Revisions to Decision Rules and the Post-Survey Process

Changes Include Elimination of Contingent Accreditation Decision Category

In order to simplify and streamline the post-survey process and decision rules, The Joint Commission made a few changes effective as of January 1, 2017, for all organizations seeking reaccreditation. First, an organization with a decision of Accreditation with Follow-up Survey will receive notice of full accreditation once it has successfully submitted Evidence of Standards Compliance (ESC). However, a follow-up survey must be conducted within six months to confirm sustained compliance with the ESC.

Another change is that the category of Contingent Accreditation has been eliminated, leaving only four possible decision outcomes for currently accredited organizations: Accredited, Accreditation with Follow-up Survey, Preliminary Denial of Accreditation, and Denial of Accreditation. In addition, the category of Preliminary Denial of Accreditation (PDA) includes the following new decision rules:

- **PDA06**—The organization with a decision of Accreditation with Follow-up Survey has failed to resolve all Requirements for Improvement (RFIs) after two opportunities to submit ESCs.
- **PDA09**—The organization fails its second Medicare follow-up survey as a result of one or more Conditions of Participation [Conditions for Coverage, for ambulatory surgical centers] scored as a Condition-level deficiency.
- **PDA10**—The organization’s patients have been placed at risk for a serious adverse outcome because there is some evidence that the organization may have engaged in possible fraud or abuse.

All of the 2017 decision rules can be found on the Joint Commission Connect™ extranet in the “What’s New” section.

Changes to the Post-Survey Process

The post-survey process for organizations with a decision of PDA02 has changed. A PDA02 decision is made when an organization may have placed patients at risk for serious adverse outcomes due to patterns, trends, and/or repeat findings. Instead of submitting ESC within 60 days, organizations

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**Standards Connection**

**LS.02.01.10, EP 9**

Ducts penetrating the walls or floors with a fire-resistance rating of less than 3 hours are protected by dampers that are fire rated for 1½ hours; ducts penetrating the walls or floors with a fire-resistance rating of 3 hours or greater are protected by dampers that are fire rated for 3 hours. (For full text, refer to NFPA 101-2012: 8.3.5.7; 9.2.1; NFPA 90A-2012: 5.4.1; 5.4.2)

This note about polyurethane expanding foam is specific to a product designed for insulation around window and door installations where the polyurethane expanding foam is encapsulated in the building construction. Although the product may have a UL label, the label refers to its insulating properties and not to its ability to be used as a firestop product. Some polyurethane expanding foam firestop products are designed to be used in firestop applications. The organization should have the proper documentation identifying such a product and its systems.

The Joint Commission and CMS require organizations to comply with the entire *Life Safety Code* as well as associated codes and standards. CMS also holds organizations accountable for compliance with K-tags. The proposed EPs discussed in this article reconcile with the K-tags. Joint Commission surveyors score deficiencies related to the K-tags under LS.02.01.10, EP 11.

**Standards Connection**

**LS.02.01.10, EP 10**

The spaces around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material. **Note:** Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5)

**Revisions to Decision Rules and the Post-Survey Process (continued)**

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with a PDA02 decision are now required to submit a Plan of Correction within 10 business days of the posting of the final report. A survey to validate the implementation of the Plan of Correction will occur within two months. If the validation survey does not confirm implementation of the Plan of Correction, the decision will remain as PDA and the organization may seek an appeal. For more information on this new process for PDA02 decisions, please see the “Important Updates” tab on your *Joint Commission Connect* extranet site.

Finally, the governance structure of The Joint Commission has transitioned accreditation decision making from an Accreditation Committee to an executive team. Joint Commission executive leaders are now responsible for making accreditation decisions and for taking into consideration the survey report, follow-up activities, staff recommendations, and any unusual or unique issues raised by the organization seeking accreditation.

“The Accreditation Process” (ACC) chapter will be updated to reflect these changes as of the spring E-dition release of the *Comprehensive Accreditation Manuals* (as well as the print publications of 2017 Update 1 for the manuals for ambulatory care organizations, behavioral health care organizations, home care organizations, and hospitals). For more information on any of these topics, please send an email to postsurveyprocess@jointcommission.org.

References