



# APPROVED: Remaining Component to the Accreditation Decision Methodology for 2009

At its October 2008 meeting, The Joint Commission's Accreditation Committee approved the remaining component for the 2009 accreditation decision methodology, **effective January 1, 2009**. This component includes elimination of the use of "thresholds" as determinants of Conditional Accreditation (CA) and Preliminary Denial of Accreditation (PDA). Details follow.

As part of its Standards Improvement Initiative, The Joint Commission is implementing its revised accreditation decision methodology for all surveys beginning in January 2009. The final component of the revised methodology for consideration was whether "thresholds" (that is, a set number of not-compliant Direct Impact standards) should be established for triggering an organization to be placed in CA or PDA.

## Thresholds to Serve as "Screens"

Consequently, at its October 2008 meeting, the Accreditation Committee approved that program-specific thresholds should serve only as "screens" for identifying organizations whose survey findings should be subject to a more intensive review by Joint Commission Central Office staff (such as the Standards Interpretation Group [SIG] and Senior Management in the Division of Accreditation and Certification Operations), rather than serve as "automatic" determinants of CA and PDA decisions. This review would be in addition to the review conducted for organizations that meet a Situational Decision Rule for an adverse accreditation decision or for which an Immediate Threat to Life has been declared.

The screens for the Central Office review, based on the number of not-compliant Direct Impact standards, adjust for differences in size and complexity of surveyed organizations ("bands"). These bands are based on statistically significant differences in the number of Requirements for Improvement (RFIs) associated with various survey lengths (surveyor days). See Table 1 on page 4 for information on surveyor days associated with program-specific bands. The screens for Central Office review have been adjusted to a minimum of five not-compliant Direct Impact standards in those programs for which modeling resulted in screens that were less than five (with the exception of health care staffing services certification). Organizations that meet or exceed the program-specific screens are "statistical outliers"

based on the number of not-compliant Direct Impact standards identified at their organization versus the average number identified within their peer group. The screens are presented in Table 2 on page 4.

## Focus of Central Office Review


The internal review of survey findings will focus on identifying and resolving instances in which pre-established "situational" rules for CA or PDA were actually met but not recognized at the time of survey.

This revised process will also evaluate the magnitude and nature of the survey findings to determine if "systemic" problems exist across the organization (that is, similar issues identified across multiple departments or key systems), or if the findings would result in a "Condition" level deficiency in programs for which The Joint Commission has been granted deeming authority by the Centers for Medicare & Medicaid Services (CMS). Organizations will still be held accountable for addressing any RFIs found.

The Central Office review would result in one of the following three outcomes:

1. Identification of RFIs to be addressed via the submission of Evidence of Standards Compliance (ESC).
2. Recommendation for CA. The magnitude and nature of the survey findings warrant the more intensive follow-up that is associated with the CA process, including a focused follow-up survey. A recommendation for CA, as an exception to pre-established rules, would be made to the Accreditation Committee.
3. Recommendation for PDA. Immediate Threat to Life exists within the organization or a Situational Decision Rule was met as evidenced by the survey findings, but the threat or need to apply the decision rule was not identified by the survey team at the time of the survey.

## Next Steps

The revised process and results from 2009 surveys will be closely monitored by The Joint Commission. Depending on the results, thresholds for determinants of CA and PDA decisions may be established for 2010. 

*Continued on page 4*

## Tables 1 and 2

Table 1. Surveyor Days Associated with Program-Specific “Bands”											
Surveyor Days	AHC	BHC	CAH	HAP	LAB	LT2	LTC	OBS	OME	DSC	HCSS
Surveyor Days–Band 1	1–2	1–4	1–2	1–4	≥ 1	≥ 1	≥ 1	≥ 1	1–4	≥ 1	≥ 1
Surveyor Days–Band 2	3	≥ 5	≥ 3	5–6					≥ 5		
Surveyor Days–Band 3	4			7–9							
Surveyor Days–Band 4	≥ 5			10–13							
Surveyor Days–Band 5				≥ 14							

Table 2. 2009 Program-Specific “Screens” for Central Office Review (Number of Not-Compliant Direct Impact Standards)											
RFIs	AHC	BHC	CAH	HAP	LAB	LT2	LTC	OBS	OME	DSC	HCSS
RFIs–Band 1	5	5	6	7	5	5	5	5	5	5	2
RFIs–Band 2	6	7	8	8					7		
RFIs–Band 3	7			9							
RFIs–Band 4	9			11							
RFIs–Band 5				13							

**Key:** AHC, ambulatory care; BHC, behavioral health care; CAH, critical access hospital; HAP, hospital; LAB, laboratory; LT2, Medicare/Medicaid certification-based long term care; LTC, long term care; OBS, office-based surgery; OME, home care; DSC, disease-specific care; HCSS, health care staffing services.