**UPDATED: Policies Regarding Accreditation Status Following Cessation of Services**

The Joint Commission recently updated two policies—Accreditation Status of Organizations That Cease Services After a Disaster and Accreditation Status of Organizations That Cease Services or Do Not Have Patients for a Period of Time—as a result of an ongoing review of accreditation-related policies. The updated language is effective immediately for all accreditation programs.

The updated policies are shown in the box below (new text is underlined and deleted text is shown in strikethrough) and will be published electronically for all programs via E-dition® this spring. For the ambulatory care, behavioral health care, home care, and hospital programs, the updated policies will appear in print this spring in the 2015 Update 1 to the Comprehensive Accreditation Manuals. For the critical access hospital, laboratory, nursing care centers, and office-based surgery programs, the revisions will appear in print in fall 2015, as these programs no longer have a hard copy Subscription Update Service (see November 2014 Perspectives, pages 5 and 6).

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**Official Publication of Joint Commission Requirements**

**Updated Policies Regarding Accreditation Status Following Cessation of Services**

**Applicable to All Accreditation Programs**

**Effective immediately**

**Accreditation Status of Organizations That Cease Services After a Disaster***

*Can be natural or man-made; any situation that causes cessation of services.

Following a disaster that requires a Joint Commission-accredited organization to cease the provision of services for a period of time, The Joint Commission will work with the affected organization to address the impact that the cessation of services has on the organization’s accreditation status, and to ensure that the organization is prepared to provide safe, quality care upon resumption of services. If after six months the organization cannot resume services, The Joint Commission will discontinue the accreditation of the organization. The impact of the cessation of services for a period of time on the accreditation status of organizations that experience a disaster is described below.

**Cease Services Up to 30 Days.** For organizations that resume services within the first 30 days after a disaster and/or the organization’s decision to cease operations, the organization’s original Joint Commission accreditation status will stay in effect. The time frame for complying with any outstanding Joint Commission requirements (such as the FSA or ESC) will pause until the organization resumes operation. In most cases, The Joint Commission will not need to survey the affected organization to reassess its level of standards compliance. If The Joint Commission decides to conduct a survey, however, the organization’s accreditation decision will be driven by the interim survey findings.

**Cease Services Up to 90 Days.** For organizations that resume services from 31 to 90 days after a disaster, The Joint Commission will conduct an extension survey to determine the organization’s accreditation status. The circumstances surrounding the organization’s closure will determine the survey’s length and scope.

**Cease Services Up to Six Months.** For organizations that resume services from 91 days up to six months after a disaster, The Joint Commission will require an on-site survey to assess the environment of care. This survey will preferably take place one to two weeks after services are resumed. These organizations must receive clearance to operate from the fire marshal, if appropriate, and other local/state authori-

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Updated Policies Regarding Accreditation Status Following Cessation of Services (continued)

Updated Policies Regarding Accreditation Status Following Cessation of Services (continued)

Joint Commission will conduct a second on-site survey approximately four months after services have been resumed to evaluate sustained compliance with Joint Commission standards and requirements. The track record requirement for demonstrating standards compliance will be four months.

More Than Six Months. For organizations that do not resume services within six months after a disaster or decide to cease operations, the Joint Commission will discontinue its accreditation. If the organization resumes services, it must reapply to become accredited. In such cases, the accreditation process will involve at least two surveys. The first survey will be conducted at the organization’s request and will assess the organization’s ability to provide safe patient care. The organization may qualify for an accreditation award as a result of this survey. However, at this point, the organization will not be recognized by CMS as meeting the requirements for Medicare certification. The second survey will be conducted approximately four months later to assess sustained compliance with Joint Commission requirements. The track record requirement for demonstrating standards compliance will be four months.

The Joint Commission will continue to list post on Quality Check all affected organizations as Accredited up to six months after a disaster, unless interim survey findings dictate otherwise.

While working with affected organizations in the aftermath of a catastrophic event, the Joint Commission will be sensitive to these organizations’ needs and will work with responsible state and federal agencies to help reestablish the organizations’ operations as well as their qualification for accreditation.

If, following a disaster, an organization provides services at an alternate site, the Joint Commission will determine whether an extension survey or a full survey is required based on the scope of services being provided at the alternate site and the expected period of time that the services will be provided at the site.

If your organization is affected by a natural disaster, please notify your organization’s account executive as soon as possible. Once notified, the Joint Commission can cancel any accreditation-related events and offer assistance, if needed. If you don’t know who serves as your organization’s assigned account executive, please call 630-792-3007.

The above policy outlines a framework that the Joint Commission will generally follow when an organization is required to cease services for a period of time following a disaster. Depending on the unique circumstances of each situation, the Joint Commission may choose to modify this approach accordingly. In addition, the Joint Commission may coordinate its response with local, state, and/or federal officials having jurisdiction over the organization, as appropriate.

Accreditation Status of Organizations That Cease Provision of Services or Do Not Have Patients for a Period of Time

Joint Commission-accredited organizations may stop providing care, treatment, and services to patients or may not have any patients for a period of time for reasons other than natural or man-made disasters. When an organization ceases to provide patient care services, it is required to notify the Joint Commission. The Joint Commission will discontinue the accreditation of organizations that have ceased providing care, treatment, and services for more than six months. The complete process for determining the accreditation status of such organizations follows. The Joint Commission will work with the affected organization to address the impact that the cessation of services or the lack of patients will have on the organization’s accreditation status and to ensure that the organization is prepared to provide safe, quality care upon resumption of services. If after six months the organization cannot resume services, the Joint Commission will terminate the accreditation of the organization.

Up to 60 Days. If an organization does not have any patients for up to 60 days, the Joint Commission will continue the organization’s current accreditation status.

Up to Six Months. If an organization does not have any patients from 60 days to less than six months, the Joint Commission will continue the organization’s current accreditation status only if the organization has an extension survey. This extension survey would generally take place within a week of as soon as possible in accordance with the organization’s request. The purpose of this survey is to evaluate the organization’s capability for resuming services and whether it is performing at current accreditation levels. If the organization refuses an extension survey, the accreditation will be terminated.

More Than Six Months. If an organization does not have any patients for six months or longer, the Joint Commission will consider the organization no longer accredited and terminate the organization’s accreditation. If the organization resumes services, it will have to apply for a full survey to reapply for accreditation and have a full survey in order to evaluate its current compliance with Joint Commission standards.

If, during an on-site survey, it is identified that an organization has not serviced patients for more than six months, the Joint Commission will consider the organization no longer accredited. If the organization has not serviced patients for a time period of between 30 days and six months, the Joint Commission will determine if a subsequent survey to assess compliance will be held at a later date.