**Approved: Changes to Clarification Process**

As part of Project REFRESH, The Joint Commission will implement three changes to the clarification process effective January 1, 2017. These changes, described as follows, will apply to all accredited organizations and certified programs.

**Clerical Errors**

During the survey, the surveyors and the organization work together to identify and correct any clerical errors in the report. If clerical errors are identified post survey, The Joint Commission will work with the customer to make the corrections. The organization should submit a Clarification Request for the clerical error(s) to be resolved. The correction will be made as part of the clarification process. The corrected Requirement for Improvement (RFI) will remain in the report and become an action item for the Evidence of Standards Compliance (ESC) process.

**Audit Option**

The audit option will no longer be a part of the clarification process. Clarification audits involved Category C elements of performance (EPs), which will be eliminated with the upcoming implementation of the Survey Analysis for Evaluating Risk™ (SAFER™) matrix.

**Lack of Documentation**

Findings of “lack of required documentation at the time of survey” will no longer be eligible for the clarification process. When an organization does not have required documentation available at the time of survey, the organization can expect that the surveyor will give the organization a reasonable amount of time to produce missing documents. If the documentation is provided within the time frame agreed upon by the organization and surveyor, the organization will be compliant for document availability.

However, if the documentation is not provided, the organization is not compliant and an RFI is created. The RFI remains in the survey report. Following the survey, the organization will need to provide ESC that the required documentation is addressed through corrective actions.

**Checklist of Required Documents**

The Joint Commission has created an optional survey preparation tool to help hospitals and critical access hospitals prepare for survey: the “Checklist of Required Documents.” The checklist displays all the clinical and environment of care documents that are required to be current and available during the survey. The checklist can be found on the homepage of the hospital’s Joint Commission Connect™ extranet site in both the Survey Process tab and the Continuous Compliance tab. If feedback on the checklist is positive, optional survey preparation checklists will be prepared for other programs.

For more information on changes to the clarification process, or to provide feedback on the checklist tool, please contact your assigned Account Executive.

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**Posting: Fall E-edition® for Accreditation and Certification Manuals (continued)**

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- Deletion of 94 restraint and seclusion elements of performance (EPs) from the hospital program as part of Phase I of the EP Review Project, effective January 1, 2017 (see July 2016 Perspectives, page 5)
- Deletion of Note 1 at Human Resources (HR) Standard HR.01.02.05, EP 19, and suspension of implementation of Standard HR.01.05.03, EP 26, for hospitals, critical access hospitals, and ambulatory care organizations that provide diagnostic imaging services, effective September 1, 2016 (see July 2016 Perspectives, pages 9 and 11)
- Modifications to the Statement of Conditions™ (SOC™) component of the survey process for the ambulatory care, behavioral health care, critical access hospital, hospital, home care, and nursing care center programs, effective August 1, 2016 (see August 2016 Perspectives, pages 1 and 3)
- New performance measures for hospitals certified in the Advanced Palliative Care program, effective January 1, 2017 (see August 2016 Perspectives, page 3)
- Revision to Provision of Care, Treatment, and Services (PC) Standard PC.01.02.01, EP 1, for hospitals addressing the collection of patient information, currently effective (see August 2016 Perspectives, page 11)
- Revisions to the System Accreditation Option in “The Accreditation Process” (ACC) chapter for ambulatory care and home care organizations, effective January 1, 2017 (see September 2016 Perspectives, pages 8 and 10)
- Revisions to the policy regarding notifying The Joint Commission of changes for all accreditation programs and the health care staffing services certification program, effective October 1, 2016 (see September 2016 Perspectives, page 9)
- Revisions to requirements for Integrated Care Certification for the ambulatory care, hospital, and critical access hospital programs and expansion of this certification to the home care and nursing care center programs, effective January 1, 2017 (see October 2016 Perspectives, page 6)

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