

Accreditation Handbook for Diagnostic Imaging Centers

What you need to know about obtaining accreditation



Welcome Colleague!

The Joint Commission's Ambulatory care program is pleased to be designated by the Centers for Medicare and Medicaid Services (CMS) as an approved accreditor for freestanding ambulatory organizations providing advanced diagnostic imaging services such as MRI, CT, PET and nuclear medicine (see details pg. 23). As the nation's preeminent accrediting body, The Joint Commission provides a patient-centered, customer-driven accreditation process that strives to meet the unique needs of Diagnostic Imaging providers. The Ambulatory Care Program offers a state-of-the art accreditation that:

- Uses ambulatory-specific standards as a means to help your Imaging Center achieve and maintain high-quality operational systems.
- Delivers an on-site evaluation process that engages you and your Imaging Center staff in a thorough review of the actual delivery of care instead of a survey process focused purely on institutional policies and documentation.
- Views the accreditation experience as educational, and as a partnership in achieving improved operations in your Imaging Center.

The Ambulatory Care Program is equally committed to continuous improvement. Led by our president, Mark Chassin, MD, we're applying the techniques and strategies of the Joint Commission's new Robust Process Improvement™ tools to:

- Quantifiably improve customer satisfaction
- Foster financial discipline within The Joint Commission, and
- Enhance the overall quality and consistency of our accreditation processes

This *Accreditation Handbook for Diagnostic Imaging Centers* is designed to provide an overview of the accreditation process. However, if you have additional questions, please turn to the 'Telephone and Website Directory', where you'll find contact information for the entire Ambulatory Care team. Finally, in The Joint Commission's spirit of process improvement, I encourage you to contact me or any member of the Ambulatory Care team if we can improve this *Accreditation Handbook for Diagnostic Imaging Centers*, our website (www.jointcommission.org), or any of our Ambulatory Care support materials.

Yours in patient safety,

A handwritten signature in black ink, appearing to read 'Michael Kulczycki', with a long, sweeping horizontal line extending to the right.

Michael Kulczycki
Executive Director, Ambulatory Care Accreditation Program

The mission of The Joint Commission –

“To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.”

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Telephone and Website Directory

Ambulatory Care Program (630) 792-5286

To receive an initial Application for Accreditation, or for general information about diagnostic imaging center accreditation, call or email AHCquality@jointcommission.org.

Account Executive (630) 792-3007

Call to inquire about your completed Application for Accreditation, survey date, or for assistance with specific issues related to your accreditation.

Joint Commission Resources (JCR) Customer Service Center (Toll Free) (877) 223-6866

To register for, or receive information about education programs and to purchase or inquire about publications. JCR is an affiliate of The Joint Commission.

Online registration and ordering is available at www.jcrinc.com.

Standards Interpretation Group (630) 792-5900

For information about interpreting and applying specific ambulatory standards or to inquire about the Statement of Conditions, Life Safety Code, or equipment and utilities management. *Note: Please request assistance from an ambulatory care specialist.*

An online inquiry form is also available at www.jointcommission.org.

Joint Commission Pricing Unit (630) 792-5115

For information on accreditation fees, or to handle your application deposit fee.

Also available via e-mail at pricingunit@jointcommission.org.

Joint Commission Website: www.jointcommission.org

- Current Joint Commission news
- Resources for becoming accredited for ambulatory care organizations:
www.jointcommission.org/Imaging
- Quality Check™ -- information about accreditation status for ambulatory care organizations
- Frequently asked questions (FAQs)
- *Ambulatory Advisor* newsletter



Resources for Diagnostic Imaging Centers

Business Development Staff

Business Development staff work closely with imaging centers preparing for their first accreditation. Any questions that you have about the overall accreditation process or your preparation efforts should be directed to (630) 792-5286.

Standards Interpretation Group

The **Standards Interpretation Group** is responsible for answering specific questions about standards and how they are evaluated during the accreditation process. This is a free service accessed over the phone or through the Joint Commission website. If phoning, call (630) 792-5900, select option 6, and be sure to request assistance from an ambulatory care specialist. To access the online form, visit:

www.jointcommission.org/Standards/OnlineQuestionForm.

The screenshot shows the 'Standards Online Question Form' page on The Joint Commission website. The page has a blue header with the Joint Commission logo and navigation tabs for Accreditation, Certification, Standards, Measurement, and Press. Below the header, there's a breadcrumb trail: Home > Standards > Online Question Form. The main heading is 'Standards Online Question Form'. Below this, it asks 'Do You Have a Question about Joint Commission Standards?' and lists four options: 1. Online form (with a link to the standards online question form), 2. Telephone (with contact info for the Standards Interpretation Group), and 3. Fax (with contact info for faxing questions).

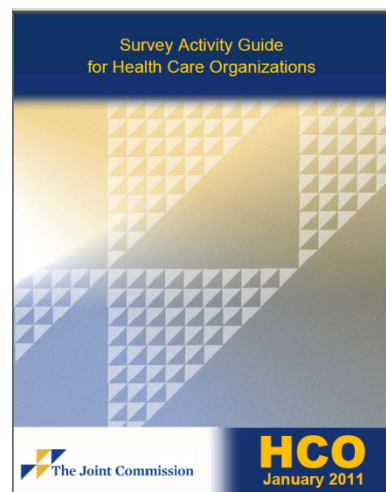
Frequently Asked Questions

The Joint Commission website contains **frequently asked questions** (FAQs) for many areas of potential importance to ambulatory care organizations. These common questions are posted by the Standards Interpretation Group, so you may find answers by checking the FAQs before calling or e-mailing.

The screenshot shows the 'Standards FAQs' page on The Joint Commission website. The page has a blue header with the Joint Commission logo and navigation tabs for Accreditation, Certification, Standards, Measurement, Press Room, Topics, About Us, and Daily Update. Below the header, there's a breadcrumb trail: Home > Standards > Standards FAQs. The main heading is 'Standards FAQs'. Below this, there's a search bar and a table of FAQs. The table has columns for Topic, Status, and Publish Date. The topics listed include: Environment of Care, Designations - Life Support or Non-life Support Equipment, Designating Controlled and/or Sensitive Areas, Environment of Care Management Plans in Several Settings, Emergency - Frequency of Posting, Hazardous Material, Installation of Call Buttons, Labeling Oxygen and other Compressed Gas Cylinders, Loading of Electrical Panels, Locking Sensitive Areas, Management Plans in Business Occupancies, Material Safety Data Sheets (MSDS) Requirements, Mounting Sharps Boxes/Containers, Material Safety Data Sheets (MSDS) alternatives, and Placement of Alcohol Based Hand Rub (ABHR) Dispensers.

Survey Activity Guide

Once your request for an Application is received, you will gain access through a secure log-in to the Joint Commission extranet site, The Joint Commission Connect™. This is where you will find the electronic application and also a **Survey Activity Guide**, which goes into great detail on the survey agenda, what to expect during the survey, and other details in preparation for your on-site visit.

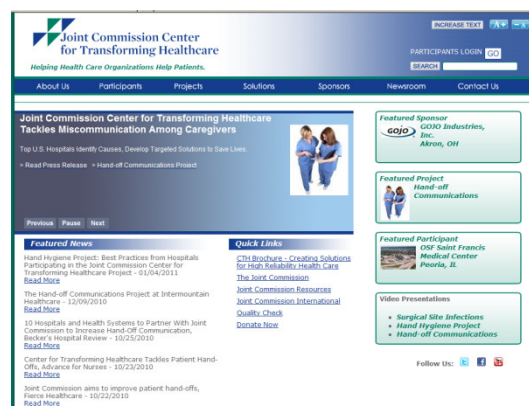


Resources (cont'd)

Center for Transforming Healthcare

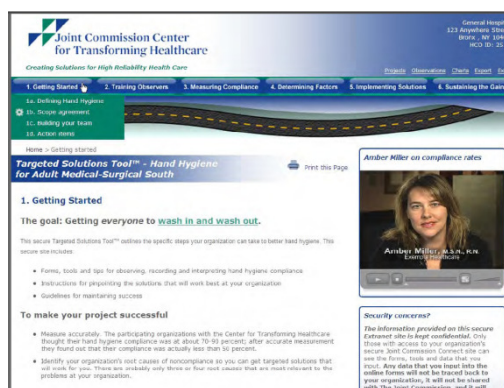
Established in 2009, the Joint Commission Center for Transforming Healthcare aims to solve health care's most critical safety and quality problems. The Center's participants— the nation's leading hospitals and health care organizations — use a systematic approach to analyze specific breakdowns in care and discover their underlying causes to develop solutions targeted to solve these problems.

In keeping with its objective to transform health care into a high reliability industry, The Joint Commission shares these proven effective solutions with the more than 18,000 health care organizations it accredits. Hospitals have made significant advances in quality — even better results are now achievable. Healthcare organizations and The Joint Commission are working together to improve systems and processes of care. The Center for Transforming Healthcare is a 501(c)3 not-for-profit affiliate of The Joint Commission. For more about the Center, visit www.centerfortransforminghealthcare.org.



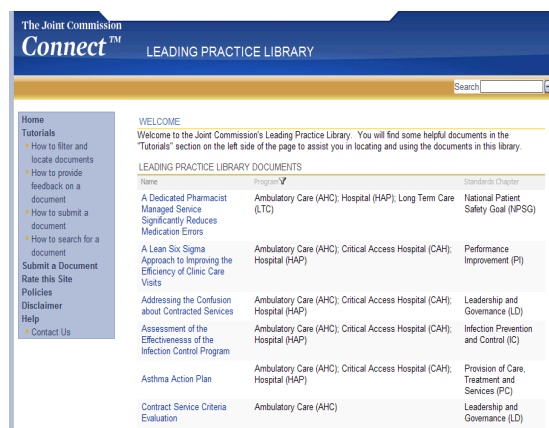
TST Tool

The Targeted Solutions Tool™ (TST) is a unique online application that helps Joint Commission accredited organizations solve some of the most persistent health care quality and safety problems. Through a step-by-step process, the TST guides organizations in accurately measuring their actual performance, identifying their barriers to excellent performance, and then directing them to proven solutions that are customized to address their particular barriers. While the TST initially contains information on hand hygiene compliance, it will be expanded in the future to include contributing factors, root causes and solutions to other Center projects, such as increasing the effectiveness of hand-off communications. The TST also provides tips and guidance for sustaining a comprehensive process improvement process.



The Leading Practice Library

The Leading Practice Library is a complimentary tool available to organizations that are currently accredited by The Joint Commission. The documents in the Library are real life solutions that have been successfully implemented by health care organizations and reviewed by Joint Commission standards experts. The Library was built from solutions that organizations have contributed that support patient safety and quality health care. By accessing the Library link, which is located on each accredited organization's extranet page, users can browse through specific topics of interest related to their own organization and browse as many documents and topics as needed at any time. The documents are also cross-referenced to the corresponding chapters in the Joint Commission standards manuals.



The Joint Commission Snapshot

This handbook is designed to help you learn about The Joint Commission's ambulatory care accreditation process. It also provides important information about The Joint Commission, eligibility for accreditation, the on-site survey, survey preparation and accreditation decisions.

Our Mission

To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

The Joint Commission: Who Are We?

The Joint Commission is the leader in accreditation, with more than 50 years of experience across the full spectrum of health care organizations. Founded in 1951, The Joint Commission was constructed under the auspices of the American Hospital Association, the American Medical Association, the American College of Physicians, and the American College of Surgeons, with the later addition of the American Dental Association, to act as an independent accrediting body for health care organizations nationwide. The Joint Commission is a non-governmental, not-for-profit organization.

Because of the changing nature of health care in America, The Joint Commission has, over the years, broadened its scope to include accreditation of many non-hospital settings, including ambulatory care. Beginning in 1975, The Joint Commission established the Ambulatory Health Care Accreditation Program to encourage high quality patient care in all types of freestanding ambulatory care facilities. Of all the types of ambulatory sites accredited by The Joint Commission, a large segment – about 30% – are medical/dental providers; nearly 50% are surgical providers; and over 20% provide some form of diagnostic or therapeutic services.

Why Choose The Joint Commission? The Value of Joint Commission Accreditation

Today, Joint Commission accreditation of an ambulatory care organization is a widely recognized benchmark for evaluating and demonstrating high quality services. Many payers, regulatory agencies, and managed care contractors require Joint Commission accreditation for reimbursement, certification or licensure, and as a key element of their participation agreements. Joint Commission accreditation represents the Gold Seal of Approval™ in health care and provides the most comprehensive evaluation process in the industry. Joint Commission accreditation also benefits your center by:

- **Giving you a competitive advantage**
Accreditation provides evidence of quality patient care that helps level the playing field with hospitals and ambulatory organizations offering the same types of procedures.
- **Strengthening community confidence**
Achieving accreditation is a visible demonstration to patients and the community that your organization is committed to providing the highest quality services.
- **Fulfilling licensure requirements in more than 30 states**
Many states recognize Joint Commission accreditation as fulfilling some, or all, state licensure or regulatory requirements.
- **Assisting recognition from insurers, associations, and other third parties**
Increasingly, accreditation is becoming a prerequisite for eligibility for insurance reimbursement, for association membership, for participation in managed care plans and for bidding on contracts.

The Value of Joint Commission Accreditation (cont'd)

- **Validating quality care to individuals**

Joint Commission standards are focused on one goal: raising the safety and quality of patient care to the highest possible level. Achieving accreditation is a strong validation that you have taken the extra steps to meet a high level of safety and quality.

- **Helping organize and strengthen your improvement efforts**

Accreditation encompasses state-of-the-art performance improvement concepts that help you continuously improve quality.

- **Enhancing staff education**

The survey process is designed to be educational. Joint Commission surveyors are trained to help you improve your internal procedures and day-to-day operations.

- **Improving liability insurance coverage**

By enhancing risk management efforts, accreditation may improve access to, or reduce the cost of liability insurance coverage. A list of liability insurers that recognize Joint Commission accreditation can be found on our web site at:
http://www.jointcommission.org/liability_insurers/default.aspx.

Is Your Organization Eligible for Ambulatory Care Accreditation?

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

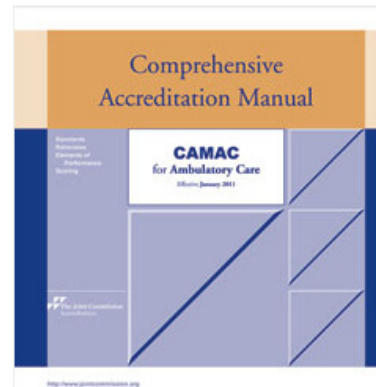
- The organization assesses and improves the quality of its services. This process includes a review of care by clinicians, when appropriate.
- The organization identifies the services it provides, indicating which services it provides directly, under contract, or through some other arrangement.
- The organization provides services addressed by The Joint Commission's Ambulatory Care standards.
- The organization is in the United States or its territories or, if outside the United States, is operated by the U.S. government, or under a charter of the U.S. Congress.

Standards, Goals and Survey Process

The Standards Manual

The Joint Commission's *Comprehensive Accreditation Manual for Ambulatory Care (CAMAC)* is the place to begin when preparing for accreditation. Even if you do not pursue accreditation right away, this manual is an excellent tool to help your imaging center become organized and established.

Joint Commission standards address patient-focused requirements and are organized around functions and processes. The *CAMAC* starts with chapters – provided in alphabetical order – covering the accreditation requirements in one of three formats (Standards with Elements of Performance; Accreditation Participation Requirements; or National Patient Safety Goals).



Chapters

The *CAMAC* includes 13 standards chapters:

Environment of Care

These standards measure how well a safe, functional and effective environment for patients, staff and other individuals in the organization is being maintained. The following areas are addressed: safety and security risks, hazardous materials and waste management, fire safety, medical equipment, and utility systems.

Emergency Management

These standards – applicable if your diagnostic imaging center participates in community-wide emergencies – cover planning for responding to emergencies. It covers areas of: communications, managing resources, security and safety, staff, utilities, patients, and use of volunteers for disaster responsibilities.

Human Resources

This chapter covers processes for management at two levels: staff and licensed independent practitioners (LIPs). For staff, it covers staffing, qualifications, orientation, education and training, competency, and evaluation. For physicians (LIPs), standards cover sections on granting clinical privileges, orientation, fair hearing processes, and review processes for LIPs providing telemedical services.

Infection Prevention and Control

These standards address how the diagnostic imaging center identifies and reduces the risk of acquiring and transmitting infections. Areas covered include responsibility and resources for the function, risk identification and goal setting processes, prevention planning functions, implementation steps, and evaluation of the program.

Information Management

These standards address how well the diagnostic imaging center obtains, manages and uses information to provide, coordinate and integrate services. The principles of good information management apply to all methods, whether paper-based or electronic, and Joint Commission standards are equally compatible with either method. Standards cover the planning for use of information, privacy & security of health information, and managing the collection of information.

The Standards Manual *(cont'd)*

Leadership

Effective leadership is reflected in the performance of the following areas:

- Leadership structure, accountability and knowledge;
- Leadership relationships;
- Maintenance of a culture of safety and quality; and
- Operational performance, including adequate resources and policies; ethical issues; meeting patient needs through contractual relationships; and managing safety and quality.

Life Safety

This standards chapter is only applicable if the diagnostic imaging center is designated as an “ambulatory health care occupancy.” It covers requirements for ongoing maintenance of the “Statement of Conditions,” interim life safety measures during construction, and building safety requirements.

Medication Management

These standards address the stages of medication use, including planning; selection; storage and safe management of medications; ordering; preparing and dispensing; administration; and monitoring of effect and evaluation of the processes.

Provision of Care

This chapter covers four basic areas: planning care, implementing care, special conditions, and discharge or transfer. Standards address steps such as admission and assessment of patients, planning care, direct patient care, patient education and training, and coordination of follow-up care. Standards are included which address issues specific to certain types of care including:

- Operative or other high-risk procedures.

Performance Improvement

These standards focus on basic elements of using data to monitor performance, compiling and analyzing data to identify improvement opportunities, and taking action on improvement priorities.

Record of Care, Treatment and Services

This chapter covers the planning function (components of clinical records, authentication, timeliness, and record retention) as well as documentation of items in the patient records.

Rights and Responsibilities of the Individual

These standards address both the rights of patients, as well as patient responsibilities. Standards regarding patient rights are in respect to informed consent, receiving information, participating in decision making, and services provided to respect patient rights.

Waived Testing

Five areas are covered by these standards for the use of CLIA-approved laboratory testing: policies, identifying staff responsible for performing and supervising waived testing, competency requirements, quality control, and record keeping.


The Standards Manual (cont'd)

These standards are also available in a handy, spiral-bound book *Standards for Diagnostic Imaging Services*. Visit www.jcrinc.com for details and ordering information.

If your organization provides services other than diagnostic imaging, The Joint Commission will work with you to determine which standards from other accreditation manuals may be applied.

Required Written Documentation

While documentation is important, the primary emphasis of the on-site survey will be how your organization carries out the functions described in the *Comprehensive Accreditation Manual for Ambulatory Care (CAMAC)*. The surveyor(s) may use a combination of data sources, including interviews with leaders of the organization, staff, patients, and patient family members; visits to patient care settings; and reviews of documentation to arrive at an assessment of your organization's compliance with the standards.

To simplify your preparatory efforts, you will find an icon  next to elements of performance in the *CAMAC* that require written documentation. See the Required Written Documents chapter in the *CAMAC* for complete details.

Electronic Standards Manual

In addition to a complimentary printed copy of the *CAMAC*, organizations who apply for accreditation will also receive access to an electronic version of the accreditation manual, called the ***E-dition***. Access to *E-dition* is provided to new applicants approximately two weeks after receiving both the application and the deposit. This is a web-based, single-user license version of the accreditation standards with a host of user-friendly features:

- 3-click access to most standards.
- Full text searching.
- Filter displays to customize the ambulatory care standards to the specific setting of care. For example, with selection of a specific setting (diagnostic imaging, medical provider, ASC, endoscopy center) only the standards and EPs applicable in that setting will be displayed.

For further details visit: www.jcrinc.com/e-dition.



National Patient Safety Goals

National Patient Safety Goals and their requirements are a series of specific actions that organizations are expected to take in order to prevent medical errors such as miscommunication among caregivers and medication errors. A panel of national safety experts has determined that taking these simple, proven steps will reduce errors. The Joint Commission issues a set of National Patient Safety Goals (requirements) each year, drawn in part from The Joint Commission's extensive sentinel event database.

Much like Joint Commission standards, organizations are evaluated for compliance with the specific elements of performance associated with the National Patient Safety Goals.

An example of the National Patient Safety Goals content and structure (requirement and elements of performance follows:

Goal 1

Improve the accuracy of patient identification.

NPSG.01.01.01

Use at least two patient identifiers when providing care, treatment, or services.

Rationale for NPSG.01.01.01

Wrong-patient errors occur in virtually all stages of diagnosis and treatment. The intent for this goal is two-fold: first, to reliably identify the individual as the person for whom the service or treatment is intended; second, to match the service or treatment to that individual. Acceptable identifiers may be the individual's name, an assigned identification number, telephone number, or other person-specific identifier.

Elements of Performance for NPSG.01.01.01

1. Use at least two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures. The patient's room number or physical location is not used as an identifier. (See also MM.05.01.09, EPs 8 and 11; NPSG.01.03.01, EP 1)
2. Label containers used for blood and other specimens in the presence of the patient. (See also NPSG.01.03.01, EP 1)

A list of the program-specific National Patient Safety Goals can be found at the website, www.jointcommission.org/ahc_2011_npsgs.



Our Standards Represent a National Consensus

The Joint Commission's ambulatory care standards and accreditation processes are the result of careful analysis of the rapidly changing health care field. Every effort is made to reflect state-of-the-art technology and processes in ambulatory health care and to provide reasonable guidelines that every ambulatory health care organization should strive to meet.

Professional and Technical Advisory Committee

The standards undergo extensive field review prior to their publication. The Joint Commission uses a Professional and Technical Advisory Committee, composed of experts in the field, to advise the Ambulatory Care Accreditation Program. This committee provides advice and assistance in the development of new and revised standards and recommends improvements to the accreditation process. Members of the Ambulatory Professional and Technical Advisory Committee are drawn from representatives of these national bodies:

Ambulatory Surgery Center Association
American Academy of Ambulatory Care Nursing
American Academy of Nurse Practitioners
American Academy of Pediatrics
American Academy of Physician Assistants
American Association for Respiratory Care
American Association of Nurse Anesthetists
American Association of Oral and
Maxillofacial Surgeons
American College Health Association
American College of Emergency Physicians
American College of Foot and Ankle Surgeons
American College of Physicians/
American Society of Internal Medicine
American College of Surgeons
American Dental Association
American Healthcare Radiology Administrators
American Hospital Association
American Medical Association
American Medical Group Association
American Nurses' Association
American Podiatric Medical Association
American Society of Anesthesiologists

American Society of Cataract and Refractive Surgery/
American Society of Ophthalmic Administrators
American Society for Gastrointestinal Endoscopy
American Society of Health-System Pharmacists
American Telemedicine Association
Association of periOperative Registered Nurses
Bureau of Primary Health Care
Centers for Disease Control and Prevention
Centers for Medicare and Medicaid Services
Coalition of Rehabilitation Therapy Organizations
Convenient Care Association
Department of Defense
Federal Bureau of Prisons/
U.S. Department of Homeland Security
Federal Nursing Services Council
Indian Health Service
Medical Group Management Association
National Association for Ambulatory Care
National Association of Community Health Centers
Oncology Nursing Society
Radiological Society of North America
Society for Ambulatory Anesthesia
Urgent Care Association of America

Ambulatory Customer Advisory Councils

On a regular basis, two Ambulatory Care Advisory Councils – one representing accredited practices from surgical settings, and one representing accredited practices from medical and diagnostic settings – meet to discuss ongoing issues and suggest potential future improvements to the accreditation process.

Our Surveyors: Ambulatory Care Professionals

Joint Commission ambulatory care surveyors, as employees – not volunteers – are professionals experienced in the ambulatory arena. As they are also currently practicing in the ambulatory care field, Joint Commission surveyors understand the day-to-day issues that confront centers and have the hands-on expertise to help organizations resolve them.

The Joint Commission ensures surveyor consistency by providing a minimum one week of initial training and a minimum of 10 days of continuing education annually to keep surveyors up-to-date on advances in quality-related performance evaluation. All surveyors must also pass a rigorous Certification Exam. Part of the training is ensuring that your on-site survey is an educational process. The Joint Commission evaluates its surveyors' performance continually throughout the year.

A highly experienced clinician and/or administrator Joint Commission surveyor will conduct your on-site survey event.

The Joint Commission Patient-Centered Accreditation Process

The purpose of a Joint Commission accreditation survey is to assess the extent of an organization's compliance with applicable Joint Commission standards, National Patient Safety Goals, and Accreditation Participation Requirements. Another important aspect of the Joint Commission survey process is the on-site education as surveyors offer suggestions for approaches and strategies that may help the organization better meet the intent of the standards and, more importantly, improve performance. In addition to evaluating standards compliance and educating an organization, the Joint Commission accreditation process also emphasizes the importance of high-quality patient care.

During an on-site survey, The Joint Commission evaluates an organization's performance of functions and processes aimed at continuously improving patient outcomes. The survey process focuses on assessing performance of important patient-centered and organization functions that support the safety and quality of patient care. This assessment is accomplished through evaluating an organization's compliance with the applicable standards, based on the following:

- Tracing the care delivered to patients
- Verbal and written information provided to The Joint Commission
- On-site observations and interviews by Joint Commission surveyors
- Documents provided by the organization.

The Joint Commission's accreditation process seeks to help organizations identify and correct problems and improve the safety and quality of care and services provided.

The accreditation process does not end when the on-site survey is completed. In the three years between on-site surveys, The Joint Commission requires ongoing self-assessment and corrective actions. Continuous survey compliance means less focus on the 'ramp up' for survey. Instead, organizations can and should continually improve their systems and operations, eliminating the need for intense survey preparation. Continuous compliance with Joint Commission standards directly contributes to the maintenance of safe, high-quality patient care and improved organizational performance.

Patient-Centered Accreditation Process (cont'd)

Initial Surveys – Minimum Criteria

Diagnostic imaging centers seeking accreditation for the first time (initial survey) are eligible after serving a minimum number of patients (three patients served, with one active at the time of survey). For initial applicants, the full scope of applicable standards and National Patient Safety Goals are evaluated during the survey.

Tracer Methodology

Tracer Methodology utilizes the patient care experience to assess standards compliance. At the beginning of the on-site survey, the surveyor(s) will select patients from an active patient list. The surveyor(s) will ‘trace’ the patient’s experience, looking at services provided by various care providers and departments within the organization, as well as ‘hand-offs’ between them. This type of review is designed to uncover systems issues, looking at both the individual components of an organization and how the components interact to provide safe, high-quality patient care. For a sample of a survey agenda, see page 32.

There are two types of tracers used in the Tracer Methodology:

- The **Individual Care Tracer** follows the actual care experiences of individuals who have received care, treatment or services within or from that organization.
- The **Individual-based System Tracer** traces the experience of individuals through a specific system related to the provision of care, treatment and services. The system tracer focuses on high-risk processes across an organization, such as infection prevention or medication management.

The number of patients followed under the Tracer Methodology will depend on the size and complexity of the organization, and the length of the on-site survey.

Priority Focus Process

The **Priority Focus Process** focuses on the organization-specific issues most relevant to safety and quality of care. Prior to the initial survey, information is gathered from several data sources which include:

- Data from the completed Application for Accreditation; and
- Complaints about the organization (if any) received by the Joint Commission’s Office of Quality Monitoring.

The data is then converted into useful information that focuses survey activities, increases consistency in the accreditation process and customizes the on-site survey to make it specific to the organization.

Post-Survey Steps

At the end of the on-site survey, the report left with the imaging center – a “Summary of Survey Findings Report” – will identify any standards that were scored as being in partial or insufficient compliance, also known as **Requirements for Improvement (RFIs)**. This summary report does not include the potential accreditation decision. A center’s “Accreditation Survey Findings Report” will be posted on their secure extranet site The Joint Commission Connect™ after the survey; this report will include the potential accreditation decision. Typically, this report is posted within 10 days after the survey. The final accreditation decision is provided to the organization after the post-survey documents (below) are received and approved, always less than 10 days after the successful completion of the post-survey documents.

Patient-Centered Accreditation Process (cont'd)

The final accreditation decision is based on the Requirements for Improvement (RFIs). If there are no RFIs, the imaging center is accredited with an effective date of the day after the last survey day. If there are RFIs, the accreditation status depends on the submission of acceptable Evidence of Standards Compliance (ESC) within an established timeframe (from 45 to 60 days maximum; however, organizations can submit their evidence of compliance as soon as appropriate after the survey). The accreditation effective date, for an initial survey with RFIs, is the date of submission of an accepted ESC in response to the requirement(s).

Evidence of Standards Compliance

For those standards scored as non-compliant, the organization will need to submit **Evidence of Standards Compliance** (ESC) to show that the organization is now in full compliance with those standards and elements of performance. ESCs must be submitted to The Joint Commission within 45-60 days following the survey. For some ESCs, organizations will need to identify **Measures of Success** (MOS). These are quantifiable, data-driven measurements that can show compliance with a standard or set of standards and can be used to validate resolution of problem areas. Once the ESC is approved by The Joint Commission, the organization is officially accredited. See page 26 for a description of the accreditation status decisions.

Random Unannounced ESC Validation Survey

All organizations new to the accreditation process that become accredited after receiving a requirement to submit Evidence of Standards Compliance will be included in a 5% pool of organizations undergoing a random on-site validation survey. This unannounced survey will validate information in the organizations' Evidence of Standards Compliance and evaluate how effectively corrective actions were implemented. There is no charge to organizations for this survey.

Accreditation Timeframe

All organizations accredited by The Joint Commission are eligible for re-survey on an unannounced basis within an 18-36 month window from the previous, initial survey. Pre-established criteria will establish the timing of the survey. Organizations will be identified and scheduled for an earlier survey when data suggests that patient safety and quality are potentially at risk. While it is expected that the majority of ambulatory care organizations will still be surveyed in a three-year time frame from the initial survey, a minority of organizations could be surveyed earlier than three years.

Preparing and Applying for Accreditation

Accreditation Preparation

The accreditation process begins when you submit your application. It is best to submit your application when you are confident your imaging center can demonstrate compliance with the *CAMAC* standards and applicable elements of performance at the time of your requested survey date. See “How to Request Ambulatory Accreditation” on page 20.

After The Joint Commission accepts an imaging center’s Application for Accreditation and the application deposit fee, both parties begin preparing for the on-site survey. The imaging center begins with a review of the standards. To help organizations prepare for accreditation, The Joint Commission offers the **Survey Activity Guide** and **Periodic Performance Review (PPR)*** on The Joint Commission Connect™ extranet site. In addition, Joint Commission Resources, an affiliate company, offers live and distance education, numerous publications and periodicals to aid in your preparation.

The Joint Commission organizes a surveyor, or team of surveyors, to match an organization’s needs and unique characteristics. On-site surveys are typically conducted by one surveyor for two days; centers with a high volume of annual patient visits may require more than one surveyor. The survey follows actual patient records through the center and includes discussions with key personnel, observation of the organization’s administrative and clinical activity, assessment of the physical facilities and patient care equipment. A sample survey agenda is included on page 32.

For initial accreditation surveys, your Account Executive is available as a resource to your organization during the application and pre-survey process.

About the PPR

The Periodic Performance Review (PPR) is a powerful accreditation readiness and support tool provided on your personalized extranet site – The Joint Commission Connect™. As you begin the process of preparing your imaging center for survey, the information and questions posed in the electronic PPR tool will help you assess just how ready for accreditation your facility is today – and will allow you to continually assess your facility’s readiness going forward.

Designed as a management tool for ongoing internal monitoring of the quality of care provided within your organization, the PPR should be integrated into your center’s day-to-day operations to promote continuous standards compliance.

Your Joint Commission Account Executive can answer any questions you may have regarding access to the PPR, even in advance of your initial survey.

Preparation Timeline – Ambulatory Care

All Initial Organizations Requesting Initial Accreditation

	Joint Commission Activity	Your Activity
4-6 months before preferred month of survey		Call (630)792-5286 to request an Application for Accreditation.
Within 15 days of receipt of your application request	The Joint Commission will email your password for accessing The Joint Commission Connect™ extranet web site where the application is located.	
Upon receipt of application log-in	The application is good for 1 year from receipt by The Joint Commission.	Once you receive electronic access to the application, staff member(s) with knowledge of your organization's services, sites, and patient volume should complete and electronically submit the Application for Accreditation and submit, via check, credit card or e-pay, the \$1,700 deposit fee.
Upon receipt of your Application for Accreditation AND deposit	<ul style="list-style-type: none"> Your Account Executive will contact your organization during the application and pre-survey process. Your Account Executive will review and process your application within 30 days of submission of deposit. You will be mailed a copy of the <i>Comprehensive Accreditation Manual for Ambulatory Care (CAMAC)</i>. You receive single-user web access to E-dition, the electronic version of the ambulatory standards manual. You are given access to a complimentary online subscription of <i>Perspectives</i>, the official newsletter of The Joint Commission. You are provided access to the PPR tools (useful as a survey preparation resource) and other communications via The Joint Commission Connect™ web site. The invoice for your annual fee is posted on The Joint Commission Connect™ web site. See details under Fees and Annual Billing on Page 22. 	Ensure the \$1,700 deposit fee is submitted.
4 weeks before survey (<i>Except Advanced Diagnostic Imaging surveys – see pg. 23</i>)	Verification of survey date(s) and names of surveyor(s) are communicated. (<i>Except Advanced Diagnostic Imaging surveys – see pg. 24</i>)	Call your Account Executive promptly if you have questions.

Preparation Timeline *(cont'd)*

	Joint Commission Activity	Your Activity
Survey	Surveyor(s) arrives for scheduled on-site survey. At the conclusion of the survey, you receive a copy of “Summary of Survey Findings Report” which details requirements for improvement (RFIs), which are non-compliant standards that need to be addressed.	During the survey, staff should be available as outlined on the survey agenda. Refer to your Survey Activity Guide on The Joint Commission Connect™ web site for a sample agenda or see page 32.
Within 10 days of on-site survey	The Joint Commission posts your report of survey findings, the “Accreditation Survey Findings Report”. This report includes your potential accreditation decision.	Organization begins preparing, for each Requirement for Improvement from survey findings, either: <ul style="list-style-type: none"> • Clarifying evidence; or • Corrective evidence.
(If applicable) Within 60 calendar days after posting of Accreditation Survey Findings Report		(If applicable) For any standards scored as non-compliant, you submit your Evidence of Standards Compliance and Measures of Success. Your Account Executive will work with your organization regarding these electronically-submitted documents.
(If applicable) Within 10 days of receipt of your submitted Evidence of Standards Compliance and Measures of Success	Joint Commission staff reviews and approves your electronically-submitted Evidence of Standards Compliance and Measures of Success.	
No longer than 8-10 weeks after survey	After the ESC is approved, the accreditation decision is made, the award letter is posted to the extranet, and the accreditation certificate is mailed. The accreditation certificate should be delivered within three weeks of notice of accreditation decision.	The accreditation effective date for an initial survey is the date on which the ESC(s) are submitted and accepted. If there are no requirements for improvement, the effective date is the date after the last day of the survey.
2 weeks after final report is received by your organization	Your organization’s description, contact information, accreditation decision and status are updated for public viewing on the Joint Commission website at www.jointcommission.org via Quality Check®. As soon as a decision is rendered granting your organization accreditation, a Quality Report is created and displayed on the Joint Commission website at www.jointcommission.org . Afterwards, Quality Report is updated the day after any change is made to your existing information. The Quality Report further expands on the information already available on Quality Check®. It contains summary information about an organization’s performance relating specifically to Joint Commission standards.	The Quality Report is not released until all issues subject to review and/or revision have been resolved. You will receive a copy of the Quality Report for review, which includes an opportunity to submit a commentary about the Quality Report prior to its being released to the public. For additional information about Quality Reports, see the “Quality Report” chapter in the <i>CAMAC</i> .

Preparation Timeline *(cont'd)*

	Joint Commission Activity	Your Activity
Four months after the accreditation decision		You submit data to support Measures of Success (if applicable) for partial or non-compliant Elements of Performance from your Evidence of Standards Compliance.
Monthly	Each accredited organization is provided <i>electronic</i> access to the <i>Joint Commission Perspectives</i> newsletter, which is the official source for updates to standards, policies, and procedures. Issues can be accessed under “Continuous Compliance Tools” on The Joint Commission Connect™.	Staff should review all changes featured in monthly <i>Perspectives</i> to keep abreast of changes and developments in the standards and survey process.
12 months after the on-site survey	The Periodic Performance Review (PPR), a self-assessment process tool is also made available to organizations prior to survey as an accreditation resource. (See page 30 for a description of the PPR.)	Access your PPR on The Joint Commission Connect™ web site.
Annually		The organization conducts a self-assessment, completes the PPR and submits it to The Joint Commission. The organization develops a Plan of Action and Measures of Success to address issues uncovered in the self-assessment.
Annually	The organization is contacted by The Joint Commission’s Standards Interpretation Group to schedule an (optional) conference call to review the PPR and discuss and approve any plans of action and Measures of Success, if applicable.	
Biannually	One complimentary copy of the updated <i>Comprehensive Accreditation Manual for Ambulatory Care (CAMAC)</i> OR annual <i>Update to the CAMAC</i> will be sent to each accredited organization.	Staff should review the new accreditation manual or update to act on new and modified standards, scoring guidelines, policies and procedures.
Within 30 days of any significant organizational changes (as defined in the <i>CAMAC</i>)	An organization must notify The Joint Commission regarding significant changes. A decision about appropriate follow-up will be made based upon the type and extent of the change.	The organization must notify The Joint Commission (via letter, fax, or e-mail) of any significant change (as defined in the “Accreditation Process” chapter in the <i>CAMAC</i>).
Between surveys	Each year, a randomly selected 5% sample of initially accredited organizations submitting Evidence of Standards Compliance (ESC) will undergo an unannounced survey. The intent of this unannounced survey process is to validate information in organizations’ ESCs and evaluate how effectively corrective actions are sustained over time.	Initially surveyed organizations will be prepared for a random unannounced ESC validation survey. There is no charge to organizations for this survey.

Informing the Public Regarding Your On-Site Survey

An Accreditation Participation Requirement requires ambulatory care organizations seeking accreditation to continuously inform the public about their organization's ability to report any complaints or concerns about safety to The Joint Commission. Any individual who learns that a Joint Commission survey is taking place may request a Public Information Interview during an on-site survey; however, there is no longer a formal process to notify the public in advance of the survey.

The Joint Commission will continue to conduct all special types of surveys – for-cause, special, random unannounced – as warranted. When The Joint Commission learns of a serious event at an organization that has significantly impacted the delivery of safe and high quality care, it will continue to authorize a for-cause unannounced survey.

Beginning the Accreditation Process

Initial Surveys

The Joint Commission schedules initial surveys systematically and efficiently. An initial survey, i.e. an organization's first full accreditation survey, will be on an announced date (*except Advanced Diagnostic Imaging surveys – see pg. 24*), and it must be scheduled within one year from the time The Joint Commission receives the organization's Application for Accreditation. Organizations are encouraged to accept scheduled survey dates.

Timeliness of Application and Deposit Fee

The Joint Commission requires an organization to submit a new Application for Accreditation if the organization does not accept a scheduled survey within one year. This assures that the organization's information is current. If an organization's initial survey is not conducted within one year of submitting its application, the organization forfeits its application deposit. The organization must then reapply and submit a new deposit to begin the accreditation process again.

How to Request Ambulatory Accreditation

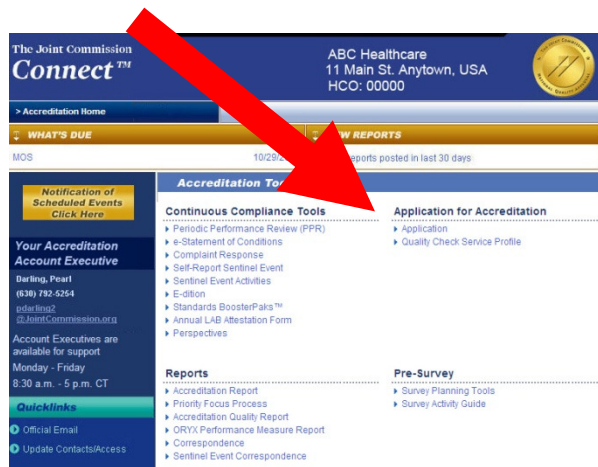
Diagnostic imaging centers that wish to be accredited by The Joint Commission can receive an Application for Accreditation through varied means:

- calling (630) 792-5286
- e-mailing ahcquality@jointcommission.org
- visiting www.jointcommission.org/Imaging

Ambulatory Care Application

The Application for Accreditation is in an electronic format that can be completed by using provided log-in information to access a Joint Commission secure website. The application collects essential information about the organization, including ownership and management, demographics, and types and volume of services provided. The Application for Accreditation is valid for one year from the date submitted, which means you can submit your application and still have time to finish your preparations before the on-site survey takes place.

It is best to submit your application when you are confident your imaging center will be able to demonstrate compliance with the *CAMAC* standards and applicable elements of performance by the time of your preferred survey date.



On your Application for Accreditation for initial survey, you may indicate the month/year when you would like the survey to take place, and/or specific dates when you would *not* like the survey to take place. The Joint Commission will make every effort to accommodate your request. **The earlier you submit your application, the more likely it is that your specific requested month can be accommodated.**

Your organization will be given password-protected access to the Joint Commission extranet site The Joint Commission Connect™, where you will find a Survey Activity Guide, a list of survey activities, as well as a guide to the limited number of documents you will need to gather for the surveyor.

You will also be assigned an Account Executive who will serve as your imaging center's resource during the application and pre-survey process, to:

- Answer your questions about survey preparation, and help you through each step of the process;
- Analyze your Application for Accreditation and contact you if there are any questions or items requiring clarification;
- Update changes to your demographic information including address, contact name(s), services, etc.;
- Assist you with other Joint Commission contacts and questions.

The Joint Commission schedules on-site surveys based on information provided in your Application for Accreditation. With the information provided, The Joint Commission determines the number of days required for a survey, the composition of the survey team and the services to be reviewed.

Inaccurate or incomplete information in the electronic application may require an additional survey, which could delay the processing of your survey findings and the final accreditation decision. It may also lead to additional survey charges.

Approximately four weeks before the survey, you will be notified of the date(s) of the survey (*except Advanced Diagnostic Imaging surveys – see pg. 24*). You will also receive notification of the surveyors' names approximately 4 weeks before your survey.

Handling Changes During the Application Process

Your organization must notify The Joint Commission (in writing within 30 calendar days after changes) if it undergoes a change that modifies the information reported in the Application for Accreditation. These types of changes may require an extension survey; check with your assigned Account Executive.

Information that must be reported includes:

- A change in ownership
- A change in location
- Significant increase or decrease in the volume of services
- Opening or closing any service or site of care
- A change in the “occupancy” level for your center (“business” vs. “ambulatory health care”)
- Offering at least 25% of its services at a new location or in a significantly altered building
- Merger, consolidation, or acquisition of an unaccredited site or service.

The Joint Commission may conduct an additional survey at a later date if its surveyor arrives at your center and discovers that a change was not reported. The Joint Commission may also survey any unreported services and sites addressed by its standards. In either event, there may be additional fees assessed. The Joint Commission makes the final accreditation decision for the organization only after surveying all or an appropriate sample of services and sites provided by the organization for which The Joint Commission has standards.

Fees and Annual Billing

For initial surveys, the electronic application is submitted with a \$1,700 deposit fee, which is applied toward your accreditation fee. This deposit is nonrefundable and nontransferable, and cannot be applied to accreditation fees beyond the one-year application period. The deposit can be paid by check, credit card or e-pay.

The Joint Commission currently uses an annual billing model, also called **subscription billing**. This billing model spreads the costs of accreditation over a 3-year period. The accreditation fee is based on an on-site survey fee PLUS an annual fee every year of the accreditation cycle. Annual fees for all accreditation programs are based upon the size (eg: number of sites of care) and annual patient volumes of an organization, as determined by the information submitted in the application.

The Joint Commission is committed to “cost transparency” to help organizations plan and budget for their future investment in achieving accreditation. It is the only ambulatory accrediting body which publicly posts its accreditation fees, in a customer-friendly format, on its web site. To view the pricing sheet for imaging centers, visit: www.jointcommission.org/Imaging.



Fees and Annual Billing *(cont'd)*

Most customers can expect that their annual fee, each year, will be approximately 20 percent of the total accreditation fee, except in the year of survey, when the organization will pay approximately 40 percent of the total after the survey has been conducted. For example, assume that an organization's accreditation fee is \$10,000. Under subscription billing, rather than paying the entire \$10,000 at the time of survey, the fee will be split into three annual payments of \$2,000, with the remaining \$4,000 to be paid after the on-site survey has been performed.

The annual fees, which are non-refundable, will be due from accredited organizations each January upon receipt of an invoice posted to the secure extranet site. *Organizations seeking accreditation for the first time will have their first annual fee pro-rated, based upon when the organization's application is processed.*

For more information on fees or for assistance in handling your application deposit via:

- Electronic payment
- Credit card
- Check

Please contact the Joint Commission Pricing Unit at (630) 792-5115 or pricingunit@jointcommission.org.

Survey Postponements and Delays

Definition of Postponements and Delays for Initial Surveys

The Joint Commission also provides for the postponement or delay of initial surveys. A *postponement* is an organization's request to alter an already-scheduled survey date. A *delay* is an organization's request to push back the survey date before it is actually scheduled. A survey ordinarily may be postponed or delayed for no more than six months. For an organization due for resurvey, The Joint Commission will conduct an on-site extension survey if the original survey is postponed or delayed for more than six months. An organization should direct a request for a postponement or delay to its Account Executive.

Accepted Reasons for Postponement of Initial Surveys

An organization may request to postpone scheduled initial surveys when one or more of the following events happen:

- A natural disaster or another major unforeseen event occurs that totally or substantially disrupts operations;
- The organization is involved in a major strike, has ceased accepting patients, and is transferring patients to other organizations; or
- Patients, the organization, or both are being moved to another building during the dates of the scheduled survey.

Fees for Postponements of Initial Surveys

The Joint Commission may require a survey postponement fee for an organization not meeting any of the postponement criteria described above. In such cases, the organization pays a fee of \$2,000 to defray costs. The Joint Commission reserves the right, however, to deny any request for a postponement or delay, regardless of the organization's willingness to pay the special fees.

Special Accreditation Options

Advanced Diagnostic Imaging Services Accreditation

Advanced Diagnostic Imaging Services Accreditation

The Joint Commission is designated by the Centers for Medicare and Medicaid Services (CMS) as an approved accreditor for Advanced Diagnostic Imaging services, including CT, MRI, PET and Nuclear Medicine services.

- *What this means to you?* If you're a supplier furnishing the technical component (TC) of advanced diagnostic imaging services **you must become accredited by January 1, 2012** to receive Medicare Part B payments under the Physician Fee Schedule.
- *Who needs to be accredited?* **Providers of MRI, CT, PET and nuclear medicine** imaging services on an outpatient basis. Note: Providers already accredited by The Joint Commission will not need to be accredited until their current accreditation expires.
- *Who is exempt from the CMS accreditation mandate?* In general, **hospital-based providers of advanced diagnostic imaging services** either within the hospital facility or on an outpatient basis, are EXEMPT from the CMS accreditation mandate under MIPPA legislation of 2008.
- *What standards apply?* Standards from The Joint Commission's *Comprehensive Accreditation Manual for Ambulatory Health Care (CAMAC)*, including the following attributes:
 - Qualifications of medical personnel and medical directors
 - Quality assurance and quality control programs to ensure the safety, reliability, clarity and accuracy of diagnostic imaging
- *Where can I get more information regarding this mandate?* Please call an Ambulatory Team member at **630.792.5286** or visit www.jointcommission.org/imaging.

NOTE: All initial surveys conducted under the Advanced Diagnostic Imaging Services survey option will be conducted on an unannounced basis.

System Accreditation Option

The system accreditation option for Ambulatory Care organizations involves awarding a **single accreditation decision** to a “system” composed of an ambulatory organization with a corporate office or a main site, and multiple sites under the auspices of the main site. The main site has oversight of the performance of the sites in the system. Under the system accreditation option, the corporate office or main site is visited to assess system-wide policies and functions and then a random sample of sites within the system are visited to assess the execution of the policies and the delivery of care. The sites are selected based on their size and risk levels and the selected sites undergo **unannounced surveys**.

With system accreditation, the entire Ambulatory Care organization undergoes the accreditation process during a concentrated period of time. **System eligibility** requires a minimum of four sites and 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
- Credentialing/privileging licensed independent practitioners

After surveys are completed, the system receives an accreditation certificate and a consolidated report of findings, leading to a three-year accreditation decision. Each site within the system receives a copy of the system’s accreditation certificate. If after the system becomes accredited, the system begins to operate or acquires sites, the system may be subject to extension surveys.

Please contact Michael Kulczycki, Executive Director, Ambulatory Care Accreditation Program for details regarding system accreditation: 630.792.5290 or mkulczycki@jointcommission.org.

Accreditation Decisions

Survey Results and Accreditation Decisions

Within 48 hours of the on-site survey, an organization's "Accreditation Survey Findings Report" is posted on the organization's secure page on the Joint Commission extranet site. The report gives the potential accreditation decision, and provides any applicable Requirements for Improvement.

The final accreditation decision, which is valid for approximately three years, is based on an organization's compliance with Joint Commission standards and will be awarded a decision in one of these categories of accreditation:

Accredited

This decision indicates that an organization is in compliance with all applicable standards at the time of the on-site survey or has successfully addressed all survey requirements for improvement in its Evidence of Standards Compliance within 45 or 60 days of posting of the "Accreditation Survey Findings Report."

Preliminary Accreditation

This accreditation decision indicates an organization is in satisfactory compliance with a subset of CAMAC standards and EPs assessed during the *first* of two on-site survey events conducted under the Early Survey Policy*. The Preliminary Accreditation decision remains in effect until the organization completes the *second* on-site survey event. [**The Early Survey Policy is utilized by organizations not actively caring for patients, but needing to provide evidence (to payers, state and/or federal regulators) of their intent to obtain 'full' accreditation.*]

Accreditation with Follow-up Survey

The organization is not in compliance with specific standards that require a follow-up survey within 30 days to 6 months. The health care organization also must successfully address the identified problem area(s) in an ESC submission.

Contingent Accreditation

The organization fails to successfully address all requirements of the Accreditation with Follow-up Survey decision and/or does not have a required license or similar issue at the time of survey. In most cases, a follow-up survey in 30 days will be required.

Preliminary Denial of Accreditation

There is justification to deny accreditation to the organization as evidenced by the following:

- An Immediate Threat to Health or Safety for patients or the public, and/or
- Failure to resolve the requirements of Accreditation with Follow-up Survey after two opportunities (in most cases), and/or
- Failure to resolve the requirements of Contingent Accreditation, and/or
- Significant noncompliance with Joint Commission standards.

The decision is subject to review and appeal prior to the determination to deny accreditation.

Denial of Accreditation

The organization has been denied accreditation. All review and appeal opportunities have been exhausted.

Accreditation Effective Dates

For organizations that undergo their first Joint Commission survey (initial organizations) and receive one or more **Requirements for Improvement (RFIs)** as a result of the survey, their accreditation effective date will be on the date on which the organization submits its evidence of standards compliance, if the evidence of standards compliance is determined to be acceptable. In other cases, the following effective dates apply:

- For initial organizations that do not receive any RFIs, the effective date of accreditation will be the day after the last day of the organization's survey.
- For initial organizations that receive either a conditional accreditation or a preliminary denial of accreditation decision, the effective date will be the date the Accreditation Committee decision was made.

Extension Surveys

Accreditation is not automatically transferred or continued if significant changes occur within an organization. An extension survey is a survey of limited scope conducted to assure that a previously demonstrated level of compliance is being maintained under changed circumstances. There are many circumstances that may lead to an extension survey, including:

- Changed ownership and/or a significant number of changes in the management and clinical staff or operating policies and procedures
- At least 25% of the organization's services offered at a new location or in a significantly altered physical plant
- Expanded capacity to provide services by 25% or more, as measured by patient volume, pieces of equipment, or other relevant measures
- Providing a more intensive level of service

See **Handling Changes** on page 22 for further information.

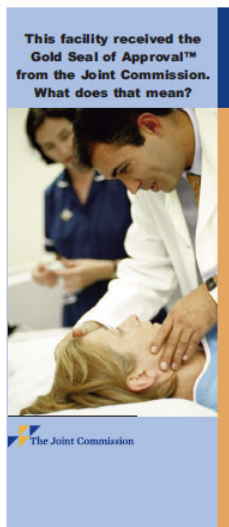
Promoting Your Accreditation

Publicize your achievement of national accreditation and The Joint Commission's Gold Seal of Approval™ by notifying patients, the public, the local media, third-party payers and referral sources. Available at www.jointcommission.org/accreditation/accreditation_publicity_kit.aspx, The Joint Commission offers free publicity assistance that includes:

- Suggestions for celebrating your accreditation;
- Guidelines for publicizing your Joint Commission accreditation;
- Frequently asked questions;
- Sample news releases;
- Fact sheets; and
- Gold Seal of Approval™ downloadable artwork.

Especially helpful for promoting your accreditation is the brochure, *This Facility Received the Gold Seal of Approval™ from The Joint Commission. What does that mean?* Available on The Joint Commission's website at www.jointcommission.org/AHC_Consumer_Brochure, this brochure speaks to your patients about the additional effort that went into your accreditation and the high level of quality and safety patients can expect from your accreditation status. Download and print this file to create handouts for patients in your waiting room.

Following your survey, information about your accreditation status will be posted on Quality Check® at www.qualitycheck.org. Quality Check® allows anyone to search for accredited organizations within a city or state, or by type of setting.



**Promotional brochures for
your patients**



**The Joint Commission
Gold Seal of Approval™**

Information for Re-Surveys

In the three years between on-site surveys, The Joint Commission requires ongoing self-assessment and improvements. As the accreditation process does not end when the on-site survey is completed, neither do the need for updates and changes to Joint Commission policies and procedures. Below are updates to specific procedures for the accreditation process. Accredited organizations undergoing future surveys are encouraged to read this section to prepare for future changes, as well as continually study and improve their systems and operations as continuous compliance with the Joint Commission standards contributes directly to quality patient care.

Unannounced Surveys

Since 2006, The Joint Commission has conducted re-surveys on an unannounced basis for the majority of its customers. The Joint Commission recognizes that unannounced surveys may disrupt daily operations and the provision of care or may not be feasible for some ambulatory settings. As a result, The Joint Commission has approved exemptions from completely unannounced surveys for the following diagnostic imaging providers:

- Providers that have fewer than 3,000 annual visits or four or fewer licensed independent practitioners (Not seeking the **Advanced Imaging Services** accreditation option)
- Providers of mobile diagnostic imaging services (Not seeking the **Advanced Imaging Services** accreditation option)

These providers will receive a seven-business-day advance notice from The Joint Commission of their triennial re-survey. Providers seeking the **Advanced Imaging Services** accreditation option are required, by CMS, to undergo an unannounced survey. For more information on the **Advanced Imaging Services** survey option, see page 24.

Organizations undergoing an unannounced re-survey should be aware of the following:

- The re-survey can occur any time between 18 – 36 months after the previous survey. It is expected the majority of ambulatory organizations will continue to be surveyed between January and December in the third year after their last survey (see Accreditation Timeframe on page 15).
- On the morning of an organization's unannounced survey, the following information will be posted by 7:30 am (local time) to their Joint Commission extranet site, The Joint Commission Connect™:
 - Letter of introduction from The Joint Commission
 - Survey activities
 - Biography and picture of surveyor(s) assigned
 - Output data from Priority Focus Process for your organization.
- The organization will be invoiced immediately after the survey.
- Accredited organizations will be able to identify up to 10 days each year in which an unannounced survey should be avoided. These 10 days should not include federal holidays but may include regional events in which it may be difficult to conduct a survey during a given period. The Joint Commission will make every effort to accommodate the organization regarding avoiding these 10 days. However, The Joint Commission reserves the right to conduct a survey during an “avoid period” if the reason(s) given to avoid a survey at that time are such that a survey can be reasonably accomplished.

Information for Re-Surveys (cont'd)

- The organization is required to fulfill an Accreditation Participation Requirement which requires ambulatory care organizations seeking accreditation to continuously inform the public about their organization's ability to report any complaints or concerns about safety to The Joint Commission.
- The organization will not receive any communication from the surveyor prior to the survey.

For more information regarding re-surveys, refer to the **Survey Activity Guide** on your Joint Commission extranet web site The Joint Commission Connect™ or contact your Account Executive.

Update Application for Re-accreditation

All organizations undergoing a resurvey are notified they are required to update their original application information. Staff member(s) with knowledge of your organization's services, sites, and patient volume will need to update the original Application for Accreditation (if changes are necessary).

Accreditation Decision Date for Resurveys

For organizations not undergoing their initial survey, once the ESC and MOS are approved by The Joint Commission, the accreditation decision is retroactive to the day after the last day of the survey.

Periodic Performance Review

Twelve months after the on-site survey, organizations are required to participate in an evaluation called the **Periodic Performance Review (PPR)**. The goal of a Periodic Performance Review is to help organizations identify performance areas not in compliance with the standards and help them to correct these non-compliant areas before the next on-site survey. These reviews are due annually on the anniversary of the last day of the last full survey, until the organization is resurveyed, which is approximately every three years.

For those areas *self-identified* as out of compliance with Joint Commission standards, the organization needs to submit a **Plan of Action** to The Joint Commission. The Joint Commission's Standards Interpretation Group (SIG), whose responsibilities include answering organizations' questions about interpreting and applying the standards, will review each organization's Plan of Action in a scheduled telephone consultation. The review of your PPR **cannot** affect your accreditation decision, and this phone call is optional.

Standards Interpretation Group (SIG)

SIG will also assist you in developing plans of action when you have completed the self-assessment part of the Periodic Performance Review (for resurvey organizations.) This will consist of a phone consultation (optional) to review your findings and discuss areas for improvement and possible Measures of Success that you will be able to show to the surveyor during your next on-site review.

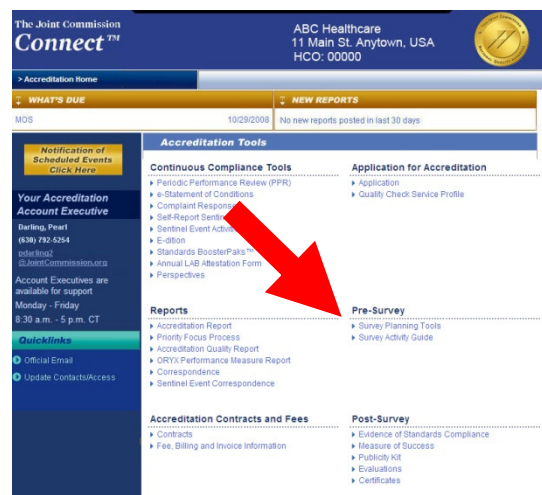
Policy for Organizations that Cease Services

- If a currently accredited organization does not have any patients for six months or longer, The Joint Commission will consider the organization no longer accredited. If the organization resumes services, it will have to apply to have a full survey in order to be accredited.
- If a currently accredited organization does not have any patients from 60 days to less than six months and then resumes patient services or begins to have patients within six months, The Joint Commission will continue the organization's current accreditation status only if the organization undergoes an extension survey. The extension survey would generally take place within a week of the organization's request and would evaluate the organization's capability for resuming services and whether it is performing at current accreditation levels.
- If a currently accredited organization does not have any patients for up to 60 days, The Joint Commission will continue the organization's current accreditation status.

Survey Preparation Tools

Sample Ambulatory Care Agenda and Survey Activities – Initial Announced Survey

Note: The sample survey agenda, below, provides a list of the events that will take place over the course of a typical, 2-day Ambulatory Care survey. Your ambulatory surveyor will work closely with you, upon his/her arrival, to ensure that each of the survey events is addressed. Additional detail regarding both your agenda and specific survey activities, are provided in the Survey Activity Guide, available through your extranet site, The Joint Commission Connect™.



Day 1

Time	Surveyor
8:00–9:00 am	Opening Conference <ul style="list-style-type: none"> □ Introductions: Joint Commission surveyor and key management staff. □ Surveyor planning needs (Surveyor will request the “ready to go” materials for the Planning Meeting). Orientation to health care organization <ul style="list-style-type: none"> □ A high-level orientation to the organization (vision, mission, community, etc.)
9:00 – 10:00 am	Surveyor Planning Session <ul style="list-style-type: none"> □ Review the Priority Focus Process information □ Review Measures of Success from the previous Periodic Performance Review (re-survey only) □ Review list of eligible contracts □ Review list of current patients □ Quick overview of performance improvement and infection control data □ Select patients for Tracer Methodology □ Finalize agenda activities
10:00 am – 12:30 pm	Individual Care Tracer Activity <p>Tracers may include:</p> <ul style="list-style-type: none"> □ Review of closed clinical records □ Patient/family member interview □ Site visits □ Pharmacy visit, as applicable □ Patient care areas (i.e., ambulatory infusion, operating room, examination room) □ Interdisciplinary team interview
12:30 – 1:00 pm	Lunch
1:00 – 2:30 pm	Individual Care Tracer Activity (Cont'd)
2:30 – 3:00 pm	Surveyor Team Meeting / Planning Session
3:00 – 4:00 pm	Leadership Session <ul style="list-style-type: none"> □ Discussion of critical systems analysis exploration – Leadership probes on some of the critical processes □ Discussion of organization-wide performance improvement activities as appropriate to type and scope of services
4:00 – 4:30 pm	Special Issue Resolution

Sample Survey Agenda: Initial Survey (cont'd)

Day 2

Time	Surveyor
8:00 – 8:30 am	Daily Briefing
8:30 – 9:30 am	Systems Tracer <ul style="list-style-type: none"> <input type="checkbox"/> Discussion with appropriate staff regarding the use of data for improvement purposes, the management of medication and infection control issues
9:30 – 11:30 am	Individual Care Tracer Activity
11:30 am – 12:30 pm	Environment of Care Session <ul style="list-style-type: none"> <input type="checkbox"/> Review of management plans <input type="checkbox"/> Review evaluation of emergency plan <input type="checkbox"/> Review system for reporting accidents, injuries, and safety hazards, identification of any trends, implementation and monitoring of improvement <input type="checkbox"/> Building tour for Life Safety Code compliance (if applicable)
12:30 – 1:00 pm	Lunch
1:00 – 2:00 pm	Human Resources/Credentials Review <ul style="list-style-type: none"> <input type="checkbox"/> Selected records to include health care professionals of interest pertaining to Tracer activities <input type="checkbox"/> Includes contract staff
2:00 – 3:30 pm	Surveyor Report Preparation
3:30 – 4:30 pm	CEO Exit Briefing and Organization Exit Conference

“Ready to Go” List: Initial Survey

Important: As an Ambulatory Care organization, you will need the following information and documents for your Preliminary Planning Session and Surveyor Planning Session which occurs as early as possible, on the first day of your survey. To facilitate the survey process, have these items readily available for the surveyor on the first day of the survey:

- Performance / Quality Improvement Data
- Infection Prevention & Control surveillance data
- Infection Control Plan
- Analysis of a high risk process
- Environment of Care data including Statement of Conditions (SOC), if applicable
- Access to computer for surveyor ‘sign-off,’ regarding current Environment of Care and any Plans for Improvement, if applicable
- Environment of Care management plans and annual evaluations
- Environment of Care team meeting minutes
- Organization chart
- Map of the organization, if available
- List of all sites eligible for survey
- List of locations where services are provided, including anesthetizing locations
- Reports or lists of patient appointment schedules
- List of contracted services
- Name and extension of key contacts who can assist surveyors in planning tracer selection

What Others Are Saying About the Value of Joint Commission Accreditation

“Accreditation provides imaging facilities with a pathway to demonstrate quality to insurance carriers, referring physicians and patients. While facility accreditation for diagnostic imaging is not a new concept, providers who had not previously participated in the process voluntarily are suddenly finding a new motivation for seeking accreditation.”

Radiology Management, Jan/Feb 2011, “Choosing the Right Accreditation Organization”

“Compliance with the CMS mandate will provide advanced diagnostic imaging facilities with a means by which to evaluate and demonstrate the level of quality imaging and patient care they provide.”

Radiology Management, Jan/Feb 2011, “Choosing the Right Accreditation Organization”

“In 2012, imaging centers that offer advanced imaging services (CT, MR, nuclear medicine, and PET) will need to be accredited by one of three CMS-designated bodies to continue to receive relevant reimbursements.”

ImagingEconomics, Nov/Dec 2010, “Avoid Getting Burned—Experts Discuss Quality Assurance Programs”

“The Joint Commission differs from ACR and IAC in that it always sends out an accrediting survey team to the applicant’s site.... And the accreditation regimen doesn’t end with completion of the initial survey. Each year, accredited sites are required to conduct periodic performance reviews. These are done electronically and might also involve phone contact.”

Radiology Business Journal, Aug/Sept 2010, “MIPPA Accreditation Countdown”

“Joint Commission accreditation focuses on the site visit to review and validate the clinical environment, safety precautions, patient communications, peer review processes, staff credentials and other critical documentation to support a demonstration of quality and environment of performance improvement.”

RBMA Bulletin, May-June 2010, “Mandatory Accreditation: Play or Pay for Imaging Centers”

“The Joint Commission emphasizes the holistic view. Other groups accredit by modality, while The Joint Commission accredits the organization....a much broader view of what’s important for quality, as well as patient and staff safety.”

Medical Imaging Review, April 16, 2010, “MIPPA Accreditation: 20 Months to Go”

“CMS is cognizant of The Joint Commission’s philosophy on accreditation, which is not modality or equipment specific to qualifications and image quality. Rather, Joint Commission is systems-oriented and takes a global approach to both patient and staff safety.”

DotMed News, April 15, 2010, “The Joint Commission Discusses Accreditation for Advanced Imaging Services”

“The Joint Commission accredits advanced imaging modalities under its Ambulatory Care Accreditation Program. One of the distinctions of this option is that it is not equipment/machine focused but instead looks at the entire operational infrastructure of the facility.”

Radiology Management, March/April 2010, “Countdown to MIPPA Accreditation”

“The Joint Commission has been accrediting in the imaging community for some 30 years, with more than 100 customers who provide services at over 1,000 sites – a significant presence in the field. CMS told The Joint Commission that the agency valued their ability to deliver timely surveys and their capacity to provide a cost-effective process for rural providers.”

Inside CMS, Feb. 4, 2010, “Joint Commission’s Entry as Imaging Accreditor”

“There is a tendency to wait until the last minute (in meeting accreditation mandates). When 2012 comes and you’re not ready, you’ll lose out on reimbursement. Providers should also keep in mind that any CMS mandate tends to cascade down to private payors too. From a business perspective, being prepared should be a priority.”

Imaging Economics Advisor, Feb. 2010, “CMS Announces Approved Accrediting Organizations”