

IMQ Organizations Pursuing Joint Commission Accreditation

Frequently Asked Questions

12.11.19

When do ASCs with deemed status have to apply with another CMS-approved accrediting organization in order to avoid the loss of deemed status?

February 8, 2020, which is 60 calendar days from the date IMQ announced its intention to voluntarily terminate its CMS-approved accreditation program. In addition to completing an application, deemed ASCs must also provide written notice to its state agency that it has submitted an application to another CMS-approved accrediting organization.

When do ASCs with deemed status have to obtain accreditation from another CMS-approved accrediting organization to avoid the loss of deemed status?

October 26, 2020, which is 180 calendar days from the effective date of IMQ's planned voluntary termination as a CMS-approved accrediting organization. However, this extension is only available to deemed ASCs that apply with another CMS-approved accrediting organization by February 8, 2020.

What is the effective date of accreditation for an organization that has achieved initial accreditation from The Joint Commission?

An initial organization is awarded accreditation upon the approval of the organization's Evidence of Standards Compliance (ESC), retroactive to the day the organization submitted the acceptable ESC. If there are no Requirements for Improvement identified during the survey, the effective date is the day after the last day of the survey. This makes it important that organizations build in enough time to not only be scheduled for and complete the on-site survey, but also to prepare and submit material demonstrating compliance with any Requirements for Improvement cited during the survey.

If an IMQ customer is due for renewal of its IMQ accreditation in Q1 or Q2 of 2020, how can they ensure there is no lapse in accreditation during this transition?

In anticipation of additional survey volume resulting from IMQ's announced cessation of accreditation activity, The Joint Commission has agreed to prioritize the completion of surveys for IMQ customers who are due for survey early in 2020. The key to avoiding a lapse in accreditation is to apply for ambulatory accreditation as soon as possible. The Joint Commission is dedicating business development and accreditation operations personnel to ensure demand is met and surveys are conducted according to the requirements of authorities such as CMS and the Medical Board of California. Another key reminder is that organizations should ideally prepare for a survey date that is at least 2-4 months prior to the expiration of their current accreditation. This will ensure there is enough time to submit any required Evidence of Standards Compliance (ESC) after the completion of the on-site survey.

What fees are associated with Joint Commission Accreditation?

The Joint Commission uses a subscription billing system. Annual fees are typically billed each January and are based on an organization's size and complexity and recognize the provision of substantial accreditation-related services on a continuous basis between on-site surveys. The annual fee for organizations applying for accreditation the first time will be prorated, based on the quarter in which the application is submitted.

In addition to the annual fee, organizations are billed an on-site fee within two days after the survey. The on-site fee is designed to cover the direct costs of conducting a survey. If a survey specialist is required to be on the survey team (such as a Life Safety Code Surveyor), the organization's invoice will reflect the additional fees to cover the costs of the survey specialist.

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What special financial considerations are being offered by The Joint Commission to IMQ-accredited organizations?

1. Waiver of the customary initial application deposit fee of \$1,700.
2. Ten percent discount on applicable annual fees for the initial 3-year accreditation period.
3. Extended time period (e.g., 90 days from time of invoice) to make final accreditation fee payments.

Are Joint Commission initial surveys announced or unannounced?

All ASC deemed status surveys (initial and resurvey) are unannounced, meaning there is no notice of the event prior to a posting at 7:30 AM (local time) on the organization's secure *Joint Commission Connect* extranet site. ASCs pursuing an initial non-deemed status ambulatory survey, and all initial Office-Based Surgery (OBS) surveys (including outpatient surgical settings under the purview of the Medical Board of California) will have announced surveys. These organizations will be notified of the survey date 30 calendar days prior to the scheduled initial survey.

After an organization achieves initial Joint Commission accreditation, is the next full survey announced or unannounced?

All ASC deemed status resurveys are unannounced. A seven-business day advance notice of a resurvey date is given to certain types of ambulatory care organizations such as:

- Very small ambulatory care organizations, as defined in the AHC accreditation manual
- Bureau of Prisons and contracted prison facilities
- Office-Based Surgery practices (OBS)
- Ambulatory surgery centers that are not using accreditation for deemed status purposes

When do organizations receive the Joint Commission accreditation report, including any areas of non-compliance that must be addressed?

Before the exit conference, the survey team will post a preliminary summary of survey findings report to the organization's secure extranet site. At the exit conference, the survey team will review the preliminary findings identified during the survey. Note that 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. Within 10 business days of survey completion, the Final Accreditation Report is posted to the organization's secure extranet site. An Evidence of Standards Compliance (ESC) report is posted at the same time as the Final Accreditation Report. A completed ESC report must be submitted by the surveyed ambulatory care organization that details what action(s) it took to bring itself into compliance with all non-compliant standards. Upon approval of the organization's ESC, the accreditation decision is posted to the organization's Joint Commission Connect extranet site and to Quality Check (www.qualitycheck.org).

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How long does an organization have to correct any non-compliant standards found during the on-site survey?

In general, organizations have 60 calendar days from when the final accreditation report is posted to the *Joint Commission Connect* site to submit an acceptable Evidence of Standards Compliance (ESC) report. This report will detail the action(s) the organization took to bring itself into compliance with all standards determined to be non-compliant during the on-site survey.

What is the duration of the Joint Commission Accreditation Award?

An accreditation award is continuous until the organization has its next full survey, which will be between 18-36 months after its previous full survey, unless accreditation is revoked for cause or the organization voluntarily withdraws. During the period of the accreditation award, the organization must continue to meet all accreditation-related requirements, including payment of fees.

What professional disciplines are represented on a Joint Commission Survey Team?

The Joint Commission assigns one or more surveyors based upon the size, services provided, and complexity of the organization being surveyed. For ASCs using The Joint Commission for deeming purposes and in ASCs that meet the ambulatory health care occupancy definition, this will include surveyors experienced in both clinical and *Life Safety Code* arenas. In addition, a physician surveyor is part of all surveys where the state agency with jurisdiction requires that an approved accrediting organization include a MD/DO on each survey (e.g., California Outpatient Surgical Settings under the oversight of the Medical Board of California).

Does Joint Commission visit every site where anesthesia is used, even if the locations are part of the same organization and under the same accreditation award?

Yes. All sites where procedures are performed that require more than minimal sedation (anxiolysis) or local anesthesia must be visited during each full accreditation survey. This includes procedures utilizing moderate sedation/analgesia (e.g., conscious sedation), deep sedation/analgesia, spinal or major regional anesthesia and general anesthesia.

Questions about Ambulatory Care Accreditation can be directed to:

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