


APPROVED: 2010 Updates to Accreditation and Certification Decision Rules

The Joint Commission's Accreditation Committee approved the 2010 accreditation and certification decision rules for **all accreditation and certification programs**. These decision rules are effective for surveys conducted beginning **January 1, 2010**, and can be seen in their entirety in the boxes on pages 7-13 and pages 13-17. Additions are underlined, while deletions are noted in ~~strike through~~.


Although most changes are editorial in nature and intended to clarify existing rules, some changes reflect alignment of revised Joint Commission policies and the Centers for Medicare & Medicaid Services (CMS). Specific changes to the accreditation decision rules include the following:

- New decision rule **FOLL_U** and decision category for Medicare deemed status condition-level deficiencies and the required follow-up survey (this rule becomes **effective July 1, 2009**)
- New preliminary denial of accreditation decision rule **PDA12** for laboratories regarding proficiency testing expectations

- New conditional accreditation decision rule **CON07** related to findings of potential fraud and abuse
- Revisions to rule **CON01** to align with the current scoring and decision methodology (this also applies to certification decision rule CON01)
- Revisions to rules **DA05**, **CON06**, and **PROV03** to delete the reference to scheduled consultative calls in the Periodic Performance Review process because it was not integral to the rule
- Revisions to rule **FOC01** for laboratories to correct the length of time allowed for organizations that lose their license
- Revisions to rule **PTM01** to clarify proficiency testing requirements
- Deletion of rule **PTM02** after consolidating requirements into **PTM01**

Questions about these rules should be directed to Keith Winfrey, associate director of survey technology, at kwinfrey@jointcommission.org or 630/792-5023. 

Joint Commission



Requirement

Official Publication of Joint Commission Requirements

2010 Accreditation Decision Rules

APPLICABLE TO ALL ACCREDITATION PROGRAMS UNLESS STATED OTHERWISE IN BLUE

Effective January 1, 2010 Unless Stated Otherwise

Denial of Accreditation

Denial of Accreditation will be recommended when one or more of the following conditions are met:

DA01	The organization does not permit the performance of any survey by The Joint Commission. (APR.02.01.01, EP 1)	DA05	The organization, which was previously in Conditional Accreditation for failure to submit the Periodic Performance Review 61 days after the due date, has failed to submit a Periodic Performance Review, and corrective action plan as appropriate, 91 days after the due date. The organization may also be required to participate in a scheduled consultative phone call with Central Office staff as specified in the description of the full Periodic Performance Review and the Periodic Performance Review options. (APR.03.01.01, EP 1)
DA02	The organization has failed to resolve a Conditional Accreditation status prior to withdrawing from the accreditation process.		Applicable to ambulatory care, behavioral health care, hospital, laboratory, long term care, and home care only
DA03	The organization has failed to submit payment for survey fees or annual fees.		
DA04	The organization, which was previously in Conditional Accreditation for failure to submit data and information to the Joint Commission within 61 days of the due date, has failed to meet all requirements for timely submission of data and information		

Preliminary Denial of Accreditation

Preliminary Denial of Accreditation will be recommended when one or more of the following conditions are met:

Continued on page 8

2010 Accreditation Decision Rules (Continued)

PDA01 An immediate threat to ~~health patient/public health~~ or safety exists for patients or the public within the organization.

PDA02 The organization's patients have been placed at risk for a serious adverse outcome because either (1) an individual who does not possess a license, registration, or certification is providing or has provided health care services in the organization that would, under applicable law or regulation, require such a license, registration, or certification; or (2) an individual is practicing outside the scope of his or her license, registration, or certification. (MS.06.01.05, EP 1, and MS.03.01.01, EP 2, for hospitals and critical access hospitals; HR.01.02.07, EPs 1 and 2, for ambulatory care, home care, critical access hospitals, office-based surgery and hospitals; HR.02.01.03, EPs 4 and 25, for ambulatory care and office-based surgery; HR.4.40, EP 4, for behavioral health care; HR.1.20, EP 8, for behavioral health care, laboratory and long term care; HR.4.20, EP 14, for behavioral health care; and HR.4.10, EP 8, and HR.4.20, EP 7, for long term care)

PDA03 The Joint Commission is reasonably persuaded that the organization submitted falsified documents or misrepresented information in seeking to achieve or retain accreditation. Information provided by an organization and used by The Joint Commission for accreditation purposes must be accurate and truthful and may be received in the following ways:

- ~~be~~ Provided verbally, in writing, or electronically
- ~~be~~ Obtained through direct observation by, or in interview with or any other type of communication by any with a Joint Commission employee
- ~~be~~ Derived from documents supplied by the organization to The Joint Commission including, but not limited to, its application for accreditation or its an organization's root cause analysis in response to a sentinel event or an organization's application for accreditation
- Submitted involve data or documents transmitted electronically to The Joint Commission, including, but not limited to, data or documents provided as part of the Periodic Performance Review process or the electronic application process

If accreditation is denied following implementation of this rule, the organization shall be prohibited from participating in the accreditation process for a period of one year unless the president of The Joint Commission, for good cause, waives all or a portion of this waiting period. (APR.01.02.01, EP 1)

PDA04 The organization has been conditionally accredited on two consecutive full surveys in relation to ~~an~~ the same issue or issues.

PDA05 *Leave as a place holder*

PDA06 The organization does not possess a license, certificate, and/or permit, as, or when, required by applicable law and regulation, to provide the health care services for which the organization is seeking accreditation. (LD.04.01.01, EP 1, for all programs except office-based surgery; LD.04.01.01, EP 2, for office-based surgery)

PDA07 The organization with a decision of Conditional Accreditation as the result of a survey event has failed to clear not compliant standards after two opportunities to do so as the result of the following:

- Two failed Evidence of Standards Compliance (ESC) submissions
- Two failed Measure of Success (MOS) submissions
- A combination of one failed ESC submission, one failed MOS submission and/or a failed Conditional Accreditation follow-up survey

Note: *The opportunity is considered failed when the organization has not demonstrated resolution of all not compliant standards and continues to meet any of the decision rules requiring additional monitoring in the form of an on-site follow-up survey, an ESC submission, or a MOS submission. In addition, a Conditional Accreditation follow-up survey is considered an opportunity to clear not compliant standards.*

PDA08 The result of a Conditional Accreditation follow-up survey ~~is unacceptable~~ meets a rule for Conditional Accreditation.

Note: *The result of the Conditional Accreditation follow-up survey will be considered unacceptable if the organization continues to meet any of the rules or*

2010 Accreditation Decision Rules (Continued)

~~an exception to the rules that caused a recommendation of Conditional Accreditation or Preliminary Denial of Accreditation~~

PDA09 The organization has knowingly used a Joint Commission employee to provide any accreditation-related consulting services. (APR.06.01.01, EP 1)

PDA10 The Joint Commission is notified that the Skilled Nursing Facility/Nursing Facility has been terminated for cause or voluntarily withdraws from the Medicare/Medicaid program. (APR.10.01.01, EP 1)
[Applies to Medicare/Medicaid certification-based long term care only](#)

PDA11 The laboratory has failed to comply with a cease testing order issued by The Joint Commission, or one of its cooperative partners, or a regulatory agency. [Applies to laboratory only](#)

PDA12 The organization's laboratory personnel have referred proficiency testing samples to another laboratory for analysis or participated in inter-laboratory communication regarding proficiency testing results before the results have been reported to the program provider. (APR.01.02.01, EP 1; QC.1.40, EPs 4 and 5)
[Applies to laboratory only](#)

Conditional Accreditation

Conditional Accreditation will be recommended when one or more of the following conditions are met:

CON01 Survey findings demonstrate systemic patterns, trends or repeat findings from previous surveys.

CON02 An individual who does not possess a license, registration, or certification is providing or has provided health care services in the organization that would, under applicable law or regulation, require such a license, registration, or certification; or an individual is practicing outside the scope of his or her license, registration, or certification. (MS.06.01.05, EP 1 and MS.03.01.01, EP 2, [for hospitals and critical access hospitals](#); HR.01.02.07, EPs 1 and 2, [for ambulatory care, home care, critical access hospitals, office-based surgery and hospitals](#); HR.02.01.03, EPs 4 and 25, [for ambulatory care and office-based surgery](#); HR.4.40, EP 4, [for behavioral health care](#); HR.1.20, EP 8, [for behavioral health care, laboratory and long term care](#); HR.4.20, EP 14, [for behavioral health care](#); HR 4.10, EP 8, and HR.4.20, EP 7, [for long term care](#))

Note: *Except as provided under rule PDA02.*

CON03 The organization has failed to clear not compliant standards after two opportunities to do so as the result of the following:

- Two failed ~~Evidence of Standards Compliance (ESC)~~ submissions
- Two failed ~~Measure of Success (MOS)~~ submissions ~~or~~
- A combination of one failed ESC submission and one failed MOS submission

Note: *The opportunity is considered failed when the organization, which was not previously conditionally accredited, has not demonstrated resolution of all not compliant standards and continues to meet any of the decision rules requiring additional monitoring in the form of an on-site follow-up survey, an ESC submission, or a MOS submission.*

CON04 The organization has failed to implement or make sufficient progress toward the corrective actions described in a Statement of Conditions™, Part 4, Plan for Improvement, which was previously accepted by The Joint Commission, or has failed to implement or enforce applicable interim life safety measures. (~~LS.01.01.00~~ [LS.01.01.01](#), EP 3, [for ambulatory care, behavioral health care, critical access hospital, hospital, long term care, office-based surgery, and home care \[hospice inpatient facilities only\]](#); [LS.01.02.01, EP 3, for critical access hospital, hospital, long term care, office-based surgery, and home care \[hospice inpatient facilities only\]](#); [EC.8.30, EP 4, for behavioral health care](#); [EC.02.06.05, EP 3, for ambulatory care](#))

CON05 The organization, which was previously in Provisional Accreditation for failure to submit data and information to the Joint Commission within 31 days of the due date, has failed to meet all requirements for timely submission of data and information to The Joint Commission, within 61 days of the due date. (APR.01.01.01, EP 1)

CON06 The organization, which was previously in Provisional Accreditation for failure to submit the Periodic Performance Review 31 days after the due date, has failed to submit a Periodic Performance Review, and corrective action plan as appropriate, 61 days after the due date. ~~The organization may also be required to participate in a scheduled con-~~

Continued on page 10

2010 Accreditation Decision Rules (Continued)

~~sultative phone call with Central Office staff as specified in the description of the full Periodic Performance Review and the Periodic Performance Review options. (APR.03.01.01, EP 1) Applicable to ambulatory care, behavioral health care, laboratory, long term care, and home care only~~

CON07 The organization notifies the Joint Commission when it is designated by the Centers for Medicare and Medicaid Services (CMS) as a Special Focus Facility (SFF) prior to its designation being publicly announced by CMS (APR.05.01.01, EP 3)

CON08 The Joint Commission is persuaded that credible evidence has been identified to form a reasonable conclusion that the nature and circumstances of a finding appear to indicate possible fraud has occurred. (LD.04.02.03, EP 3, for all programs except home care; LD.04.02.03, EP 17, for home care)

Conditional Accreditation Follow-up

A Conditional Accreditation follow-up survey typically occurs within six months from the date when the organization submits an acceptable ESC.

A Conditional Accreditation follow-up survey will be recommended when one or more of the following conditions are met:

CONF01 ~~The organization receives a Conditional Accreditation follow up survey will be scheduled for organizations with a Conditional Accreditation decision.~~

Note: ~~The date of the survey will be established at the time the final Conditional Accreditation decision is awarded (Conditional Accreditation follow up surveys typically occur at approximately six months from the date when the organization is notified of its official Conditional Accreditation decision).~~

CONF02 ~~The organization, which was previously in A-second Conditional Accreditation follow up survey will be scheduled when~~ as the result of an on-site survey and has passed its first ESC submission but has failed to resolve conditional follow up survey, one or more of the original RFIs Requirements for Improvement, remain unresolved may be scheduled for a second Conditional Accreditation follow-up sur-

vey if no other rules for Preliminary Denial of Accreditation or Conditional Accreditation have been met.

Note: ~~This accreditation decision results when the organization which was awarded Conditional Accreditation as the result of an on-site survey has passed its first ESC submission, but the Conditional Accreditation follow up survey finds that one or more of the original Requirements for Improvement remain unmet, and none of the other rules for Preliminary Denial of Accreditation or Conditional Accreditation have been met.~~

Provisional Accreditation

Provisional Accreditation will be recommended when one or more of the following conditions are met.

PROV01 The organization has failed to demonstrate resolution of all Requirements for Improvement at the time of its first ESC or first MOS submission. This accreditation decision results when at least one standard is scored not compliant and none of the rules for Preliminary Denial of Accreditation or Conditional Accreditation have been met.

Note 1: ~~Not compliant standards must be resolved within stipulated time frames (through an on-site MOS as provided in rule MOS03, submission of an ESC, or submission of an MOS by the organization) to maintain accreditation.~~

Note 2: ~~When An organization is placed in Provisional Accreditation as the result of a failed first ESC or failed first MOS submission # will have their accreditation decision changed to Accredited when a second ESC or MOS submission as required remain in Provisional Accreditation until an ESC or MOS submission has been determined to be acceptable.~~

PROV02 The organization has failed to meet all requirements for timely submission of data and information to The Joint Commission within 31 days of the due date. (APR.01.01.01, EP 1)

PROV03 The organization has failed to submit a Periodic Performance Review and corrective action plan as appropriate, 31 days after the due date. ~~The organization may also be required to participate in a~~

2010 Accreditation Decision Rules (Continued)

~~scheduled consultative phone call with Central Office staff as specified in the description of the full Periodic Performance Review and the Periodic Performance Review options. (APR.03.01.01, EP 1) Applicable to ambulatory care, behavioral health care, hospital, laboratory, long term care, and home care only~~

PROV04 The laboratory has failed to submit a written plan of action for unsuccessful proficiency testing after two requests from The Joint Commission. (APR.10.03.01, EP 1) Applicable to laboratory only

Medicare Condition-Level Deficiency Follow-up Survey

A Joint Commission follow-up survey will be recommended when the following condition is met:

FOLL U* A follow-up survey will be scheduled when the organization has one or more Conditions of Participation scored as a condition level deficiency.

Note: This rule is not applicable to organizations that are not currently Medicare Certified.

One-Month Survey

A one-month survey will be scheduled when the following condition is met:

FOC01 A full laboratory survey will be conducted when an organization providing laboratory services cannot demonstrate to The Joint Commission their laboratory accreditation decision is in good standing with a Joint Commission recognized accreditor or the accreditation is more than ~~24~~ 30 months old. Applicable to ambulatory care, hospital, critical access hospital, laboratory, and office-based surgery

Proficiency Testing Monitoring Survey

A proficiency testing monitoring survey will be scheduled when one or more of the following conditions are met:

PTM01 ~~If The laboratory has either initial or subsequent unsuccessful proficiency test performance and a determination is made that an on-site evaluation is required to assess either the plan of action for unsuccessful proficiency testing, an on-site survey will be scheduled or the plan for reinstatement when applicable, following cessation of testing (voluntary or involuntary).~~

~~**Note:** The Executive Vice President of Accreditation and Certification (or designee) must approve the~~

~~time frames and follow-up activity. Applicable to laboratory only~~

PTM02 ~~Within 30 days of issuance of a cease testing notice for unsuccessful proficiency testing, a survey will be conducted to assess compliance and evaluate the laboratory's plan for reinstatement. Applicable to laboratory only~~

Evidence of Standards Compliance (ESC)

~~An Evidence of Standards Compliance (ESC) is a report submitted by a surveyed organization, which details the action(s) that it took to bring itself into compliance with a standard or clarifies why the organization believes that it was in compliance at the time of the survey with the standard for which it received a Requirement for Improvement. An ESC must address compliance at the element of performance (EP) level and include an Measurement of Success (MOS) for all applicable EP corrections. The timeline for submission of the ESC (45 and or 60 day) is dependent on the criticality of the survey findings.~~

~~An ESC will be required when one or more of the following conditions are met:~~

ESC01 ~~An organization has one or more standards scored not compliant at the time of a review survey event.~~

ESC02 ~~Failure to demonstrate continued compliance with all not compliant standards in the first ESC submission will result in Provisional Accreditation. An organization will be required to submit a second ESC within 30 days of the official notification that the first ESC was unacceptable. Failure to demonstrate continued compliance with all not compliant standards in the first ESC submission will result in Provisional Accreditation.~~

On-site ESC survey

~~An on-site ESC survey will be scheduled when the following condition is met:~~

ESC03 ~~If a determination is made that An on-site evaluation may be scheduled to validate is required to assess compliance with the relevant standards in a written ESC - the assigned follow up activity may be in the form of an on-site ESC survey rather than an ESC submission.~~

~~**Note:** A written ESC submission may still be required.~~

* Effective July 1, 2009

Continued on page 12

2010 Accreditation Decision Rules (Continued)

Measure of Success (MOS)

An ~~Measure of Success (MOS)~~ is a numerical or quantifiable measure, usually related to an audit ~~that~~ to determines if an action was effective and sustained, due four months after notification of an acceptable ESC Evidence of Standards Compliance acceptance.

An MOS for all applicable EP corrections will be required when one or more of the following conditions are met:

MOS01 An organization has submitted a successful ESC for an EP that requires a MOS submission.

MOS02 An organization ~~Failure~~ fails to demonstrate continued compliance with all not compliant standards in the first MOS submission must submit ~~will require~~ the submission of a second MOS four months after official notification of the failure of the first MOS.

Note: *If the organization determines that the corrective action documented in its first ESC submission was not effective, the organization may elect to submit a second ESC that identifies new corrective action, rather than submitting a second MOS. In this case, the first MOS submission will be considered failed. If this second ESC or the second MOS fails, the organization's decision will be changed to Conditional or Preliminary Denial of Accreditation as appropriate.*

On-site MOS survey

A four-month on-site MOS survey ~~will~~ may be scheduled when the following condition is met:

MOS03 ~~If a determination is made that~~ An on-site MOS evaluation ~~is required to assess compliance with the relevant standards, the assigned follow-up activity may be in the form of an on-site MOS survey rather than an MOS submission~~ may be required to validate compliance with the relevant standards.

Note: *A written MOS submission may still be required.*

Preliminary Accreditation

Preliminary Accreditation will be recommended when the following condition is met:

PA01 ~~Preliminary Accreditation will be recommended when an~~ The organization has demonstrated compliance with the selected standards used in the first

~~of two~~ surveys conducted under the Early Survey Policy/~~Option 4.~~

Note: *The first survey is conducted using a defined subset of applicable standards. The second survey is a full unannounced survey ~~conducted approximately six months later.~~ A Preliminary Accreditation decision remains in effect until the organization completes the second full survey ~~that is initial survey.~~ This rule is not applicable to hospice-deemed status, medicare/medicaid certification-based long term care, or home health-deemed status.*

Accredited

Accreditation will be recommended when one or more of the following conditions are met:

A01 ~~An~~ The organization's ~~accreditation decision will be changed to Accredited when~~ it is in compliance with all standards at the time of the on-site survey or has successfully addressed all Requirements for Improvement, in its first ESC submission and does not meet any rules for other accreditation decisions.

Note: *Organizations that are in Provisional Accreditation as a result of a failed ESC will have their accreditation decision changed to Accredited when a second ESC submission and MOS as required has been determined to be acceptable.*

A02 ~~An~~ The organization's ~~accreditation decision will be changed to accredited when~~ as a result of a Conditional Accreditation follow-up survey, meets all of the original Requirements for Improvement ~~have~~ been met.

Note: *The organization must provide an ESC for new Requirements for Improvement standards, that were not the subject of the Conditional Accreditation follow-up survey, which were ~~that are~~ identified as not compliant at the time of the follow-up survey. An organization which is in Conditional Accreditation as a result of two failed ESC submissions, will have their accreditation status changed to Accredited when their MOS submission has been determined to be acceptable.*

2010 Accreditation Decision Rules (Continued)

Administrative Rules

Administrative rules will be used when one or more of the following conditions are met:

ADM01 Depending on the severity of the issue, The Joint Commission may shorten ~~The~~ follow-up time frames or change ~~the~~ and nature of follow-up activity for demonstrating compliance with all not compliant standards may be changed from that what is stated in these decision rules when the severity of the issue requires an earlier response.

ADM02 Survey findings that meet program-specific screening criteria thresholds, based on the number of not-compliant direct impact standards, will be subject to a more intensive review by ~~the~~ Joint Commission central office staff.

Sentinel Event Policy Follow-up

Accredited organizations are expected to identify and respond appropriately to all sentinel events as defined by the organization. The organization is required to conduct a thorough and credible root cause analysis and develop an action plan in a manner and time frame acceptable to The Joint Commission as specified in the Sentinel Event Policy and submit them to The Joint Commission or otherwise provide evidence of an acceptable response to the sentinel event.

Sentinel event rules will be used when one or more of the following conditions are met:

SE01 ~~The An organization that has~~ experienced a sentinel event subject to review under the Sentinel Event Policy ~~is required to complete a thorough and credible root cause analysis and action plan and submit them to The Joint Commission, or otherwise provide evidence of an acceptable response to the sentinel event, in a manner and time frame acceptable to The Joint Commission as specified in the Sentinel Event Policy.~~

SE02 ~~The organization experienced~~ Follow up will be ~~scheduled, per the Sentinel Event policy, when a sentinel event, subject to review under the Sentinel Event Policy, has occurred~~ and The Joint Commission has determined that the organization ~~has~~ completed a thorough and credible root case analysis and action plan.

Note: ~~The purpose of the follow-up activity is to~~ will assess the implementation and effectiveness of the organization's action plan.

~~SE01 and SE02 are not applicable to hospice deemed status or home health deemed status, but will be for the Home Care portion of the organization that is using Joint Commission accreditation for deemed status purposes.~~

Joint Commission



Requirement

Official Publication of Joint Commission Requirements

2010 Certification Decision Rules

APPLICABLE TO THE FOLLOWING CERTIFICATION PROGRAMS UNLESS STATED OTHERWISE: DISEASE-SPECIFIC CARE (DSC) AND RELATED ADVANCED PROGRAMS AND HEALTH CARE STAFFING SERVICES (HCSS)

Effective January 1, 2010

Denial of Certification

Denial of Certification will be recommended when one or more of the following conditions are met:

DC01 The ~~[staffing firm/program] organization~~ does not permit the performance of any review by the Joint Commission. (CPR 3, EP 1)

DC02 The ~~[staffing firm/program] organization~~ has failed to resolve a Conditional Certification status prior to withdrawing from the certification process.

DC03 The ~~[staffing firm/program] organization~~ has failed to submit payment for review fees or annual fees.

DC04 The ~~[staffing firm/program] organization~~, which was previously in Conditional Certification for failure to submit data and information to the Joint Commission within 61 days of the due date(s) has failed to meet all requirements for timely submission of data and information to the Joint Commission, within 91 days of the due date(s). (CPR 12, EP 1)

Continued on page 14

2010 Certification Decision Rules (Continued)

DC05 The [staffing firm/program] organization, which was previously in Conditional Certification for failure to comply with elements of the intra-cycle evaluation for 61 days, has failed to comply with the elements of the intra-cycle evaluation for 91 days.

Preliminary Denial of Certification

Preliminary Denial of Certification will be recommended when one or more of the following conditions are met:

PDC01 An immediate threat to ~~patient/public~~ health or safety exists for patients or the public within the program organization or served by the staffing firm's employees.

PDC02 The program's organization's patients or the patients served by the staffing firm's employees have been placed at risk for a serious adverse outcome because either (1) an individual who does not possess a license, registration, or certification is providing or has provided health care services in the organization that would, under applicable law or regulation, require such a license, registration, or certification; or (2) an individual is practicing outside the scope of his or her license, registration, or certification.

PDC03 The Joint Commission is reasonably persuaded that the [staffing firm/program] submitted falsified documents or misrepresented information in seeking to achieve or retain certification. Information provided by a [staffing firm/program] and used by The Joint Commission for certification purposes must be accurate and truthful and may be received in the following ways:

- ~~be~~ Provided verbally, in writing, or electronically;
- ~~be~~ Obtained through direct observation by, or in interview with or any other type of communication with a ~~by any~~ Joint Commission employee;
- ~~be~~ Derived from documents supplied by the [staffing firm/program] to The Joint Commission including, but not limited to its application for certification or, ~~a staffing firm's~~ its root cause analysis in response to a sentinel event; ~~or a staffing firm's application for certification;~~
- Submitted ~~involve data or documents transmitted~~ electronically to The Joint Commission,

including but not limited to data or documents provided as part of the intra-cycle evaluation process or the electronic application process;

If certification is denied following implementation of this rule, the [staffing firm/program] shall be prohibited from participating in the certification process for a period of one year unless the president of The Joint Commission, for good cause, waives all or a portion of this waiting period. (Certification Participation Requirement 7, EP 1)

PDC04 The [staffing firm/program] organization has been conditionally certified on two consecutive full reviews in relation to the same ~~an~~ issue or issues.

PDC05 Leave as a placeholder

PDC06 The [staffing firm/program] organization does not possess a license, certificate, and/or permit, required by applicable law and regulation, to provide health care services or health care staffing services for which the organization is seeking certification.

PDC07 The [staffing firm/program] organization, with a decision of Conditional Certification as a result of a review event, has failed to clear not compliant standards after two opportunities to do so as the result of the following:

- Two failed Evidence of Standards Compliance (ESC) submissions
- Two failed Measure of Success (MOS) submissions ~~or~~
- A combination of one failed ESC submission and one failed MOS submission and/or a failed Conditional Certification follow-up review

Note: The opportunity is considered failed when the organization has not demonstrated resolution of all not compliant standards and continues to meet any of the certification outcomes requiring additional monitoring in the form of an on-site follow-up review, an ESC submission, or a MOS submission. In addition, a Conditional Certification follow-up review is considered an opportunity to clear not compliant standards.

PDC08 The result of a Conditional Certification follow-up review is unacceptable.

2010 Certification Decision Rules (Continued)

Note: *The result of the Conditional Certification follow-up review will be considered unacceptable if the organization continues to meet any of the rules or an exception to the rules that caused a recommendation of Conditional Certification or Preliminary Denial of Certification.*

- PDC09** The [staffing firm/program] organization knowingly used a Joint Commission employee to provide any certification-related consulting services.

Conditional Certification

Conditional Certification will be recommended when one or more of the following conditions are met:

- CON01** Review findings demonstrate systemic patterns, trends, or repeat findings from previous surveys.
- CON02** An individual who does not possess a license, registration, or certification is providing or has provided health care services to the program's patients or patients served by the staffing firm's employees organization that would, under applicable law or regulation, require such a license, registration, or certification; or an individual is practicing outside the scope of his or her license, registration, or certification.

Note: *Except as provided under rule PDC02.*

- CON03** The [staffing firm/program] organization has failed to clear not compliant standards after two opportunities to do so as the result of the following:
- Two failed Evidence of Standards Compliance (ESC) submissions,
 - Two failed Measure of Success (MOS) submissions, or
 - A combination of one failed ESC submission and one failed MOS submission.

Note: *The opportunity is considered failed when the [staffing firm/program] organization, which was not previously conditionally certified, has not demonstrated resolution of all not compliant standards and continues to meet any of the decision rules requiring additional monitoring in the form of an on-site follow-up review, an ESC submission, or an MOS submission.*

- CON04** The [staffing firm/program] organization, which was previously in Provisional Certification for failure to submit data and information to The Joint Commission within 31 days of the due date(s), has failed to meet all requirements for timely submission of data and

information to The Joint Commission within 61 days of the due date(s). (CPR 12, EP 1)

- CON05** The [staffing firm/program] organization failed to comply with elements of the intra-cycle evaluation within 61 days of the due date.

Conditional Certification Follow-up Review

A Conditional Certification follow-up review ~~will be recommended when one or more of the following conditions are met~~ typically occurs within six months from the date when the organization submits an acceptable ESC.

- CONF01** The [staffing firm/program] receives A Conditional follow up review will be scheduled for organizations with a Conditional Certification decision.

Note: *The date of the review will be established at the time the final Conditional Certification decision is awarded (conditional follow-up reviews typically occur at approximately six months from the date when the organization is notified of its official Conditional Certification decision).*

- CONF02** The [staffing firm/program] A second which was previously in Conditional Certification follow up review will be scheduled when as the result of an on-site review has passed its first ESC submission but has failed to resolve conditional follow up review, one or more of the original Requirements for Improvement remain unresolved may be scheduled for a second Conditional Certification follow-up review if no other rules for Preliminary Denial of Certification or Conditional Certification have been met.

Note: *This certification decision results when the organization which was awarded Conditional Certification as the result of an on-site review has passed its first ESC submission, but the Conditional Certification follow-up review finds that one or more of the original Requirements for Improvement remain unmet, and none of the other rules for Preliminary Denial of Certification or Conditional Certification have been met.*

Provisional Certification

Provisional Certification will be recommended when one or more of the following conditions are met.

- PROV01** The [staffing firm/program] organization has failed to demonstrate resolution of all requirements for

Continued on page 16

2010 Certification Decision Rules (Continued)

improvement at the time of its first ESC or first MOS submission. This certification outcome results when at least one standard is scored not compliant and none of the outcomes for Preliminary Denial of Certification have been met

Note 1: *Not compliant standards must be resolved within stipulated time frames (through a submission of an ESC or submission of an MOS by the organization) to maintain certification.*

Note 2: *When an organization is placed in Provisional Certification as the result of a failed first ESC or failed first MOS submission, it will have its certification decision changed to Certified when remain in Provisional Certification until a second ESC or MOS submission has been determined to be acceptable.*

PROV02 The [staffing firm/program] organization has failed to meet all requirements for timely submission of data and information to The Joint Commission, within 31 days of the due date(s). (CPR 12, EP 1)

PROV03 The [staffing firm/program] organization failed to comply with elements of the intra-cycle evaluation within 31 days of the due date.

Evidence of Standards Compliance (ESC)

An Evidence of Standards Compliance (ESC) is a report submitted by a reviewed [staffing firm/program] organization, which details the action(s) that it took to bring itself into compliance with a standard or clarifies why the [staffing firm/program] organization believes that it was in compliance at the time of review with the standard for which it received a recommendation. An ESC must address compliance at the EP level and include an Measure of Success (MOS) for all applicable EP corrections. The timeline for submission of the ESC (45 and or 60 day) is dependent on the criticality of the review findings.

An ESC will be required when one or more of the following conditions are met:

ESC01 A [staffing firm/program] organization has one or more standards scored not compliant at the time of a review event.

ESC02 The [staffing firm/program] organization will be required to submit a second ESC within 30 days of the official notification that the first ESC was unacceptable. Failure to demonstrate continued compli-

ance with all not compliant standards in the first ESC submission will result in Provisional Certification.

On-site ESC Review

An on-site ESC review will be scheduled when the following condition is met:

ESC03 If a determination is made that An on-site ESC review evaluation may be scheduled to validate is required to assess compliance with the relevant standards in a written ESC the assigned follow up activity may be in the form of an on-site ESC review rather than an ESC submission.

Measure of Success (MOS)

An Measure of Success (MOS) is a numerical or quantifiable measure, usually related to an audit to that determines if an action was effective and sustained, due four months after notification of an acceptable ESC Evidence of Standards Compliance acceptance.

An MOS for all applicable EP corrections will be required when one or more of the following conditions are met:

MOS01 An The [staffing firm/program] organization has submitted a successful ESC for an Element of Performance that requires an MOS submission.

MOS02 The [staffing firm/program] Failure fails to demonstrate continued compliance with all not compliant standards in the first MOS submission must submit will require the submission of a second MOS four months after official notification of the failure of the first MOS.

Note: *If the [staffing firm/program] organization determines that the corrective action documented in its first ESC submission was not effective, the [staffing firm/program] organization can elect to submit a second ESC that identifies new corrective action, rather than submitting a second MOS. In this case, the first MOS submission will be considered failed. If this second ESC or the second MOS fails, the [staffing firm's/program's] organization decision will be changed to PDC as appropriate.*

On-site MOS Review

A four-month on-site MOS review may will be scheduled when the following condition is met:

MOS03 If a determination is made that An on-site MOS review evaluation is required to assess compliance

2010 Certification Decision Rules (Continued)

with the relevant standards, the assigned follow up activity may be in the form of an on-site MOS review rather than an MOS submission may be required to validate compliance with the relevant standards.

Note: *A written MOS submission may still be required.*

Certification

Certification will be recommended when one or more of the following conditions are met:

CT01 ~~The [staffing firm/program]~~ An organization's certification status will be changed to Certified when it is in compliance with all standards at the time of the on-site review or has successfully addressed all Requirements for Improvement in its first ESC submission and does not meet any rules for other certification decisions.

Note: *Organizations that are in Provisional Certification will have their certification decision changed to Certified when their ESC submission and MOS as required has been determined to be acceptable.*

CT02 ~~The [staffing firm/program] will maintain certification when shows~~ sufficient evidence of continuing compliance with standards submitted at the time of the 12 month Intra-cycle Evaluation Report.

Note: *The Intra-cycle Evaluation Report is submitted by a certified program 12 months after its onsite review. The Intra-cycle Evaluation Report consists of an attestation that the program is in compliance with the standards, updated clinical practice guideline information, and submission of data on performance measures.*

CT03 ~~The [staffing firm/program]. An organization's certification decision will be changed to certified when as a result of a Conditional Certification follow-up review, has successfully resolved all of the original Requirements for Improvement have been met.~~

Note: *The organization must provide ESC for new Requirements for Improvement standards, that were not the subject of the Conditional Certification follow-up review, and which were that are identified as not compliant at the time of the follow-up review. An organization which is in Conditional Certification as a result of two failed ESC submissions will have their certification status changed to Certified when*

their MOS submission has been determined to be acceptable.

Administrative Rules

Administrative rules will be used when one or more of the following conditions are met:

ADM01 ~~Depending on the severity of the issue, The Joint Commission may shorten follow-up time frames or change the and nature of follow-up activity for demonstrating compliance with all not-compliant standards may be changed from that stated in these decision rules when the severity of the issue requires a more timely response from what is stated in these decision rules.~~

ADM02 Review findings that meet program-specific screening criteria, based on the number of not-compliant direct impact standards, will be subject to a more intensive review by Joint Commission central office staff.

Sentinel Event Policy Follow-up

The program is expected to identify and respond appropriately to all sentinel events as defined by the program. The program is required to conduct a thorough and credible root cause analysis and develop an action plan in a manner and time frame acceptable to The Joint Commission as specified in the Sentinel Event Policy and submit them to The Joint Commission or otherwise provide evidence of an acceptable response to the sentinel event.

Sentinel Event Policy rules SE01 through SE02 are not applicable to Health Care Staffing Services.

SE01 ~~A The program that has experienced a sentinel event subject to review under the Sentinel Event Policy is required to complete a thorough and credible root cause analysis and action plan and submit them to the Joint Commission, or otherwise provide evidence of an acceptable response to the sentinel event, in a manner and time frame acceptable to the Joint Commission as specified in the Sentinel Event Policy.~~

SE02 ~~The program experienced a sentinel event, A follow-up review will be scheduled when a sentinel event, subject to review under the Sentinel Event Policy has occurred and The Joint Commission has determined that the program has completed a thorough and credible root cause analysis and action plan.~~

Note: *The purpose of the follow-up activity will is to assess the implementation and effectiveness of the program's action plan.*