

Institute for Medical Quality (IMQ) and The Joint Commission: Ambulatory Care Survey Process Comparison

Institute for Medical Quality (IMQ)	The Joint Commission
PRIOR TO THE ONSITE SURVEY	
<ul style="list-style-type: none"> • Application is submitted and reviewed 	<ul style="list-style-type: none"> • Application is submitted and reviewed • An Account Executive is assigned to review the application
<ul style="list-style-type: none"> • Pre-survey analysis is conducted • Scope of the survey is determined. • Facility is contacted to schedule a mutually convenient survey date • On-site survey is scheduled • The facility will receive a confirmation letter announcing IMQ surveyors and activities that take place on survey day. 	<ul style="list-style-type: none"> • Pre-survey analysis is conducted • Scope of the survey is determined. • Facility is contacted to discuss survey readiness dates • Survey agenda is developed • On-site survey is scheduled • Electronic notification of survey event and a template agenda with a list of onsite survey activities is posted to the organization's Joint Commission Connect extranet site.
<ul style="list-style-type: none"> • The facility prepares for the survey 	<ul style="list-style-type: none"> • Organization prepares for the onsite survey • Plan for surveyor arrival • Identify who will accompany the survey team throughout the survey • Identify participants for an initial survey overview meeting with the survey team • Review applicable standards and the survey activity guide • Evaluate what documents need to be available for surveyor review during a surveyor preliminary planning session
<ul style="list-style-type: none"> • CMS deemed surveys are unannounced. • The Life Safety Code survey is also unannounced 	<ul style="list-style-type: none"> • CMS deemed surveys are unannounced and include a review of compliance with Life Safety Code requirements. • Exceptions to the unannounced survey process include:
	<ul style="list-style-type: none"> - Initial accreditation surveys that are not a Deemed Status survey (30-day advance notice) • A seven-business day advance notice is given certain types of ambulatory care organizations such as: <ul style="list-style-type: none"> - very small ambulatory care organizations -as defined in the Accreditation Process section of the accreditation manuals -(short notice) - Bureau of Prisons and contracted prison facilities - Office-Based Surgery practices - Ambulatory surgery centers that are not using accreditation for deemed status purposes - Office-Based Surgery practices - Ambulatory surgery centers that are not using accreditation for deemed status purposes

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PRIOR TO THE ONSITE SURVEY

When selecting surveyors for a specific survey, IMQ takes into consideration factors such as range of services performed, facility type, size, location and the facility's preferred choices. All survey teams include at least one physician surveyor

Office-Based Surgery surveys include at least one physician surveyor. Ambulatory Surgical Centers using The Joint Commission for deeming purposes will be surveyed by clinician(s) and Life Safety Code surveyors.

DURING THE ONSITE SURVEY

Surveyors arrive at facility at 8 am on day of survey
The surveyor reviews the survey agenda and answers any questions the staff may have about the survey and survey process

The surveyor(s) will arrive between 7:45-8:00 a.m. unless business hours, as reflected in the survey application, indicate that the organization opens later.

The onsite survey includes the following survey sessions:

Opening conference
Arrangement for a review of the quality assurance activities, including meeting with the physician in charge of quality assurance. A request is made that quality assurance studies and minutes be available for review.

- An Opening Conference that includes:
 - An overview of topics to be covered during the survey, sites to be visited, a review of the survey agenda, review of requested documents
 - Discussion about the structure of the survey
 - Opportunity to answer questions the organization has about the survey and review the organization's expectations for the survey

Suggested participants in the opening conference include members of the governing body and senior leadership (representing all accredited programs/services).

Orientation meeting with key medical and administrative staff of the facility is conducted.

Orientation to the Organization: Suggested participants are the same as those in the Opening Conference. During this session, the surveyor(s) become acquainted with the organization. They learn how the organization is governed and operated and explore the organization's performance improvement process. This session is an interactive discussion and may be combined with the Opening Conference.

Surveyor Planning Session: During this session, the surveyor(s) will review documents provided and plan for individual tracer activities by reviewing patient schedules and verifying locations of organization sites.

After the opening conference, the surveyor tours the facility including operating and recovery rooms, laboratory, and other technical and support services, and administration.

Individual Tracer Activity: During tracers, the surveyor(s) will evaluate the organization's compliance with standards as they relate to the care, treatment, or services provided to patients. The majority of survey activity occurs during

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DURING THE ONSITE SURVEY

The surveyor evaluates the facility based on all applicable standards in the latest IMQ Accreditation Standards for Ambulatory Facilities manual. The surveyor also interviews key personnel.

During the individual tracer, the surveyor(s) will observe the following at a minimum:

- Care, treatment or services being provided to patients by clinicians, including physicians
- The medication process (e.g., preparation, dispensing, administration, storage, control of medications)
- Infection control (e.g., techniques for hand hygiene, sterilization of equipment and disinfection)
- The session will include interviews with patients, staff and practitioners
- Medical record review

The surveyor will review:

- Random sampling of patient medical records
- Complete credentials files for all clinical staff
- Pharmaceutical control logs
- Infection control practices

In addition, for **Ambulatory Surgery Centers (ASC) Deemed Status Surveys:**

- Two active patients are required at the time of survey, preferably on Day 1.
- Surveyors will observe at least one surgical procedure from the pre-operative phase through to the recovery room and discharge phase during the survey. A schedule of surgical procedures is needed for planning this observation.
- Surveyors will use the list of surgeries from the past six months to select a sample of closed medical records to review.
- Surveyors will complete the CMS Infection Control Worksheet

The surveyor will review:

- Random sampling of patient medical records
- Credentials files for all clinical staff

Competence Assessment and Credentialing and Privileging survey session:

During this session, the surveyor(s) will:

- Learn about the organization's competence assessment process for staff, licensed independent practitioners, and other credentialed practitioners
- Learn about the organization's orientation, education, and training processes for staff, licensed independent practitioners, and other practitioners

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DURING THE ONSITE SURVEY

The surveyor will review:

- Calibration logs of appropriate equipment and copies of maintenance contracts
- Documentation of periodic safety drills, testing of safety equipment (fire extinguishers, medical equipment, etc.), and periodic testing of back-up power.

Environment of Care, Emergency Management and Life Safety* survey session:

During this session, the surveyor will meet with individuals familiar with the management of the environment of care, emergency management and life safety assess the organization's degree of compliance with relevant standards and identify vulnerabilities and strengths in the organization's environment of care management, emergency management and life safety processes and compliance with Life Safety Code requirements.

*The Life Safety session does not apply to Office-Based Surgery practices

System Tracers:

During these sessions, the surveyor(s) will explore the organization's infection control, medication management and data management processes.

Leadership session:

During this session, the surveyor(s) will explore leadership's responsibility for creating and maintaining the organization's systems, infrastructure, and key processes which contribute to the quality and safety of care, treatment, or services.

Report preparation:

During this session, the surveyor(s) will compile, analyze, and organize the data collected during the survey. This information will be used to create a Summary of Survey Findings Report that includes any Requirements for Improvement (RFIs). It will summarize any areas of non-compliance noted. The surveyor(s) will provide the organization with the opportunity to present additional information and address any outstanding requests for documents that support standards compliance.

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DURING THE ONSITE SURVEY

After the collection of final data at end of the day, a summation conference is held. The surveyor(s) present their findings to representatives of the organization for discussion and clarification. The summation conference is the last opportunity for direct face-to-face interaction with the surveyor, and allows for consultation and education, and for the organization to clarify or explain possible discrepancies or compliance issues.

Exit Conference:

Suggested participants include the CEO/Administrator (or designee), senior leaders and staff as identified by the CEO/Administrator or designee.

During this session, surveyor(s) will review the Summary of Survey Findings Report with participants. Discussion will include the SAFER™ matrix, Requirements for Improvement and any patterns or trends in performance.

A Summary of Survey Findings Report will be sent to the organization's Joint Commission Connect extranet site. The organization should print copies for all exit conference participants, if desired.

Post-survey follow-up may be required in the form of an Evidence of Standard Compliance (ESC).

The surveyor(s) does not make an accreditation decision, but instead reports findings to the Ambulatory Care Review Committee. Therefore, during the summation conference, the surveyor will not state whether the facility will be awarded an accreditation.

The surveyor completes the appropriate survey report forms and other survey documents and submits the documents to IMQ staff for report preparation.

The survey team does not recommend and is not able to predict the organization's accreditation decision. The accreditation decision is not made until all of the organization's post-survey activities are completed.

AFTER THE ONSITE SURVEY

The reports and recommendations of surveyor(s) are sent to the IMQ Ambulatory Care Review Committee, which makes the accreditation decision. The accreditation decisions which may be rendered are:

- Three Year Accreditation
- Three Year Accreditation with One Year Re-Survey
- Nine Month Accreditation
- Probation
- Non-Accreditation
- Deferred Decision

The organization's Summary of Survey Findings Report is reviewed by staff at The Joint Commission's Central Office.

Based on the review, staff may recommend one of the following Accreditation decisions:

- Accredited
- Accreditation with Follow-up Survey
- Preliminary Denial of Accreditation (not applicable for initial surveys)

Senior Leadership in the Division of Accreditation and Certification Operations and Division of Healthcare Improvement must review and approve the recommendation before sending it to the Joint Commission's Accreditation Council, which has final authority for assigning the accreditation decision. The organization will be provided detailed instructions outlining next steps in the accreditation process.

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AFTER THE ONSITE SURVEY

The facility will receive a notice of the decision within 8 days of the date of the Committee meeting. Facilities requesting CMS deemed status will receive notice of the decision within 10 days of the end of the survey.

Following the completion of the review, the organization's final summary of survey findings report will be posted on the organization's Joint Commission Connect extranet site. The organization will receive an automated e-mail once this report is available.

The accreditation decision may include a request for the facility to submit one or more written Interim Reports and the deadlines for compliance as part of a Corrective Action Plan (CAP)

The Summary of Survey Findings Report will indicate which findings require an Evidence of Standards Compliance (ESC) submission within 60 days.

Once all interim reports have been submitted and approved by IMQ, the facility will receive a letter stating that all requirements of accreditation have been met.

Upon the approval of the organization's ESC, the accreditation decision is posted to the Joint Commission Connect extranet site and to Quality Check (www.qualitycheck.org). Note: The organization's CEO and primary accreditation contact will receive an automated email notification. This decision will be updated to Quality Check the following business day.