Long Term Care Accreditation Answer Book

Understanding The Joint Commission Long Term Care Accreditation Process
Dear Colleague,

Thank you for looking to The Joint Commission when it comes to your quality and accreditation concerns. Joint Commission recognition is a visible demonstration to your patients/residents, their families, your staff, and the community of your commitment to the highest level of safety and quality.

This *Long Term Care Accreditation Answer Book* is designed to help you learn about the Joint Commission’s accreditation process. This guide provides you with answers to your most frequently asked questions about The Joint Commission, eligibility for accreditation, how to apply for accreditation, how to prepare for accreditation, the on-site survey process and accreditation decision-making process, and how to prepare for accreditation.

We hope that you will find this *Answer Book* helpful in understanding the accreditation process. If you have questions, or would like to speak with someone directly, please contact me or another member of the Long Term Care Accreditation team at my phone number or e-mail as noted below.

Sincerely,

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Executive Director, Long Term Care Accreditation Program  
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gzimmermann@jointcommission.org

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The mission of The Joint Commission:

“To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.”
# Table of Contents

**The Joint Commission Snapshot**
- What is The Joint Commission? ................................................................. 3
- Why Should I Choose Joint Commission Accreditation? .......................... 3
- Who are the Surveyors? .................................................................................. 4
- Who Is Eligible for Long Term Care Accreditation? ..................................... 4

**Standards and National Patient Safety Goals**
- What are the Requirements for Accreditation? ............................................. 5
- What are National Patient Safety Goals? ...................................................... 11
- Is Written Documentation Required? ............................................................ 11

**Accreditation Options for Long Term Care Organizations**
- What Accreditation Options are Available for Long Term Care Organizations? 11

**Getting Started**
- How Do I Apply for Long Term Care Accreditation? ................................. 15
- Is there a Deposit Fee? .................................................................................... 15
- What are the Accreditation Fees? ................................................................. 16

**Preparing for Accreditation**
- What Steps Do I Need to Take to Prepare for Accreditation? .................. 16
- How Do I Obtain a Copy of the Standards? ................................................. 17
- What Resources are Available to Assist My Organization? .................. 17

**The Survey Process**
- How Would You Describe the On-Site Survey Process? ........................... 18
- What is Tracer Methodology? ........................................................................ 19
- What is the Priority Focus Process? .......................................................... 19
- How Would You Describe a Typical Survey Day? ...................................... 21

**After the Accreditation Survey**
- What are the Possible Accreditation Decision Outcomes? ..................... 22
- What is an Evidence of Standards Compliance? ........................................... 22
- What is a Periodic Performance Review? .................................................... 23
- How Long Does the Accreditation Award Last? ........................................ 23

**Promoting Your Accreditation**
- How Can I Promote My Accreditation? ...................................................... 24

**Telephone and Website Directory** ............................................................. 25
The Joint Commission Snapshot

What is The Joint Commission?
The Joint Commission is the leader in accreditation, with nearly 60 years of experience across the full spectrum of health care organizations. Founded in 1951, The Joint Commission was constructed under the auspices of the American Hospital Association, the American Medical Association, the American College of Physicians, and the American College of Surgeons, with the later addition of the American Dental Association, to act as an independent accrediting body for hospitals nationwide. The Joint Commission is a non-governmental, not-for-profit organization.

Fueled by the changing nature of health care in America, The Joint Commission has, over the years, broadened its scope to include accreditation of many non-hospital settings, including long term facilities. The Joint Commission established the Long Term Care Accreditation Program in 1966 to support the delivery of safe, high quality care to patients/residents in long term care settings.

Why Should I Choose Joint Commission Accreditation?
Today's health care environment is changing rapidly, and providers are experiencing new competitive pressures in the marketplace. Demonstrating safe, high quality care to patients/residents and continually improving performance through accreditation are benchmarks of success. Today, Joint Commission accreditation of a long term care organization is a widely recognized standard for evaluating and demonstrating high quality services. More often today, payers and managed care contractors require Joint Commission accreditation for reimbursement or as a key element of their participation agreements. Joint Commission accreditation represents the “Gold Seal of ApprovalTM” in health care and provides the most comprehensive evaluation process in the industry.

Joint Commission accreditation benefits your organization by:

- **Giving you a competitive advantage.** Accreditation provides evidence of quality patient/resident care that helps your long term care organization stand out from other facilities providing similar services.

- **Strengthening community confidence.** Achieving accreditation is a visible demonstration to the community that your organization is committed to providing high quality services, as reviewed by an external group of specialists.

- **Validating quality care to your patients/residents and their families.** Joint Commission standards are focused on one goal: raising the safety and quality of care to the highest possible level. Achieving accreditation is a strong validation that you have taken the extra steps to ensure the highest level of safety and quality currently available.

- **Helping organize and strengthen your improvement efforts.** Joint Commission standards include state-of-the-art performance improvement concepts that provide a framework for continuous improvement using standards as a means to achieve and maintain excellent operational systems.

- **Improving liability insurance coverage.** By enhancing risk management efforts, accreditation may improve access to, or reduce the cost of, liability insurance coverage. A list of liability insurers that recognize Joint Commission accreditation can be found on our web site at: [http://www.jointcommission.org/liability_insurers/default.aspx](http://www.jointcommission.org/liability_insurers/default.aspx).

- **Enhancing staff recruitment and education.** The Joint Commission accreditation process is designed to be educational, not punitive. Our surveyors are trained to help you improve your internal procedures and day-to-day operations in a consultative manner. Prospective employees also look for accreditation as a sign of excellence in an organization.
**Who are the Surveyors?**

Joint Commission long term care surveyors are salaried professionals experienced in the long term care arena who understand the day-to-day issues that confront you. A Joint Commission long term care on-site survey is conducted by a masters-prepared nurse or administrator, many of whom are also currently practicing in the long term care field. The surveyors have the hands-on expertise to help you resolve your most critical issues relating to quality and safety of patient/resident care.

The Joint Commission ensures surveyor consistency by providing one week of initial classroom training, on-site mentoring, and continuing education annually to keep surveyors up-to-date on advances in quality-related performance evaluation. All surveyors must also pass a rigorous Certification Exam. The Joint Commission evaluates surveyors’ performance continually throughout the year, in part to ensure that your on-site survey is an educational process, not just an inspection.

**Who is Eligible for Long Term Care Accreditation?**

Any health care organization may request Joint Commission Long Term Care accreditation if the following eligibility requirements are met:

- Organization serves a minimum of five patients/residents, with two active patients/residents at the time of survey, regardless of how long the organization has been in operation
- Beds are licensed by the state as nursing home beds excluding intermediate care facilities specializing in care for individuals with mental retardation and other developmental disabilities; or
- Beds are designated as long term care beds under a hospital license [excluding beds belonging to a long term acute care hospital (LTACH) and swing beds]; or
- Beds, units, or facilities are certified by Medicare or Medicaid as skilled nursing facility (SNF) beds; or
- Beds, units, or facilities are designated as long term care by a governmental entity, such as the Veterans Health Administration.
Standards and National Patient Safety Goals

The Joint Commission's long term care standards and accreditation processes are the result of careful analysis of the rapidly changing health care field. Every effort is made to reflect state-of-the-art practices in long term care and to provide reasonable guidelines that every long term care organization should strive to meet.

Prior to finalization, Joint Commission standards and National Patient Safety Goals undergo extensive field review. The Joint Commission has established a Professional and Technical Advisory Committee (PTAC) to advise the Long Term Care Accreditation Program, composed of experts in the field. This Committee provides advice and assistance in the development of new and revised standards and patient safety goals and recommends improvements to the accreditation process. Members of the Long Term Care PTAC are drawn from representatives of national long term care associations and organizations:

- American Association of Retired Persons
- Alzheimer’s Association
- American Academy of Physical Medicine and Rehabilitation
- American Association for Long Term Care Nursing
- American Association of Homes and Services for the Aging
- American College of Health Care Administrators
- American College of Healthcare Executives
- American College of Physicians
- American Dietetic Association
- American Geriatrics Association
- American Health Care Association
- American Hospital Association
- American Medical Association
- American Medical Directors Association
- American Nurses Association
- American Society of Consultant Pharmacists
- Assisted Living Federation of America
- Association of Health Facility Survey Agencies
- Coalition of Rehabilitation Therapy Organizations
- (representing the American Occupational Therapy Association, American Speech-Language-Hearing Association, American Therapeutic Recreation Association, and National Coalition of Creative Arts Therapies Association)
- American College of Healthcare Executives
- American College of Physicians
- American Dietetic Association
- American Geriatrics Association
- American Health Care Association
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- American Medical Directors Association
- American Nurses Association
- American Society of Consultant Pharmacists

In addition, the Long Term Care Advisory Council, composed of currently-accredited long term care organizations that represent a cross-section of the field, meets on a regular basis to discuss ongoing issues and potential future improvements to the accreditation process.

What are the Requirements for Accreditation?
The Joint Commission’s Comprehensive Accreditation Manual for Long Term Care (CAMLTC) is the place to begin when preparing for accreditation. Even if you do not pursue accreditation right away, the standards manual is an excellent tool to help your organization become organized and established.

The CAMLTC includes all the information your organization needs for continuous operational improvement: standards, rationales, elements of performance (EPs), Accreditation Participation Requirements, scoring, National Patient Safety Goals, accreditation decision rules, and accreditation policies and procedures.
For long term care organizations, Joint Commission standards reflect consensus-based, patient/resident-focused performance measures that support quality and safety throughout the facility and that are driven through the organization’s leadership.

**Environment of Care**

The goal of standards under the Environment of Care topic is to promote a safe, functional, and supportive environment within the organization so that quality and safety are preserved. The environment of care is viewed by three basic elements:

- The building or space, including how it is arranged and special features that protect patients/residents, visitors, and staff
- Equipment used to support patient/resident care or to safely operate the building or space
- People, including those who work within the organization, patients/residents, and anyone else who enters the environment, all of whom have a role in minimizing risks

The standards stress the importance of managing risks in the environment of care, and are organized around the concepts of planning, implementation, and evaluation of results. Standards call for written plans for managing risks in each of these areas. Organizations may choose to address all required components of the environment in a single management plan or in several different plans. The standards address the need to identify someone to manage environmental risks as well as to intervene when situations threaten people or property; both responsibilities may be assigned to one person. It is important to remember that the standards do not prescribe a particular structure (such as a safety committee) or individual (such as one employee hired to be a safety officer) for managing the environment, nor do they prescribe how required planning activities are conducted. Important aspects of the environment addressed in the standards include:

- Safety and security. This section addresses risks in the physical environment, access to security-sensitive areas, product recalls, and smoking.
- Hazardous materials and waste. This section addresses risks associated with hazardous chemicals, radioactive materials, hazardous energy sources, hazardous medications, and hazardous gases and vapors.
- Fire safety. This section addresses risks from fire, smoke, and other products of combustion; fire response plans; fire drills; management of fire detection, alarm, and suppression equipment and systems.
- Medical equipment. This section addresses selection, testing, maintenance of medical equipment, and contingencies when equipment fails.
- Utilities. This section addresses inspection and testing of operating components, control of airborne contaminants, and management of disruptions.

**Emergency Management**

Emergencies can threaten any health care organization. Power failures, water and fuel shortages, flooding, and communication breakdowns are just a few of the hazards that can disrupt patient/resident care and pose risks to the organization and its staff. The Emergency Management standards guide organizations through the planning activities that occur prior to developing and Emergency Operations Plan (EOP.) The standards describe the essential components that comprise the EOP, such as preparedness activities, response procedures, and identification of the staff responsible for these activities. Finally, standards guide organizations through evaluating the effectiveness of the EOP. The planning activities help the organization focus its strategy for mitigating the potential effects of emergencies, as well as its preparedness strategy for organizing and mobilizing essential resources. The organization will use its EOP document to define its response to emergencies and to help position it for recovery after the emergency has passed. After the EOP is in place, it is tested through emergency response exercises in order to evaluate its effectiveness and use...
lessons learned to improve response strategies. Adjustments to the EOP should be made based on emergency response exercises and responses to actual emergencies.

Human Resources
The contribution that human resources management makes to an organization’s ability to provide safe, quality care cannot be overestimated. The quality of the organization’s staff and licensed independent practitioners will, in large part, determine the quality of the care, treatment, and services it provides. The standards in this area address the organization’s responsibility to establish and verify staff qualifications, orient staff, and provide staff with the training they need to support the care, treatment, and services the organization provides. After staff are hired, the organization has a responsibility to see that they receive the education and training they need to provide quality care and to keep patients/residents safe.

These standards also addresses the organization’s responsibility to credential and privilege licensed independent practitioners and provide them with orientation and a fair hearing and appeal process.

Infection Prevention and Control
The processes outlined in the Infection Prevention and Control standards are applicable to all infections or potential sources of infection that staff, practitioners, and administrators might encounter, including a sudden influx of potentially infectious patients/residents. The standards are designed to assist long term care organizations, both large and small, in developing and maintaining an effective program that covers a wide range of situations. These standards address activities of planning, implementation, and evaluation and are based on the following conditions necessary to establish and operate an effective infection prevention and control program. Every long term care organization, regardless of its size or the services it provides, should do the following:

• Recognize that its infection prevention and control program plays a major role in its efforts to improve patient/resident safety and quality of care
• Demonstrate leadership’s commitment to infection prevention and control by endorsing and participating in the organization’s efforts to control infection, provide resources, and encourage improvement
• See that staff collaborate with each other when designing and implementing the infection prevention and control program
• Provide for visitors guidance on steps they can take to minimize the spread of infections while they visit
• Regularly assess its infection prevention and control program by using an epidemiological approach that consists of surveillance, data collection, analysis, and trend identification
• Coordinate its program with the larger community
• Take into account that the potential exists for an infection outbreak so extensive that it overwhelms the long term care organization’s resources

Information Management
Depending on the organization, the system used for information management may be basic or sophisticated. As technology develops, many organizations find their information management systems in a state of transition from paper to fully electronic or a combination of the two. Regardless of the type of system used, these standards are designed to be equally compatible with noncomputerized systems and evolving technologies.

Planning is the initial focus of the Information Management standards. A well planned system meets the internal and external information needs of the organization with efficiency and accuracy. Planning also provides for continuity in the event that the organization’s operations are disrupted or fail. The organization
also plans to protect the privacy, security, and integrity of the data and information it collects, which results in preserving confidentiality. Standards also address maintaining accurate health information. Requirements in this chapter apply to all types of information managed by the organization, unless the requirement specifically limits the type of information to health information.

Leadership

Joint Commission standards for Leadership address the role of leaders in managing their diverse and often complex responsibilities. Leaders shape the organization’s culture, and the culture, in turn, affects how the organization accomplishes its work. A healthy, thriving culture is built around the organization’s mission and vision, which reflect the core values and principles that the organization finds important.

The Leadership standards are divided into four sections: Leadership Structure, Leadership Relationships, Organization Culture, and System Performance Expectations, and Operations. The organization’s culture, systems, and leadership structure and relationships all come together to shape and drive its operations. The standards in the Leadership Structure section identify and define the various leadership groups and their responsibilities. The standards in Leadership Relationships address the development of the organization’s mission, vision, and goals, as well as communication among leaders. Standards in the Organization Culture and System Performance Expectations section focus on the framework for the organization’s culture and systems. These standards also demonstrate how leaders help shape the culture of an organization and how culture, in turn, affects important systems within the organization (for example, data use, planning, communication, changing performance, staffing). The standards in the Operations section address the functions that are important to patient/resident safety and high-quality care, treatment, and services. Some leaders may not be directly involved in the day-to-day operations of the organization, but the decisions they make and the initiatives they implement do affect operations.

Medication Management

The goal of the medication management standards is to provide a framework for an effective and safe medication management system. Effective and safe medication management is dependent on carefully implementing medication management processes based on the care, treatment, and services provided by the long term care organization. Planning provides the groundwork for the following critical areas of performance outlined in this chapter:

- Managing high-alert and hazardous medications
- Selecting and procuring medications
- Storing medications
- Managing emergency medications
- Controlling medications brought into the long term care organization by patients/residents, their families, or licensed independent practitioners
- Managing medication orders
- Preparing medications
- Labeling medications
- Dispensing medications
- Retrieving recalled or discontinued medications
- Administering medications
- Managing investigational medications
- Monitoring patients’/residents’ reactions to medications
- Responding to real or potential adverse drug events, adverse drug reactions, and medication errors
Provision of Care, Treatment, and Services
The standards in this chapter are placed within a framework that demonstrates the continuum of care as a cyclical process that may occur over short or long periods of time and may be continual or episodic in nature. The standards are organized to relate to the patients'/residents’ experience from entry into the organization to discharge or transfer, addressing:
- Accepting the patient/resident for care, treatment, and services
- Assessing and reassessing the patient/resident
- Planning the patient’s/resident’s care
- Providing the patient/resident with care, treatment, and services
- Coordinating the patient’s/resident’s care, treatment, and services
- Providing the patient/resident with education
- Designing a system to care for patients/residents in an environment that minimizes the use of restraint
- Meeting the patient’s/resident’s need for continuing care, treatment, and services after discharge or transfer

Record of Care, Treatment, and Services
Standards address requirements for compiling and maintaining the clinical record. The separate required components of a complete clinical record are listed and arranged within common groups (demographic, clinical, and additional information). Standards also address documentation requirements for screenings, assessments, and reassessments; restraint and seclusion; the clinical procedures themselves; and discharge. The standards provide policies and procedures that guide the compilation, completion, authentication, retention, and release of records.

Performance Improvement
The standards in this chapter address the fundamental principles of performance improvement: collecting data, analyzing them, and taking action to improve.

Collecting data is the foundation of performance. Based on its setting, scope, and services, the organization selects measures that are meaningful to the organization and that address the needs of the patients/residents it serves. In addition, The Joint Commission has identified important processes that should always be measured because they involve risk and can harm patients/residents: use of restraints; behavior management and treatment; significant medication errors and drug reactions; patient/resident and family perception of the safety and quality of care, treatment and services; and quality control activities such as delivery and content of food trays and laundry services. Regardless of how much data the organization collects, data are not useful if they are not analyzed. Analysis identifies trends, patterns, and performance levels that suggest opportunities for improvement. The organization can then make improvements based on the analysis. Of course, there is always the chance that analysis may reveal that more opportunities for improvement exist than an organization can manage at one time. In this case, leaders need to set priorities for improvement. After a change has been made, the organization monitors that change by collecting and analyzing data to make sure the desired improvement is achieved and sustained. Organizations should identify the results that will signify sustained improvement. If the improvement does not meet expectations, the organization makes additional changes, and the cycle starts again.

Rights and Responsibilities of the Individual
When the organization recognizes and respects patient/resident rights, it is providing an important aspect of care that has been shown to encourage patients/residents to become more informed and involved in their care. These patients/residents ask questions and develop better relationships with their caregivers. This
acknowledgement of patient/resident rights also helps patients/residents feel supported by the organization and those people directly involved in their care, treatment, and services. Recognizing and respecting patient/resident rights directly affects the provision of care. Care, treatment, and services should be provided in a way that respects and fosters the patient’s/resident’s dignity, autonomy, positive self-regard, civil rights, and involvement in his or her care. In a climate of respect and trust, communication is enhanced, and issues that might lead to problems in safety or quality can be prevented or addressed. Care, treatment, and services should also be carefully planned and provided with regard to the patient’s/resident’s personal values, beliefs, and preferences. Recognizing and respecting patient/resident rights are, however, only part of the story. Patients/Residents also have the obligation to take on certain responsibilities. The organization defines these responsibilities and then explains them to the patient/resident. When patients/residents understand and accept their responsibilities, the concept of partnership becomes a dynamic component of the patient’s/resident’s experience of care.

Standards in this area include a series of requirements that help organizations to recognize and respect patient/resident rights:

- Identification of fundamental, overarching patient/resident rights
- The right to effective communication
- The right to participate in care decisions
- The right to informed consent
- The right to participate in end-of-life decisions
- Individual rights of patients/residents
- Patient/Resident responsibilities

**Life Safety** *(These standards are not applicable for facilities seeking accreditation under the Medicare/Medicaid Certification-Based Accreditation Option.)*

Standards in this area include all Joint Commission requirements regarding *Life Safety Code* compliance, which specific construction and operational conditions to minimize fire hazards and provide a safety system in case of fire. Standards address a number of topics contained in the *Life Safety Code*, including the following:

- General life safety design and building construction
- The means of egress, including design of space, travel distances, egress illumination, and signage
- Protection provided by door features, fire windows, stairs, and other vertical openings; corridors; smoke barriers; and interior finishes
- Fire alarm notification, including audible and coded alarms
- Suppression of fires, including sprinkler systems
- Building services, including elevators and chutes
- Decorations, furnishings, and portable heaters

**Waived Testing** *(Waived testing refers to the least complex laboratory tests as defined in the federal regulation governing laboratory testing, known as the Clinical Laboratory Improvement Amendments of 1988 [CLIA ’88]. Waived testing is the most common regulated testing performed by caregivers at the patient/resident bedside or point of care. When performed, it involves simple procedures such as glucose testing, rapid strep screens, and fecal occult blood screens. The Waived Testing standards apply when the staff of the organization perform the testing with instruments either owned by the organization or by the patient/resident. These standards do not apply to waived tests performed by the patient/resident, or when staff members are providing instruction or cueing the patient/resident.)*

Standards address:

- Organization policies and procedures for waived tests
- Staff competence to perform waived tests
- Quality control for waived testing
- Maintenance of records

**What are National Patient Safety Goals?**

National Patient Safety Goals (NPSGs) and their requirements are a series of specific actions that organizations are expected to take in order to prevent medical errors such as miscommunication among caregivers or medication errors. A panel of national safety experts has determined that taking these simple, proven steps will reduce errors. The Joint Commission issues a set of National Patient Safety Goals each year, drawn in part from the Joint Commission’s extensive sentinel event database.

Much like Joint Commission standards, organizations are evaluated for compliance with the specific elements of performance associated with the National Patient Safety Goals. As these requirements are generally more prescriptive than Joint Commission standards requirements, organizations are permitted to design alternative approaches to meeting Goal requirements and to request Joint Commission consideration and approval of such alternatives. The Joint Commission also provides guidance on how to achieve effective compliance with each Goal’s requirements.

Additional information about National Patient Safety Goals and frequently asked questions (FAQs) about the National Patient Safety Goals can be found on the Joint Commission Web site by clicking on Long Term Care at [http://www.jointcommission.org/standards_information/npsgs.aspx](http://www.jointcommission.org/standards_information/npsgs.aspx). The FAQs include detailed answers about implementing the goals.

**Is Written Documentation Required?**

While documentation is important, the primary emphasis of the accreditation process will be how your organization carries out the functions described in the *Comprehensive Accreditation Manual for Long Term Care (CAMLTC)*. The surveyor uses a combination of data sources, including interviews with leaders of the organization, staff, patients/residents and family members; visits to patient/resident care settings; and reviews of documentation to arrive at an assessment of your organization’s compliance with the standards.

To simplify your preparatory efforts, you will find an icon (a “D” in a circle) next to elements of performance in the CAMLTC that require written documentation. See the *Required Written Documents* chapter in the CAMLTC for complete details.

**Accreditation Options for Long Term Care Organizations**

**What Accreditation Options are Available for Long Term Care Organizations?**

The Joint Commission provides two accreditation options for long term care accreditation: the Traditional Long Term Care Accreditation Option and the Medicare/Medicaid Certification-Based Accreditation Option.

**Traditional Long Term Care Accreditation Option**

The Joint Commission’s traditional accreditation option for long term care organizations encompasses all national consensus-based standards that are tied to the provision of high-quality and safety patient/resident care provided in long term care facilities. The standards and survey process together provide a comprehensive framework for the provision of high-quality, safety care and a management tool for leadership that enables the provision of high-quality and safe patient/resident care.
Medicare/Medicaid Certification-based Long Term Care Accreditation Option
The Joint Commission has also created a modified path to long term care accreditation for Medicare/Medicaid certified skilled nursing facilities. This path assumes compliance with many Joint Commission standards based on an organization’s certification by Medicare/Medicaid. Only those standards not evaluated during the annual certification inspection are used during the survey process, which is typically a one-day survey. The Comprehensive Accreditation Manual for Long Term Care contains an appendix listing applicable standards and elements of performance for this survey option. A long term care facility electing to be accredited under this option must indicate that preference on their Application for Accreditation.

Multiorganization Accreditation Option
The multiorganization accreditation option is available for corporations/systems that own or lease at least two nursing facilities. Under the multiorganization accreditation option, The Joint Commission accredits the individual nursing facilities that are part of a corporation/system, not the corporation itself. Each organization within a corporation/system receives its own accreditation decision and Summary of Survey Findings. The findings and accreditation decision for one organization within a corporation/system have no bearing on those of another organization within the corporation. The multiorganization option may be elected in conjunction with either the Traditional Long Term Care or Medicare/Medicaid Certification-based Long Term Care Accreditation Option.

Benefits of the multiorganization approach include:

- Consistent surveyor(s) provide continuity in evaluation for accreditation, allowing the surveyor(s) to evaluate how effectively and consistently the corporation/system has implemented practices across the system.
- Identification of strengths, weaknesses and opportunities for improvement across the corporation/system.
- The ability to look at how the corporation/system develops and implements systemwide policies, procedures, and functions, including such things as human resources, environment of care, emergency management, infection control, and so forth.
- A chance to share leading practices and potential solutions for implementation of complex standards and National Patient Safety Goals from one site in the corporation/system that could be adopted at other sites within the organization.
- An increased likelihood of identifying opportunities for standardization and more efficient operations across the corporation/system.
- Increased communication and collaboration between and among individual facilities within the corporation/system around the issues of quality and safety.

The option features the following components:

1) **Surveys of participating nursing facilities with the same surveyor(s).** Surveys of nursing facilities may be scheduled consecutively or concurrently. (A concurrent survey process works best when conducted in corporations/systems where 12 or fewer nursing facilities are scheduled for concurrent survey.) Depending on the number of nursing facilities to be surveyed, one or more surveyors will be assigned to the corporation/system. Continuity in the composition of the survey team is maintained by a survey team leader if more than one surveyor is assigned. Remaining members of the survey team rotate in and out of the corporation/system’s unannounced schedule. If
the events are the nursing facilities’ first Joint Commission survey, the schedule of surveys is announced. For re-survey events, the schedule of surveys is unannounced.

2) A **corporate orientation** held prior to the survey of any of the individual nursing facilities. The corporate orientation provides an opportunity for corporate staff to orient the surveyor(s) to the structure and practices of the corporation/system. The surveyor(s) also gathers information about centralized corporate services, documentation, and policies and procedures applicable to Joint Commission standards.

3) A **corporate summation** after the last organization in the corporation/system is surveyed. The corporate summation provides an overall analysis of the corporation/system’s strengths and weaknesses. It also provides consultation and education related to accreditation survey findings across the system.
# Accreditation Options for Long Term Care Facilities At-A-Glance

<table>
<thead>
<tr>
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<th>Traditional Long Term Care Accreditation Option</th>
<th>Medicare/Medicaid Certification-based Accreditation Option</th>
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</thead>
<tbody>
<tr>
<td><strong>Eligibility</strong></td>
<td>A free-standing long term care facility or long term care organization affiliated with a complex organization(^1) (excluding long term acute care hospitals).</td>
<td>A free-standing long term care facility or long term care organization affiliated with a complex organization(^2) (excluding long term acute care hospitals) that is Medicare/Medicaid certified as a Skilled Nursing Facility or Nursing Facility.</td>
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| **Standards Focus**  | All Joint Commission standards for long term care organizations | A subset of Joint Commission standards for long term care organizations, focusing on:  
  - Risk management, equipment and utilities management  
  - Emergency preparedness planning  
  - Staff orientation, education and training  
  - Management of health information  
  - Leaders’ roles in promoting safety and quality  
  - Medication management systems  
  - Pain management  
  - Patient/Resident education about care, treatment and services provided  
  - Waived testing |
| **On-site Survey Notification** | The date of the initial survey is announced. The date of the resurvey is unannounced. | The date of the initial survey is announced. Resurveys for free-standing long term care facilities (organizations not affiliated with a complex organization) are provided with 7-business day advance notice of the survey date. |
| **Periodic Performance Review** | Annual submission is required, supporting the continuous nature of the accreditation process, enabling a cumulative benefit in outcomes. | No submission is required, but the Periodic Performance Review tool is available for use. |
| **Award Certificate** | Joint Commission accreditation award certificate for Long Term Care organizations. | Joint Commission accreditation award certificate reflects that the award is substantially based on Medicare/Medicaid certification for long term care facilities. |
| **Accreditation Fees and Length of Survey** | Three-year accreditation fees for a facility with an average daily census of 100 approximates $9,700. The survey length for this survey scope would be 1 surveyor for 2 days. | Three-year accreditation fees for a facility with an average daily census of 100 approximates $6,100. The survey length for this survey scope would be 1 surveyor for 1 day. |
| **Benefit Analysis** | This survey option provides for review of all national consensus-based standards for long term care facilities, with opportunity during the on-site survey for consultation for improvement. Empirical research has shown long term care organizations accredited under the traditional LTC accreditation program have better health and safety outcomes. | This abbreviated survey focuses on LTC standards that are not addressed by the SNF/NF Conditions of Participation (COPs) therefore focusing on areas beyond regulatory requirements (raising the bar). |

\(^1\) A “complex organization” is a health care organization that provides two or more services or programs eligible for accreditation under multiple Joint Commission accreditation manuals. Complex organizations with Medicare/Medicaid-certified Skilled Nursing Facility (SNF) components may elect to exclude the SNF from the accreditation survey. In this case, The Joint Commission accreditation award letter will specifically exclude long term care services from the accreditation award. If the SNF has <20 ADC, the organization may elect to have the services surveyed under the hospital standards. Under this option, the accreditation award will not exclude long term care services.
Getting Started

The Joint Commission schedules initial surveys within specific timeframes preferred by the long term care facility, including specific dates when the organization prefers not to be surveyed. Your organization should include these specific dates with the completed Application for Accreditation, whenever possible.

The initial survey is generally scheduled within four to six months from the time The Joint Commission receives the organization’s Application for Accreditation, although the facility may have up to one year to commit to their initial survey date. A long term care organization’s initial accreditation survey date is announced to the organization approximately 4 weeks in advance of the survey. (To encourage continuous standards compliance, future re-surveys are unannounced, with the exception of re-surveys under the Medicare/Medicaid Certification-Based accreditation option, where re-surveys for free-standing facilities are provided with 7 days advance notice of the re-survey event.)

How Do I Apply for Long Term Care Accreditation?

Long term care organizations that wish to be accredited by The Joint Commission begin the process by requesting an Application for Accreditation by:

- calling (630) 792-5235; or
- e-mailing ecalderon@jointcommission.org or
- writing to:
  
  Long Term Care Accreditation Program
  The Joint Commission
  One Renaissance Boulevard
  Oakbrook Terrace, IL 60181

Your organization will be given password-protected access to the secure Joint Commission extranet site, “Joint Commission Connect®”, where you will find the Application for Accreditation and other important information to assist you in preparing your organization for accreditation.

The Application for Accreditation is in an electronic format and collects essential information about your organization, including ownership and management, demographics, and types and volume of services provided. The Joint Commission schedules on-site surveys based on information provided in your Application for Accreditation. With the information provided, The Joint Commission determines the number of days required for a survey, the composition of the survey team and the services to be reviewed.

Is there a Deposit Fee?

For initial surveys, a nonrefundable, nontransferable survey deposit of $1,700 must be submitted at the time of the application. The Joint Commission applies the deposit to the organization’s open invoices until the deposit is exhausted. To pay the survey deposit by credit card, call (630) 792-5662. Checks should be made payable to The Joint Commission and mailed to:

- The Joint Commission
  PO Box 92775
  Chicago, IL 60675-2775

Please include your Joint Commission ID number on your check.

The Joint Commission requires an organization to submit a new Application for Accreditation if the organization does not accept a scheduled survey within one year. This assures that the organization’s information is current. If an organization's initial survey is not conducted within one year of submitting its
application, the organization forfeits its application deposit. The organization must then reapply and submit a new deposit to begin the accreditation process again.

**What are the Accreditation Fees?**
The Joint Commission uses an annual billing model that spreads the costs accreditation over a three-year period. The accreditation fee is based on an on-site survey fee due after the on-site survey PLUS an annual fee every year of the accreditation cycle. Annual fees vary depending upon the size and complexity of an organization, as determined by the information submitted in the electronic application.

Most customers can expect that their annual fee, each year during a 3-year accreditation cycle, will be approximately 20 percent of the total three-year accreditation fee, except in the year of survey, when the organization will pay approximately 40 percent of the total three-year fees after the on-site survey has been conducted. For example, assume that an organization’s three-year accreditation fee is $9,725. Under the subscription billing model, rather than paying the entire $9,725 at the time of the on-site survey, the fee will be split into three annual payments of $2,170, with the remaining $3,215 to be paid after the on-site survey has been performed.

The annual fees, which are non-refundable, are due from accredited organizations each January upon receipt of an invoice. Organizations seeking accreditation for the first time will have their first annual fee pro-rated, based upon when the organization’s application is processed.

The Joint Commission is committed to “cost transparency” to help organizations plan and budget for their future investment in achieving accreditation. Please contact us directly for a customized quote at (630) 792-5235 or via email at ecalderon@jointcommission.org.

**Preparing for Accreditation**

**What Steps Do I Need to Take to Prepare for Accreditation?**
A long term care facility should begin the process with a review of the standards. In addition, The Joint Commission provides various tools, including a Periodic Performance Review (PPR) and Survey Activity Guide on the Joint Commission Connect® secure extranet site. Many long term care facilities use one or a combination of these tools to conduct a self-assessment to identify where improvements are needed, and then take measures to put new processes in place as needed. Some organizations also find it helpful to conduct one or two “mock surveys”. In addition, Joint Commission Resources, an affiliate company, offer live and distance education offerings, and numerous publications and periodicals to aid in your preparation.
How Do I Obtain a Copy of the Standards?
The Comprehensive Accreditation Manual for Long Term Care (CAMLTC) is available in a print and electronic version (E-dition), and both versions are provided to each organization once a completed Application for Accreditation and survey deposit are submitted. The standards tools include all the information your long term care facility needs for continuous operational improvement: standards, rationales, elements of performance (EPs), scoring and accreditation decision rules, National Patient Safety Goals and accreditation policies and procedures.

The E-dition is a web-based, single-user license version of the accreditation standards and requirements found in the Comprehensive Accreditation Manual for Long Term Care.
Benefits of the E-dition include:
- Access online from any PC with a browser and Internet access
- Quick click navigation
- Full-text searching capabilities
- Automatically includes any new updates
- Customized browsing

The Joint Commission is now offering a 60-day free trial of the E-dition. To register for this special offer go to www.jointcommission.org/editiontrial.

For further details about the E-dition, visit www.jcrinc.com/e-dition.

Standards manuals (CAMLTC) or the web-based standards product (E-dition) can be ordered through Joint Commission Resources (JCR) Customer Service Center at (877) 223-6866. Online ordering is available at www.jcrinc.com.

What Other Resources are Available to Assist My Organization?

Frequently Asked Questions (FAQs)
The Joint Commission web site contains answers to frequently asked questions for many areas of importance to long term care facilities. Answers to many of the common questions are posted by the Standards Group. Visit www.jointcommission.org/standards_information/jcfaq.aspx to access these FAQs.

LTC Update
Sign up for this complimentary quarterly newsletter addressing the unique concerns of long term care providers at www.jointcommission.org/accreditation/long_term_care.aspx. Click on, “Sign up for News and Alerts.”
Education Programs

To register for, or receive information about education programs for long term care facilities offered by the Joint Commission Resources (JCR) affiliate of The Joint Commission, call (877) 223-6866 or register online at [www.jcrinc.com](http://www.jcrinc.com).

The Joint Commission Connect™

Once you request an Application for Accreditation, you will gain access to a private, secure Web site through a secure log-in to the Joint Commission’s extranet site, “Joint Commission Connect®”. There, you will find a number of useful tools, including the electronic application for survey and a Survey Activity Guide. The Survey Activity Guide provides detail about the on-site survey agenda, what to expect during the survey, and other details around preparation for the on-site visit.

Access the Leading Practices Library through Joint Commission Connect™ to find real-life solutions that have been successfully implemented by health care organization and reviewed by Joint Commission standards experts. Browse through specific topics of interest to find documents cross-references to the corresponding chapters in Joint Commission accreditation manuals.

The Targeted Solutions Tool™ is a Web-based application that guides health care organizations through a step-by-step process to measure performance, identify barriers to excellence, and guidance to proven solutions that are customized to address their particular barriers.

The Survey Process

How Would You Describe the On-Site Survey Process?

The purpose of a Joint Commission accreditation survey is to assess the extent of an organization’s compliance with applicable Joint Commission standards and National Patient Safety Goals. Another important aspect of the Joint Commission survey process is the on-site education provided by surveyors as they offer suggestions for approaches and strategies that may help the organization better meet the intent of the standards and, most importantly, improve performance. While integrating evaluation of standards compliance and educating an organization, the Joint Commission accreditation process also emphasizes the highest-quality patient/resident care.

The Joint Commission organizes a surveyor, or team of surveyors, to match an organization’s needs and unique characteristics. On-site surveys for long term care facilities are typically conducted by one surveyor.
for one or two days. The length of the survey is determined by the organization’s average daily census over the preceding three years.

During an on-site survey, The Joint Commission evaluates an organization’s performance of functions and processes aimed at continuously improving patient/resident outcomes. The survey process focuses on assessing performance of important functions that support the safety and quality of patient/resident care. The Joint Commission’s accreditation process seeks to help organizations identify and correct problems and improve the safety and quality of care and services provided. The on-site assessment is accomplished through evaluating an organization’s compliance with the applicable standards, based on the following:

- Tracing the care delivered to patients/residents
- Verbal and written information provided to The Joint Commission
- On-site observations and interviews by Joint Commission surveyors
- Documents provided by the organization

The accreditation process does not end when the on-site survey is completed. In the period between on-site surveys, The Joint Commission requires ongoing self-assessment and corrective actions. Continuous survey compliance means less focus on the ‘ramp-up’ for survey. Instead, long term care facilities can and should continually improve their systems and operations, eliminating the need for intense survey preparation. Continuous compliance with Joint Commission standards directly contributes to the maintenance of safe, high-quality patient/resident care and improved organizational performance.

What is Tracer Methodology?

Tracer Methodology utilizes the patient/resident care experience to assess standards compliance. At the beginning of the on-site survey, the surveyor(s) will select patients/residents from the organization’s patient roster. The surveyor(s) will ‘trace’ the patient’s/resident’s experience, looking at services provided by various care providers and departments within the organization, as well as ‘hand-offs’ between them. This type of review is designed to study systems issues, looking at both the individual components of an organization and how the components interact to provide safe, high-quality patient/resident care.

There are two types of tracers used in the Tracer Methodology:

- The Patient/Resident Care Tracer follows the actual care experiences of patients/residents who are receiving care, treatment and services within that organization.
- The Patient/Resident-based System Tracer traces the experience of patients/residents through a specific system related to the provision of care, treatment and services. The system tracer focuses on high-risk processes across an organization.

The number of patients/residents followed under the Tracer Methodology will depend on the size and complexity of the organization, and the length of the on-site survey.

What is the Priority Focus Process?

The Priority Focus Process focuses on the organization-specific issues most relevant to safety and quality of care. Prior to the on-site survey, information is gathered from several data sources which include:

- Data from the completed Application for Accreditation;
- Complaints about the organization (if any) received by the Joint Commission’s Office of Quality Monitoring
- Publicly available CMS Nursing Home Compare data from www.medicare.gov/nhcompare/home.asp. This data is updated quarterly and only available for Medicare-certified organizations.
The data is then converted into useful information that focuses survey activities, increases consistency in the accreditation process and customizes the on-site survey to make it specific to your organization.
How Would You Describe a Typical Survey Day?
The following agendas outline the typical activities that take place during an on-site survey.

For the Traditional Long Term Care Accreditation Option:

<table>
<thead>
<tr>
<th>DAY 1</th>
<th>Time</th>
<th>Surveyor Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8:00 – 9:00 a.m.</td>
<td>Surveyor Arrival and Preliminary Planning</td>
</tr>
<tr>
<td></td>
<td>9:00 – 9:30 a.m.</td>
<td>Opening Conference and Orientation to Organization</td>
</tr>
<tr>
<td></td>
<td>9:30 – 10:00 a.m.</td>
<td>Continued Surveyor Planning</td>
</tr>
<tr>
<td></td>
<td>10:00 – 11:00 a.m.</td>
<td>Life Safety Code® Building Assessment</td>
</tr>
<tr>
<td></td>
<td>11:00 – 12:30 p.m.</td>
<td>Individual Tracer Activity</td>
</tr>
<tr>
<td></td>
<td>12:30 – 1:00 p.m.</td>
<td>Surveyor Lunch</td>
</tr>
<tr>
<td></td>
<td>1:00 – 2:30 p.m.</td>
<td>Individual Tracer Activity</td>
</tr>
<tr>
<td></td>
<td>2:30 – 3:30 p.m.</td>
<td>System Tracer – Data Management</td>
</tr>
<tr>
<td></td>
<td>3:30 – 4:00 p.m.</td>
<td>Special Issue Resolution</td>
</tr>
<tr>
<td></td>
<td>4:00 – 4:30 p.m.</td>
<td>Surveyor Team Meeting / Planning Session</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DAY 2</th>
<th>Time</th>
<th>Surveyor Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8:00 – 8:30 a.m.</td>
<td>Daily Briefing</td>
</tr>
<tr>
<td></td>
<td>8:30 – 9:30 a.m.</td>
<td>Leadership Session</td>
</tr>
<tr>
<td></td>
<td>9:30 – 11:30 a.m.</td>
<td>Individual Tracer Activity</td>
</tr>
<tr>
<td></td>
<td>11:30 – 12:00 p.m.</td>
<td>Competence Assessment</td>
</tr>
<tr>
<td></td>
<td>12:00 – 12:30 p.m.</td>
<td>Credentialing of Licensed Independent Practitioners</td>
</tr>
<tr>
<td></td>
<td>12:30 – 1:00 p.m.</td>
<td>Surveyor Lunch</td>
</tr>
<tr>
<td></td>
<td>1:00 – 1:30 p.m.</td>
<td>Environment of Care and Emergency Management</td>
</tr>
<tr>
<td></td>
<td>1:30 – 2:00 p.m.</td>
<td>Special Issue Resolution</td>
</tr>
<tr>
<td></td>
<td>2:00 – 3:30 p.m.</td>
<td>Surveyor Report Preparation</td>
</tr>
<tr>
<td></td>
<td>3:30 – 4:30 p.m.</td>
<td>CEO Exit Briefing and Organization Exit Conference</td>
</tr>
</tbody>
</table>

For the Medicare/Medicaid Certification-Based Accreditation Option:

<table>
<thead>
<tr>
<th>DAY 1</th>
<th>Time</th>
<th>Surveyor Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8:00 – 9:00 a.m.</td>
<td>Surveyor Arrival and Preliminary Planning</td>
</tr>
<tr>
<td></td>
<td>9:00 – 10:00 a.m.</td>
<td>Opening Conference and Orientation to Organization</td>
</tr>
<tr>
<td></td>
<td>10:00 – 10:30 a.m.</td>
<td>Continued Surveyor Planning Session</td>
</tr>
<tr>
<td></td>
<td>10:30 – 12:00 p.m.</td>
<td>Individual Tracer Activity</td>
</tr>
<tr>
<td></td>
<td>12:00 – 12:30 p.m.</td>
<td>Competence Assessment &amp; Credentialing of Licensed Independent Practitioners</td>
</tr>
<tr>
<td></td>
<td>12:30 – 1:00 p.m.</td>
<td>Surveyor Lunch</td>
</tr>
<tr>
<td></td>
<td>1:00 – 1:30 p.m.</td>
<td>System Tracer – Data Management</td>
</tr>
<tr>
<td></td>
<td>1:30 – 2:00 p.m.</td>
<td>Individual Tracer Activity</td>
</tr>
<tr>
<td></td>
<td>2:00 – 2:30 p.m.</td>
<td>Environment of Care and Emergency Management</td>
</tr>
<tr>
<td></td>
<td>2:30 – 4:00 p.m.</td>
<td>Surveyor Report Preparation</td>
</tr>
<tr>
<td></td>
<td>4:00 – 4:30 p.m.</td>
<td>CEO Exit Briefing and Organization Exit Conference</td>
</tr>
</tbody>
</table>
After the Accreditation Survey

What are the Possible Accreditation Outcomes?
Effective January 1, 2011, there are six categories of accreditation that an organization can achieve based on a Joint Commission survey:

- **Preliminary Accreditation.** The organization demonstrates compliance with selected standards in surveys conducted under the Early Survey Policy.

- **Accredited.** The organization is in compliance with all standards at the time of the on-site survey or has successfully addressed all Requirements for Improvement (RFIs) in an Evidence of Standards Compliance (ESC) within 45 or 60 days following the posting of the Accreditation Survey Findings Report and does not meet any other rules for other accreditation decisions.

- **Accreditation with Follow-up Survey.** The organization is not in compliance with specific standards that require a follow-up survey within 30 days to 6 months. The health care organization must also successfully address the identified problem area(s) in an ESC submission.

- **Contingent Accreditation.** The organization fails to successfully address all requirements of the Accreditation with Follow-up Survey decision and/or does not have a required license or similar issue at the time of survey. In most cases, a follow-up survey in 30 days will be required.

- **Preliminary Denial of Accreditation.** There is justification to deny accreditation to the organization as evidenced by the following:
  - An Immediate Threat to Health or Safety for patients/resident or the public, and/or
  - Failure to resolve the requirements of Accreditation with Follow-up Survey after two opportunities (in most cases), and/or
  - Failure to resolve the requirements of Contingent Accreditation, and/or
  - Significant noncompliance with Joint Commission standards

  The decision is subject to review and appeal prior to the determination to deny accreditation.

- **Denial of Accreditation.** The organization has been denied accreditation. All review and appeal opportunities have been exhausted.

Following your survey, information about your accreditation status will be posted on Quality Check® at [www.qualitycheck.org](http://www.qualitycheck.org), which is also available on the Joint Commission web page. Quality Check® allows anyone to search for health care organizations within a city or state, or by type of setting, and will highlight your Joint Commission accreditation status.

What is an Evidence of Standards Compliance?

After the survey, the surveyor transmits his or her survey findings to The Joint Commission’s Central Office. Your organization’s official survey report will be posted on your organization’s secure extranet site within 10 days of survey completion. Every Element of Performance (EP) found not in compliance at the time of survey will generate a Requirement for Improvement (RFI). For every RFI cited in an organization’s Accreditation Survey Findings Report, the organization must submit an Evidence of Standards Compliance (ESC) to show that the organization is now in full compliance with those standards and elements of performance. For some ESCs, organizations will need to identify Measures of Success (MOS). These are numeric or quantifiable measures, usually related to an audit, which determines whether an action is effective and sustained. ESCs must be submitted within 45 or 60 days following the survey (as specific in your Accreditation Survey Findings Report.) Once the ESC is approved by The Joint Commission, the organization is officially accredited.
What is a Periodic Performance Review?

Note: The Periodic Performance Review (PPR) is not a required element of the accreditation process for long term care facilities surveyed under the Medicare/Medicaid Certification-based accreditation option. The tool is available for use on the Joint Commission Connect® secure extranet site for organizations being surveyed under both accreditation options.

Twelve months after the on-site survey, long term care facilities accredited under the traditional accreditation option are required to participate in an evaluation of standards compliance called the Periodic Performance Review (PPR). The goal of a Periodic Performance Review is to help organizations identify performance areas for improvement and help them to correct these non-compliant areas before the next on-site survey. PPRs are due annually on the anniversary of the last day of the last full survey, until the organization is resurveyed in approximately three years.

For those areas self-identified within the PPR as out of compliance with Joint Commission standards, the organization should submit a Plan of Action to The Joint Commission. The Joint Commission’s Standards Interpretation Group, whose responsibilities include answering organizations’ questions about interpreting and applying the standards, reviews each organization’s Plan of Action in a scheduled telephone consultation. The review of your PPR cannot affect your accreditation decision, and this phone call is optional.

Long Term Care facilities preparing for their initial survey also have access to the Periodic Performance Review tool through the secure Joint Commission Connect® extranet site. The Comprehensive Accreditation Manual for Long Term Care (CAMLTC) also includes a self-assessment grid next to each element of performance, so your organization can use the grid for its own self-assessment.

How Long Does the Accreditation Award Last?

An accreditation award is continuous until the organization has its next full unannounced survey, which will be between 18 and 36 months after its previous full survey, unless accreditation is revoked. A long term care facility may request a full accreditation survey more frequently than when it is due to have a survey.
Promoting Your Accreditation

How Can I Promote My Accreditation?
Once you are Joint Commission accredited, publicize your achievement by notifying the public, the local media, third-party payers and patient/resident referral sources. The Joint Commission offers a free publicity kit at http://www.jointcommission.org/Accreditation/accreditation_publicity_kit.aspx. It includes:

- Suggestions for celebrating your accreditation;
- Guidelines for publicizing your Joint Commission accreditation;
- Frequently asked questions;
- Sample news releases and information;
- Fact sheets; and
- “Gold Seal of Approval™” artwork that can be downloaded.

Especially helpful for promoting your accreditation is the brochure, “The Joint Commission: Assessing the Quality of Care in Nursing Home Services”. This brochure speaks to your patients/residents and their families about the additional effort that went into your accreditation and the high level of quality and safety consumers can expect from your accreditation status. You can find this brochure on our website under the consumer brochures section located at: http://www.jointcommission.org/accreditation/ltc_resources_for_accredited_organizations.aspx. Download and print this file to create handouts for patients/residents, families and visitors.

You can also promote your accreditation with a lobby card which is also available on The Joint Commission’s website under the consumer brochures section located at: http://www.jointcommission.org/accreditation/ltc_resources_for_accredited_organizations.aspx. It can be used in your facility’s lobby or in any information packets that you may have to provide to prospective or current patients/residents, their families and other stakeholders. Show the caretakers of your patients/residents and potential patients/residents you’ve gone above and beyond to ensure quality for the populations that you provide care for.
Telephone and Website Directory

Long Term Care Accreditation Program ......................................................... (630) 792-5235
For general information about long term care accreditation, or to receive an initial Application for Accreditation, call or email ecalderon@jointcommission.org.

Account Executive ........................................................................................... (630) 792-3007
Call to inquire about your submitted Application for Accreditation, survey date or Schedule, or for assistance with specific problems related to your accreditation.

Standards Interpretation Group ................................................................. (630) 792-5900
For information about applying long term care standards or to inquire about the Statement of Conditions, Life Safety Code, or equipment and utilities management. Be sure to request assistance from a long-term care specialist. An online inquiry form is also available at www.jointcommission.org/standards_information/standards_online_question_form.aspx.

Frequently Asked Questions (FAQs). The Joint Commission web site contains answers to frequently asked questions for many areas of potential importance to long term care facilities. Many of the common questions are posted by the Standards Interpretation Group, so you may find answers by checking for FAQs online at www.jointcommission.org before calling or e-mailing.

Pricing Unit ................................................................................................. (630) 792-5115
For information on accreditation fees or billing, or to handle your application deposit fee via credit card payment. The Pricing Unit is also available via e-mail at pricingunit@jointcommission.org.

Joint Commission Resources (JCR) Customer Service Center ...................... (877) 223-6866
To register for, or receive information about education programs or to purchase or inquire about publications. JCR is an affiliate of The Joint Commission. Online registration and ordering is available at www.jcrinc.com.

Joint Commission Web Site........................................................................... www.jointcommission.org
Explore the Web Site to find other helpful information:
- Current Joint Commission news
- Information about revisions to standards
- For resources for not-yet-accredited long term care organizations, visit www.jointcommission.org/accreditation/long_term_care.aspx
- Helpful tips for publicizing accreditation status
- Quality Check, a searchable list of health care organizations, with information about accreditation status
- Listing of liability insurers that recognize Joint Commission accreditation
- LTC Update quarterly newsletter