REVISED: Accreditation with Follow-up Survey and Preliminary Denial of Accreditation Decision Processes for Organizations Undergoing Resurvey

The Joint Commission has revised its processes for rendering Accreditation with Follow-up Survey (AFS) and Preliminary Denial of Accreditation (PDA) decisions. These changes are intended to streamline the post-survey process and expedite the resolution of Requirements for Improvement (RFIs). Effective immediately, the following changes are applicable to any organization that is seeking to renew its accreditation.

Accreditation with Follow-up Survey
In keeping with existing accreditation decision rules, organizations that meet predefined criteria will receive a decision of Accreditation with Follow-up Survey. Historically, AFS decisions based on staff recommendations have been rendered by the Accreditation Committee of the Joint Commission’s Board of Commissioners. However, at its December 1, 2014, meeting, the Accreditation Committee delegated the authority to render AFS decisions to the Joint Commission’s chief medical officer, Ana Pujols McKee, MD. This change reduces the amount of time between an accreditation survey and the rendering of a final accreditation decision. Organizations that are awarded an AFS decision will receive notice of that decision within ten business days of their accreditation survey and will receive a follow-up survey within approximately four months of being notified of that decision. Exceptional cases may be presented to the Accreditation Committee for action.
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Preliminary Denial of Accreditation

Preliminary Denial of Accreditation decisions are made by the Joint Commission’s Accreditation Committee when an organization’s patients have been placed at risk for a serious adverse outcome. Staff recommendations for PDA are based on the state of the organization at the time of a survey event. Because subsequent improvements on the part of the organization have not been routinely considered in the PDA decision-making process, there has been little incentive for organizations in PDA status (and on the track for Denial of Accreditation) to expedite the resolution of problems—potentially leaving their patients at risk.

As a result of the changes (described below) in the PDA decision-making process, health care organizations that are at risk of losing their accreditation but committed to improving quality and patient safety will be incentivized to expedite improvements because they still have the opportunity to retain their Joint Commission accreditation status. Organizations that are not committed to implementing improvements in a timely fashion will lose their accreditation.

The Revised PDA Process

The following is an outline of the revised process for a PDA02 finding; that is, the process by which PDA decisions are rendered when significant and pervasive patterns, trends, and/or repeat survey findings are identified in organizations that are seeking to renew their accreditation. The boldfaced text represents aspects of the process that have changed.

- Staff recommendations for PDA decisions will be based on the state of the organization at the time of survey, in keeping with approved decision rules.
- Organizations that are being recommended for a PDA decision will be informed of this recommendation within 10 days of their accreditation survey and may still submit clarifying Evidence of Standards Compliance (ESC) within 10 days of receiving their survey findings.
- Organizations that are being recommended for a PDA decision will be encouraged to expedite the resolution of all RFIs and submit corrective ESC describing actions taken to resolve all RFIs. All corrective ESCs—even those that involve indirect impact findings—are due to The Joint Commission within 45 days of the organization being notified of the recommendation for a PDA decision. Expedited submission of the ESC is encouraged.
- After the ESC is determined to be acceptable, a follow-up survey is conducted to validate that the organization has fully implemented the improvements identified in its ESC submission.
- If, at the time of the follow-up survey, the organization demonstrates resolution of all the RFIs that resulted in the PDA recommendation, staff will recommend to the Accreditation Committee that the organization’s accreditation history be revised to reflect a “time-limited” PDA decision. This decision continues from the date following the last day of the accreditation survey through the date of the follow-up survey. In addition, the organization’s accreditation status will be upgraded to Accreditation with a Follow-up Survey. This includes a second follow-up survey to evaluate the organization’s sustained implementation of corrective action.
- If, at the time of the follow-up survey, the organization does not demonstrate resolution of all the RFIs that resulted in the PDA recommendation, staff will recommend to the Accreditation Committee that the organization receive a PDA decision and thus continue down the track toward Denial of Accreditation.

Please note that the process changes above are not applicable when the recommendation for PDA is based on any of the following (excerpted) decision rules:

PDA01 An Immediate Threat to Health or Safety exists for patients, staff, or the public (please see the Immediate Threat to Health or Safety section in “The Accreditation Process” [ACC] chapter of the accreditation manuals for information about these scenarios).

PDA03 Individuals who do not possess a required license, registration, or certification

PDA04 Organizations that do not possess a license, certificate, and/or permit

PDA05 The Joint Commission is reasonably persuaded that an organization has submitted falsified documents or misrepresented information in seeking to achieve or retain accreditation.

PDA06 The organization with a decision of Contingent Accreditation has failed to clear noncompliant standards as a result of the follow-up survey.

The revised AFS and PDA processes 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 revised process 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 revised process will appear in print in fall 2015.

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as these programs no longer have a hard copy Subscription Update Service (see November 2014 Perspectives, pages 5 and 6). Questions may be directed to Kevin Hickey,