Ambulatory Health Care
System Accreditation Survey Activity Guide

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# System Accreditation Overview

<table>
<thead>
<tr>
<th>Participants</th>
<th><strong>Target Customer</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>Health care systems frequently operate multiple sites of care to meet the demands of their customers and to have a physical presence in healthcare markets across geographical areas (e.g., city, county, state, region, country). System accreditation is designed to meet the unique needs of the multi-site system with a centralized coordinating structure that is seeking an external performance review.</td>
</tr>
</tbody>
</table>

**Other information**
- Opening and Closing day system headquarters visits are announced.
- Site surveys are unannounced.
- Site sampling is completed by the Team Leader and/or Field Director using information collected from the organization through the e-app and by the Account Executive.

**System Accreditation Eligibility**
- Requires a minimum of four sites
- A common governance structure with system management in the following areas:
  - Overseeing performance improvement
  - Setting strategic goals and expectations
  - Developing policies and monitoring execution
  - Approving and monitoring site budgets
  - Overseeing site managers’ performance
  - Human Resources and credentialing and privileging licensed independent practitioners

**System Accreditation Design**
- The system survey option is available to healthcare organizations with a business structure that includes corporate operations and multiple sites providing similar care, treatment, and services.
- A system may be comprised of fixed and/or mobile sites.
- System accreditation awards a single accreditation decision to an entire “System.”

**System Accreditation Survey Process Description**
1. **System Headquarters Opening Visit**: Surveyors review operations at the System Headquarters. Focusing on system leadership, structure, and multi-site management and operations, surveyor evaluation will encompass:
   - System-level processes in place to support sites of care
   - System Headquarters and site responsibilities and accountabilities
   - System Headquarters monitoring and oversight of its site operations
   - Centralized and decentralized operations
   - Communication between System Headquarters, site management and operations staff
2. Site Visit: Surveyors conduct unannounced surveys of a sample of sites over a scheduled period.

- An approved, stratified, statistically valid, sampling methodology will be used in identifying sites to be evaluated during a system survey. Size and risk levels factor into site selection.

- A surveyor arrives at a site unannounced and conducts a survey of the care and services provided at or through the location. The surveyor follows the Survey Activity Guide when performing the site evaluation. Activity length will vary depending on the sites’ characteristics. Once survey activities have concluded for a given site, the surveyor will provide the site with a verbal report of any observations identified that may lead to findings.

3. System Survey Conclusion: Based on plans made during the pre-survey call with the system, the Team Leader will either:

- Return to the system designated location to complete the corporate operations survey activity or
- Remain at the last site for two days (if a small system, only one day may be needed).

   The Team Leader uses this time for:
   - Required survey activity
   - Review and preparation of the report
   - Conducting the Standards Interpretation Group (SIG) real-time call
   - Finalizing the report and planning for the System Exit Conference (includes Team Leader, SIG-AD, and Field Director, if needed).

4. Last day of Survey: The Team Leader:

- Locks and publishes the report
- Shares the report with the organization at the exit conference
- Provides a high-level overview of RFIs contained in the report and next steps for the system in the accreditation process.
- Includes other team members if they are surveying a site on the last day, when appropriate.
- Submits the report to Central Office within 24-hours and flags the report to indicate it is for a System survey noting the designated SIG-AD.
5. System Survey Closing
   - Takes place approximately 2-3 weeks after the survey conclusion.
   - No evaluation activities are conducted during this event.
   - The survey team leader will present the final accreditation report to the organization’s leader(s), in the pre-determined format:
     - Onsite at headquarters or another designated location
     - Web-based video conferencing
     - Email delivery of the Summation PowerPoint.
   - The survey team leader will:
     - Present the accreditation final report
     - Present a system and a site-level performance summary
     - Answer any questions the system may have related to the final report
     - Review next steps for the system in the accreditation process

Survey Team Complement
   - Team Leader and Co-Team Leader (if applicable) are responsible for surveying sites and conducting the Opening Conference, System Tracers, Exit Conference and Closing. Team Leader and/or Co-Team Leader are responsible for conducting surveyor teleconferences and Daily Briefing with corporate representatives.
   - Team surveyors are responsible for surveying care sites. Preferably all team surveyors will participate in the Opening Conference, as decided by Team Leader and Field Director.
   - Number of surveyors assigned to system surveys will depend on the number of sites, geographical locations, site survey time requirement, timeframe indicated by the start date and end date for the System Survey (Opening day, and if elected, the on-site summation presentation).
   - Field Director and Team Leader(s) determine best mix of surveyor disciplines on the team (physicians, nurses, administrators) and select team members. Upon assignment, surveyor scheduling is notified to schedule all team surveyors including Team Leader(s).

Extension Survey Team Complement
   - Central Office will strive to maintain a level of surveyor consistency.
   - One or more surveyors may be assigned to this event depending upon the number of sites, services, and locations
Resurvey Team Complement

- Central Office will strive to maintain a level of surveyor team consistency from one accreditation cycle to the next.

Survey Length

- Survey length will be determined by the Field Director in consultation, as needed, with the Team Leader, Account Executive, and other Central Office staff based on the number of sites to be surveyed, geographical locations, main site and other site services, and location of the services, number of surveyors assigned and site survey time requirements.

- Main site survey activities (Opening, System Tracers, Competency, and Closing, etc.) may take place at the location where most of the documents for the corporate entity are located so surveyors can review easily. Although main site survey activities typically take place at the organization’s corporate headquarters, surveyors may be able to use internet technology to accomplish some of these requirements remotely when key staff or documents are off-site.

- If the organization has key enterprise-wide operational/supportive services (e.g., patient scheduling, logistics, pharmaceutical ordering, call center), enough time needs to be allocated during the survey to review these processes. Although support services are often located at or near the main site, it may be necessary to review support services via teleconference or an onsite visit away from the main site.
System Accreditation: Site Selection & Survey Route Planning

Participants
- Team Leader
- Co-Team Leader
- Account Executive
- Field Director

The Team Leader, Co-Team Leader and the Field Director are responsible for selection of system sites for survey.

System survey site sampling guidelines will be used

Number of Sites to Survey
- Determine the total number of sites in the system from the spreadsheet supplied by the Account Executive
  - The spreadsheet includes site identifier, location, distance from main site, and general AHC classifications, Surgery/Anesthesia, Medical/Dental, or Diagnostic/Therapeutic.
- Use Table 1 below to determine the number of sites that must be sampled in the system from each category.

**Table 1. Sampling for System Surveys by Size**

<table>
<thead>
<tr>
<th>Number of Sites in System</th>
<th>Survey Volume</th>
<th>Number of Sites in System</th>
<th>Survey Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>75 or fewer</td>
<td>All sites up to 19</td>
<td>200 or fewer</td>
<td>All sites up to 19</td>
</tr>
<tr>
<td>76 or more</td>
<td>25% of sites up to a maximum of 30 sites</td>
<td>201 or more</td>
<td>10% of sites up to a maximum of 30 sites</td>
</tr>
</tbody>
</table>

- Using Table 2 below, identify the risk category for each site based on the services provided.
Route Development

- Review Excel spreadsheet of system sites provided by the Account Executive to determine site location and the number of geographic regions, if any.
- Identify the states within each designated region. If the organization is not regionalized or the regions are extremely large, group the states logically into geographic regions (e.g., PA, NY, NJ) to facilitate the routing of surveyors.
- Review the time zones included within the regions selected.
- Assess the clustering or spread of the sites throughout the state(s) and/or region(s).
- Reference a map and/or enter the sites into a software program (e.g., Batchgeo). Develop/review potential routes to determine the most efficient and effective route(s).
- Field Director and Team Leader determine the surveyor complement needed.
- Field Director requests surveyor availability from the Scheduling Unit in order to develop the routes.
- Joint Commission Corporate Travel Department will enter sites into an online program and develop a draft route.
- Team Leader and Co-Team Leader prepare a System Surveyor Team Schedule (See template in Surveyor Portal, System Survey Folder) and enter the routes and addresses for the sites that each surveyor will visit.
- All team members receive a copy, as well as, Scheduling Unit, Account Executive and Field Director. Scheduling and Field Director have the master copy in the event of an emergency.

<table>
<thead>
<tr>
<th>Master Surveyor Schedule:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surveyor:</td>
</tr>
<tr>
<td>Region:</td>
</tr>
<tr>
<td>Sun</td>
</tr>
<tr>
<td>Mon</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Tue</td>
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<td></td>
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<tr>
<td>Wed</td>
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<tr>
<td></td>
</tr>
<tr>
<td>Thu</td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

Re-Surveys
- The Account Executive and Field Director have determined the percent of new sites, the percent of sites surveyed during the previous accreditation cycle, and the percent of sites never surveyed.
- Using the Excel spreadsheet of system sites developed by the Account Executive and Field Director, site sampling should be based upon the following approximations:
  - 33% of sites surveyed at previous survey,
  - 33% of sites NOT surveyed last time,
  - 33% of new sites added since last survey.
- Consider mix of services and providers at site, along with number of patient visits.
System Accreditation Pre-Survey Preparation

Participants
- Surveyors
- ACO Account Executive
- Scheduling
- Field Director
- MSU Representative

Other information
- System Headquarters visits are announced
- Individual sites are unannounced (Note: City information is provided 24-hours prior, once the survey begins)

Pre-survey Activities

3-Months Prior to Survey

- Scheduling Unit will place a “hold” on Team Lead, co-Team Lead, and other assigned surveyors’ itineraries
- Account Executive will forward the System Accreditation Site Spreadsheet and Sampling Requirements as well as a copy of the e-app. to the Field Director, Team Leader, and co-Team Leader for use in developing the surveyor site visit routes.
- Review the AHC System Accreditation SAG for surveyors (See Field Representative Portal Document Library, Ambulatory Care Documents, System Survey Accreditation).
- Team Leader and co-Team Leader will:
  - Review organization information provided by the Account Executive.
  - Review the organization’s web site and compare it to the application submitted to assure all services marketed by the organization are included in the survey. Report additional services identified but not noted in the application to the Account Executive and Field Director.
  - Address questions and need for clarification with the Account Executive and Field Director.
  - Customize the System survey agenda template.

2-3 Months Prior to Survey

- Schedule and hold a system surveyor team conference call to discuss survey details and select sites for survey (See “Site Selection and Survey Route Planning”)
- Work with T&T to develop surveyor routes
- Submit draft routes to Field Director for approval.
- Assigned system surveyors provide Team Leader and co-Team Leader with cell phone contact information.
- Surveyor team reviews prior accreditation and ESC reports looking for any patterns and trends.
- Field Director makes a request for Standards Interpretation Group associate director (SIG-AD) assignment once the approximate dates are determined and communicates this to the Team Leader(s) and ACO project manager assigned to prepare the summation presentation.
- Team Leader and co-Team Leader in cooperation with
Field Director communicate with SIG contact, as needed throughout the survey.

- Field Director and Team Leader communicates with Central Office staff who prepare summation PowerPoint presentation.

1-2 Months Prior to Survey

- Surveyors make travel arrangements
- Account Executive, Team Leader and Field Director coordinate times for a teleconference with the organization approximately 30-days before the survey
- Review/edit System Survey Site "Ready to Go List" (See Field Representative Portal Document Library> Ambulatory Care Documents> System Survey Accreditation).
- Account Executive will contact Team Leader and co-Team Leader to confirm the scheduled date and time for the pre-survey call with the organization.

Approximately 30-Days Prior to Survey

- Account Executive, Team Leader, co-Team Leader and Field Director, as needed, make a pre-survey conference call to the organization.
- The Team Leader and co-Team Leader will:
  - Use the System Accreditation Survey Planning Phone Call and the Information Needed During System Headquarters Visit documents on the following pages (also available on the Field Representative Portal Document Library, Ambulatory Care Documents, System Survey Accreditation) to facilitate the conversation.
  - Inform the organization of the Opening and Closing dates
  - Determine summation format preference (onsite, webinar, or delivery of a PowerPoint presentation file)
  - Confirm with the organization that surveyors will have access to host/hospital sites, if applicable
  - Review the survey agenda and make necessary changes based on organization need/guidance
- Following the organization call, the Team Leader and co-Team Leader will schedule and conduct a surveyor team and SIG-AD conference call to discuss survey details
<table>
<thead>
<tr>
<th>Questions</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where are records of care located and in what format (e.g., electronic, paper, combination)?</td>
<td></td>
</tr>
<tr>
<td>Where are patient billing records located?</td>
<td></td>
</tr>
<tr>
<td>Where are staff human resources records located, including the following components:</td>
<td></td>
</tr>
<tr>
<td>- Job descriptions</td>
<td></td>
</tr>
<tr>
<td>- Professional license, certification or registration documentation</td>
<td></td>
</tr>
<tr>
<td>- Experience and education records</td>
<td></td>
</tr>
<tr>
<td>- Orientation documentation</td>
<td></td>
</tr>
<tr>
<td>- Health records</td>
<td></td>
</tr>
<tr>
<td>- Competency assessment documentation</td>
<td></td>
</tr>
<tr>
<td>- Performance evaluations</td>
<td></td>
</tr>
<tr>
<td>- In-service and ongoing education documentation</td>
<td></td>
</tr>
<tr>
<td>Where are credentialing and privileging records maintained?</td>
<td></td>
</tr>
<tr>
<td>What processes and operations are delegated to the sites?</td>
<td></td>
</tr>
<tr>
<td>What processes and operations are shared by the system and the sites?</td>
<td></td>
</tr>
<tr>
<td>Are there any contracted services being provided at sites? Who controls the contracting process, system headquarters or sites?</td>
<td></td>
</tr>
<tr>
<td>How much autonomy do sites have within this system?</td>
<td></td>
</tr>
<tr>
<td>Does the system or site control marketing activity?</td>
<td></td>
</tr>
<tr>
<td>If Applicable, does the system have a routine or typical route and schedule for visiting its sites? Is the system willing to share this with the Joint Commission?</td>
<td></td>
</tr>
</tbody>
</table>

Seek other information about the system that could potentially impact the on-site visit schedule at headquarters or sites. Discuss other factors that could impact the ability to evaluate system compliance with standards (e.g., limited access to contractor records, operations taking place in alternate locations, use of temporary facilities).
### Information Needed During System Headquarters Visit

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Items</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>System headquarters organization chart</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Most up-to-date list of sites, branches and services</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Names and phone numbers of key contact people who can assist surveyors in navigating operations and arranging patient visits or observation of service delivery at system headquarters and each site/branch</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Site-specific, day-to-day operations materials describing site expectations and responsibilities</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Policies, procedures, operations manuals, performance criteria, reports, and forms used by the system headquarters to monitor site performance</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Data being collected and analyzed by site that is related to any aspect of performance, for example, financial, census, visit volume, patient outcomes, complaints, and adverse events</td>
<td></td>
</tr>
</tbody>
</table>

Additionally, if the system headquarters generates or maintains any of the following information, please have this available throughout the day for review by the surveyor.

| 7.      | Performance improvement and measurement data reports                                                        |                |
| 8.      | Analysis of high-risk process, if system-wide study has been completed                                     |                |
| 9.      | Infection control data reports, if system-wide reporting occurs                                           |                |
| 10.     | Infection control plan, if there is a system-wide component                                                |                |
| 11.     | Emergency management plan, and potential emergencies and the direct and indirect effects that these emergencies may have on the need for services or the ability to provide those services, if there is a system-wide component |                |

If there are system-wide components to any of the following facility-based care, treatment and service site requirements please have these available for the surveyors to review as well.

| 12.     | Environment of Care data                                                                                   |                |
Individual Site -- Ready to Go List

- Emergency Preparedness Plan
- Hazard Vulnerability Analysis (based on location)
- Fire Drill Critiques for past year
- Emergency Disaster Drill Critiques for past year
- Emergency Power System testing and maintenance documents (EC.02.05.07)
  - Monthly test of battery-powered lights required for egress
  - 90-minute Annual test for battery-powered lights required for
  - Quarterly test of stored emergency power supply systems (SEPPS) (if present)
  - Monthly generator test (if present)
  - Monthly test of generator automatic transfer switch (if present)
  - Annual load bank testing of generator (if present and if needed)
  - Every 36 month 4-hour test of generator (if present)
- Fire safety equipment and fire safety building features testing and maintenance documents (EC.02.03.05)
  - Monthly check of Fire Extinguishers
  - Annual testing and maintenance of Fire Extinguishers
  - Quarterly test of supervisory signal devices (if present)
  - Every 6-month test of valve tamper switches and water-flow devices (if present)
  - Annual test of duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes and smoke detectors (if present)
  - Annually test of visual and audible fire alarms
  - Annual test of fire alarm equipment for notifying off-site fire responders.
  - For automatic sprinkler systems, see EC.02.03.05 EP 6 – 11.
- Medical equipment testing and maintenance documents (EC.02.04.03)
  - Equipment Inventory
  - Documentation of preventive maintenance of all life-support equipment (if present)
  - Documentation of preventive maintenance of all non-life-support equipment
- Inspecting, testing and maintenance documents for medical gas and vacuum systems (EC.02.05.09)
- Hazardous Materials manifests
- Performance / Quality Improvement Data
- Infection Control Annual Risk Assessment/Goals
- Infection Control surveillance data – Hand Hygiene
- Influenza Vaccination Program data
- Personnel Files (Names to pull files)
- Credentials and Privileging Files (Names to pull files)
### System Accreditation Survey Agenda -- Day 1

<table>
<thead>
<tr>
<th>Time</th>
<th>At System Headquarters or Other Designated Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 a.m. or time agreed to on pre-call 30 minutes</td>
<td>Surveyor Arrival and Preliminary Planning</td>
</tr>
<tr>
<td>3 - 3.5 hours with 15-20 minute break</td>
<td>Opening Conference, Orientation to the Organization, and Leadership Session</td>
</tr>
<tr>
<td>30-45 minutes</td>
<td>Lunch</td>
</tr>
<tr>
<td>60-90 minutes</td>
<td>System Tracer – Data Management Session (Includes discussion of Infection Control and Medication topics, as applicable)</td>
</tr>
<tr>
<td>45-60 minutes</td>
<td>Competency Assessment and Credentialing/Privileging (Overview)</td>
</tr>
<tr>
<td>45-60 minutes</td>
<td>Environment of Care and Emergency Management (Overview)</td>
</tr>
<tr>
<td>30 minutes 4:30 p.m.</td>
<td>Document Review and Surveyor Planning</td>
</tr>
</tbody>
</table>

### System Accreditation -- Site Survey Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>At Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 a.m. – 4:30 p.m.</td>
<td>Individual Tracer Activity</td>
</tr>
<tr>
<td></td>
<td>Ambulatory Health Care: a minimum of two patient tracers must be completed per site</td>
</tr>
<tr>
<td></td>
<td>Lunch</td>
</tr>
<tr>
<td></td>
<td>Individual Tracer Activity</td>
</tr>
<tr>
<td></td>
<td>Daily Briefing – Time to be determined with system representatives when multiple time zones are a factor</td>
</tr>
</tbody>
</table>

**Note 1:** Agenda times may vary based on the sites’ hours of operation and surveyor travel.

**Note 2:** Sites where four or more individuals are rendered incapable of self-preservation at the same time include a Life Safety Code® Building Assessment.

**Note 3:** No Daily Briefing on the second day of survey—nothing to share at this point.

**Note 4:** One surveyor may be scheduled to visit more than one site per day. Travel to another site is included in Individual Tracer Activity time if sites are in the same vicinity.
System Accreditation – Survey Conclusion Agenda

Each system survey is customized to the organization based on the number of sites that will be visited, site locations, travel considerations, the complexity of operations, the number of surveyors assigned, etc. All these factors impact the Survey Conclusion Agenda schedule and duration. Surveyors will customize the agenda and provide it to the System contact 48-hours prior to the scheduled survey conclusion date.

Day 1 – Sample Template

<table>
<thead>
<tr>
<th>Time</th>
<th>At System Headquarters or Other Designated Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 a.m. – 4:30 p.m. or time agreed to with system leaders</td>
<td>Surveyors will customize the agenda and provide it to the System contact 48-hours prior to the scheduled survey conclusion date. Possible activities include the following: Daily Briefing Leadership Session System Tracers – Data Management, Infection Control, Medication Management Follow-up Lunch Competency and Credentialing Process Follow-up Environment of Care and Emergency Management Follow-up Document Review</td>
</tr>
</tbody>
</table>

Day 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Daily Briefing</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 8:30 a.m.</td>
<td>Document Review and Issue Resolution</td>
</tr>
</tbody>
</table>
| 8:30 – 3:00 p.m.   | Report Preparation
|                    | - Compile site reports
|                    | - Call with other survey team members, if available
|                    | - Call with Standards Interpretation Group
| 3:00 – 3:30 p.m.   | Lunch |
| 3:30 – 4:00 p.m.   | Report Preparation |
| 4:00 – 4:30 p.m.   | System Survey Exit Briefing |
System Accreditation – Closing Agenda

Organizations will identify early in the survey planning process how they want to have their official, customized System Survey Summation report presented. Immediately following is a sample agenda for either an onsite or remote (e.g., Skype, Zoom, GoTo Meeting) presentation of the report.

<table>
<thead>
<tr>
<th>Time</th>
<th>At System Headquarters or Other Designated Location or via Remote Meeting Platform</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 minutes</td>
<td>Surveyor arrival (on-site) or Meeting set-up and test (remote)</td>
</tr>
<tr>
<td>15 minutes</td>
<td>Participant introductions, Organization opening remarks</td>
</tr>
<tr>
<td>60-90 minutes</td>
<td>Surveyor Presentation of Final Accreditation Report and System Survey Summation Report</td>
</tr>
<tr>
<td>30 minutes</td>
<td>Questions and answers, system survey event wrap-up</td>
</tr>
</tbody>
</table>
### System Headquarters – Surveyor Arrival and Preparation

<table>
<thead>
<tr>
<th>Duration</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 minutes</td>
<td>1. Announce the start of the survey</td>
</tr>
<tr>
<td></td>
<td>2. Meet and greet organization accreditation contact</td>
</tr>
<tr>
<td></td>
<td>3. Review, and adjust as necessary, any pre-survey planning (e.g. agenda)</td>
</tr>
<tr>
<td></td>
<td>4. Preparation for subsequent survey activity (e.g., access presentations, projection set-up, etc.)</td>
</tr>
</tbody>
</table>

#### Participants
- Joint Commission: All surveyors on site.
- Organization: Survey Coordinator

#### Objectives

1. Announce the start of the survey
2. Meet and greet organization accreditation contact
3. Review, and adjust as necessary, any pre-survey planning (e.g. agenda)
4. Preparation for subsequent survey activity (e.g., access presentations, projection set-up, etc.)

#### Beginning
- If more than one surveyor is conducting this activity for the system headquarters portion of the survey, enter the organization/location together on the first day of survey.
- Report to the reception area, security officer, information desk, or administrative office upon arrival and provide your name and the purpose for your visit.
- Display your Joint Commission identification badge.
- The first day of the system accreditation survey is announced and takes place at the site identified by the organization. The organization’s extranet site has had the following survey information available for several weeks:
  - Notification of scheduled Joint Commission event authorizing your presence
  - Surveyor name(s), picture and biographical sketch
  - Scheduled survey dates for the system Opening and Conclusion
  - The survey agenda template that prepared and posted by the Team Leader
## System Headquarters – Opening Conference

<table>
<thead>
<tr>
<th>Duration</th>
<th>Introductions</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-60 minutes</td>
<td>- Each survey team member briefly introduces themselves.</td>
</tr>
<tr>
<td></td>
<td>- If applicable, Joint Commission observers introduce themselves</td>
</tr>
<tr>
<td></td>
<td>- Thank the system for participating in accreditation and for their commitment to improving quality and safety of health care. Indicate that we realize the system has a choice in accrediting organizations and thank them for choosing The Joint Commission.</td>
</tr>
<tr>
<td></td>
<td>- Explain that the purpose of the survey is to provide a validation of compliance with standards and provide education/consultation.</td>
</tr>
<tr>
<td></td>
<td>- Ask system attendees to introduce themselves. Make a note of each person’s name and title/functional responsibility.</td>
</tr>
</tbody>
</table>

### Participants
- Joint Commission: All surveyors on site.
- System:
  - Senior leadership representing all programs and settings
  - Survey coordinator

### Other information
- The survey team leader serves as the facilitator for this session.

### TIP from your Field Director
This is an important activity.

Do not rush through this session—plan your approach, take control, and pace your address of the content.

Use a PowerPoint presentation to organize the information you need to share and manage this time.

Skip long explanations. If the system appears to be struggling to understand some aspect of the System Accreditation process, make alternative plans to address the concerns.

Remember--The tone for the entire system survey is set in this session!

- Explain that you will use this session to:
  - Describe the structure of the System Accreditation survey.
  - Explain the SAFER matrix and its limited use on system surveys.
  - Answer any questions the system has about the survey.

### During
- Describe each component of the System Accreditation survey
- Review the System Accreditation survey agenda and make any changes, if necessary.
- Review with System representatives what the site visit agendas will entail; ask if the system has distributed the Survey Activity Guide and the agenda to the sites along with the Ready to Go List.
  - Explain that most survey activity at the sites will occur at the point where care, treatment and services are provided. The term “Individual Tracer” denotes the survey method used to evaluate the site’s compliance with standards relative to the care, treatment, and services provided to an individual patient.
  - Remind the system that the team is interested in interacting with the direct care providers and that leadership should be sensitive to their own staff members’ comfort with large numbers of observers.
  - Give an example of an Individual Tracer.
● Describe any Systems Tracer(s) you will be conducting at the sites, if any. Be certain that the sites will be able to support the various system tracers that you might want to perform.

● Inquire about any changes since the planning call that could be possible barriers to implementing the site survey agenda (timing of visits, selected staff availability, unique schedules or times that sites are open, limited staff availability at a site, sites with low or no census, need for regional (if applicable) or System staff participation in the site survey, etc.).

● Explain that the agenda is a template; occasional modifications may be necessary. However, the time allotted to each activity should be respected to preserve the integrity of the survey process.

□ Identify who will be your headquarters (name) and site (by position) contacts and determine how to reach these individuals.

□ Determine if headquarters staff will be involved in travel to and between sites and how this will be coordinated.

□ Determine the procedures each site will follow upon surveyor arrival, for example, contacting headquarters for authorization of the visit, identifying if headquarters staff will be joining the visit in-person or by phone, who to call if questions arise that only headquarters can answer for the surveyor.

□ Discuss and agree upon the Daily Briefing schedule and who will participate in these sessions. The Team Leader typically schedules a Skype meeting with the participants. Gather phone numbers and any other information that is needed to efficiently and successfully complete the briefings.

● Provide site specific notification, as permitted per current System Survey policy. Daily briefings will also be used to share this information with the organization.

● Ask if there are any questions about the survey.

● Answer questions and indicate that questions may be asked throughout the survey.

● Transition into the Orientation to the System and Leadership session.
System Headquarters – Orientation to the Organization and Leadership Session

**Duration**
120 minutes
(10-15 minute break at the hour or between Opening Conference and Orientation/Leadership sessions)

**Objective**
Explain that during this session you want to:
- Review information about the system’s structure and scope of operations and services to answer outstanding questions, and gather further details, as needed.
- Determine if there have been any significant changes to the system since the planning call. Especially inquire about changes to the number of sites, locations, and scope of services.
- Explore topics from the perspective of the system headquarters-to-site relationship.
- Understand how much autonomy is given to sites and how much support sites receive from the system.
- Understand relationships and the mutual expectations before beginning the site surveys.

**Discussion Topics for System Surveys**
Facilitate a discussion related to the following topics:

- **System mission and history**
  - System structure/locations/services
  - Services provided directly by the system
  - Services provided through contract

- **High reliability and safety culture, including:**
  - Assessment being used
  - Scope of operations/sites included
  - Format and administration of the assessment
  - Frequency of the assessment

- **Management and Operations**
  - Functions performed at the system headquarters (centralized processes)
  - Functions performed/delegated to the sites (decentralized processes), and
  - Standardized functions for which there is shared responsibility
  - Address the following functions in this discussion

**Participants**
Joint Commission: All surveyors onsite.

System:
Senior leadership representing all programs and settings
Survey coordinator

- Attendees should be able to address leadership’s responsibilities for strategic planning and resource allocation, management, oversight, performance improvement (how expectations are established, planned, prioritized and managed), and support in carrying out the system’s mission and strategic objectives.
- Leaders with responsibility and accountability for design, planning, and successful implementation of system processes

Attendees may include:
- At least one member of the governing body, or system trustee. (In single owner systems, this individual may also be the CEO, Executive Director or Owner)
- Senior system leaders from all programs/settings. (e.g., CEO, COO, CFO, CIO, VP for clinical services, nurse executive, laboratory medical director, director of patient services or branch manager, chief administrator/director of each program.)
- Other directors or management staff as appropriate to the topics being discussed
**Other information**
The system team leader and co-leader serve as facilitators for this session.

**TIP 1:** Ask the system representatives if a topic is better explained through demonstration (for example, information system walkthrough) or a review of documentation (such as site-level monitoring reports). Coordinate a time and place for the demonstration or document review.

**TIP 2:** As time is available or as the opportunity presents, ask to tour the system headquarters and speak with staff responsible for performing the day-to-day work you discussed in this session. Validate, when possible what you heard from leadership and management.

1. Governance and policy setting
2. Development of procedures
3. Strategic planning, acquisitions and transitions
   [Reminder: Be sensitive to discussions regarding strategic planning; maintain your focus on quality and safety in patient care.]
4. Marketing (system and/or site)
5. Emergency management (system and site)
6. Information management
7. Communication between system and sites and patients and other health care providers, as applicable
8. Human resources – keep this discussion at the level of a general overview of functions and personnel
9. Contracting and formal agreement establishment
10. Financial / Accounting Process
    o Roles and responsibilities for budget development and financial statements
11. Complaint Process
    o Roles and responsibilities for complaint management

- System-wide Performance Improvement
- Site performance monitoring and improvement
  - Identify the individuals or group who sites report to and interact with at System Headquarters
  - Identify the individual or group who directs and oversees site performance
- Resurveys Only: What’s new since your last survey?
System Headquarters -- Data Management Session

Duration
90-120 minutes

Participants

Joint Commission:
All surveyors onsite. Note: The Team Leader may continue to perform the system tracers and other team members may depart to survey a nearby site or travel in the afternoon to reach another site. This will be determined by the Team Leader and Field Director prior to the start of survey.

System:
Individuals able to address issues related to the use of data in all major departments or areas within the system. At a minimum, this should include:
- Clinical staff with a formal responsibility for performance improvement.
- Representation of other clinical staff.
- Individuals knowledgeable about the information systems.
- A member of system leadership.

Objective

Explain that you will use this session to:
- Learn more about the data that the system is collecting, analyzing and using to improve performance
- Learn about the data collection and reporting requirements the system must meet based on external demands
- Determine the data that sites are collecting, analyzing and reporting both to the system and externally, if applicable
- Learn about the performance improvement methods used throughout the system
- Learn about the procedures for collecting, checking accuracy, formatting, analyzing and reporting data
- Explore the improvements made as a result of data collection and analysis

Data Management Discussion Topics

This session is focused on the system’s use of data in improving safety and quality of care. Discuss the following with the system:

- Measures being monitored for improvement across the system. Is the system collecting and analyzing data related to:
  - Patient and employee satisfaction
  - Referral source satisfaction
  - Patient and staff complaints
  - Environmental safety and security
  - Site performance
  - Regulatory data collection
  - Payer-related data collection
- Improvements that have been made at both the sites and system-wide as the result of data collection and analysis.
- How performance improvement methods are used throughout the system.
- The basics of data gathering and preparation, including:
  - Selection of measures
  - Data collection
  - Data analysis and interpretation
  - Dissemination/transmission
  - Implementing interventions/improvements
  - Monitoring performance/improvement

Explore these issues in the context of each of the specific data discussion topics described below.
Performance Improvement Data

Discuss other areas the system has prioritized for performance improvement activities. These may include:
- Actions taken as a result of using data
- Selection and prioritization of performance improvement activities
- Dissemination of findings and staff involvement
- Data reporting – when it occurs and to whom
- Type of analyses being conducted – approach to trending data over time, comparing data to an expected level of performance, and looking at data in combination for potential cause and effect relationships.

Medication Management Data Issues

If applicable, discussion explores:
1. Data collected on the performance of the system’s medication management system and processes, including trends or issues that have been identified, and changes made because of that review
2. Medication data the system is collecting. Medication management data collection should be relevant to the services provided by the system and patients served. The system should be collecting data related to the “risk points” it has identified in its medication management system. Examples of such data based on an assessed risk point might include but are not limited to:
   - number of pharmacy interventions
   - turn-around times from order to administration
   - adverse drug events (ADEs)
   - use of high-risk medications.

Infection Control Data Issues

Discussion explores:
2. Types of data collected
   - Whether infection-related data are collected per the Centers for Disease Control’s (CDC) National Nosocomial Infection Surveillance (NNIS) system guidelines.
   - Whether the system has developed and implemented a process for measuring improvements in adherence to the CDC or WHO Hand Hygiene Guidelines.
3. Use of standardized definitions.
4. Control methods (includes data dissemination to physicians, staff, leaders, external entities).
5. Prevention based on data findings.
6. The system’s plans to collect data relevant to the infection control standards.
General Tips for Conducting the Data Management Session

1. Success with the Data Management Session is contingent upon the availability of system data and the surveyors good use of time in the surveyor planning session.

2. When there is a team on the survey, more than one surveyor should conduct the tracer. When possible, it is helpful to have different program perspectives during the session.

3. The focus of the data system tracer is based on a post data review analysis of the logical sequence of events in the process:
   - Planning
   - Collecting
   - Aggregation and Analysis and
   - Use of data.

4. Make sure the system is monitoring the quality and performance of contracted services and individuals. This can be done through contract and review or through an integrated approach with their PI process.

Planning – Selection of Measures

Objective:
Understand the system's planning process for data use including how the system identifies and prioritizes measures.

Key Points

- Joint Commission requires specific elements of data collection based on published literature about critical processes that have the potential of leading a system to adverse outcomes.
- By planning, tracking, trending and analyzing this data, systems are guided to making the right decision for the right reasons. Without good information, leaders are forced to make important decisions based on intuition and subjectivity.
- Only clean data leads to good information. Good information brings credibility and reality into the decision making process.
- Systems need to focus on aspects of quality and safety relative to their services and populations served in order that they can identify suitable measures. For example:
  - quality issues for a chronic diabetic population will be different than pediatric asthma.
  - Interventions to control pain for the patient with neurogenic pain will be different than interventions to control bone pain.
- Ask the system to describe exactly what aspect of the issue they are addressing. Do they need to develop a process measure or an outcome measure?
- The selection of suitable measures is proportionate to the understanding of the expected outcome of the process. The measure selected should be specific enough to tell the system how the process is working.
- A uniform definition of terms is important and allows for a common understanding of what is included in the collection. For example, data collection would be different for the system that defines a medication error as “a deviation from the norm during administration that results in the patient actually receiving the incorrect medication, dosage, or at the wrong time” versus “a deviation from the norm during administration that results in the patient actually receiving or the potential to have received the incorrect medication, dosage, or at the wrong time.”
Data Collection

Objective: Understand the system's methodology for ensuring that all data is collected as planned.

Key Points
- Ensuring thorough data collection requires checks and balances. Ascertain how the system knows that they have collected all the data. (Note: if you suspect that data is being missed, look for examples in individual patient tracers as you continue with the survey. This will demonstrate to the system that they are not collecting all the data that meets their definition.)
- Elicit input from the system about benchmarks. This is a potential source of information that would reflect that the system is not collecting all the data.
- There are technical issues associated with data collection, such as sample sizes, biases, etc.
  - **Sampling Criteria**
    - For a population size of less than 30 ADC, sample 100% of your Medical Records
    - For a population size up to 100 ADC, sample 30 Medical Records
    - For a population size of 101 to 500 ADC, sample 50 Medical Records
    - For a population size of over 500 ADC, sample 70 Medical Records
- Engage in a facilitated discussion centered on simple issues, such as data sources being used (e.g., billing data, satisfaction surveys, record abstraction, observation) and whether the needed data are available.

Data Aggregation and Analysis

Objective: Understand the system's processes for turning data into useful information.

Key Points
- Reinforce the importance of displaying data so that patterns and the effect of interventions can be readily identified.
- Different types of data displays can be used depending on the issue being addressed. For example, if you are looking at the performance of a process over time, a run chart or a control chart is more useful than a Pareto chart.
- Pareto charts and fishbone diagrams are helpful for understanding the potential causes of a problem. There resources available that describe these tools in simple terms.
- It is important that data be analyzed with enough frequency so that potential problems are caught in time.
- Data analysis will not necessarily involve complex statistical tests. Analysis can be discussed in relatively simple terms. For example, analysis might involve the review of variances—that is, occurrences that don't meet expectations or trends that may be emerging.
- It is important that the right people be involved in data analysis—not just the Quality Improvement staff. It should include individuals involved in the process or topic being studied. Ask the system about staff involvement in analysis.
- In some cases, external comparative data can be useful. When relevant, benchmarking can be explored.
Focus: Data Use

Objective: Understand how the system uses the information obtained from data analysis.

Key Points
- Using data for improvements and in decision making is one of the most important elements of the data management process. In many cases this may be the primary focus of the discussion during the data session.
- It is very common to see systems that collect lots of data but not use it. Collecting data for collection’s sake uses resources needlessly and is a waste of time.
- Ask leaders how they use data to make decisions. Decisions are making choices among different options—ask leaders how data has helped them make choices.
- Ask the system how they evaluate improvements and ask them to provide examples.
- Systems need to monitor improvements to make sure changes or interventions are successful and that the success is maintained.
System Headquarters -- Competency Assessment Process

<table>
<thead>
<tr>
<th>Duration: 60 minutes</th>
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</thead>
<tbody>
<tr>
<td><strong>Participants</strong></td>
</tr>
<tr>
<td>Joint Commission: All surveyors on site</td>
</tr>
<tr>
<td>System:</td>
</tr>
<tr>
<td>Individuals responsible for:</td>
</tr>
<tr>
<td>• Aspects of the system’s human resources processes.</td>
</tr>
<tr>
<td>• Orientation and education of staff.</td>
</tr>
<tr>
<td>• Assessing staff competency.</td>
</tr>
<tr>
<td>• Assessing licensed independent practitioner and other credentialed practitioner competency, when applicable.</td>
</tr>
<tr>
<td>• Individual(s) with authority to access information contained in personnel and, when applicable, credentials files.</td>
</tr>
<tr>
<td>• Individuals who oversee competency assessment processes at the sites</td>
</tr>
<tr>
<td>• Individuals responsible for assessing the training and education needs of system and site staff</td>
</tr>
<tr>
<td>• Individuals responsible for designing and delivering in-service and training to system and site staff</td>
</tr>
<tr>
<td><strong>File Review</strong></td>
</tr>
<tr>
<td>Determine how the system maintains competence and credentials records.</td>
</tr>
<tr>
<td>If the system maintains competence and credentials records in whole or in part centrally at the headquarters for any or all sites, record the names or positions of the staff and licensed independent practitioners from each of the sites whose files you want to review. Provide the list to the staff at the opening of the Headquarters Last Day</td>
</tr>
</tbody>
</table>

**Objectives**
- Learn about the system’s competence assessment process for staff, licensed independent practitioners, and other credentialed practitioners.
- Learn about the system’s orientation, education, and training processes as it relates to staff, licensed independent practitioners, and other credentialed practitioners encountered during Individual Tracers.
- Confirm the headquarters and site responsibilities for the various aspects of human resources and competence assessment processes, including the location of files and records.
- Review a small sample, two or three personnel files, credentials records, health records, in-service or education records for orientation purposes and to verify process-related information through documentation.

**Discussion Topics**
Discuss with headquarters staff the system’s processes for the following:
- Job description development
- Qualifications and credentials verification
- Orientation of staff and licensed independent practitioners to the system, job responsibilities, and/or clinical responsibilities
- Experience, education, and abilities assessments
- Ongoing in-service, education and training
- Initial and ongoing competence assessment
- Health screening process, if applicable
- Performance evaluation for staff and licensed independent practitioners
- Competence assessment process for contracted staff, e.g. temp, agency, travelers (unless a concern is identified with a specific individual, focus contract review on contractors that are not Joint Commission accredited)
- Determining that established human resource and competence assessment policies and procedures are being followed
- Determining that applicable law and regulation (which may vary depending upon site location) and Joint
Review so that files can be pulled and available for you at the Competency Assessment Follow-Up Session.

If the personnel or credentials files are maintained in whole or in part at the sites, review specific staff, licensed independent practitioners, and other credentialed practitioners’ files during tracer activity at the sites.

Commission standards are being adhered to

- Methods used to determine staffing adequacy; frequency of measurement; what is being done with the results
- Performance improvement initiatives related to competency assessment for staff, licensed independent practitioners, and other credentialed practitioners
- Training of site staff responsible for any aspects of the credentialing and competency assessment processes, as applicable

Summarize strengths and potential risk points in the system’s competency assessment process.
## System Headquarters – Issue Resolution

<table>
<thead>
<tr>
<th><strong>Duration</strong></th>
<th>30-45 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective</strong></td>
<td>To follow-up on potential findings and conclude exploration of any open issues with the organization that could not be resolved in other survey activities.</td>
</tr>
<tr>
<td><strong>Participants</strong></td>
<td>Joint Commission: All surveyors onsite. System: Individuals as requested by the surveyors depending on the issues to be discussed.</td>
</tr>
<tr>
<td><strong>Session Guidelines</strong></td>
<td>Pursue issues that have arisen during the day that require additional clarification to verify compliance with standards and elements of performance. Depending upon the circumstances, this might involve:</td>
</tr>
<tr>
<td></td>
<td>• Review of policies and procedures</td>
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<tr>
<td></td>
<td>• Review of system-wide plans</td>
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<tr>
<td></td>
<td>• Discussions with selected system headquarters staff</td>
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<tr>
<td></td>
<td>• Review of system-wide performance improvement and site performance monitoring data</td>
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<tr>
<td></td>
<td>• Review of human resources or credentials files (if this is a centralized process)</td>
</tr>
</tbody>
</table>
## System Headquarters – Surveyor Team Meeting & Planning Session

<table>
<thead>
<tr>
<th>Duration</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 minutes</td>
<td>This is the surveyor(s)' opportunity to:</td>
</tr>
<tr>
<td></td>
<td>• Share or reflect upon information and observations,</td>
</tr>
<tr>
<td></td>
<td>• Plan for upcoming survey activities</td>
</tr>
<tr>
<td></td>
<td>• Plan for communication and coordination with the system and other members of the survey team.</td>
</tr>
<tr>
<td></td>
<td>• Review the day’s events</td>
</tr>
<tr>
<td></td>
<td>• Plan for the Daily Briefing</td>
</tr>
</tbody>
</table>

### Session Guidelines

Review the following with team leader facilitation:

- Topics discussed throughout the day
- Additional areas of focus based on information gathered during the first day of survey activities
- Observations on system performance
- Key findings that have surfaced during the opening day
- Issues that should be explored during site surveys
- The frequency and method for team communication throughout the survey prior to conducting daily briefings
- Plan for the end of day Daily Briefing with the System Headquarters leaders and staff
- Confirm sites that will be visited on the next survey day, in preparation for sharing this information at the Daily Briefing, as permitted per current System Survey policy. **Note:** Daily Briefings throughout the survey will be used to share site information with the system for each subsequent survey day.
System Headquarters – Daily Briefing

**Duration**
30 minutes

**Participants**
Joint Commission: All surveyors on site.

System: CEO/Administrator /Owner and other leaders or staff invited to participate by this individual. Governing body, if available (may participate telephonically.)

---

**Conducting the Daily Briefing**

- Verbally present any potential issues that the team will continue to explore throughout the site visits and when you return to the System Headquarters.

- Any questions that may impact site evaluation should be clarified at this time.

- Unresolved issues remaining at the end of the System Headquarters first day survey should be noted and scheduled for follow-up on the last day of survey at the headquarters, if not before.

- Provide site specific notification as permitted by current System Survey policy. Inform the system representatives that this information will be shared during Daily Briefings for each subsequent survey day.

---

**Confirm Site Survey Daily Briefing Procedures**

- Be certain to reach agreement with the system on the process that will be followed for Daily Briefings throughout the duration of the site visits. Establish the following:
  - Headquarters participants
  - Time to call
  - Phone number to call
  - Back-up system representatives
  - Site participants

- Discuss procedures to follow if multiple sites are being reviewed on the same day by multiple surveyors and the Daily Briefing is scheduled to occur at the same time.

- Share the plan and logistics with all site surveyors.
## Participants

<table>
<thead>
<tr>
<th>Joint Commission: Surveyor assigned to site</th>
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<tbody>
<tr>
<td>System: Site leaders and staff</td>
</tr>
</tbody>
</table>

Site survey activities usually begin on the first or second day following the System Survey opening day with the headquarters.

## Site Survey Guidelines

For each site surveyed, the following activities will occur during time designated on the agenda for Individual Tracer Activity:

- Introductions and brief site orientation
- Review of site-to-headquarters relationship
- Discuss use of data at the site based on learnings during the System Headquarters opening day and the Data Use section of the Survey Activity Guide
- Identification of patients for individual tracer activity – a minimum of two tracers at each site is the goal
- Individual Tracer Activity
  - Observation and discussion during this time will include, but not be limited to:
    - Site management
    - All aspects of patient care and services
    - Standardized functions and processes
    - Centralized and de-centralized functions and processes
    - Organization policies
    - Patient rights
    - Patient and staff safety
    - Compliance with National Patient Safety Goals
    - Medication management
    - Infection control
    - Information management
    - Communication
    - Staff orientation, training, and competency
    - Environment of care
    - Emergency management
    - **Note:** Sites where four or more individuals are rendered incapable of self-preservation at the same time include a Life Safety Code® Building Assessment.
- Issue Resolution, if required
- Exit conference with verbal report to site staff

## After

- Enter survey related findings in MST/WST daily.
- Reference CITe for consistency each day.
- Daily, upon completing site survey activity, complete the
Site Data Document*, including:
- Strengths and opportunities
- Employees names for inclusion in the Competency Session, even if session is performed at the site
- Prepare topics, thoughts, observed patterns and trends to report during surveyor daily call.

- Communicate as needed with SIG through Team Leader(s).
- Lock survey technology at the end of the last site survey day

*The Site Data Document can be found on the Field Representative Portal > Document Library > Ambulatory Care Documents > System Survey Accreditation.
System Accreditation – Survey Team Daily Call

**Duration**
30 minutes

**Participants**
Joint Commission:
- Team leader or co-team leader
- Site Surveyors

**Objective**
Communicate with the system surveyor team

**Before**
- System survey team leader, co-team leader, and Field Director create a plan for surveyor daily meetings for the duration of the system survey. The plan includes:
  - Dates and time for daily call
  - Phone number and any necessary codes to join the meeting
  - Expectations for team members who cannot attend the meetings (e.g., email report out, completed Site Data Document)
- The plan is communicated to the
  - System survey team that will be performing individual site visits
  - SIG-AD assigned to support the system survey
  - Account Executive

**During**
- The team leader and/or co-team leader will facilitate the call.
- Team leader or co-team leader takes notes to track discussions, decisions, needed follow-up, actions and disposition.
- Each surveyor will be ready to:
  - Share site survey findings
  - Discuss placement of RFIs and review scoring consistency
  - Discuss observed patterns and trends
  - Discuss any standards interpretation challenges/issues for review with SIG-AD
  - Confirm the sites that are being visited in the next 48 hours
- Identify surveyors who are dropping from or joining the team
- Email or post meeting notes to Sharepoint site for all team surveyors to reference.
## System Accreditation – Ongoing Site Survey Daily Briefings

<table>
<thead>
<tr>
<th>Duration</th>
<th>30 minutes</th>
</tr>
</thead>
</table>
| **Participants** | Joint Commission: Team leader or co-team leader  
System: CEO/Administrator/Owner or other designated leaders or staff. |

### Objectives
- Provide system representatives with a brief summary of site survey activities from the previous day.
- Relay observations according to standards area, as well as program and organization-specific risk areas.

### Conducting Site Surveys Daily Briefings
- Follow the process as planned with the system accreditation contact and leaders.
- The team leader(s) shares site observations gathered during the previous system surveyors daily team call.
- The team leader provides the organization with 24-hour notice of the sites scheduled for the next survey day, if applicable.
## System Headquarters – Concluding Survey Day(s)

<table>
<thead>
<tr>
<th>Duration</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two days</td>
<td>The final one to two days of the survey are an announced visit that takes place at the system headquarters or designated site, after all sampled sites have been surveyed. The team leader and co-team leader, if applicable, use this time for the following:</td>
</tr>
<tr>
<td></td>
<td>• Follow-up on topics explored on the first day survey at the system headquarters using site visit experiences and observations to guide the discussion with leadership</td>
</tr>
<tr>
<td></td>
<td>• Follow-up on site visit observations, discoveries, and trends</td>
</tr>
<tr>
<td></td>
<td>• Review the system accreditation survey activity conducted to date</td>
</tr>
<tr>
<td></td>
<td>• Perform additional document review, as needed</td>
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<tr>
<td></td>
<td>• Seek additional validation of system processes</td>
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<tr>
<td></td>
<td>• Seek further confirmation of headquarters and site responsibilities</td>
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<tr>
<td></td>
<td>• Resolve any outstanding items from the site visits</td>
</tr>
<tr>
<td></td>
<td>• Enter any final observations and findings into survey technology</td>
</tr>
<tr>
<td></td>
<td>• Review the preliminary survey report with organization leadership</td>
</tr>
</tbody>
</table>

### Before

- Arrange for SIG real time call (RTC) discussion 5-7 days in advance of this scheduled visit.
- Complete the preliminary survey report after discussing with SIG

### After

Submit the preliminary survey report after flagging to indicate System Survey and to note the designated SIG contact.
System Headquarters – Final Daily Briefing and Leadership Session

<table>
<thead>
<tr>
<th>Duration</th>
<th>60 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participants</strong></td>
<td></td>
</tr>
<tr>
<td>Joint Commission: All surveyors on site</td>
<td></td>
</tr>
<tr>
<td>System: Senior leadership representing all programs and settings</td>
<td></td>
</tr>
<tr>
<td>Survey coordinator</td>
<td></td>
</tr>
<tr>
<td>Attendees may include:</td>
<td></td>
</tr>
<tr>
<td>• At least one member of the governing body, or system trustee. (In single owner systems, this individual may also be the CEO, Executive Director or Owner)</td>
<td></td>
</tr>
<tr>
<td>• Other directors or management staff as appropriate to the topics being discussed</td>
<td></td>
</tr>
<tr>
<td><strong>Other Information</strong></td>
<td></td>
</tr>
<tr>
<td>The system survey team leader and co-leader serve as facilitators for this session.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Introductions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Re-introduction of surveyor(s)</td>
</tr>
<tr>
<td>• Re-introduction of system survey coordinator and leaders</td>
</tr>
<tr>
<td>• Agenda review with discussion of any needed changes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Objectives</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain that you will use this day to:</td>
</tr>
<tr>
<td>• Follow-up on site visit observations, discoveries and trends</td>
</tr>
<tr>
<td>• Perform additional document review, as needed</td>
</tr>
<tr>
<td>• Seek additional validation of system processes</td>
</tr>
<tr>
<td>• Seek further confirmation of headquarters and site responsibilities</td>
</tr>
<tr>
<td>• Resolve any outstanding matters from the site visits</td>
</tr>
<tr>
<td>• Follow-up on the topics of high reliability and safety culture</td>
</tr>
<tr>
<td>• Enter any final observations and findings into the computer</td>
</tr>
<tr>
<td>• Conclude the survey with a report of the overall system performance.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Leadership Discussion Topics</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarify and address any system level standard issues. Additional topics to explore in this session include:</td>
</tr>
<tr>
<td>• Issues and trends in site performance</td>
</tr>
<tr>
<td>• Variation in site performance</td>
</tr>
<tr>
<td>• Discrepancies between System Headquarters’ expectations and actual site performance</td>
</tr>
<tr>
<td>• Site environment of care and emergency management opportunities, as applicable</td>
</tr>
<tr>
<td>• Resource needs at sites, as applicable</td>
</tr>
<tr>
<td>• Effectiveness of site performance monitoring</td>
</tr>
<tr>
<td>• Follow-up on high reliability and safety culture throughout the system based on site observations and staff interactions</td>
</tr>
</tbody>
</table>
# System Headquarters – Final Data Management Session

## Duration
60 minutes

## Participants

**Joint Commission:**
All surveyors onsite.

**System:**
Individuals that can speak to the use of data within the system. At a minimum, this should include:
- Clinical staff with a formal responsibility for performance improvement
- Representation of other clinical staff
- Individuals knowledgeable about information management systems
- A member of system leadership

## Objectives
- To clarify and address any open or unresolved data management and use issues discovered during site surveys.
- Review opportunities for improving the use of data to enhance site activities and performance

## Discussion Topics
Discussion topics for this follow-up session will continue to be explored from the perspective of the headquarters-to-site relationship. Be sure to cover the following:

- Trends in site level data
- Differences discovered in how sites manage and work with performance measurement data including a comparison to system expectations
- Differences discovered in how sites manage and work with medication management and infection control data including comparison to system expectations
- Discrepancies between system expectations and site performance related to management and use of data
- Site data collecting, reporting and monitoring processes

Note: Potential differences between sites include: computer systems available to collect, analyze, store and retrieve data; definitions of data elements being collected; staff knowledge of data that is available from the system for their use; staff training, and competency related to data management.
## System Headquarters – Final Competency Assessment and Credentialing Process Session

| Duration:  
90 minutes |
|---|---|
| **Participants**  
Joint Commission: All surveyors on site | **Objectives** |

System:  
Individuals responsible for:  
- Aspects of the system’s human resources processes.  
- Orientation and education of staff.  
- Assessing staff competency.  
- Assessing licensed independent practitioner and other credentialed practitioners’ competency, when applicable.  
- Individual(s) with authority to access information contained in personnel and, when applicable, credentials files.  
- Individuals who oversee competency assessment processes at the sites  
- Individuals responsible for assessing the training and education needs of system and site staff  
- Individuals responsible for designing and delivering in-service and training to system and site staff |

Note: The length of this session will vary based on where competence and credentials files are maintained.

### File Review

If the system **maintains the entire competence and credentials file centrally at the headquarters** for any or all sites’ staff and licensed independent practitioners, record the names or positions of the staff and licensed independent practitioners from each of the sites whose files you want to review. Provide the list to the staff at the Opening Conference of the Headquarters Last Day visit so that files can be pulled and available for you at the Competency Assessment Follow-Up Session.

If the entire competence or credentials **file is maintained at the sites**, review the files of selected staff and licensed

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### Discussion Topics

Validate the competency, credentialing, health screening or any other staff evaluation processes being performed by the system and the sites. Reconfirm, as necessary, the details of:

- System Headquarters performed processes  
- Site performed processes  
- Location of data and information  
- Concerns with site understanding of their responsibilities in assessing competence  
- Review any variation between actual performance observed and discussed and the processes described on the first day system headquarters survey  
- Customer-specific (contract defined) requirements  
- State law and regulatory requirements  
- Training of site staff responsible for any aspects of the credentialing and competency processes  
- Performance monitoring of site staff and continuing education and in-service opportunities for the individuals responsible for
independent practitioners during tracer activity at the sites.

If the components of the competence and credentials files reside at both the headquarters and sites, review the components maintained at each location for the selected staff and licensed independent practitioners.

- Discuss any site-level observations, discoveries and trends with the system headquarters directors and managers

Summarize strengths and potential risk points in the system's competency assessment process.
## System Headquarters – Final Issue Resolution

<table>
<thead>
<tr>
<th>Duration</th>
<th>Objective</th>
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</thead>
<tbody>
<tr>
<td>60 minutes</td>
<td>Follow-up on potential findings that could not be resolved in other survey activities.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Participants</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Joint Commission:</strong> All surveyors onsite</td>
</tr>
<tr>
<td><strong>System:</strong> Individuals as requested by the surveyors depending on the issues to be discussed</td>
</tr>
</tbody>
</table>

### Session Guidelines

Pursue issues that have arisen throughout the entire survey that require additional clarification to verify compliance with standards and elements of performance. Depending upon the circumstances this might involve:

- Review of policies and procedures
- Review of system-wide plans
- Discussions with selected system headquarters staff or follow-up phone calls to site staff
- Review of system-wide performance improvement and site performance monitoring data
- Review of human resources or credentials files
System Headquarters – Surveyor **Preliminary** Report Preparation

**Duration**
4 hours

**Participants**
All Joint Commission surveyors onsite. May also require remote surveyor participation at Team Leader discretion.

**Objective**
Surveyors use this time to compile, analyze and organize the data collected throughout the survey into a report reflecting the system’s compliance with standards.

**Session Guidelines**
- Review your observations to determine if findings reflect standards compliance issues.
- Ask system representatives for additional information during this session to confirm or disprove a finding, if necessary.
- Enter all observations of non-compliance
- Reference CITe for consistency
- All surveyors lock their findings at the end of survey activity to allow the team leader access to edit, as necessary
- Conduct a Real Time Call (RTC) with the assigned SIG associate director
- Proofread the report carefully for errors or omissions
- Publish the preliminary report and advise the organization that it is available on their secure extranet site

**Scheduling SIG-AD Call**
Real Time Call with assigned SIG-AD should be arranged 5-7 days in advance of the last survey day with the system.
## System Headquarters – Exit Briefing

<table>
<thead>
<tr>
<th>Duration</th>
<th>60-90 minutes</th>
</tr>
</thead>
</table>
| Participants | **Joint Commission:** Team leader and/or co-team leader  

**System:**  
- CEO or another designated leader  
- Other system representatives as invited by the CEO  

| Other Information | It is the CEO’s responsibility to arrange to duplicate copies of the accreditation report for leadership and staff if he/she wishes for all System Exit Conference attendees to have a copy. |

| Objectives |  

- Review the survey findings represented in the preliminary accreditation report.  
- Discuss any concerns that the CEO may have with the report.  
- Determine the need for any special arrangements for including other system representatives in the Exit Briefing  

| CEO Exit Briefing |  

- State the objectives of the exit briefing:  
  - Review the preliminary accreditation report with the CEO, including:  
    - Requirements for Improvement  
    - Determine if the CEO wishes to open the Exit Briefing up to other system representatives or if the CEO prefers to deliver the report privately to the system.  
  - If the Briefing will be open to other participants:  
    - Ask the CEO if he/she has any other preferences regarding the sharing of findings with leadership and staff.  
    - Determine if the CEO would like each Exit Briefing attendee to have a copy of the preliminary accreditation report and allow the CEO time to arrange for the duplication of the preliminary accreditation report, if applicable; allow time for participants to gather.  

| System Exit Briefing |  

- Thank the organization for the opportunity to evaluate their performance with respect to the Joint Commission standards.  
- Express your appreciation to leaders and staff for their hospitality and assistance.  
- Remind everyone that this is a preliminary survey report; the final report will be available in approximately 2-3 weeks and will include more details and any required follow-up action.  
- Present Requirements for Improvement by standards chapter and review any patterns or trends that are surfacing.  
- Ask if there are any questions about the preliminary report.  
- Express thanks again on behalf of the survey team.
System Accreditation – Closing

**Duration**
2.5 hours

**Participants**
Joint Commission: Team leader or Co-Team leader
System: Leadership and staff invited to participate by the CEO.

**Other Information**
- Attendees may or may not have a copy of the Accreditation Report as you review survey findings.
- It is the CEO’s responsibility to arrange to duplicate copies of the Accreditation Report for leadership and staff if he/she wishes for all System Exit Conference attendees to have a copy.

**Objectives**
- Present System Survey Summation Report.
- Review required follow-up actions.

**Before**
- Team leader and co-team leader communicate with SIG for RFI review and clarification.
- SIG conducts SCAN and makes accreditation recommendation following usual post survey process.
- SIG adheres to 10-business day turn-around.
- SIG notifies the team leader, Field Director, and Account Executive of the accreditation decision and any needed post-survey follow-up activities for inclusion in the Summation presentation.
- Once notified, ACO staff obtain survey report data (pre-clarification) and with the team leader develop the Summation PowerPoint presentation, which includes graphs and charts based on survey report data. The Summation presentation is sent to the team leader and field director.
- Team leader adds to the presentation any consultative surveyor comments including strengths and opportunities. These additions are reviewed and approved by the Field Director.
- A final copy of the presentation is forwarded to the Account Executive.
- The Field Director and Account Executive identify the date/time to publish the report in coordination with the summation date.
- Account executive posts the Accreditation Survey Report to the organization’s extranet site.

**Approximately two to three weeks after the last headquarters survey day:**
- The team leader and co-team leader if applicable, present the final accreditation report, and system and site-level performance summation to the organization’s leadership.
- Organizations have the option to select from the following presentation formats:
  - On-site headquarters visit by the team leader and/or co-team leader
- Web-based video conferencing (for example, Skype, Zoom, GoTo Meeting)
- Email delivery of the system and site-level performance summation.

- On-site presentation for initial surveys is preferred format. This is an announced visit and there are no evaluation activities conducted.
- The team leader reviews post-survey follow-up activity with the organization leaders.
- Clarification period opens after the survey report is posted.
- The team leader transmits to the field director any survey improvement ideas gathered from the survey team and organization.

**During** (if on-site visit)
- The Account Executive will forward the PowerPoint presentation to the organization contact the morning of the Summation.
- Surveyor(s) arrives at the time prearranged with the organization.
- Thank the system for the opportunity to evaluate their performance with respect to Joint Commission standards. Express your appreciation to leadership/staff for their hospitality and assistance.
- Present the Summation PowerPoint
- Review post-survey follow-up activity
- Explain the ESC submission process.
- Answer any questions about the report and the follow-up activity required.
- Discuss any performance trends revealed by the data.
- Explore with the organization how they might make use of the summation data.
- Determine if the summation report revealed any new discoveries or unexpected surprises for the system.
- Answer any questions about the Summation report.
- Once again thank the CEO/attendees for the opportunity to review the system’s performance with respect to Joint Commission standards.