Joint Commission International

Joint Commission International

Survey Process Guide for Hospitals

Revised Edition

Including Academic Medical Center Hospitals

8th Edition, REVISED | Effective 1 July 2025

The Joint Commission Mission

The Joint Commission's mission is to enable and affirm the highest standards of healthcare quality and safety for all.

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Summary of Changes to *JCI Survey Process Guide for Hospitals*

This summary reflects changes and revisions to the original survey process guide published in 2024.

Joint Commission International Surveys: General Information

Remove	8th Edition Page Numbers	Replace With	Revised 8th Edition Page Numbers	Description of Changes
The Survey	23–24	The Survey	23–24	Updated list of survey sessions
Sample Hospital Survey Agenda	25–28	Sample Hospital Survey Agenda	25–28	Revised agenda from 5 days to 4 days
Sample Academic Medical Center Survey Agenda	29–33	Sample Academic Medical Center Survey Agenda	29–33	Revised agenda from 5 days to 4 days
Linkages to Other Survey Activities	36	Linkages to Other Survey Activities	35	Made minor editorial changes
Medication Management and Medication Supply Chain System Tracer	36	Medication Management and Medication Supply Chain System Tracer	35	Clarified when this tracer will occur
Prevention and Control of Infections System Tracer	36	Prevention and Control of Infections System Tracer	35	Clarified when this tracer will occur
Unit/Department Tracer Activity	37	Unit/Department Tracer Activity	36	Made minor editorial changes
The Continuing Accreditation Cycle	39	The Continuous Improvement Model	38	Revised to explain new Continuous Improvement Model

Survey Agenda: Detailed Descriptions

Remove	8th Edition Page Numbers	Replace With	Revised 8th Edition Page Numbers	Description of Changes
Document Review	45–48	Document Review	44–47	Updated list of Documents/Materials Needed
Leadership for Quality and Patient Safety, Ethics, and Culture of Safety Review	51–54	Leadership Discussion	50–53	Changed name of session and added note about Global Health Impact Discussion
Quality and Patient Safety Program Interviews: Clinical	55–56	Quality and Patient Safety Program Clinical Tracer Activities	54–55	Revised type of session and participants
Quality and Patient Safety Program Interviews: Operations	57–59			Delete this section
Department/ Service Quality Measurement Tracer	60–61	Department/ Service Quality Measurement Tracer	56–57	Minor editorial changes
Supply Chain Management and Evidence-Based Purchasing Interview and Tracer	65–66	Supply Chain System Tracer and Interview	61–62	Revised purpose of discussion and sample questions
Individual Patient Tracer Activity	67–69	Individual Patient Tracer Activity	63–65	Made minor editorial changes
Patient Interview Session	73–74			Delete this section
System Tracer: Medication Management and Medication Supply Chain	94–96	System Tracer: Medication Management and Medication Supply Chain	88–90	Clarified when discussion will occur
System Tracer: Prevention and Control of Infections	97–100		91–94	Clarified role of frontline staff in discussion and when tracer will occur
Global Health Impact Review	116–117	Global Health Impact Review	110–111	Clarified when discussion will take place

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Questions About Accreditation and Certification

- For general inquiries regarding accreditation services, to schedule an accreditation survey, or to ask about the application process, please e-mail Joint Commission International Accreditation at jciaccreditation@jcrinc.com.
- To submit a question about Joint Commission International standards, visit our webpage, https://www.jointcommissioninternational.org/standards/submit-a-jci-standards-interpretation-question/.
- To comment about quality or safety at an accredited organization, visit our webpage, https://www.jointcommissioninternational.org/contact-us/report-a-quality-and-safety-issue/.
- For general inquiries regarding advisory services, please e-mail JCI Consulting at jciconsulting@jcrinc.com.

Joint Commission International Surveys: General Information

Which Hospitals Are Eligible for a JCI Accreditation Survey?

Any hospital may apply for Joint Commission International (JCI) accreditation if all the following requirements are met:

- The hospital is located outside the United States and its territories.
- If required by law, the hospital has a facility license or registration to conduct its scope of services.
- The hospital can demonstrate that it continually assesses and improves the quality of its care, treatment, and/or services. This process includes a review by the clinicians or other qualified individuals, including those knowledgeable in the type of care, treatment, and/or services provided at the organization.
- The hospital identifies the health care services it provides, indicating which care, treatment, and/or services it provides directly, under contract, or through some other arrangement.
- The hospital provides services addressed by the current JCI accreditation standards for hospitals.
- The hospital is open and in *full operation*, and meets parameters for the minimum number of inpatients/volume of services required for organizations seeking initial or continued JCI accreditation; that is, 10 inpatients served, with 1 active at the time of survey.
    - If the hospital's average daily census (ADC) is 21 or more, or if the hospital is a specialty hospital (cardiac, orthopedic, or surgical), the hospital must be able to provide inpatient records for at least 10% of the ADC, but not less than 30 inpatient records at the time of survey.
    - If the hospital's ADC is less than 21 (1–20), the hospital must be able to provide 20 inpatient records.
- The hospital, at minimum, does the following:
    - Provides a complete range of acute care clinical services—diagnostic, curative, and rehabilitative.
    - In the case of a specialty hospital, provides a defined set of services, such as pediatric, eye, dental, and psychiatry, among others.
    - For all types of hospitals, provides services that are available 365 days per year; ensures that all direct patient care services are operational 24 hours per day, 7 days per week; and provides ancillary and support services as needed for emergent, urgent, and/or emergency needs of patients 24 hours per day, 7 days per week (such as diagnostic testing, laboratory, and operating theatre, as appropriate to the type of acute care hospital).

Academic medical center applicants must meet each of the criteria above in addition to the following three criteria:

1. The applicant hospital is organizationally or administratively integrated with a medical school.
2. The applicant hospital is the *principal site* for the education of both medical students (undergraduates) and postgraduate medical specialty trainees (for example, residents or interns) from the medical school noted in criterion 1.
3. At the time of application, the applicant hospital is conducting *medical research* with approval and oversight by an Institutional Review Board (IRB) or research ethics committee.

Note: If in its reasonable discretion JCI determines that the applicant does not meet the eligibility criteria for the Hospital/Academic Medical Center Accreditation Program, JCI will not accept the application or will not process the application for accreditation from the hospital and will notify the hospital of its decision.

Definitions

Full operation

Criteria indicating the organization's readiness for comprehensive evaluation against all relevant JCI standards, based on identification of the following in the organization's electronic application for survey (E-App):

- A list of all clinical services currently provided for inpatients and outpatients
- Utilization statistics for clinical services showing consistent inpatient and outpatient activity levels and types of services provided for at least 6 months or more prior to submission of the organization's electronic application
- All inpatient and outpatient clinical services, units, and departments

Principal site

The location at which an organization provides the majority of medical specialty programs for postgraduate medical trainees (for example, residents or interns) and not just one specialty, as in a single-specialty organization (for example, an ophthalmologic hospital, dental hospital, or orthopedic hospital).

Medical research

Basic, clinical, and health services research that includes many types of research studies, such as clinical trials, therapeutic interventions, development of new medical technologies, and outcomes research, among others.

How to Request a JCI Accreditation Survey

Hospitals that wish to be accredited by JCI can obtain an application for survey by accessing JCI's electronic application for accreditation (E-App) on the JCI website.

To begin the accreditation process as a **new applicant**, go to https://www.jointcommissioninternational.org/accreditation/request-more-information-on-accreditation/and submit the requested information. When the initial registration form is received and approved, a login and password to *JCI Direct Connect*, JCI's client portal and the home of E-App, will be sent to your organization.

To begin the accreditation process for **reaccreditation**, go to the JCI website at https://www.jointcommissioninternational.org/ and click on the link "JCI Direct Connect" at the top of the page. Use the designated login and password issued to your organization.

Each organization is assigned a dedicated account manager. They will serve as your primary contact for any information, questions, or concerns you have with regard to JCI accreditation processes and practices. If you are unsure who the account manager assigned to your organization is, please e-mail the JCI Accreditation mailbox at jciaccreditation@jcrinc.com. Your e-mail will be forwarded to the assigned account manager for follow-up.

JCI requires organizations to submit one application for each hospital to be surveyed at minimum 6 months prior to the hospital's requested survey dates. JCI requests that the hospital provides no less than a 3-month range of dates (for example, January through March 2025) during which the survey can be scheduled. This allows JCI the flexibility to assign the most appropriate team of surveyors to your organization.

A hospital requesting an initial survey should request survey dates when the hospital is confident it will be able to demonstrate a 6-month track record of compliance with the standards at the time of the survey (read more in "Accreditation Preparation").

In its E-App, the hospital must indicate 3 months when it would like the survey to take place. JCI will make every effort to accommodate these time requests. The earlier the request is submitted, the more likely the specific requests can be accommodated.

After the application for survey is received, JCI will review the information in detail and will provide you with an accreditation contract. The contract will specify the number of surveyors assigned to your survey, the duration of the survey, and the associated fees.

Upon receipt of the signed contract and a down payment of at least 50% of the survey fees, the survey will be scheduled and confirmed. The hospital will also receive notification of the name(s) of the surveyor(s) approximately 8 to 12 weeks in advance of the survey. The survey team leader will contact the person responsible for the hospital's survey approximately 4 to 8 weeks before the survey to finalize the agenda and to coordinate the availability of certain staff for key survey activities, as well as to provide information regarding the travel arrangements and logistics for the surveyor(s).

Handling Changes During the Application Process

As noted in the Accreditation Participation Requirements (APRs; specifically, APR.03.00—read more about APRs in "Section I: Accreditation Participation Requirements"), JCI collects core information regarding each hospital's profile in its E-App to understand ownership, licensure, and scope and volume of patient services, among other factors. When any of these factors change, JCI must evaluate the change to determine if the change is within or outside of the scope of a planned survey or the scope of a current accreditation award.

Thus, the hospital notifies JCI within 30 days of the effective date of the change for the following:

- A change in the organization's ownership
- Requesting to change hospital accreditation to academic medical center accreditation

- A merger or acquisition (The organization has merged with, consolidated with, or acquired an unaccredited site, service, or program for which there are applicable JCI standards.)
- The revocation or restriction of operational licenses or permits, any limitations or closure of patient care services, any sanctions of professional or other staff, or other actions under laws and regulations brought by relevant health authorities
- New biomedical equipment for patient care that are used to expand the types and volume of patient care services 25% or more than was stated in the most recent E-App
- Changes in use of patient care buildings, construction of new or expansion of patient care buildings, or the occupation of buildings that are used to expand the types and volume of patient care services 25% or more than was stated in the most recent E-App, or was not reported as a patient care location, or was not included in the scope of the previous accreditation survey
- Temporary cessation of services and/or significant reduction of patient care services/volume due to extenuating circumstances
- Intentional expansion of the organization's capacity to provide services in the absence of new, renovated, or expanded facilities by 25% or greater, as measured by patient volume, scope of services, or other relevant measures
- The addition of one or more types of health care services (for example, addition of a dialysis unit)
- Implementation of a higher level of service (for example, adding inpatient invasive diagnostic cardiology when originally providing only outpatient cardiac rehabilitation)

JCI does not automatically extend accreditation to new services and facilities. Based on the change, JCI may request additional information or documents; for example, policies, floor plans, fire safety plan, credentials of new staff for a new service, and so on. When JCI is unable to fully evaluate the changes with the additional information or documents provided, an extension survey may be necessary for all or a portion of the hospital again or for the first time in the case of new facilities or services.

Evaluation of this APR begins during the electronic application process and continues as long as the hospital is accredited by or seeking accreditation by JCI. Changes reported may be evaluated off-site or by an extension survey.

If the hospital does not provide notification to JCI within 30 days of the effective date of any change(s), the hospital may be denied accreditation. JCI requests all organizations to review and update their survey application to indicate any changes that may have occurred since the original application was submitted.