Joint Commission Accreditation

Leverage Your Customer Only Tools to Maintain Readiness

Presented by:

Julia S. Finken, BSN, MBA, CPHQ, CSSBB, Associate Director
Giovanna De Chiara-Muckerheide, Sr. Accreditation Bus. Analyst
Klaus Nether, Director Solution Development
Concetta Phillipps, MBA, MPM Project Manager, ACO
GoToWebinar Housekeeping

Your Participation

Join audio:
- Choose “Mic & Speakers” to use VoIP
- Choose “Telephone” and dial using the information provided

Questions/Comments:
- Submit questions and comments via the Questions panel.

Note: Today’s presentation is being recorded and will be posted on the Joint Commission website.
Joint Commission Accreditation

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Objectives

• Highlight The Joint Commission Accreditation Cycle Key Milestones
• Understand how to Access and Use the Extranet Site
• Identify Important TJC Resources for Maintaining Compliance Throughout the TJC Accreditation Cycle
Key Milestones* in the Accreditation Process

**Key Milestones* in the Accreditation Process**

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**Joint Commission Activities**

- Full on-site survey is conducted using tracer methodology
- Summary of findings left for organization
- Accreditation decision rendered
- Quality Report™ posted on Quality Check®
- FSA activated for submission

**Year One**

- Month -6
  - Organization completes and submits E-App and deposit
  - E-App and ICM-EFSA tool made available

- Month -3
  - On-site survey is scheduled

- Month 0
  - Accreditation decision rendered
  - Quality Report™ posted on Quality Check®

- Month 2
  - FSA activated for submission

- Month 4
  - FSA activated for submission

- Month 6
  - Organization completes and submits ESC at 46 or 69 days

**Year Two**

- Month 9
  - Organization completes and submits ICM profile (by month 12 and 24), including selected FSA option; develops POA for standards identified in the FSA tool as non-compliant; identifies their date of compliance; and begins (5) MOS data collection

- Month 12
  - Accreditation decision rendered
  - Quality Report™ posted on Quality Check®

- Month 16
  - FSA activated for submission

- Month 21
  - FSA activated for submission

- Month 24
  - Accreditation decision rendered
  - Quality Report™ posted on Quality Check®

- Month 26
  - On-site resurvey is scheduled

**Year Three**

- Month 30
  - Organization updates and submits E-App for resurvey

- Month 33
  - Full survey is conducted
  - Triennial accreditation cycle begins again

**Accredited Organization Activities**

- *Activities The Joint Commission completes appear above the timeline. Activities conducted by the hospital appear below the timeline.

**Legend:**
- E-App: electronic application for accreditation
- ICM: Intracore Monitoring
- FSA: Focused Standards Assessment
- EOC: Evidence of Standards Compliance
- MOS: Measure of Success
- POA: Plan of Action

---

* The Joint Commission Accreditation Home Care
Resources
Log Into Extranet Site

- Login from The Joint Commission Website home page at www.jointcommission.org.
- Request a forgotten password.
Access to Joint Commission Connect
Survey Process Tab
Resources and Tools Tab

The Joint Commission Connect

2017 Guides:
- 2017 Survey Activity Guide
- 2017 Survey Activity Guide for Ambulatory Organizations

2016 Guides:
  The August, 2016 release of the Survey Activity Guide for Health Care Organizations included contents regarding California hospital survey activities that were discontinued as of May 2016. This content appeared in the section titled “Hospital and Critical Access Hospital Accreditation Survey Activity List” as four activities under the heading, California Hospital--Unique Survey Activities.
- 2016 Survey Activity Guide for Ambulatory Organizations - August Update

Additional Resource

E-Dition
Perspectives
Publicity Kit
Certificates

Leading Practice Library
Standards BoosterPack™
Standards E-dition

Welcome to E-Dition!

Now all of the content from The Joint Commission Comprehensive Accreditation and Certification Manual is online.

Getting Started:

- Browse the standards and requirements. From the left menu:
  - Select a Product.
  - Select an Effective Date.
  - Select a Program.
  - Click on Accreditation Requirements or Certification Standards.
  - Select a Chapter and click on a specific Standard or requirement to see the details.
- Enter a search phrase or standard number at the top left and click the search button.
- For details click E-dition Help at the top right corner of the screen.

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E-dition is a registered trademark of The Joint Commission
E-dition Highlights

• Service Profile
• Accreditation Requirements
  • Chapters
  • Standards
  • EPs
  • Icons
  • Approach (Electronic Tool when application and fees are submitted)
• Accreditation Process Info
  • How to Use This Manual
  • Accreditation Process
• Glossary
• Crosswalks
• Search
Additional Resources on TJC Website

- Portals
  - HAI
  - Transitions of Care
  - High Reliability
- Webinar Replays
- Speak Up Program
- Podcasts
- Speakers Bureau
- Tracer Methodology
- Other Resources and References
Standards Interpretation Group
630-792-5900

• Interpretation of Standards
• Review of organization process and standard compliance
• Suggestions/Examples of how to meet standards
• Suggestions on efficient, effective ways to meet standards
• Experts by Segment
• ICM Consultative Calls
FAQs

• Commonly asked Standards Questions
• Question and Answer Format
• Clarification of Standard
• Examples
• Improve consistency in Field Understanding and Surveyor Consistency
Dedicated Account Executive

• Answer Questions
  • Survey Schedule
  • ICM
  • Activities
  • Application Update
  • Other

• Troubleshoot

• Direct to Resources
The Leading Practice Library

• Complimentary tool available for accredited organizations

• Library of real life solutions that have been successfully implemented by accredited organizations

• The Library link is located on each accredited organization’s extranet site

• We welcome your submissions to improve it!
Leading Practice Library

- Growing in size...

<table>
<thead>
<tr>
<th>Program</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care &amp; Office Based Surgery</td>
<td>41</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>32</td>
</tr>
<tr>
<td>Critical Access Hospital and Hospital</td>
<td>193</td>
</tr>
<tr>
<td>Disease Specific Care &amp; Health Care Staffing Services</td>
<td>33</td>
</tr>
<tr>
<td>Laboratory</td>
<td>25</td>
</tr>
<tr>
<td>Nursing Care Center</td>
<td>10</td>
</tr>
</tbody>
</table>

**Home Care** 31
All submissions are identified by standards chapter and vetted by our experts.
Favorites allow you to save your own curated library of standards solutions for ready reference.
Helpful Documents

new document or drag files here

- Active Shooter Resources
- Home Care Resources
- Pediatric Preparedness Documents
- Second Victim Resources
- 12 Month Generator Log
- Bibliography for Selected Resources on Missed Nursing Care
High reliability industries such as airlines, nuclear power plants, and amusement parks have zero room for error.
The TST® is an innovative online application that guides health care organizations through a step-by-step process to:

• Accurately measure their organization’s actual performance
  • Identify their barriers to excellent performance
• Direct them to proven solutions that are customized to address their particular barriers
Hand-off Communications TST®
Why Hand-off Communications?

- Health care organizations have struggled for a long time with the handoff process.
- Communication has been one of the top root causes of sentinel events that were reported to The Joint Commission.
- Ineffective handoff communications has been a primary contributing factor in many studies of causes leading to medical errors.
Hand-off Communications TST®

- Step by step approach to solving ineffective hand-off communications
- Applicable to Different Settings
- Looks at the transitions of care not shift to shift handoffs
  - Hospital to Home Care
  - Home Care to Pharmacy
- Focuses on the hand-off communications process not just the tool or method
Setting Up Projects

Hand-off Communications

The following information provides an overview of the tabs in the Projects section:

**My Projects:** Lists all of the hand-off communications projects within your organization to which you have access. It also gives an “at a glance” look into each project and allows you to quickly access specific areas like observation forms and charts. [Read more]

To access an existing hand-off communications project, click on the **Sender Area / Receiver Area**. To create a new hand-off Communications project, click on the **New Project** button.
Getting Started

The Hand-off Communications Targeted Solutions Tool® outlines the specific steps you can take to improve hand-off communications. Hand-offs involve the transfer of clinical information, responsibilities and duties concerning a patient from one health care provider or team (the senders) to another (the receivers). This site includes:

- Forms, tools and tips for recording and interpreting defects in the hand-off communications process
- Instructions for pinpointing the solutions that will work best at your organization
- Guidelines for maintaining success

Getting Started

The Start section focuses on laying the groundwork for a successful project. Here is a brief explanation of the sub-sections under Start:

**Project Scope:** At a high level, this is what is included in your project. Select an area of your organization to focus your hand-off communications improvement effort and give your project a name. Decide if you will be following our recommended project parameters. Select the roles of your senders and receivers. Identify the information critical to a successful hand-off. Select outcomes of your efforts for which you would like to track improvement. Familiarize yourself with some of the basic project tools such as the project charter and stakeholder analysis form.

**Project Access:** Add and administer members of your project team that will be accessing the TST.

**Data Collectors:** Optional page where you can add data collectors and track their training.

**Training Materials:** Access the online and downloadable training tools to assist your data collectors in accurately collecting your hand-off communications data.
Start - Project Scope - Name Your Project

The name of your project will be the combination of your Sender and Receiver areas. You may customize the name further by selecting "Other" and typing a specific name. For example: Hospital - Emergency Department to Hospital - Medical Surgical Unit - 7 South or Ambulatory Care Facility - Pre-op to Ambulatory Care Facility - Holding Area.

In selecting your project area, consider where the greatest need is in your organization. The greater the need, the higher the chances for project success and staff buy-in.
Start - Project Scope – Critical Elements

Critical elements selected (40 max): 31

- Patient's identity information:
  - Name
  - DOB
  - H&P
  - Completed charting (paper)
  - Age
  - Gender
  - MR#
  - Admitting physician and consults requested

- Diagnosis:
  - Not applicable
  - Reason for admission
  - Interpreted EKG rhythm
  - Past medical history
  - Chief complaint
  - Review of systems

- Limitations on life-sustaining treatment:
  - Not applicable
  - Code status
  - Advance directives

- Current status:
  - Not applicable
  - Allergies
  - Family needs
  - Therapeutic needs - equipment
  - Vital signs (current status)
  - Isolation precaution
  - Special needs - ADA requirements
  - Medications administered
  - Labs (current status)
  - Fall risk
Start – Training Data Collectors

Training Modules for Data Collectors

At this step of the project, some receivers will also be core team members. However, senders should not yet be members of the core team. It is important that sender and receiver data collectors are trained separately to avoid confusion between the groups and to maintain anonymity of the senders and receivers while collecting data.

There are two main components to training both sender and receiver data collectors:
- Scenario review and practice with the hand-off communications collection tool
- Written scenario-based testing

Ensuring that hand-off communications data collectors are ready

The following training tools are provided to ensure reliable data collection.

It is important to ensure that hand-off communications data collectors understand the material and will be able to measure the data consistently. This is done by completing the training modules, which include a test.

The links for the downloadable training modules are located at the bottom of this screen. The expectation is that hand-off communications data collectors will pass the written exam with a score of 90 percent or higher. In the event that a hand-off communications data collector does not pass the exam, reinforce education and provide additional time for data collection, and re-test at a later date.

<table>
<thead>
<tr>
<th>Training Modules</th>
<th>Web-based</th>
<th>Downloadable</th>
<th>PDFs (no test)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>Sender / Receiver</td>
<td>Sender / Receiver</td>
<td>Sender / Receiver</td>
</tr>
<tr>
<td>Ambulatory</td>
<td>Sender / Receiver</td>
<td>Sender / Receiver</td>
<td>Sender / Receiver</td>
</tr>
<tr>
<td>Home Care</td>
<td>Sender / Receiver</td>
<td>Sender / Receiver</td>
<td>Sender / Receiver</td>
</tr>
<tr>
<td>Long Term Care</td>
<td>Sender / Receiver</td>
<td>Sender / Receiver</td>
<td>Sender / Receiver</td>
</tr>
</tbody>
</table>

Additional Links
- Download all audit tools (.zip)
- Operational Definitions
- Written test for senders
- Written test for receivers
- Test answers for senders
- Test answers for receivers
Baseline – Observations

# Hand-off Communication Tool - RECEIVER

<table>
<thead>
<tr>
<th>Date of hand-off (month/day/year):</th>
<th>Time of hand-off (hh:mm):</th>
</tr>
</thead>
</table>

Your role:  
- Primary physician  
- Physician designee  
- Holding Area Nurse

Your unit: ________________________________

Did the hand-off meet your needs to continue caring for the patient?  
- Yes  
- No

*If "No," please check all that apply:

- A. The method of communication was ineffective
  - Check the method(s) that were ineffective for this hand-off:
    - Chart  
    - Electronic record  
    - Face to face  
    - Fax  
    - Handwritten  
    - Telephone  
    - Text message  
    - Other (please specify):

- B. The timing of the hand-off communication and physical arrival of the patient were not in sync
- C. The amount of time provided was inadequate
- D. Interruption(s) occurred
- E. Standardized procedures were not followed
- F. Staffing was inadequate
- G. The sender provided inaccurate or incomplete information  
  - Check all that apply:
    - Name  
    - Interpreted EKG rhythm  
    - Fall risk  
    - Anticipated problems  
    - Bed vs. medical history  
    - Medications  
    - Learning to monitor...

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Baseline – Analysis

Hand-off Communications (HOC) Baseline Results

- Baseline Defective HOC Rate For Your Project: 44%
- U.S.A. Baseline Defective HOC Rate as of 09/30/16: 34%

Top 5 contributing factors of defective hand-offs:

- Interruptions occurred: 25% Solution Guides
- Repeat information: 22% Solution Guides
- Inaccurate/incomplete info: 21% Solution Guides
- No standard procedure: 6% Solution Guides
- Other - No specific solutions available: 5% Solution Guides
Baseline – Analysis

The image displays a screenshot of a report or analysis tool that shows a Pareto Chart titled "(Defect Ranking) Pareto Chart Baseline Data". The chart is used to identify the most significant factors contributing to the issues or defects. It includes filters for date range, sender or receiver, and contributing factors, allowing for a detailed analysis across organizations and projects. The chart shows a clear trend indicating the cumulative impact of these factors.
Select Solutions for Interruptions occurred

Environment for Successful HOC

This guide provides solutions to help organizations establish a conducive workspace for hand-offs.

Checking this box will activate steps below.

☑️ I plan to implement this solution

Solution Owner: [ ]

Save

Download Checklist to Excel

<table>
<thead>
<tr>
<th>Step #</th>
<th>Implementation Step Description</th>
<th>Responsible Party</th>
<th>Goal Date for Implementation</th>
<th>Completed Date</th>
<th>Cost</th>
<th>Comments</th>
<th>Edit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bring senders and receivers together</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Identify the dedicated work space(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Develop solutions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Gain support and approval</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Educate and train staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Empower staff to coach others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Establish a mechanism for staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Improve – Analyze**

### Hospital A to Home Care 1

#### Summary of Findings

#### Hand-off Communications (HOC) Baseline and Improve Results

<table>
<thead>
<tr>
<th></th>
<th>Observation Counts</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sender</td>
<td>58</td>
<td>52</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td>Receiver</td>
<td>84</td>
<td>39</td>
<td>142</td>
</tr>
</tbody>
</table>

#### Top 5 contributing factors of defective hand-offs:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Baseline</th>
<th>Improve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interruptions occurred</td>
<td>25%</td>
<td>29%</td>
</tr>
<tr>
<td>Repeat information</td>
<td>22%</td>
<td>23%</td>
</tr>
<tr>
<td>Inaccurate/incomplete info</td>
<td>21%</td>
<td>10%</td>
</tr>
<tr>
<td>No standard procedure</td>
<td>6%</td>
<td>0%</td>
</tr>
<tr>
<td>Other - No specific solutions available</td>
<td>5%</td>
<td>23%</td>
</tr>
</tbody>
</table>

---

The Joint Commission
Accreditation
Home Care
Sustain – Control Plan

Hand-off Communications Control Plan

A control plan is a tool to document and plan the key activities that need to continue in order to sustain the gains of your project. The control plan should be completed with the process owner, which signals the transition of responsibility from the project leader.

<table>
<thead>
<tr>
<th>Unit/Area</th>
<th>Hospital A to Home Care 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process Owner</td>
<td></td>
</tr>
<tr>
<td>Project Leader</td>
<td></td>
</tr>
</tbody>
</table>

### Contributing Factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Solution</th>
<th>How could this process fail?</th>
<th>Chance of happening? (scale 1-10)</th>
<th>What could we do next?</th>
<th>Responsible party?</th>
<th>Report date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeat Information</td>
<td>HOC Procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inaccurate/Incomplete Info</td>
<td>HOC Process</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TST® Access

Targeted Solutions Tool™ (TST) is an innovative application that guides health care organizations through a step-by-step process to accurately measure their organization's actual performance, identify their barriers to excellent performance, and direct them to proven solutions that are customized to address their particular barriers.

The TST is available for the following projects:

- Hand Hygiene
- Hand-off Communications
- Wrong Site Surgery

If you do not have a login and password for your extranet site, you should contact your organization's Joint Commission Connect security administrator.

Who do I contact with any questions about the TST?

Call Joint Commission Customer Service at (630) 792-5800 or send an e-mail to tst_support@tjc.org with your name, organization name and organization number. Center staff will respond to your e-mail within two business days.

The Center is grateful for the generous leadership and support of the American Hospital Association, BD, Blue Cross and Blue Shield Association, Cardinal Health, Ecolab, GE Healthcare, GlaxoSmithKline (GSK), Johnson & Johnson, and Medline Industries, as well as the support of the Federation of American Hospitals, GOJO Industries, Inc., and The ARAMARK Charitable Fund.
TST® User Results

• Looking for organizations that would like to publish their successful results

• Contact me knether@jointcommission.org
Intracycle Monitoring Overview
(Focused Standards Assessment)
What is Intracycle Monitoring?

- Organizations monitor their ongoing level of standards compliance throughout the intracycle period.
- The Joint Commission requires an acknowledgement of a self-assessment activity at the 12th and 24th month for general applications and at the 12th month for lab applications. An ICM submission is *not* required the year an organization is scheduled for a resurvey (full).
- The tool and resources available are to provide educational support.
How Do I Access the ICM Application?
## Accreditation Status Tab

### Accreditation Status

- **Last EAPP Submission Date (General)**: 07/13/2016
- **Last EAPP Update to Central Data Base (General)**: 07/14/2016

### Accreditation Program(s)

<table>
<thead>
<tr>
<th>Accreditation Program(s)</th>
<th>Accreditation Decision</th>
<th>Deemed Status</th>
<th>Accreditation Decision Date</th>
<th>Last Full Survey Date</th>
<th>Last Onsite Survey Date</th>
<th>Certification Add On</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>Accredited</td>
<td>Yes</td>
<td>09/17/2016</td>
<td>09/16/2016</td>
<td>09/16/2016</td>
<td></td>
</tr>
<tr>
<td>Home Care</td>
<td>Accredited</td>
<td>No</td>
<td>09/15/2016</td>
<td>09/14/2016</td>
<td>09/14/2016</td>
<td></td>
</tr>
</tbody>
</table>

### Accreditation Events

<table>
<thead>
<tr>
<th>Accreditation Program(s)</th>
<th>Cycle</th>
<th>Events</th>
<th>Status</th>
<th>Due Date</th>
<th>Requirement For Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital, Home Care</td>
<td>2016</td>
<td>Unannounced Full Event</td>
<td>Completed</td>
<td></td>
<td>View Report</td>
</tr>
</tbody>
</table>
Accreditation Program Specific Risk Areas

**Risk Areas Identified by The Joint Commission**

Joint Commission identified risk areas are established at the accreditation program level. These high risk areas and the related standards are not based on any information specific to your organization. Standards and elements of performance (EPs) associated with each risk area are denoted with the “R” risk icon in the FSA tool.

- Hospital
- Home Care
- National Patient Safety Goals
- Contract Services
- Assessing, Planning and Coordinating Care
- Disparities in Care
- Environment of Care
- Equipment Management
- Infection Control
- Information Management
- Waived Testing

**Organization Specific Risk Areas**

Risk areas and standards listed in this section are based on data specific to your organization. Standards listed under Past Survey Findings (current accreditation cycle surveys) are denoted with the “R” risk icon in the FSA tool.

**Past Survey Findings**
- Hospital
- Home Care

**Organization Identified Risk Areas**

List any risk areas that are important/specific to your organization.
Resources and Measures Tab

Performance Measurement

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>99.00</td>
<td>95.50</td>
<td>91.70</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Top Performers
ORYX Measure Selection
Documentation and Related Links
National/State Core Measures Comparison Data
Accreditation Quality Report
Focused Standards Assessment Tab

Access the Focused Standards Assessment Tool

- January 2017 Standards Edition

To review detailed instructions, please download the ICM-FSA User Guide from the Dashboard or Help tab of the FSA tool.

AMP Upload (Select this link to upload data from JCR’s Accreditation Manager Plus software)

- The AMP Upload process only uploads data from AMP into the Open FSA tool.
- After uploading, access the Open FSA tool and verify data uploaded as you expected.
- Exit the FSA tool and access the ICM Profile Submission tab to complete the submission process.

To review detailed instructions, select this link: AMP Export-FSA Upload Guide
Standards/EPs Tab

You must score all EPs for a standard in order to aggregate a standard-level score.

Accreditation Program: Home Care
Chapter: Information Management

Standard Details Page

Accreditation Program: Home Care
Chapter: Information Management

The organization maintains the security and integrity of health information.

Rationale for IM.02.01.03
Standard is Self-evident

EP Scores Likelihood to harm Scope Doc Risk CNS
Not Compliant Low Limited

1. The organization has a written policy that addresses the security of health information, including access, use, and disclosure.
Plan of Action (POA)

Every non-compliant standard should have:

- Organization Findings statement
- Plan of Action
- Responsible Person
- POA Compliant by Date
How Do I Submit?

The Joint Commission

Connect™ / FSA Focused Standards Assessment

Accreditation Programs

- Behavioral Health
- Hospital

Click here to review ICM submission validation requirements

Ready to Submit?
Exit the FSA tool and access the ICM Profile's submission tab
Submission Tab

**Sharing Options**

While surveyors assigned to conduct regular surveys have access to your organization's ICM Profile including the Focused Standards Assessment (FSA) Submission History, they do not have access to submitted FSA scoring data unless you authorize such access.

May surveyors conducting regular accreditation surveys have access to submitted FSA data (historical, current accreditation cycle FSA submissions only)?

- Yes
- No

**ICM Submission Option (Select One)**

- FULL (self-assessed FSA data IS INCLUDED in the submission)
- **OPTION 1 (self-assessed FSA data IS NOT INCLUDED in the submission)**
  - The organization attests that it has self-assessed its compliance with at least the minimum risk/required standards identified by the Joint Commission required for submission, developed Plan(s) of Action for identified areas of standards non-compliance, and identified Measures of Success for all such standards.
- **OPTION 2 (on-site educational survey with documented findings)**
  - ICM Option 2 surveys require an additional fee (see the survey complement matrix below). Following the Option 2 on-site survey, your organization will have 30 days to develop and submit plans of action for any findings documented by the surveyor. You may request a conference call with a SIG reviewer to discuss your submitted plans of action.
- **OPTION 3 (on-site educational survey without documented findings)**
  - ICM Option 3 surveys require an additional fee (see the survey complement matrix below). At the conclusion of the Option 3 on-site survey, the surveyor provides an oral exit briefing only. Surveyor acknowledgement of event completion completes the ICM process.
Need Assistance?

The Contact Us tab provides email links to:

- Account Executive
- ICM Support Team
- Standards Interpretation Group (SIG)
## Important TJC Contacts

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<td>• The overall accreditation process</td>
<td>Email: <a href="mailto:homecare@jointcommission.org">homecare@jointcommission.org</a></td>
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<td>Call: 630-792-5900, Option 6</td>
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<td><strong>JOINT COMMISSION RESOURCES (JCR):</strong></td>
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<td>• Obtaining standards manual</td>
<td>Call: 877-223-6866</td>
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<td>• Registering for a Joint Commission education program</td>
<td>Email: <a href="mailto:jcrcustomerservice@pbd.com">jcrcustomerservice@pbd.com</a></td>
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<tr>
<td>• Staff training resources</td>
<td>Website: <a href="http://www.jcrinc.com">www.jcrinc.com</a></td>
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*The Joint Commission on Accreditation of Healthcare Organizations*
Time for Your Questions!
Submitting Your Questions

Attendee Participation

- Please continue to submit your text questions and comments using the Questions Panel

**Note:** Today’s presentation is being recorded and will be posted on the Joint Commission website.
Home Care Team Contacts

Joint Commission Home Care Program
Help Desk: 630-792-5070 or homecare@jointcommission.org
www.jointcommission.org/accreditation/home_care.aspx

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Standards Interpretation Group: 630-792-5900
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The Joint Commission’s Home Care Program

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