Overview of Today’s Discussion

Business Development staff will help you understand what steps to take to help prepare and become accredited.

Once you’re ready to go they’ll hand you off to your Account Executive.

Your Account Executive will be your “go to person” who will assist you before, during and after your survey.
Today’s Team That’s Here to Help

Sharon Hibbe, MPH
Business Development Manager
Laboratory
Department of Business Development, Government & External Relations
The Joint Commission

Stephanie Scott
Sr. Account Executive and Laboratory Quality Control Specialist
RPI Certified Yellow Belt
The Joint Commission
Business Development Team
How We’ll Help You

Eligibility

E-App.

E-dition

Resources

Pricing

Timeline
Review Eligibility

- Operate in the U.S. or its territories
- Clinical laboratory
- Facility license (if required by law)
- CLIA# as applicable
- Non-waived services
- Survey of waived services with non-waived services
- 4 month testing history before survey
Access to E-dition®

- Request Trial E-dition®
  - Free 90-day access
  - Print capabilities
  - Filter by specialties via “Service Profile”
  - Contact us at qualitylabs@jointcommission.org

- Purchase Hard Copy or Electronic Manual
  - www.jcrinc.com
  - Comprehensive Accreditation Manual for Laboratory and Point-of-Care Testing (CAMLAB)
  - E-dition® electronic copy
Share Pricing

- 2021 laboratory accreditation fees
- Help you complete an excel estimator form to receive a fee quote
Review Accreditation Timeline

- Submit application 6-9 months prior to current accreditation renewal date
- 4 mos. track record of compliance against standards and 24 mos. PT records surveyed
- Final Survey Report -10 business days post survey
- Corrective Action=Evidence of Standards Compliance (ESC) submitted within 60 days
Share Resources

- Prompts to Assess Your Compliance
- Written Documentation Checklist
- Tracer Methodology Toolkit
- Survey Activity Guide
# Prompts to Assess Your Compliance

**ENVIRONMENT OF CARE (EC)**

## PROMPTS TO ASSESS YOUR COMPLIANCE

**Please Note:** Tips do not represent new accreditation requirements. They are intended to provide helpful strategies for standard compliance.

<table>
<thead>
<tr>
<th>PROMPTS</th>
<th>TIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(EC.02.01.03) Is the no smoking policy up-to-date and enforced as written?</td>
<td>Review inventory and evaluate all hazardous materials or waste; also evaluate laboratory's policy with managing such materials</td>
</tr>
<tr>
<td>(EC.02.02.01) Have all hazardous materials and waste been identified and addressed in the spills and exposure plan?</td>
<td></td>
</tr>
</tbody>
</table>

For a PDF copy email us at: qualitylabs@jointcommission.org

Available electronically-E-dition® and by PDF formats
# Written Documentation Checklist

**ENVIRONMENT OF CARE (EC)**

<table>
<thead>
<tr>
<th>STANDARD AND EP</th>
<th>REQUIRED WRITTEN DOCUMENTATION</th>
<th>DATE LAST VERIFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>EC.01.01.01, EP 3</td>
<td>The laboratory has a written plan for providing a safe environment for everyone who enters the laboratory’s facilities. (See also EC.04.01.01, EP 15)</td>
<td></td>
</tr>
<tr>
<td>EC.01.01.01, EP 4</td>
<td>The laboratory has a written plan for providing a secure environment for everyone who enters the laboratory’s facilities. (See also EC.04.01.01, EP 15)</td>
<td></td>
</tr>
<tr>
<td>EC.01.01.01, EP 5</td>
<td>The laboratory has a written plan for managing the following: Hazardous materials and waste. (See also EC.04.01.01, EP 15)</td>
<td></td>
</tr>
<tr>
<td>EC.01.01.01, EP 6</td>
<td>The laboratory has a written plan for managing the following: Fire safety. (See also EC.04.01.01, EP 15)</td>
<td></td>
</tr>
</tbody>
</table>

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Available electronically-E-dition® and by PDF formats
Tracer Methodology Toolkit

- Guidance for how to prepare for survey

For a copy email us at: qualitylabs@jointcommission.org

**MOCK TRACER TRACKING WORKSHEET FOR LABORATORIES**

Use this worksheet to record notes and areas of concern that your team identifies while conducting your organization’s mock tracers. This information can be used to highlight a good practice or to determine issues that may require further follow-up. “Yes” or “No” indicates whether the staff member interviewed during the tracer answered the question correctly.

<table>
<thead>
<tr>
<th>TRACER QUESTIONS</th>
<th>YES</th>
<th>NO</th>
<th>FOLLOW-UP NEEDED</th>
<th>COMMENTS OR NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe your laboratory process to handle transfusion reactions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What training and orientation have been provided to laboratory staff to handle transfusion reactions?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What data and analysis have you done on the incidence of transfusion reactions in your organization?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What measures have you introduced, if any to reduce the incidence of transfusion reactions?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What initial assessment do you perform for new transfusion patients?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What were the specimen collection requirements for the tests performed for this tracer patient?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Survey Activity Guide

- Includes:
  - Preparation tools for survey
  - Abstract of each survey activity
    - Overview of session
    - Session objectives
    - Logistical needs
    - Suggested participants
  - Sample agenda
  - Document list

Available on Joint Commission Connect® or
For a copy email us at: qualitylabs@jointcommission.org
Access to E-App.
Your Account Executive
Your Primary Contact Once You’re Ready to Go

- The Account Executive (AE) is your key primary contact once the process has begun
  - Coordinates survey planning
  - Handles policy, procedure and laboratory accreditation questions throughout your accreditation cycle.
    - Pre-survey
    - During survey
    - Post-survey
  - Provides ongoing access to education and resources
What Happens Before the Survey?

Secure Joint Commission Connect Extranet® Site

Your organization will be provided a secure, password-protected portal. For labs part of an organization with existing Joint Commission accreditation, lab resources and contact links will be added.

- Scheduled survey notifications
- Survey agendas
- Resource Documents and Tools
- Survey process guide
- Program specific links
Your Organization’s Individual Portal
## What Will You Find in the Portal?

### Continuous Compliance
- Pre-Survey
  - Learn More
  - Survey Planning Tools
  - Survey Activity Guide
- Post-Survey
  - Learn More
  - Evidence of Standards Compliance
  - Measure of Success
  - Plan of Correction
  - Accreditation Report and Letter
  - Accreditation SAFER™ Matrix
  - Accreditation Record Review Reports
- Quality Check ®
  - Learn More
  - Your Quality Report
  - What’s New in Quality Report
  - Organization Commentary
- Application for Accreditation
  - Learn More
  - General Application
  - Lab Application
- Continuous Compliance Tools
  - Learn More
  - Intracycle Monitoring (ICM)
  - Statement of Conditions
  - Laboratory Tools
  - Individualized Quality Control Plan
  - Corporate Portal

### Communication
- Customer Feedback
  - Learn More
  - Evaluations

### Resources and Tools
- Learn More
  - Edition
  - Perspectives
  - Publicity Kit
  - Certificates

### Security Admin
- Learn More
  - Contracts
  - Fee, Billing and Invoice Information
  - Pricing Schedule

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Electronic Application (E-App)
Importance of Application Information

- Your organization’s specific information is crucial as it determines the number of days required for a survey and the number and type of surveyors
  - Organization main address
  - Additional sites and clinics
  - CLIA numbers including waived site CLIAs if applicable
  - CLIA test specialties and total non-waived test volume
  - Proficiency Testing Provider
  - Medical Lab Director for non-waived CLIA numbers – this includes years of experience, education and other information. The Joint Commission will update CMS with medical lab director changes
  - Hours of operation
  - Avoid dates (10 business days for the lab program)
  - Ready date for initial surveys – lab initial surveys are announced events
Scheduling of Surveys

- Once an application is submitted, your Account Executive will be in touch to schedule a call to discuss application information
- After phone call, the application is processed and sent to scheduling
  - Will be scheduled based on ready date (*initials only) or re-survey timeframe, plus avoid dates from application
- IVF labs and labs with fewer than 25,000 total annual tests receive a 7 business day short notice email prior to the start of the survey
- Notification posted on morning of first day (7:30 am local time) survey within Joint Commission Connect with surveyor information
What Happens After the Survey

- Preliminary report (24 hours)
- Status of Final Accreditation Report (more info next slide)
  - Content of Final Accreditation Report (with timeframes)
  - Scored findings, follow up events, etc.
- Evidence of Standards Compliance (ESC) Submission Process
  - Optional 10 Day Clarification*
- Award letter
- Certificate
Final Accreditation Report

Final Accreditation Report is posted

Following the submission of an acceptable ESC report, the accreditation decision is granted

Decision Date

- Initial survey with Requirements for Improvement (RFI): The effective date of the accreditation is the date on which an acceptable ESC was submitted
- If there are no RFIs, the effective date is the day after the last day of the survey
- Resurvey with or without RFIs: Accreditation dates are effective the day after the last day of survey
- The ESC is acceptable when the organization has demonstrated resolution of all RFIs
CLIA Updates Post Survey

After the survey, Joint Commission will update the CMS 116 online form with the most recent survey date, the surveyed test specialties, and reported test volume. Initial surveys will be updated after the ESC has been approved.

Labs who are switching accrediting agencies should notify their state CLIA office of the move to Joint Commission.

For new CLIA certificates of registration, labs should notify their state CLIA office that Joint Commission should be the listed accrediting agency.
Continued Support to Help with Compliance

Intracycle Monitoring (ICM)/Focused Standards Assessment (FSA)

Monthly Perspectives publication

Standards Interpretation Group
http://web.jointcommission.org/sigsubmission/sigquestionform.aspx
What’s Next
How to Reach Our Laboratory Business Development Staff

Caleb Bardy MBA, MLS (ASCP)CM
Business Development Manager-Laboratory
The Joint Commission

Contact us at qualitylabs@jointcommission.org

Sharon Hibbe, MPH
Business Development Manager-Laboratory
The Joint Commission
How to Contact Our Account Executive Team

Kristy Krywanio
Lead Account Executive
The Joint Commission

Katherine Zlotnick
Senior Account Executive
The Joint Commission

Veronica Simmons
Senior Account Executive
The Joint Commission

Stephanie Scott
Sr. Account Executive and Lab Quality Control Specialist
The Joint Commission

Brittnay Hull
Lead Account Executive
Bureau of Primary Health Labs
The Joint Commission

Bridget Egan
Service Team Lead Instructor
The Joint Commission

Eileen Stawczyk
Laboratory Specialist
The Joint Commission

630-792-3007
Additional Resources

Joint Commission - www.jointcommission.org
Joint Commission Resources - www.jcrinc.com
Thank you for all that you do.