

Facts about the Cooperative Accreditation Initiative

The Joint Commission launched its nationwide Cooperative Accreditation Initiative in 1995 to reduce the cost and duplication of survey and inspection activity experienced by hospitals and other health care organizations. Under this initiative, The Joint Commission strives to better coordinate activities among public and private organizations that provide quality oversight to health care organizations. The Cooperative Accreditation Initiative permits The Joint Commission to substantially rely on the process, findings and decisions of other oversight or accrediting organizations thereby reducing duplicative surveys. Under this initiative, accrediting agencies can have a comparative or a complementary agreement with The Joint Commission. To be considered for either, the accrediting organization must meet the following basic criteria:

- Be a nonprofit, nongovernmental organization
- Be recognized by state or federal agencies
- Have an on-site survey cycle of three years or less
- Agree to maintain an approach to public disclosure of organization findings comparable to The Joint Commission's approach
- Have a customer base that is common with The Joint Commission's

Note: The Joint Commission has no plans to enter into any new cooperative agreements at this time, however, it will evaluate new requests if it determines that a new cooperative agreement could benefit a substantial number of Joint Commission customers.

Comparative agreements

To be eligible, an accrediting body must have comparability with Joint Commission standards, survey process, methods of ensuring surveyor competence, and accreditation policies, including publicly disclosing accreditation status. Finally, the accrediting body must agree to reimburse The Joint Commission for personnel and travel-related costs associated with administering the program. The following organizations have comparative agreements:

- American Society for Histocompatibility and Immunogenetics (ASHI): Transplant/immunology
- College of American Pathologists (CAP): Laboratory
- COLA: Laboratory

Note: A health care organization component that is accredited by a comparative cooperative partner is exempt from The Joint Commission's tailored survey policy. However, the recognition does not apply when a component is accredited under a program for which The Joint Commission has federal deemed status, and the cooperative accrediting body does not have deemed status for the same program.

Complementary agreements

Entities that focus more on the technical or clinical aspects of departments or services of health care organizations (for example, radiology services and rehabilitation units) are eligible for complementary agreements. Accrediting organizations with complementary agreements must demonstrate comparability with the basic criteria; however, they are not required to maintain comparability with The Joint Commission's standards and survey process applicable to the unit, department or service of an organization subject to review. During the survey, The Joint Commission could visit the unit or service, even if it is accredited by a cooperative partner, and all applicable Joint Commission standards could be assessed during such visits. The following organizations have complementary agreements:

- American College of Surgeons-Bariatric Surgery Accreditation Program: Bariatric surgery
- American College of Surgeons-Commission on Cancer (ACoS-COC): Cancer programs
- American College of Radiology (ACR): Radiation oncology
- Undersea & Hyperbaric Medical Society (UHMS): Clinical hyperbaric medicine

For more information about laboratory-related cooperative agreements, contact Heather Hurley, executive director, Laboratory Accreditation, at 630-792-5347 or hhurley@jointcommission.org. For more information about non-laboratory cooperative agreements, contact Mark Crafton, executive director, State and External Relations, at 630-792-5260 or mcrafton@jointcommission.org.