



Rural Health Clinic Accreditation

Organization Survey Activity Guide

July 2026

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What's New for Rural Health Clinic Survey Process 2026

No changes for July 2026

Rural Health Clinic (RHC) Organization Survey Activity Guide (SAG)

Table of Contents

How to Use this Guide.....	4
BEFORE THE SURVEY	5
Preparing for Surveyor Arrival	6
Survey Readiness Guide.....	7
Rural Health Clinic Requested Document List.....	8
Rural Health Clinic Survey Activities.....	10
Rural Health Clinic -- Sample Survey Agenda	11
DURING THE SURVEY	12
Surveyor Arrival and Preliminary Planning Session.....	13
Opening Conference and Orientation to the Organization	15
Individual Tracer Activity / Medication Management.....	17
Individual Tracer Activity / Infection Control.....	20
Environment of Care and Emergency Management Session.....	21
Competence Assessment and Credentialing and Privileging.....	24
Leadership and Data Use Session	25
Special Issue Resolution	26
Surveyor Report Preparation.....	27
Organization Exit Conference.....	28
FOLLOWING THE SURVEY	29
After Your Joint Commission Survey.....	30

How to Use this Guide

This guide contains:

- Information to help you prepare for survey
- A description of each survey activity that includes objectives, an overview of the topics that will be covered, logistical issues, and suggested participants
- Activities are listed in the general order that they are conducted.

The Survey Activity List includes suggested duration and scheduling guidelines for each of the activities. At the beginning of the survey, there will be an opportunity for you to work with the surveyor to prepare an agenda for the visit that will fit with your day-to-day operations.

Please Note: Not all the activities described in this guide are contained in the activity list or on the agenda template. Many of the activities will take place during individual tracer activity. The surveyor will incorporate these into the on-site survey when they are applicable to your organization.

BEFORE THE SURVEY

Preparing for Surveyor Arrival

Advanced Planning

The surveyor arrives unannounced. During your survey window, check your *Joint Commission Connect* extranet site for notification of survey event

Planning in advance for the surveyor's arrival helps staff be better prepared for the survey. This will include reviewing the documents found on the Requested Document List.

Preparing for Survey

Prepare a plan for staff to follow when the surveyor arrives. The plan should include:

- Greeting the surveyor: Identify the staff usually at the main entrance of your organization. Tell them about the Joint Commission survey and what to do when the surveyor arrives. Explain the importance of verifying the surveyor's identity by checking their Joint Commission picture identification badge. Also log into your *Joint Commission Connect* extranet site to validate the surveyor's identity when possible.
- Who to notify: Identify leaders and staff to notify when the surveyor arrives, including the individual who will be the surveyor's "contact person" during the survey. Identify alternate individuals in the event that leaders and staff are unavailable. Create a list of their names and telephone numbers.
- A workspace for the surveyor: Ask the surveyor to wait in the lobby until an organization contact person is available. The surveyor will need a location that will serve as their "base" throughout the survey. This workspace should have a desk or counter area, an electrical outlet, telephone, and internet access.
- The Survey Readiness Guide is a tool that helps you plan the survey.
- Requested Document List: Your organization should be prepared to have documents available for the surveyor as soon as your organization validates their identity. If these documents are not available when the surveyor arrives, the surveyor will immediately begin to evaluate the care, treatment, or services provided to your patients through individual tracer activity.
- Identifying who will provide the Safety Briefing for the surveyor
 - The purpose of the Safety Briefing is for your organization to inform the surveyor about any current safety or security concerns and how Joint Commission staff should respond if your safety plans are implemented while they are on site.
 - **The briefing is informal, five minutes or less**, and should take place once the surveyor is settled in the "base" location reserved for their use throughout the survey.
 - Situations that should be covered include fire, smoke or other emergencies; workplace violence events (including active shooter scenarios); any contemporary issues the surveyor may experience during the time they are with you (for example, seasonal weather-related events, anticipated or current civil unrest, or labor action).
- Staff: Identify staff who will accompany the surveyor during the survey.
- Expectations for the survey: Identify your organization's expectations for the on-site survey and prepare to share these with the surveyor.

Survey Readiness Guide

Actions to take when the surveyor arrives	Responsible Staff	Comments:
Greet surveyor		
Check your <i>Joint Commission Connect</i> extranet site for notification of survey event		Be sure to designate someone to access your organization's <i>Joint Commission Connect</i> extranet site.
Verify identity of the surveyor		Check the picture ID to ensure that the surveyor is from Joint Commission. Also log into your <i>Joint Commission Connect</i> extranet site to validate the surveyor's identity, when possible.
Determine where the surveyor will meet with your team		Location:

Note: Refer to the Survey Activity Guide for additional information on how to prepare for survey.

The Requested Document List and Survey Activities list appears on the pages that follow. Please review them to assist you in preparing for your survey. The Survey Activities list includes the potential survey activities that can occur on an accreditation survey, including the suggested duration, and suggested timing for these activities. This information will allow your organization to begin identifying participants that need to be involved in the survey. The Survey Activities list includes a column for your organization to use for documenting participant names, possible meeting locations, times that could conflict with participant availability, or any other notes. Please work with your surveyor to confirm the best time(s) for specific survey activities to take place. Contact your Account Executive with any questions related to this information.

Rural Health Clinic Requested Document List

As a Rural Health Clinic, you will need to have the following documentation available for the surveyor to review during the Surveyor Arrival and Preliminary Planning Session.

Please note that this is not intended to be a comprehensive list of documents that may be requested during the survey. The surveyor may need to see additional documents to further explore or validate observations or discussions with staff.

The 12-month reference in the following items is not applicable to organizations undergoing an initial accreditation survey.

Item No.	Items	Comments/ Notes
1	Map/floor plan	
2	Plans for improvement from the last survey (if applicable)	
3	Performance/Quality Improvement data from the past 12 months	
4	Infection control surveillance data from the past 12 months	
5	Infection control goals	
6	Environment of care data	
7	Environment of care management plans	
8	Organization chart, including lines of authority and responsibilities	
9	List of staff, including the names of the medical director, physicians and other licensed practitioners, and all other staff providing patient care	
10	List of location(s) where high-level disinfection and/or sterilization are performed	
11	Patient appointment schedules and a list of visiting nurse service visits scheduled during the survey, if applicable	
12	List of mobile unit(s), location(s), and schedule, if applicable	
13	List of all RHC services including specialty services and all services provided through contracts or agreements	
14	Rural health clinic patient care policies that address the following: ○ A description of the services the clinic provides directly and those furnished through agreement or arrangement ○ Guidelines for the clinical management of health problems, which include conditions requiring medical consultation and/or patient referral ○ Updating patient medical history ○ Maintenance of health care records ○ Procedures for the periodic review and evaluation of the services furnished by the clinic	

	○ Policies for the storage, handling, and administration of drugs and biologicals	
15	Documentation of RHC program evaluation	
16	Name and extension of key contacts who can assist surveyor in planning tracer selection	
Documents Related to Emergency Management Note: Documents listed below may be included in the emergency preparedness plan.		
17	Emergency preparedness plan	
18	Emergency preparedness risk assessment	
19	Emergency preparedness policies and procedures	
20	Emergency preparedness continuity of operations plan	
21	Emergency preparedness education and training program	
22	Emergency preparedness exercises and testing program	
23	Emergency preparedness plan evaluation (after-action/improvement plans)	
24	Unified and integrated emergency preparedness plan, policies, and procedures (if applicable)	

Rural Health Clinic Survey Activities

Activity Name	Suggested Duration of Activity	Suggested Scheduling of Activity	Notes
Surveyor Arrival and Preliminary Planning	15 minutes	Upon arrival	
Opening Conference/ Orientation to Organization	30 minutes	As early as possible	
Individual Tracer / Medication Management	120 - 180 minutes	Individual tracer activity occurs throughout the survey and will include an assessment of medication management.	
Environment of Care and Emergency Management	60 minutes	After some individual tracer activity has occurred	
Leadership and Data Use Session	30 minutes	After some individual tracer activity has occurred. Leadership will also be discussed.	
Lunch	30 minutes	At a time negotiated with the RHC	
Infection Control / Additional Individual Tracer Activity	60 minutes	After some individual tracer activity has occurred	
Competence Assessment and Credentialing & Privileging	75 minutes	After some individual tracer activity has occurred	
Special Issue Resolution	15 minutes		
Report Preparation	45 minutes		
Exit Conference	30 minutes	Final activity of survey	

Rural Health Clinic -- Sample Survey Agenda

Time	Activity
8:00 – 8:15 a.m.	Surveyor Arrival and Preliminary Planning Session • Introductions • Brief review of agenda • Obtain and review appointment schedule for the day
8:15 – 8:45 a.m.	Opening Conference / Orientation to Organization • Organization mission and scope of care • Types of services provided at the clinic • Patient populations /patient schedules
8:45 – 10:45 a.m.	Individual Tracer Activity / Medication Management • Patient and staff interviews; direct observation of patient/staff/provider interactions • Medication management processes - Look Alike-Sound Alike/storage/samples • Review a sample of active patient records as follows: ✓ At least 20 active patient records for an RHC with a monthly case volume exceeding 50. ✓ For lower volume RHCs at least 10 records should be selected. ✓ The sample size may be expanded as needed in order to determine compliance with the RHC Conditions for Certification. ✓ The sample must include Medicare beneficiaries as well as other patients. ✓ Include any patients with emergency transfers to hospitals or Critical Access Hospitals (CAHs).
10:45 – 11:45 a.m.	Environment of Care and Emergency Management • Review of required plans • Equipment maintenance • Fire drills and emergency plan testing
11:45 – 12:15 p.m.	Leadership and Data Use Session • Review and discuss collected data • Discuss leadership oversight
12:15 – 12:45 p.m.	Surveyor Lunch
12:45 – 1:45 p.m.	Individual Tracer Activity / Infection Control • Continue staff and patient interviews and observations, patient record review • Infection control processes - Activities, goals, practices to minimize transmission, equipment and supply availability, staff vaccinations, surveillance
1:45 – 3:00 p.m.	Competence Assessment / Credentialing and Privileging Session • Staff file review; competencies; licensure; CPR; orientation and ongoing education, emergency management training • Licensed practitioner file review; credentialing and privileging; orientation and ongoing education
3:00 – 3:15 p.m.	Special Issue Resolution
3:15 – 4:00 p.m.	Surveyor Report Preparation
4:00 – 4:30 p.m.	Exit Conference

DURING THE SURVEY

Surveyor Arrival and Preliminary Planning Session

Participants

Suggested participants include organization staff and leaders as identified in the Pre-survey Planning process, and individual(s) that will provide the Safety Briefing to surveyors, if different than the accreditation contact or survey coordinator.

Duration

The surveyor will arrive between 7:45-8:00 a.m. unless business hours, as reflected in the survey application, indicate that your organization opens at a later time. The suggested duration of this session is approximately 15 minutes.

Surveyor Arrival Activities

- Notify key organization members as identified in the pre-survey planning session of the surveyor arrival.
 - Validate that the survey is legitimate by accessing your *Joint Commission Connect* extranet site. A staff member in your organization with a login and password to your *Joint Commission Connect* extranet website will follow through with this by:
 - Accessing Joint Commission's website at www.jointcommission.org
 - Under 'Action Center,' log in *Joint Commission Connect* extranet site
 - Enter a login and password
 - If you cannot access *Joint Commission Connect* extranet site to validate the survey or surveyor, call your Account Executive
- Your organization's *Joint Commission Connect* extranet site contains the following information (posted by 7:30 a.m. on the morning of your survey):
- Notification of scheduled Joint Commission event authorizing the surveyor's presence for the unannounced survey
 - Surveyor name, picture, and biographical sketch
 - Scheduled survey date(s)
- If you have not already downloaded a copy of your survey agenda, do so at this time.
 - Begin gathering and present documents as identified in the Survey Document List applicable to your RHC. The surveyor will start reviewing this information immediately.

Overview

The surveyor will need a workspace they can use as their "base" for the duration of the survey. This area should have a telephone, internet access, and access to an electrical outlet. The surveyor will need the name and phone number of a key contact person who will assist them in planning for the survey and their tracer selections.

After the surveyor identification has been verified, they will immediately begin planning for tracer activity by reviewing the documents you provide them (refer to the Survey Document List on the preceding pages). If documents are not available for the surveyor to review during this session, they will proceed to areas where care, treatment, or services are provided and begin individual tracer activity.

The organization is requested to provide the surveyor with a Safety Briefing (informal, no more than five minutes) sometime during this activity. The purpose of this briefing is to inform the surveyor of any current organization safety or security concerns and how Joint Commission staff

should respond if your safety plans are implemented while they are on site. Situations to cover include:

- Fire, smoke, or other emergencies
- Workplace violence events (including active shooter scenarios)
- Any contemporary issues the surveyor may experience during the time they are with you (for example, seasonal weather-related events, anticipated or current civil unrest, or labor action)

Opening Conference and Orientation to the Organization

Participants

Suggested participants include leadership, medical director, and other designated staff. Attendees should be able to address leadership's responsibilities for planning, resource allocation, management, oversight, performance improvement, and support in carrying out your organization's mission and strategic objectives.

Duration

The duration of this session is approximately 30 minutes.

Overview

During this session, the surveyor will:

- Describe the structure of the survey
- Answer questions your organization has about the survey
- Review your organization's expectations for the survey
- Become acquainted with your organization. They learn how your organization is operated and explore your organization's performance improvement process.

The surveyor will introduce themselves and describe each component of the survey agenda. The surveyor will describe the System Tracers they will conduct. It is important for you to discuss and review your organization's expectations for the onsite survey with the surveyor. Questions about the onsite visit, schedule of activities, availability of documents or people, and any other related topics should be raised at this time.

Discussion topics may include:

- The services the RHC provides, including specialty services and services provided through contracts or agreements, as well as the hours that these services are available.
- Leadership oversight and monitoring of contract services and contract individuals.
- Agreements or arrangements with one or more providers or suppliers participating under Medicare or Medicaid to furnish other services to its patients, including the following:
 - Inpatient hospital care
 - Physician services (whether furnished in a hospital, an office, the patient's home, a skilled nursing facility, or elsewhere)
 - Additional and specialized diagnostic and laboratory services that are not available at the clinic
- The RHC's mission, vision, goals, and strategic initiatives
- The medical direction of the RHC and staffing by physicians and other mid-level providers
- Process for patient care policy development and review

Note: When a situation is identified that could be a threat to health and safety, surveyors will contact Joint Commission's administrative team. Joint Commission will either send a different

surveyor to evaluate the issue or the surveyor on site will be assigned to evaluate further. The evaluation may include interviews; observations of care, treatment, and service delivery; and document review. Your cooperation is an important part of this process. Surveyors will discuss the findings with Joint Commission's administrative team and outcomes will be communicated to your organization when a decision is reached.

Individual Tracer Activity / Medication Management

Participants

Suggested participants include staff and management involved in the individual's care, treatment, or services.

Duration

The duration of individual tracer activity varies but typically is 120 -180 minutes.

Overview

During tracers, the surveyor will evaluate your organization's compliance with standards as they relate to the care, treatment, or services provided to patients.

Most survey activity occurs during individual tracers. The term "individual tracer" denotes the survey method used to evaluate your organization's compliance with standards related to the care, treatment, or services provided to a patient. Most of this survey activity occurs at the point where care, treatment, or services are provided.

Tips for Conducting Mock Tracers

When conducting mock tracers, consider the following criteria when selecting a patient to trace.

Consider selecting patients who:

- Are receiving medications
- Undergo invasive procedures
- Receive various services (for example, behavioral health care, specialty care, radiology, or laboratory services)
- Were recently hospitalized or seen in the emergency room
- Receive IV/Infusion therapy
- Receive OB/Gyn care

Your organization can prepare for individual tracers by conducting mock tracers. See below.

Initially, the selection of individual tracer candidates is based on your organization's clinical services as reported in your e-application and the general risk areas identified for the accreditation program which are listed in the Intra-Cycle Monitoring (ICM) Profile. The surveyor will also consider any organization-specific risk areas listed in the ICM Profile. As the survey progresses, the surveyor may select patients with more complex situations, who are identified through the system tracers and whose care crosses services.

The surveyor starts the tracer by reviewing a record of care with the staff person responsible for the individual's care, treatment, or services. The surveyor then begins tracing or:

- Following the course of care, treatment, or services provided to the patient from entry to the organization through the end of an episode of care.
- Assessing the interrelationships between disciplines, departments, programs, or services identifying issues that will lead to further exploration in the system tracers or other survey activities such as the Leadership Session.

The surveyor may use multiple patient records during an individual tracer. The record helps the surveyor follow the care, treatment, or services provided by the organization to the patient.

The surveyor may arrive in the clinical area and need to wait for staff to become available. If this happens, the surveyor will use this time to evaluate environment of care issues or observe the care, treatment, or services being provided.

During the individual tracer, the surveyor will **observe** the following at a minimum:

- Care, treatment, or services being provided to patients by clinicians, including physicians and other licensed practitioners
- The medication process (e.g., preparation, dispensing, administration, storage, control of medications)
- Infection control topics (e.g., techniques for hand hygiene, sterilization of equipment, disinfection, and housekeeping)
- The process for planning care, treatment, or services
- The environment as it relates to the safety of patients and staff

During the individual tracer, the surveyor will **interview staff** about:

- Communication for the coordination of care, treatment, or services.
- The use of data in the care of patients, and for improving organization performance; their awareness and involvement in performance improvement projects
- Patient flow through the organization
- Patient education
- Staff orientation, education, and competency
- Awareness of roles and responsibilities related to the Environment of Care, including prevention of, and response to incidents and reporting of events that occurred
- The information management systems used for care, treatment, and services (paper, fully electronic or a combination of the two) and any procedures they must take to protect the confidentiality and integrity of the health information they collect including the following:
 - Back up procedures they have been instructed to use if the primary system is unavailable
 - Electronic system access procedures (passwords, authentication, etc.), confidentiality measures, and instructions on down-time procedures
 - Risk awareness, detection and/or response to potential cyber emergencies
- Organization processes that support or may pose a barrier to patient care, treatment, or services

During the individual tracer, the surveyor will **interview patients** and their families about:

- Coordination and timeliness of services provided
- Education received
- Response time when warranted by care, treatment, or services
- Perception of care, treatment, or services
- Whether they observe staff washing their hands
- Whether staff verified the patient's identity

The surveyor will spend some of the time designated for Individual Tracer Activity reviewing a sample of clinical records for RHC patients seen by a physician or other licensed practitioner from the RHC within the previous 90 days.

- At a minimum, the sample will include at least 20 records for an RHC with a monthly case volume exceeding 50. For lower volume RHCs, the sample will include at least 10 records.
- The sample size may be expanded as needed in order to assess compliance with the RHC requirements
- The sample will include Medicare beneficiaries as well as other patients, and any emergency transfers to hospitals or Critical Access Hospitals (CAHs).

Individual Tracer Activity / Infection Control

Participants

Individual(s) responsible for oversight of infection control processes and staff who can respond to topics related to infection control activities.

Duration

The duration for this activity is 60 minutes.

Overview

During this activity, the surveyor will explore your organization's infection prevention and control processes as patients receive care, treatment, and services.

The surveyor will explore how your organization does the following:

- Plans, implements, and evaluates your clinic's infection control goals
- Develops infection control goals; reviews the outcome(s) of infection, prevention, and control activities; annually evaluates infection control activities; and implements opportunities for improvement
- Implements processes to support infection, prevention, and control such as hand hygiene, low-level and high-level disinfection and sterilization of medical equipment, devices, and supplies
- Identifies and manages outbreaks of infectious disease
- Implements activities to support staff influenza vaccination
- Educates and trains staff on infection control policies and procedures

Environment of Care and Emergency Management Session

Participants

Individuals familiar with the management of the environment of care and emergency management. This may include the safety officer, security management coordinator, facility manager, IT representative, and the person responsible for emergency management.

Duration

The duration of this session is 60 minutes and will consist of two parts: Environment of Care/Emergency Management discussion and Environment of Care tracer.

Overview

During this session, the surveyor will assess your organization's degree of compliance with relevant standards and identify vulnerabilities and strengths in your organization's environment of care management and emergency management processes.

Environment of Care

The surveyor will review the following documents:

- Preventive maintenance of essential mechanical, electrical, and patient care equipment in accordance with manufacturer's recommendations
- Environment of care management plans
- Performance of fire drills and fire response activity

The surveyor will engage attendees in discussion about:

- Your organization's process for conducting environmental tours and identifying environmental deficiencies, hazards, and unsafe practices to ensure the safety of patients and staff and how they have been addressed
- Your organization's preventive maintenance program for ensuring all essential mechanical, electrical and patient-care equipment is maintained so that it operates safely

The surveyor will then select an environment of care risk for further evaluation and discussion and trace the risk to the services and locations where this risk could potentially leave the clinic vulnerable.

Emergency Management

The surveyor will review the following documents:

- Emergency management plan and policies and procedures to verify that they:
 - Are reviewed and updated every two years
 - Are based on and include facility and community-based risk assessment
 - Include strategies for addressing emergency events based on risk assessment
 - Address patient population
 - Address continuity of operations (including delegation of authority and succession planning)
 - Address process for cooperating and collaborating with local, regional, state, federal response efforts
 - Address safe evacuation

- Address a means to shelter-in-place
- Include a system of medical documentation that protects patient information and maintains the availability of records
- Address the use of volunteers or other emergency staffing strategies
- The communications plan to verify that it meets the following requirements:
 - Includes contact information for staff and organizations/entities
 - Includes a primary and alternate means of communicating with staff and organizations/entities
 - Addresses how information about patients will be provided
 - Addresses how the clinic will provide information about its needs
- The training and testing program documentation to verify that the program:
 - Is reviewed and updated every two years
 - Includes training initially, every two years, and as needed
 - Includes annual testing program that meets the following:
 - ✓ Includes a community-based full-scale exercise when available, otherwise, a facility-based functional exercise once every two years
 - ✓ Includes in the opposite year, an exercise of the RHC's choice
- EM Program evaluation (after-action/improvement plans)
- Documentation that describes a unified and integrated EM program (if applicable)

The surveyor will then engage attendees in discussion about the RHC's emergency management activities.

This activity is divided into the following four parts:

Part 1: Actual emergencies or disaster incidents

- What real emergency event(s) impacted your organization in the past 12–36 months in which the EOP was activated? What services were you able to provide during the event(s)?
- Was the event(s) identified as part of their risk assessment (also known as hazard vulnerability analysis)?
- What communication methods did you use to notify staff, patients, and others about the event(s)?
- How did your organization collaborate with your community partners and/or relevant authorities during the event(s)?
- How was staffing managed to meet patient care needs and was any additional staffing used during the event(s)?

Part 2: Emergency exercises

- How or why were the exercises selected?
 - Annual operations-based exercise (either a full-scale, community-based or a functional, facility-based exercise) your organization conducted (or participated in) one year and the exercise of choice they conducted the opposite year?

Part 3: Education and training

- What education and training provided to staff, volunteers, physicians, etc. in the past 12–36 months and how did you validate staff knowledge of emergency response procedures?

Part 4: Evaluation, after-action/improvement plans, and program updates

- What did you learn from your review of real or simulated events including the following:
 - Were any gaps identified in their response procedures?

- What areas for improvement were identified and how were they incorporated into plans, policies, and procedures?

Competence Assessment and Credentialing and Privileging

Participants

Staff responsible for the human resources processes for tracking and documenting staff orientation, education, competencies; and physician and other licensed practitioner competencies, credentialing, and privileging.

Duration

The duration for this session is 75 minutes.

Overview

During this session, the surveyor will:

- Learn about your organization's competence assessment process for staff, physicians, and other licensed practitioners
- Learn about your organization's orientation, education, and training processes as they relate to staff, physicians, and other licensed practitioners

During this session:

Inform the surveyor of your process for maintaining competency records. The review of files is not the primary focus of this session; however, the surveyor verifies process-related information through documentation in staff or credential files. The surveyor will identify specific staff, physicians, and other licensed practitioners whose files they would like to review.

The surveyor will discuss the following topics:

- Internal processes for determining compliance with policies and procedures, applicable law and regulation, and Joint Commission standards
- Methods used to determine staffing adequacy, frequency of measurement, and what has been done with the results
- Performance improvement initiatives related to competency assessment for staff, physicians, and other licensed practitioners
- Orientation of staff, physicians, and other licensed practitioners to your organization, and/or job responsibilities
- Experience, education, and abilities assessment
- Ongoing education and training
- Competency assessment, maintenance, and improvement
- Competency assessment process for contracted staff, as applicable
- Process for granting of privileges to physicians and other licensed practitioners
- Other topics and issues discovered during the tracer activity
- Employee health screening and health requirements (e.g., vaccinations, immunizations) for working in the organization; ask about the process for monitoring compliance with such requirements.

The surveyor will review personnel/credentialing files of selected physicians, licensed practitioners, and staff for their qualifications and competency assessments related to assigned duties

Leadership and Data Use Session

Participants

Organization leadership, the individual who manages your organization's information management system, quality managers, and other key staff.

Duration

The duration for this activity is 30 minutes.

Overview

During this session, the surveyor will explore leadership's responsibility for creating and maintaining your organization's systems, infrastructure, and key processes which contribute to the quality and safety of care, treatment, and services. The surveyor will also learn about how your organization uses data to evaluate the safety and quality of care being provided to patients. They will also assess your organization's performance improvement processes including the management and use of data.

Leadership

The surveyor will discuss the following:

- Leadership commitment to improvement of quality and safety and oversight of RHC services
- Creating a culture of safety
- The review and evaluation of your RHC program every two years including any actions taken related to the following:
 - Utilization of clinic services, including the number of patients served and the volume of services
 - A representative sample of active and closed records
 - The clinic's health care policies

Data Use

The surveyor will review your organization's data and performance improvement projects during planning activity to discuss the following topics:

- Data collection process
- Performance being monitored for patterns or trends
- Any changes made because of performance improvement activities
- Use of data analysis in the identification and implementation of process improvements
- Process for identifying and implementing changes to reduce the risk of sentinel events
- Evaluation of performance improvement changes to ensure that they achieve the expected results
- Process for taking appropriate actions when planned improvements are not achieved or sustained
- Changes in PI activities to accommodate urgent events such as staffing effectiveness and patient health outcomes, high-volume, high-risk, or problem prone processes, significant changes in the internal or external environment
- Proactive activities for identifying and reducing unanticipated adverse events and safety risks to patients

Special Issue Resolution

Participants

Surveyor and requested staff

Duration

The duration is approximately 15 minutes and is scheduled toward the end of the day.

Overview

This time is available for the surveyor to explore any issues that may have surfaced during the survey and could not be addressed at the time they were identified (for example, staff were unavailable for interview, policy review, additional personnel file review required).

Depending on the circumstances, this may involve:

- The review of certain policies and procedures
- The review of additional patient records to validate findings
- Discussions with staff to obtain additional information or clarification
- Review of staff and credentials files
- Review of data, such as performance improvement projects and results
- Other issues requiring more discussion

Surveyor Report Preparation

Participants

Surveyor

Duration

The duration of this session is 45 minutes.

Overview

During this session, the surveyor will compile, analyze, and organize the data collected during the survey. This information will be used to develop a report (Summary of Survey Findings Report) that summarizes your organization's compliance with applicable standards. Areas of non-compliance will be noted in the report as Requirements for Improvement (RFI).

Organization Exit Conference

Participants

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

Duration

The duration of this session is 30 minutes.

Overview

The Summary of Survey Findings Report will be sent to your *Joint Commission Connect* extranet site. You may provide copies for all exit conference participants, if desired.

During this session, the surveyor will review the following:

- The Summary of Survey Findings Report
- Your SAFER™ matrix,
- Any Requirements for Improvement
- The clarification process
- Post-survey follow-up processes such as Evidence of Standard Compliance (ESC) and ESC submission

FOLLOWING THE SURVEY

After Your Joint Commission Survey

Your on-site survey is an important part of the accreditation decision-making process. During the on-site survey, your surveyor uses the tracer methodology and other survey techniques to identify and document areas of noncompliance with Joint Commission standards. The summary of survey findings report provided to you at the conclusion of your on-site survey is confidential and does not contain an accreditation decision. Your final accreditation decision is not reached until the conclusion of the post-survey activities described in this document.

Post-Survey Activities

- The surveyor will submit a preliminary Summary of Survey Findings Report. This preliminary report will appear under the “Notification of Scheduled Events” section of your *Joint Commission Connect* extranet site. *Note: The “Notification of Scheduled Events” section has a time restriction, and the preliminary report will only remain available until midnight of the day the survey has been completed.*
- The surveyor is not able to determine your organization's accreditation decision. The accreditation decision is not made until all of your organization's post-survey activities are completed.
- Your organization's Summary of Survey Findings Report may require further review by staff at Joint Commission's Central Office.
 - Reports that meet a decision rule that automatically triggers a Preliminary Denial of Accreditation, Contingent Accreditation, or Accreditation with Follow-up Survey decision are stopped for further review.
 - Reports may be reviewed by the Standards Interpretation Group if there is a unique issue, such as a possible Centers for Medicare & Medicaid Services (CMS) Condition-level deficiency, possible noncompliance with an Accreditation Participation Requirement, or an unusual question or circumstance that could not be resolved during the survey.
- Based on the review, staff may recommend a decision of Accreditation with Follow-up Survey, Contingent Accreditation, or Preliminary Denial of Accreditation. 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 Joint Commission's Accreditation Committee, which has final authority for assigning the accreditation decision. Your organization will be provided detailed instructions outlining next steps in the accreditation process.
- Following the completion of the review, your organization's final Summary of Survey Findings Report will be posted under the “Official Documents” or the “Survey Process” tab under “Accreditation Report and Letter” on your organization's *Joint Commission Connect* extranet site. Your organization will receive an automated email once this report is available.
- The Summary of Survey Findings Report will indicate which findings require an Evidence of Standards Compliance (ESC) submission within 60 days. The ESC form will be available under the Survey Process TAB in the “Post-Survey” section of your organization's *Joint*

Commission Connect extranet site. Please refer to the ESC Instructions document when completing the ESC reports. The ESC Instructions are accessible by clicking on the Evidence of Standards Compliance link.

- Upon the approval of your organization's ESC, your accreditation decision is posted to your *Joint Commission Connect* extranet site and to Quality Check (www.qualitycheck.org). *Note: Your 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.*

Resources

- The *Joint Commission Connect* extranet site can be accessed using a login and password (www.jointcommission.org). Please refer to the following information on your extranet site under the "Post-Survey" section:
 - Evidence of Standards Compliance
 - Publicity Kit
 - Evaluations
 - Certificates
- Your Account Executive is available to assist you with any questions that you may have about the post-survey process.