Revised Eligibility Requirements for Ambulatory Care

The Joint Commission’s Accreditation Committee recently approved revised eligibility for organizations surveyed under the Ambulatory Care Accreditation Program. The revised requirements are effective immediately for all organizations seeking accreditation for the first time and effective July 1, 2014, for organizations seeking reaccreditation.

Revisions to eligibility criteria include the following:

- Instead of only “when appropriate,” those who review the quality of an organization’s care, treatment, or services now must include clinicians who have knowledge of the type of care, treatment, or services provided.
- The minimum number of patients or volume of services required for organizations to be eligible for survey now applies to organizations seeking reaccreditation as well as to organizations seeking accreditation for the first time.
- The minimum number of patients/volume of services has increased from three patients served with one active at the time of survey to 10 patients served with two active at the time of survey.

The revisions also include clarification that tests, treatments, and interventions at accredited organizations must be authorized by a licensed independent practitioner in accordance with state and federal requirements.

These revisions are the result of a comprehensive review of survey eligibility criteria in all Joint Commission accreditation programs. (The eligibility criteria for the ambulatory care program are the first to be completed.) The review is being conducted to ensure that the eligibility criteria for each program are current, relevant, and appropriate for organizations seeking accreditation and reaccreditation. As a result, several new questions have been added to the electronic application for accreditation (E-App) that require applicants to make certain attestations regarding their backgrounds.

The revised eligibility criteria, which will be published in the spring 2014 E-dition update and the 2014 Update 1 to the Comprehensive Accreditation Manual for Ambulatory Care, are shown in the box below. New text is underlined and deleted text is shown in strikethrough. Questions may be directed to Gail Weinberger, MA, director, Accreditation and Certification Policy and Administration, at gweinberger@jointcommission.org or 630-792-5766.

Revised General Eligibility Requirements

Any ambulatory care organization may apply for Joint Commission accreditation if all the following requirements are met:

- The organization is in the United States or its territories or, if outside the United States, is operated by the U.S. government or under a charter of the U.S. Congress.
- The organization has a facility license or registration to conduct its scope of services, if required by law.
- The organization can demonstrate that it continuously assesses and improves the quality of its care, treatment, and/or services. This process includes a review by clinicians, when appropriate including those knowledgeable in the type of care, treatment, or services provided at the organization.
- The organization identifies the health care services it provides, indicating which care, treatment, and/or services it provides directly, under contract, or through some other arrangement.
- The organization provides services addressed by that can be evaluated using The Joint Commission’s standards.
- The organization meets parameters for the minimum number of patients or volume of services required for organizations seeking Joint Commission accreditation for the first time;* or reaccreditation;† that is, three 10 patients served, with one at least two active at the time of survey.
- The tests, treatments, or interventions provided at the organization are prescribed or ordered by a licensed independent practitioner; in accordance with state and federal requirements.
- Organizations that are new to The Joint Commission include those that have never been surveyed by The Joint Commission or have not been accredited for at least four months.

* A licensed independent practitioner is an individual permitted by law and by the organization to provide care, treatment, or services without direction or supervision. A licensed independent practitioner operates within the scope of his or her license, consistent with individually granted clinical privileges. When standards reference the term licensed independent practitioner, this language is not to be construed to limit the authority of a licensed independent practitioner to delegate tasks to other qualified health care personnel (for example, physician assistants and advanced practice registered nurses) to the extent authorized by state law, or a state’s regulatory mechanism, or federal guidelines, and by organizational policy.

† A licensed independent practitioner is an individual permitted by law and by the organization to provide care, treatment, or services without direction or supervision. A licensed independent practitioner operates within the scope of his or her license, consistent with individually granted clinical privileges. When standards reference the term licensed independent practitioner, this language is not to be construed to limit the authority of a licensed independent practitioner to delegate tasks to other qualified health care personnel (for example, physician assistants and advanced practice registered nurses) to the extent authorized by state law, or a state’s regulatory mechanism, or federal guidelines, and by organizational policy.