreditation process in the years between surveys. The FSA tool permits the organization to self-assess compliance with all standards applicable to their organization, including a minimum subset that have been identified by The Joint Commission as risk-related. The risk-related standards are noted in the accreditation manual with an [R] icon or can be viewed on the organization’s Intra-cycle Monitoring Profile tool on their Joint Commission Connect™ site.

For every requirement self-identified as not in compliance, the organization should identify a plan of action to show how it plans to come into compliance with the requirement(s).

Once accredited, an organization will need to submit its Focused Standards Assessment at 12 and 24 months after a survey. The evaluation and plan of action should be completed electronically and transmitted to The Joint Commission. After submitting the evaluation and plan of action, the organization can, if desired, schedule a touchpoint conference call with staff from the Joint Commission’s Standards Interpretation Group to discuss the FSA and resulting action plans. These calls are confidential and not shared with surveyors.

Information for Re-Surveys

As the accreditation process does not end when the on-site survey is completed, neither does the need for updates and changes to policies and procedures. Below are updates to specific procedures for the re-accreditation process.

Re-Surveys

Organizations that have already completed their initial survey can be re-surveyed at any time between 18 and 36 months from their initial survey, with the event usually falling within a few months of the 3-year anniversary. Re-surveys are conducted unannounced to ensure that surveyors observe your organization under normal circumstances and to encourage organizations to provide safe, high quality care, treatment or services at all times.

Exceptions to Unannounced Re-Surveys:

In order to assure key staff have the opportunity to be present, The Joint Commission provides a 7 business-day notification of a re-survey for the following organizations:

- All foster care organizations (traditional and therapeutic), if not part of a hospital
- All methadone programs, if not part of a hospital
- All in-home behavioral health, case management, or Assertive Community Treatment (ACT) programs, if not part of a hospital
- All freestanding (non hospital) organizations with 10 or fewer staff or a total average daily census (ADC) of less than 100
- All community-based, freestanding programs

Organizations undergoing a re-survey should note:

- The re-survey can occur any time between 18 and 36 months after the previous survey.
- Your organization will be invoiced for the survey fee immediately after the survey.
- Accredited organizations will be able to identify up to 15 days each year in which a re-survey should be avoided. While we will make every effort to accommodate the organization regarding avoiding these 15 days, we may conduct a survey during an “avoid period” if necessary and we feel it can be accomplished.
- The organization is required to fulfill an Accreditation Participation Requirement which requires behavioral 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.



Have more questions about resurveys? Contact your Account Executive or see the Survey Activity Guide on your Joint Commission Connect™ site.

Behavioral Health Home Certification

The Joint Commission now has a Behavioral Health Home Certification that provides an additional recognition for those organizations that are integrating and coordinating primary physical and behavioral health care. The certification survey can be conducted, if desired, at the same time as an accreditation survey. To learn more, visit www.jointcommission.org/BHH.

You're Accredited – Make the Most of It!

Once you have achieved accreditation, promote your new status to your community as well as payers, contracting agencies and referral sources. Every accredited organization has access to a free publicity kit and Gold Seal artwork at www.jointcommission.org/publicitykit.

The kit contains:

- suggestions for publicly celebrating your accreditation
- guidelines for promoting your accreditation status
- sample news releases and other publicity materials
- Joint Commission Gold Seal of Approval™ downloadable artwork.

You may also wish to include the Joint Commission's Gold Seal of Approval™ on items seen by the public, your referral sources, and those you serve and their families, including:

- Business cards
- Websites
- Building signs
- Stationery
- Marketing materials like ads, brochures and conference banners.

In addition, you may wish to check with your liability insurance carrier. Many liability carriers provide discounted premiums for Joint Commission accredited organizations. For a list of some of the carriers that provide discounts, please visit www.jointcommission.org/BHCIns.



Quality Check

Information about your accreditation status will be posted in QualityCheck™ on the Joint Commission web site (also available at www.qualitycheck.org). Quality Check allows anyone to search for accredited organizations within a city or state, or by type of setting. Your organization will be listed following your receipt of your accreditation certificate.

