

# The Joint Commission Ambulatory Care Accreditation

## Overview of the Process

### The Beginning

Call or email The Joint Commission's Business Development staff for ambulatory care – let them know you are interested in becoming accredited:

[AHCquality@jointcommission.org](mailto:AHCquality@jointcommission.org)

Or 630.792.5286

Or via web: [www.jointcommission.org/urgentcare](http://www.jointcommission.org/urgentcare)

When you are ready, Joint Commission will send you a package (electronically, unless you prefer a mailed, hard copy) that includes:

- Accreditation Handbook/Process Guide
- Sampler of Ambulatory Care Standards
- Pricing Sheet
- Applicability Grid (this is in development for urgent care – it will show generally which standards apply in the urgent care setting and which do not)
- Login instructions for the e-application, located on secure extranet, *Joint Commission Connect*. These instructions will be provided via a separate e-mail.

Complete your application electronically via the extranet that includes:

- Information about your center(s)
- What month you think you'll be ready for your survey ("ready date")
- What days should be avoided (up to 10)
- Payment of your deposit (this deposit, applied to your accreditation fees, triggers the mailing of your standards manual and the ability to schedule your survey)

Joint Commission will send the *Comprehensive Accreditation Manual for Ambulatory Care* ("CAMAC" standards manual).

A specially assigned, UCAOA members-only Account Representative will call you to:

- make sure you received the standards manual [and that you have opened it (!)]
- point out some specific areas, like the National Patient Safety Goals
- go over your application to confirm your center's information
- confirm your "ready date" for scheduling your initial survey
- discuss the accreditation process and available resources (like the Standards Interpretation Group)
- answer any questions you may have

You will receive notice of your survey date via email on your extranet page 30 days in advance of your survey (first survey only, future surveys are announced morning of arrival, effectively "unannounced"). This notice will have information about your surveyor and the survey's daily agenda.

If you have to cancel for some reason, your deposit is non-refundable and there are postponement fees, but your withdrawal will not be a matter of public record (for your first survey only). You cannot, however, refuse the survey when the surveyor arrives, without additional consequences.

So, be sure you can be ready by the "ready month" you choose.

## The First Survey

The surveyor arrives first thing in the morning and will spend 2 (or more) days with you (this will have been set ahead of time and detailed in your survey agenda).

The survey basically goes like this:

- Opening conference – overview by the surveyor of the survey and by you of the organization
- Leadership session – surveyor meets with your leaders to discuss overall system issues
- Patient tracers – surveyor selects and follows patients
- Daily briefing – overview of day's experience and any early issues
- Looking at competencies assessment and credentialing, etc. of staff
- Looking at environment of care issues
- Clinical leadership session – surveyor meets with clinical staff to discuss quality and safety of care
- Surveyor report preparation time – alone time for the surveyor to work on their reports
- Exit briefing – with the surveyor and other staff of your choice to go over all the survey findings (but the surveyor does not provide a final, formal decision).

Findings fall into four tiers – the “closer” they are to the patient, the more critical they are:

1. Immediate Threat to Life – these findings have to be corrected IMMEDIATELY. Examples could be a fire alarm that does not work, or other things that could have immediate adverse effects on a patient should a situation arise. If you have one of these, your center will have a preliminary denial of accreditation automatically, and a follow-up survey will be required.
2. Situational – these could be unlicensed individuals providing care (where a license is required), etc. If you have one of these, your center will have a preliminary denial or conditional accreditation automatically, and a follow up survey is required.
3. Direct Impact – these are issues where non-compliance *could* have a direct impact on quality of care.
4. Indirect Impact – these don't pose an immediate risk, but could over time.

The formal report (“Official Survey Report”) posts to your extranet page shortly thereafter (usually within a day or two of survey). A clock starts ticking at this point:

- 10 days – time you have to provide evidence that you were actually in compliance **at the time of survey** but could not prove it to the surveyor
- 45 days – time you have to provide evidence that you have corrected all of the **Direct Impact** findings (not to come up with a plan to correct them, but to actually correct them). These are called your Evidence of Standard Compliance (ESC's)
- 60 days – time you have to provide evidence that you have corrected all of the **Indirect Impact** findings (not come up with a plan to correct them, but to actually correct them).

After all of your ESC's have been submitted (you can do them all at once or as you go) and approved (16 days or less after you submit the last one), the final decision is posted (on your extranet site and publicly via *Quality Check* on the Joint Commission website), a formal letter is sent electronically, and your certificate is mailed. The date of your accreditation (assuming you are successful) will be the date your final ESC is submitted.

If you have any findings that requires a follow up survey, that will be at a cost of approximately \$2400.

If you have a denial (only 1.5% of ambulatory programs do) you can appeal twice, and request a resurvey at your cost.

You will be billed for the remainder of your costs shortly after the survey. Billing of the subsequent annual fees is in each January.

## Interim Years

After 1 year, you will be notified that you should submit your periodic performance review (PPR). The PPR is your way of showing ongoing internal reviews are taking place to maintain your compliance with the standards. They are submitted via the extranet and do not have any impact on your accreditation status. PPRs must be submitted annually on your survey anniversary.

Remember that you can also always call on the Standards Interpretation Group (SIG) with any questions about the standards, or what you have implemented to achieve compliance (630.792.5900, *option 6*).

After 18 months has passed, your center now enters into the “unannounced” survey period (18-39 months after your last survey). This means that you can have a surveyor arrive at your organization at any time.

The only notice of an “unannounced” survey is a notice on your extranet page at 7:30am (your time) the morning of the survey. Some clinic managers check their Joint Commission extranet site every morning as a matter of course, just to see if they have a surveyor coming.

You still have 10 “avoid” days that you can submit annually, but the entire idea behind Joint Commission accreditation is that you are ready at all times.

There are many details about all of these items available, as well as special situations, in the pages that follow (full handbook to follow).