Laboratory Services Accreditation

First-timer's Roadmap to Accreditation

January 19, 2021

The Joint Commission

Overview of Today's Discussion

Business Development staff will help you understand what steps to take to help prepare and become accredited

Once you're ready to go they'll hand you off to your Account Executive

Your Account Executive will be your "go to person" who will assist you before, during and after your survey

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Today's Team That's Here to Help

Sharon Hibbe, MPH

Business Development Manager Laboratory

Department of Business Development, Government & External Relations

The Joint Commission

Stephanie Scott

Sr. Account Executive and Laboratory Quality Control Specialist

RPI Certified Yellow Belt

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Business Development Team

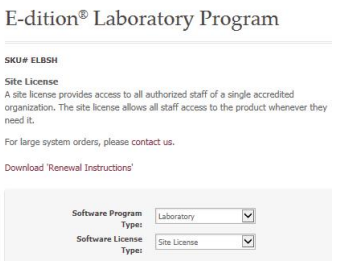
How We'll Help You

Review Eligibility

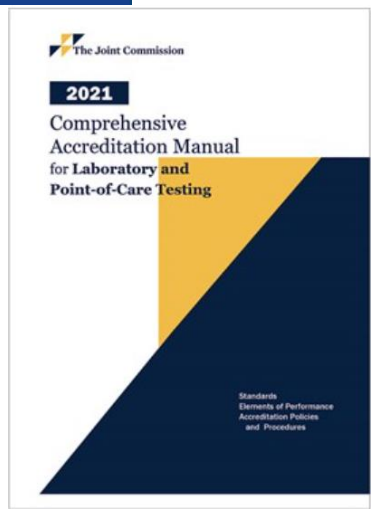
- Operate in the U.S. or its territories
- Clinical laboratory
- Facility license (if required by law)
- CLIA# as applicable
- Non-waived services
- Survey of waived services with non-waived services
- 4 month testing history before survey

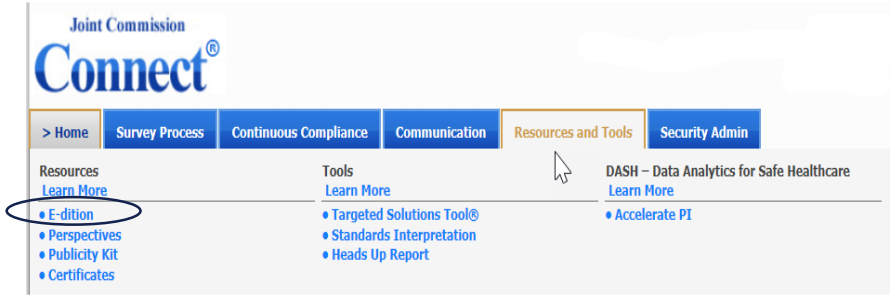
Access to E-dition®

- Request Trial E-dition®
  - Free 90-day access
  - Print capabilities
  - Filter by specialties via “Service Profile”
  - Contact us at qualitylabs@jointcommission.org



- Purchase Hard Copy or Electronic Manual
  - www.jcrinc.com
  - *Comprehensive Accreditation Manual for Laboratory and Point-of-Care Testing (CAMLAB)*
  - E-dition® electronic copy

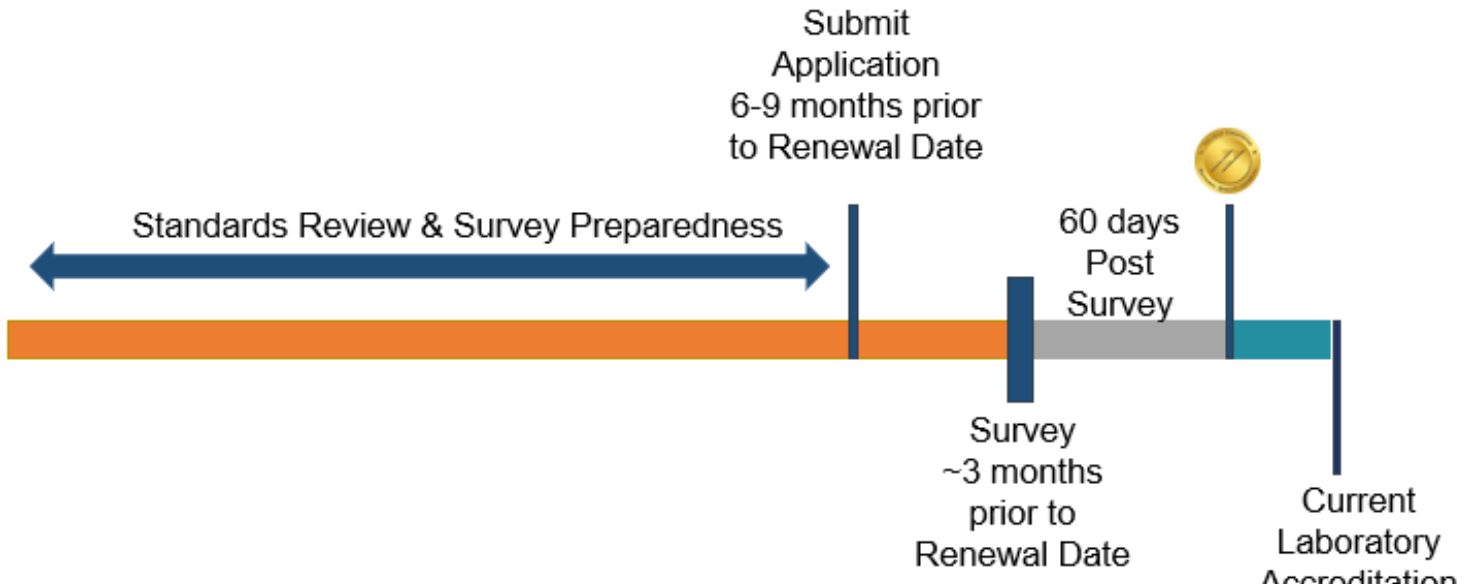




Share Pricing

- 2021 laboratory accreditation fees
- Help you complete an excel estimator form to receive a fee quote

Review Accreditation Timeline

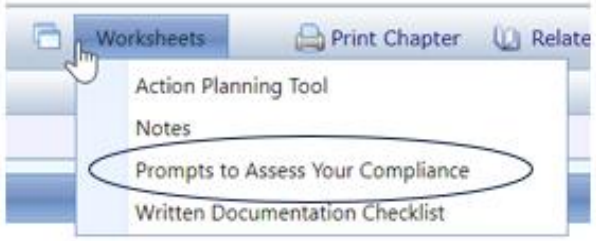


- Submit application 6-9 months prior to current accreditation renewal date
- 4 mo. track record of compliance against standards and 24 mo. PT records surveyed
- Final Survey Report -10 business days post survey
- Corrective Action=Evidence of Standards Compliance (ESC) submitted within 60 days

Share Resources

Prompts to Assess Your Compliance

Available electronically-E-dition® and by PDF formats



ENVIRONMENT OF CARE (EC)

PROMPTS TO ASSESS YOUR COMPLIANCE

Please Note: *Tips do not represent new accreditation requirements. They are intended to provide helpful strategies for standard compliance.*

PROMPTS	TIPS
(EC.02.01.03) Is the no-smoking policy up-to-date and enforced as written?	Review inventory and evaluate all hazardous materials or waste; also evaluate laboratory's policy with managing such materials.
(EC.02.02.01) Have all hazardous materials and waste been identified and addressed in the spills and exposure plan?	

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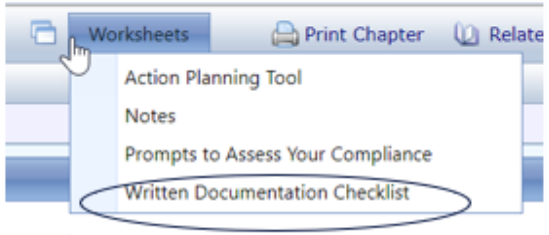
Written Documentation Checklist

Available electronically-E-dition® and by PDF formats



WRITTEN DOCUMENTATION CHECKLIST

This worksheet lists element of performance (EPs) that require written documentation that a surveyor could ask to see during a survey to show compliance with a standard.

(Note: Documentation can be on paper or in an electronic format)

ENVIRONMENT OF CARE (EC)			
	STANDARD AND EP	REQUIRED WRITTEN DOCUMENTATION	DATE LAST VERIFIED
	EC.01.01.01, EP 3	The laboratory has a written plan for providing a safe environment for everyone who enters the laboratory's facilities. (See also EC.04.01.01, EP 15)	
	EC.01.01.01, EP 4	The laboratory has a written plan for providing a secure environment for everyone who enters the laboratory's facilities. (See also EC.04.01.01, EP 15)	
	EC.01.01.01, EP 5	The laboratory has a written plan for managing the following: Hazardous materials and waste. (See also EC.04.01.01, EP 15)	
	EC.01.01.01, EP 6	The laboratory has a written plan for managing the following: Fire safety. (See also EC.04.01.01, EP 15)	

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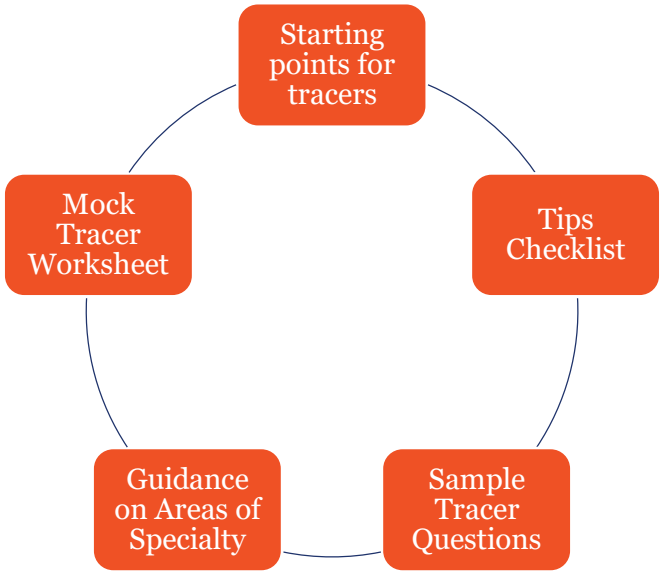
Tracer Methodology Toolkit

- Guidance for how to prepare for survey



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MOCK TRACER TRACKING WORKSHEET FOR LABORATORIES

Use this worksheet to record notes and areas of concern that your team identifies while conducting your organization's mock tracers. This information can be used to highlight a good practice or to determine issues that may require further follow-up. "Yes" or "No" indicates whether the staff member interviewed during the tracer answered the question correctly.

TRACER QUESTIONS	YES	NO	FOLLOW-UP NEEDED	COMMENTS OR NOTES
Describe your laboratory process to handle transfusion reactions				
What training and orientation have been provided to laboratory staff to handle transfusion reactions?				
What data and analysis have you done on the incidence of transfusion reactions in your organization?				
What measures have you introduced, if any, to reduce the incidence of transfusion reactions?				
What initial assessment do you perform for new transfusion patients?				
What were the specimen collection requirements for the tests performed for this tracer patient?				

Survey Activity Guide

- Includes:
  - Preparation tools for survey
  - Abstract of each survey activity
    - Overview of session
    - Session objectives
    - Logistical needs
    - Suggested participants
  - Sample agenda
  - Document list

Available on Joint Commission Connect®
or
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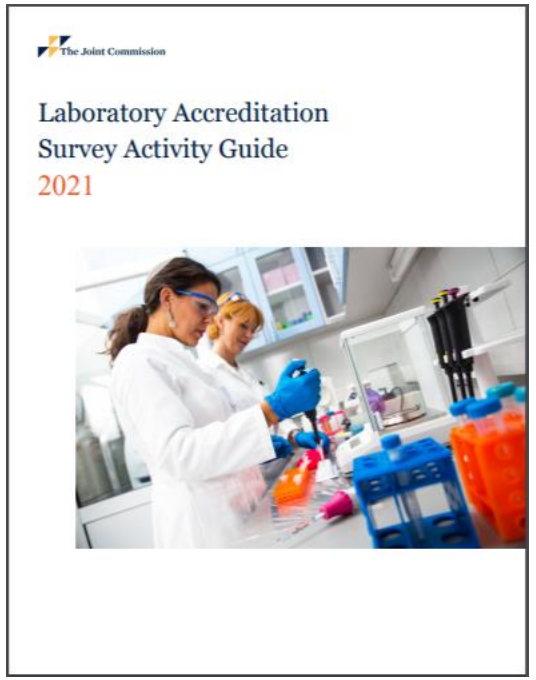
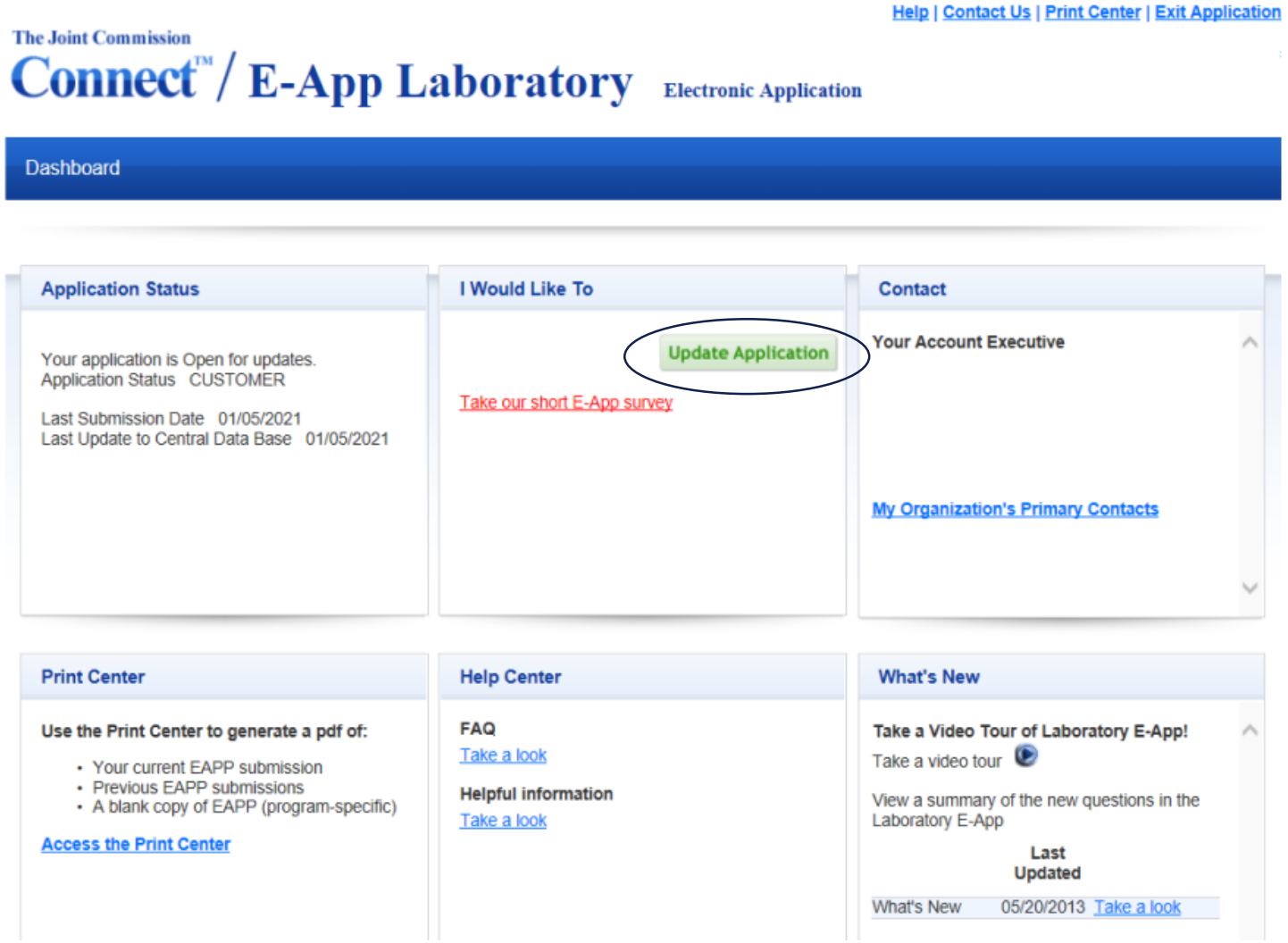


Access to E-App.



Your Account Executive

Your Primary Contact Once You're Ready to Go

- The Account Executive (AE) is your key primary contact once the process has begun
  - Coordinates survey planning
  - Handles policy, procedure and laboratory accreditation questions throughout your accreditation cycle.
    - Pre-survey
    - During survey
    - Post-survey
  - Provides ongoing access to education and resources

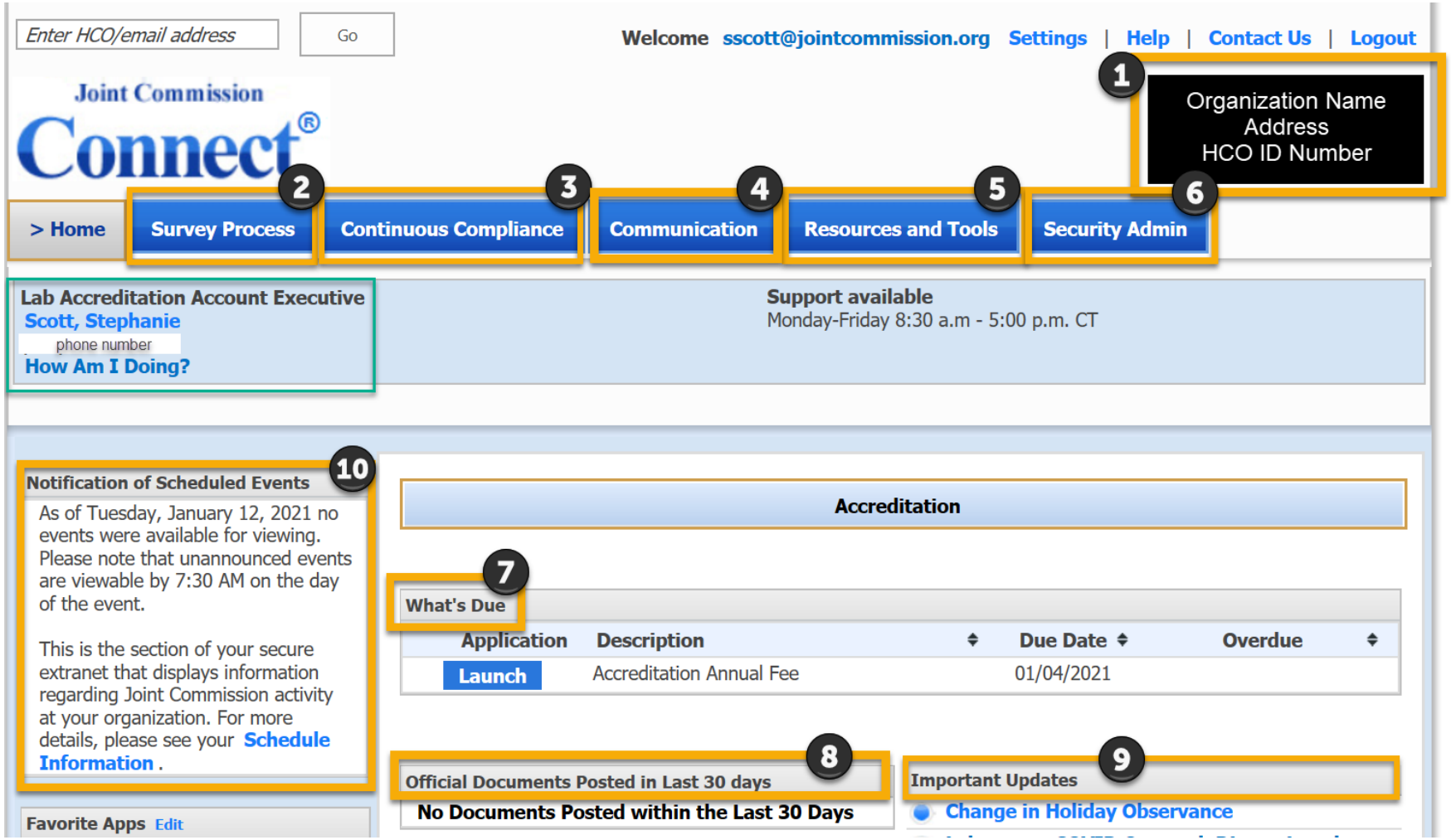
What Happens Before the Survey?

Secure Joint Commission Connect Extranet® Site

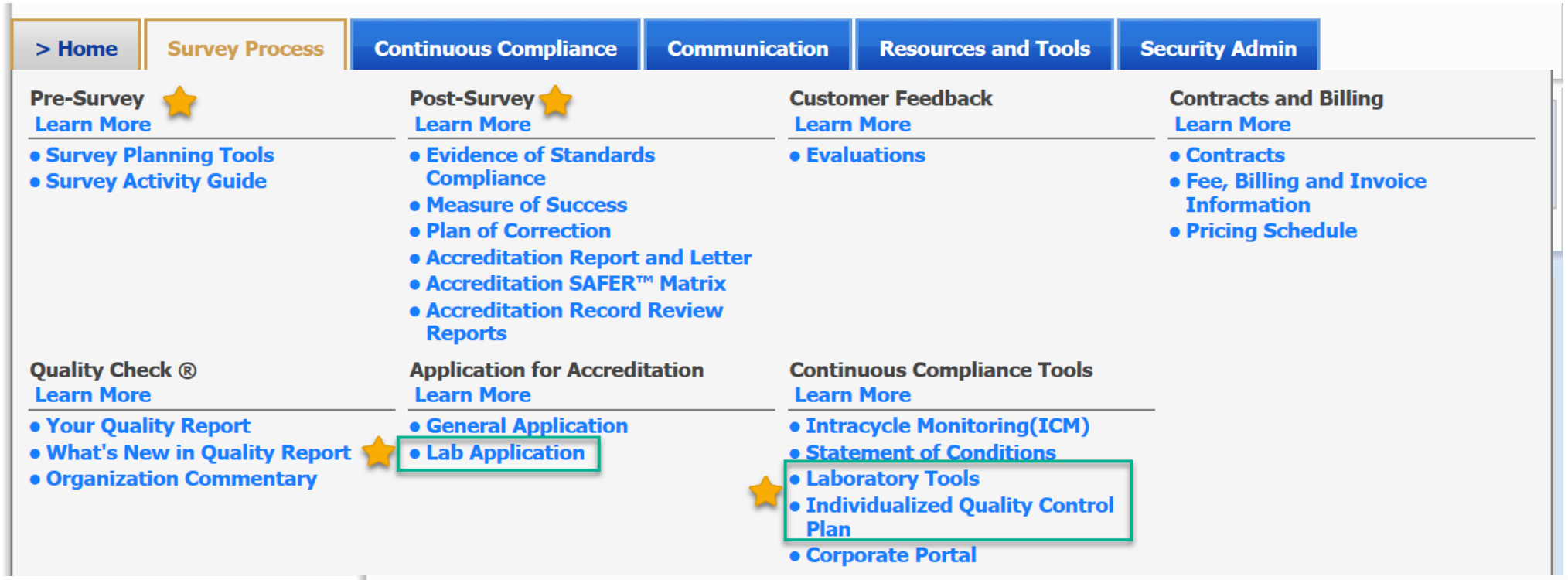
Your organization will be provided a secure, password-protected portal. For labs part of an organization with existing Joint Commission accreditation, lab resources and contact links will be added.

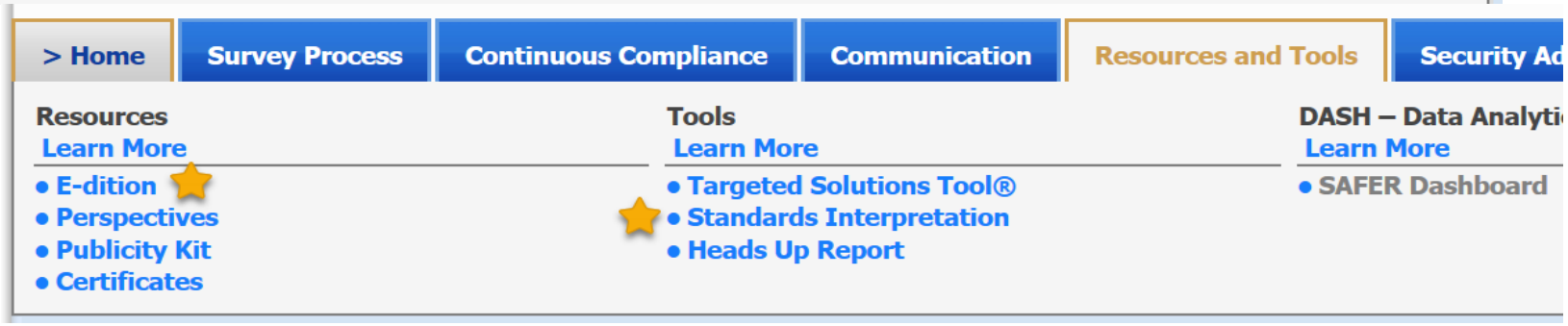
- Scheduled survey notifications
- Survey agendas
- Resource Documents and Tools
- Survey process guide
- Program specific links

Your Organization's Individual Portal



What Will You Find in the Portal?





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Electronic Application (E-App)

Importance of Application Information

- Your organization's specific information is crucial as it determines the number of days required for a survey and the number and type of surveyors
  - Organization main address
  - Additional sites and clinics
  - CLIA numbers including waived site CLIAs if applicable
  - CLIA test specialties and total non-waived test volume
  - Proficiency Testing Provider
  - Medical Lab Director for non-waived CLIA numbers – this includes years of experience, education and other information. The Joint Commission will update CMS with medical lab director changes
  - Hours of operation
  - Avoid dates (10 business days for the lab program)
  - Ready date for initial surveys – lab initial surveys are announced events

Scheduling of Surveys

- Once an application is submitted, your Account Executive will be in touch to schedule a call to discuss application information
- After phone call, the application is processed and sent to scheduling
  - Will be scheduled based on ready date (*initials only) or re-survey timeframe, plus avoid dates from application
- IVF labs and labs with fewer than 25,000 total annual tests receive a 7 business day short notice email prior to the start of the survey
- Notification posted on morning of first day (7:30 am local time) survey within Joint Commission Connect with surveyor information

What Happens After the Survey

- Preliminary report (24 hours)
- Status of Final Accreditation Report (more info next slide)
  - Content of Final Accreditation Report (with timeframes)
  - Scored findings, follow up events, etc.
- Evidence of Standards Compliance (ESC) Submission Process
  - Optional 10 Day Clarification*
- Award letter
- Certificate

Final Accreditation Report

Final Accreditation Report is posted

Following the submission of an acceptable ESC report, the accreditation decision is granted

Decision Date

- Initial survey with Requirements for Improvement (RFI): The effective date of the accreditation is the date on which an acceptable ESC was submitted
- If there are no RFIs, the effective date is the day after the last day of the survey
- Resurvey with or without RFIs: Accreditation dates are effective the day after the last day of survey
- The ESC is acceptable when the organization has demonstrated resolution of all RFIs

CLIA Updates Post Survey

After the survey, Joint Commission will update the CMS 116 online form with the most recent survey date, the surveyed test specialties, and reported test volume. Initial surveys will be updated after the ESC has been approved

Labs who are switching accrediting agencies should notify their state CLIA office of the move to Joint Commission

For new CLIA certificates of registration, labs should notify their state CLIA office that Joint Commission should be the listed accrediting agency

Continued Support to Help with Compliance

Intracycle Monitoring (ICM)/Focused Standards Assessment (FSA)

Monthly *Perspectives* publication

Standards Interpretation Group

http://web.jointcommission.org/sigsubmission/sigquestionform.aspx

What's Next

How to Reach Our Laboratory Business Development Staff

Caleb Bardy MBA, MLS (ASCP)^{CM}
Business Development Manager-Laboratory
The Joint Commission

Sharon Hibbe, MPH
Business Development Manager-Laboratory
The Joint Commission

Contact us at qualitylabs@jointcommission.org

The Joint Commission

How to Contact Our Account Executive Team

Kristy Krywanio
Lead Account Executive
The Joint Commission

Katherine Zlotnick
Senior Account Executive
The Joint Commission

Veronica Simmons
Senior Account Executive
The Joint Commission

630-792-3007

Stephanie Scott
Sr. Account Executive and Lab Quality Control Specialist
The Joint Commission

Eileen Stawczyk
Laboratory Specialist
The Joint Commission

Brittnay Hull
Lead Account Executive
Bureau of Primary Health Labs
The Joint Commission

Bridget Egan
Service Team Lead Instructor
The Joint Commission

Additional Resources

Joint Commission - www.jointcommission.org

Joint Commission Resources - www.jcrinc.com

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Thank you for all that you do.