The Joint Commission

Evidence of Standards Compliance (ESC)

Frequently Asked Questions

Q: How does an organization know if an ESC is required?

A: The final report will indicate any follow-up activity required. The organization's primary accreditation/certification contact will be notified via email once the final report is posted to the organization's secure Joint Commission Connect™ site. The ESC due date will appear under the "What's Due" section. In addition, a reminder message will be sent to the primary contact 15 days prior to the ESC due date.

Q: How will the Joint Commission evaluate the ESC submission?

A: Joint Commission staff will review the actions the organization has taken to correct the specific findings/observations identified during the onsite survey/review and whether the organization has shown sustainable compliance with the standard/element of performance.

Q: Several individuals were involved in implementing our organization's corrective action. Is it really necessary to identify one individual responsible for overall and ongoing compliance?

A: Yes. Your organization is required to identify *one* individual, by title, responsible for the corrective action and overall and ongoing compliance to ensure there is always one point of accountability within your organization. For example: "The *[staff title]* is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance."

Q: Do I need to provide supporting documentation with our ESC?

A: No, but at the time of the ESC submission, your organization will need to reference any documents developed or revised in the corrective action. There is no functionality to provide attachments within the ESC form at this time.

Q: Our organization received a Requirement for Improvement (RFI) during our survey which we corrected immediately. What information should be included in the ESC?

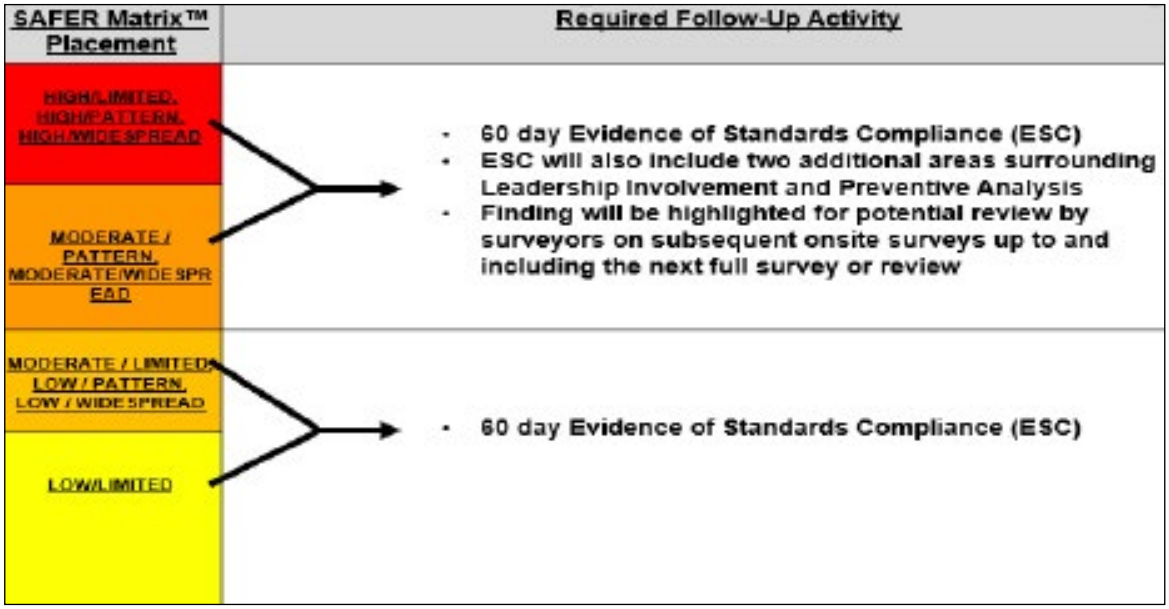
A: While your organization corrected the issue during survey, your organization is still required to report your sustainable process and how it was implemented across your organization, for example, updating a policy or procedure and conducting staff education via in-service meetings. All ESC fields (based on the scope and likelihood) are required to be completed.

Q: What is the definition of "immediate" in regard to Life Safety or Environment of Care?

A: This has been described as shift plus one, meaning any immediate correction necessary needs to be completed by the end of the shift following its identification.

Q: How do I know which EP requires the additional fields of Leadership Involvement and Preventive Analysis?

A: Only the applicable fields needing to be completed will appear under each EP within the ESC form on your organization's extranet site. As a result, if an EP requires the two additional fields of Leadership Involvement and Preventive Analysis to be completed, then those two areas will appear within the ESC form. A legend is included below illustrating what areas of the Survey Analysis for Evaluating Risk ™ (SAFER™) Matrix require what follow-up activity.



Q: If the preventive analysis field is required, is there a specific form I need to complete?

A: No, there is not a specific form that is required to be completed for the Preventive Analysis section of the ESC form nor is there a specific analytical process that is required to be utilized. You will simply describe in the text box the analysis that was completed to ensure that not only the noncompliant issue was addressed, but also any underlying reasons for the failure were addressed as well.

Q: When you ask for a description of leadership involvement, is there a minimum expectation regarding the level of leadership involved and the extent to which they are involved?

A: The Joint Commission does not prescribe a specific level of leadership involvement, allowing organizations to determine which level of leadership involvement is appropriate to address issues of non-compliance. As a minimum guideline, leaders should have authority to provide resources, oversee the sustainment of the corrective action, and establish intervals of communication and/or reporting updates. Please reference our Accreditation Manual glossary definition of "Leader" for further guidance.

Q: Should ESC submissions be focused on correcting the immediate issue or addressing the broken process?

A: The Joint Commission expects all organizations to correct the immediate issues of non-compliance AND ensure that the non-compliance will not recur in the future. However, it may not always be possible to correct the immediate issue of non-compliance, such as medical record entries for a patient who has already been discharged. In this case, it would be unethical and illegal to backdate medical record entries; therefore, the organization needs to demonstrate that it has adequately identified and corrected the process failure going forward.

Q: What should be included when addressing LD.01.03.01?

A: Within the ESC response specific to LD.01.03.01 (typically scored in conjunction with a CMS Condition of Participation scored at Condition Level), information for inclusion may include a description/explanation of:

- Leadership/governing body involvement in correcting the non-compliant issue
- Leadership/governing body actions taken to ensure compliance
- The new activities/responsibilities assumed by the leadership/governing body to demonstrate its active participation in ensuring future compliance

Q: Within the Ensuring Sustained Compliance section of the ESC, what are the requirements for procedures/activities identified for monitoring, frequency of monitoring, the data collected and reported?

A: The Joint Commission does not prescribe specific requirements for ensuring sustained compliance. Organizations can consider the following questions when determining the details of their plan to ensure compliance:

- Does the plan reflect a clear understanding of the underlying compliance issue and include a reasonable method for detecting future compliance issues and correcting them?
- If the issue were to arise again, will the ensuring sustained compliance activities be able to detect it?
- Is the plan designed to catch compliance issues quickly if they reappear?
- Is the data collection plan appropriate as a means to detect the problem?
- Is the reporting plan acceptable in terms of alerting the right people about non-compliance in an appropriate time frame?

Q: What sampling criteria should an organization use to demonstrate sustained compliance?

A: The Joint Commission does not prescribe or require a sampling method/criteria and organizations can determine the best model to measure sustained compliance. Consider the following: what needs to be measured; length of time to determine if the corrective action plan will ensure sustained compliance; the goal to demonstrate sustained compliance; and a definitive sampling methodology, if sampling is used. The following sampling criteria can be utilized and is being provided as a possible framework/guideline only:

Example Sampling Criteria *Note: These sampling criteria are based on a monthly sampling size determined by the organization's applicable population. For example: for inpatient, use average daily census; for outpatient, use visits or cases; and for personnel, use number of staff.*	
Population Size	**Sample Size**
30 or less (<) cases	100% of Cases
31 to 100 cases	30 Cases
101 to 500 cases	50 Cases
Greater than (>) 500 cases	70 Cases

Q: With the elimination of the Measure of Success (MOS) activity from the post-survey follow-up process, what's the expectation for monitoring compliance and setting a compliance rate goal?

A: With changes to the post-survey process implemented in conjunction with SAFER™ in January 2017, organizations are not required to submit a MOS to The Joint Commission post-survey*. The Joint Commission's expectation is that organizations are always in full compliance, as any instances of non-compliance will be considered a Requirement for Improvement (RFI) during a survey/review. That said, with The Joint Commission's focus on high reliability, we encourage organizations to be aggressive in setting 100% compliance goals, monitoring compliance to achieve 100% compliance, and taking necessary actions in addressing instances of non-compliance.

**Note: This does not apply to Sentinel Events where a MOS is required. At this time, the submittal of a MOS for Sentinel Events is still required.*

Q: What if instances of non-compliance are identified by the organization as part of its plan for ensuring sustained compliance?

A: At the time of the ESC submission, organizations are explaining details of corrective actions that were implemented to achieve compliance and sustain compliance. It is the the expectation that organizations will sustain compliance, monitor compliance, and take additional actions if necessary when instances of non-compliance are noted as part of monitoring sustained compliance activities. If non-compliance is observed at the time of an onsite survey, a repeat RFI will result.