



Telehealth Accreditation

Organization Survey Activity Guide

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Telehealth (TEL) Organization Survey Activity Guide (SAG)

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How to Use this Guide

Joint Commission's Survey Activity Guide for telehealth organizations is available on your organization's *Joint Commission Connect* extranet site.

This guide contains:

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

A template agenda with a schedule of off-site survey activities is posted to your organization's *Joint Commission Connect* extranet site once your application for accreditation is reviewed and processed by your account executive. When the agenda is available, please review the material and think about the people you might involve in the survey. There is an activity list that accompanies the agenda and includes a column in which you can record participant names or positions next to each of the sessions. Identifying key participants (and their phone numbers) for each session, including back-ups, is important. Review the descriptions in this Survey Activity Guide to learn about what will occur during the activity.

The template agenda and activity list include suggested duration and scheduling guidelines for each of the sessions. The surveyor will adjust the duration of activities as needed to complete the required evaluation and objectives. On the day of 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 off-site survey when they apply to your organization.

This Survey Activity Guide is created for small and large organizations. For multiple services surveyed under the telehealth accreditation program, be sure to include contact names and phone numbers from all your organization's services (for example, real-time, interactive services, remote patient monitoring).

Please contact your Account Executive with any questions about the survey. If you are unsure of your Account Executive's name or phone number, call Joint Commission at 630-792-3007 for assistance.

PRIOR TO THE SURVEY

Preparing for Surveyor Arrival

Overview

Planning for the off-site survey helps staff be better prepared for the survey activities. For the off-site telehealth accreditation survey, a 30 day notice is given to the organization for initial surveys. A 7 day “short notice” is given for reaccreditation surveys.

The first hour of the surveyor’s day is devoted to planning for your survey activities. This planning requires review of specific documents that can be found on the Survey Document List. The Survey Document List has a list of documents that your organization will upload to a secure Joint Commission site prior to the survey and a list of documents to have available for the surveyor to review during the survey.

Preparing for Survey

Prepare a plan for staff to follow on the day of the off-site survey. The plan should include:

- Access the off-site survey information: Identify the staff that will access your organization's extranet site, click on the "Joint Commission Connect" logo, and enter their log-in and password to access the following survey information:
 - Confirmation of unannounced Joint Commission event authorizing the off-site survey.
 - Surveyor name, picture, and biographical sketch.
 - The survey agenda.
- Who to notify: Identify leaders and staff to notify when surveyor arrives for the off-site survey, 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.
- Validation of survey: Identify who will be responsible for the validation of the survey and the identity of the surveyor. Identify the steps to be taken for this process. (See Surveyor Arrival Session for these steps.)
- The Survey Readiness Guide is a tool that helps you plan the survey (See page 7).
- Document lists: The Survey Document List outlines the documents that should be uploaded prior to the survey. It also includes the documents that need to be available during the survey, and your organization should be prepared to have those documents available for the surveyor as soon as your organization validates their identity. If this information is not immediately available for surveyors at the Surveyor Preliminary Planning Session, they will begin the survey with an individual tracer.
- Staff: Identify staff who will participate in the survey activities during the survey.
- Expectations for the survey: Identify your organization’s expectations for the off-site survey and who will share these with the surveyor.

Survey Readiness Guide

Actions to take when the surveyor arrives on Teams call	Responsible Staff	Comments
Greet surveyor		
Check the <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 they are from Joint Commission. Also log into your <i>Joint Commission Connect</i> extranet site to validate the surveyor's identity, when possible.

Note: Please download the entire Survey Activity Guide for additional information on how to prepare for survey.

Please review the Survey Document List and the Survey Activity List to assist you in preparing for your survey.

- The Survey Document List has a list of documents that your organization will upload to a secure Joint Commission site prior to the survey and a list of documents to have available for the surveyor to review during the survey.
- The Survey Activity List includes the potential survey activities that can occur during the telehealth 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. There is also a table for your organization to use to record participant names, 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.

Please contact your Account Executive with any questions related to this information.

Survey Document List

Overview

Your organization will need to have the following documentation available for the surveyor to review prior to the survey and 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.

Prior to the Survey

The following documents need to be uploaded to a secure Joint Commission site prior to the survey.

Item No.	Items	Comments/ Notes
1	Organization chart	
2	Leadership meeting minutes (also safety committee, quality committee, as applicable)	
3	Performance improvement / quality management plan	
4	Performance improvement / quality evaluation data or planned data to be collected (i.e., performance measures, outcome data, medication variance, incident report related data, satisfaction survey related data, etc.)	
5	Emergency management plan	
6	Hazard vulnerability analysis (or other method used to identify most likely, potentially most impactful emergencies)—include specifics for sites that have unique risks not included in the master assessment or HVA	
7	Evaluations of exercises and responses to actual emergencies	
8	Any policies for care of patients/individuals served	
9	IT security/safety plan and applicable policies	
10	Medical equipment documentation (if applicable)	
11	Service contract(s) (if applicable)	
12	Incident report data	
13	Annual objective evaluation of organization's financial ability to provide care, treatment, or services.	
14	Medication management policies and procedures (if applicable)	
15	Chart auditing tool	
16	Required consents	
17	Screening and assessment policies and procedures	
18	Treatment planning development, revision and update policy and procedures	
19	Plan for improving health outcomes for all (if applicable)	
20	For telebehavioral organizations: Suicide risk screening assessment and management policy and procedures	

During the Survey

The following documents need to be available for the surveyor to review during the survey.

Item No.	Items	Comments/ Notes
1	Contact person(s) who will assist the surveyor(s) during survey (name, phone number, extension) names/titles of staff participating in off-site survey event	
2	An organization chart	
3	List of all sites that are eligible for survey	
4	List of locations where services are provided	
5	Any reports or lists of patient/individual appointment schedules for the day of the survey	
6	Lists of patients/individuals served by program/service with diagnosis or condition	
7	Name and extension of key contacts who can assist surveyors in planning tracer selection	
8	A list of contracted services provided to the telehealth organization	
9	For organizations that provide care, treatment, and services to another organization's patients/individual service: A copy of the written contract/agreement/policy regarding the care, treatment, and services provided via telehealth to another organization's patients/individuals served.	
10	Most recent culture of safety and quality evaluation data	
11	For telebehavioral organizations: Reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies and annual objective evaluation of organization's financial ability to provide care, treatment, or services. Regulatory body reports include but are not limited to licensing reports.	

Survey Activity List

Overview

The following table outlines the potential survey activities that can occur during the telehealth 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. Please work with your surveyor to confirm the best time(s) for specific survey activities to take place.

Please note: The surveyor will adjust the duration of activities as needed to complete the required evaluation and session objectives.

Activity Name	Suggested Duration of Activity	Suggested Scheduling	Notes
Surveyor Arrival and Preliminary Planning	30 minutes	Morning	
Opening Conference	15 minutes	Morning	
Orientation to Organization	45 minutes	Morning	
Individual Tracer	60-120 minutes	Individual Tracer activity occurs throughout the survey; the number of individuals that are traced varies by organization	
Lunch*	30 minutes	At a time negotiated with the organization	
Special Issue Resolution	30 minutes	Afternoon	
Competence Assessment/Credentialing	60 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization	
Equipment, Devices, and Connectivity/Emergency Management	60 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization	
Data Management Session	60-90 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization.	
Leadership	60 minutes	Towards the middle or end of survey at a time negotiated with the organization	
Report Preparation	60-90 minutes	Afternoon	
CEO Exit Briefing	15 minutes	Afternoon	
Organization Exit Conference	30 minutes	Afternoon	

Activity Name	Suggested Duration of Activity	Suggested Scheduling	Notes
Note: The following activities may be incorporated into the survey agenda as needed.			
Program Specific Tracer – Continuity of Care (as applicable)	60 minutes		
Program Tracer (Telebehavioral) – Suicide	60 minutes		

*Lunch and breaks will be scheduled at a time negotiated with the surveyor. All survey participants may mute their microphones and turn off their cameras during this time or exit and re-enter the Teams call, as necessary.

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.

Duration

The surveyor will arrive on the Teams call 15 minutes prior to the start of the off-site survey. The suggested duration of the preliminary planning session is approximately 30 minutes, with more time added as needed to complete required evaluation activities.

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:

- Confirmation of unannounced Joint Commission event authorizing the off-site survey.
- Surveyor name, picture, and biographical sketch
- Copy of the survey agenda
- 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. The surveyor will start reviewing this information immediately.

Overview

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's 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). If documents are not available for the surveyor to review during this session, they will proceed to survey areas where care, treatment, or services are provided and begin individual tracer activity.

Opening Conference

Participants

Suggested participants include members of the governing body and senior leadership (representing all accredited services). 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. Leaders of the medical staff should also take part, when applicable.

Duration

The suggested duration of this session is approximately 15 minutes. Immediately following this session is the Orientation to Your Organization session. Inform the surveyor at this time of any agenda considerations that may impact the activities for the day.

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

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

Note: When a situation is identified that could be a threat to health and safety, the surveyor will contact Joint Commission's administrative team. Joint Commission will either send a different surveyor to investigate the issue or the surveyor from your off-site survey will be assigned to investigate. Investigations include interviews, observation of care, treatment, and service delivery, and document review. Your cooperation is an important part of this process. The surveyor will discuss the findings with Joint Commission's administrative team and outcomes will be communicated to your organization when a decision is reached.

Orientation to the Organization

Participants

Suggested participants are the same as those in the Opening Conference. They include members of the governing body and senior leadership (representing all accredited services). 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 suggested duration of this session is approximately 45 minutes, with more time added as needed to complete required evaluation activities.

Overview

During this session, the surveyor becomes acquainted with your organization. They learn how your organization is governed and operated and explore your organization's performance improvement process. There is no need to prepare a formal presentation. This session is an interactive discussion and may be combined with the Opening Conference.

Discussion topics include:

- Governance and operations-related topics for discussion such as:
 - Organization's mission, vision, goals, and strategic initiatives
 - Organization structure
 - Operational management structure
 - Planning, resource allocation, and decision-making processes
 - Information management, especially the format and maintenance of medical records in use
 - Telehealth modality or modalities used and service(s) provided by the organization
 - Any written contracts/agreements/policies regarding the provision of care, treatment, or services via telehealth to another organization's patients/individuals served
 - Contracted services and monitoring performance of services provided to the telehealth organization (i.e., software platform, staffing)
 - Organization efforts to reduce health care errors and other safety initiatives
- Organization performance adhering to National Patient Safety Goals
- Leaders' roles in emergency management planning and they relate to:
 - Cyber emergencies
 - Disruptions in connectivity
- Organization's culture and attention to safety
- Any antibiotic or opioid medications the organization prescribes
- Role in performance improvement, including:
 - Routine performance monitoring and identifying and prioritizing improvement projects
 - Use of data in strategic and project-level decision-making and planning
 - Improvement methodology and improvement tools being used
- Organization approach to safety, including selection of Proactive Risk Assessment topics, resulting improvements, and Board/Governance involvement in safety issues

- Provision of staff and resources including time, information systems, data management, and staff training
- For telebehavioral organizations: How the organization is addressing the requirement (PC.02.05.01) to use a standardized tool or instrument to measure outcomes

Note: The surveyor will request examples of performance improvement initiatives including evidence that performance was achieved and sustained.

Individual Tracer Activity

Participants

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

Duration

The suggested duration of individual tracer activity blocks of time varies but typically is 60-120 minutes, with more time added as needed to complete required evaluation activities.

Overview

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

The majority of 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 or individual. Most of this survey activity occurs at the point where care, treatment, or services are provided.

Initially, the selection of individual tracer candidates is based on your organization's clinical services and telehealth modalities as reported in your e-application and the general risk areas identified for the accreditation program. The surveyor will also consider any organization-specific risk areas. As the survey progresses, the surveyor may select patients/individuals with more complex situations, whose care crosses services.

The individual tracer begins where the patient/individual and their record of care are located. 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 continues the tracer by:

- Following the course of care, treatment, or services provided to the patient/individual from the start of the telehealth encounter to completion.
- Assessing the interrelationships between disciplines, departments, and programs, depending on the size of the organization and scope of services

The surveyor will try to protect patient/individual confidentiality and privacy, and they will seek the assistance of your staff in this effort. The surveyor may use multiple clinical/case records during an individual tracer. The record helps the surveyor follow the care, treatment, or services provided by the organization to the patient/individual.

The surveyor may begin surveying in a setting/unit/service and need to wait for staff to become available. If this happens, the surveyor will use this time to ask available staff about the care, treatment, or services being provided.

During the individual tracer, the surveyor will select tracer candidates based on the telehealth modality used and service provided. Individual tracers may include, but are not limited to:

- Patient/individual receiving care, treatment, or services via telehealth (may include established patients/individuals or those receiving care, treatment, and services via telehealth for the first time)
- Patient/individual that did not meet the organization's eligibility criteria and was not accepted for care, treatment, or services via telehealth.
- Patient/individual that experienced an emergency during the telehealth encounter resulting in notification to a health care facility at the patient's location or local emergency services.

- Patients/individuals that have received a medical device or are using their own medical device for remote monitoring.
- Patients/individuals that have been recently discharged from the organization.
- Patients receiving care, treatment, or services related to the organization's annual antimicrobial stewardship goal.
- Patients that have been prescribed an opioid medication.
- For telebehavioral organizations: An individual who is at high risk for suicide
- For telebehavioral organizations: Individuals served that have been admitted from or discharged to an outpatient service

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

- Communication for coordination of patient care (intradepartmental, interdepartmental, between organizations).
- Data collection, e.g., turnaround time, wait time, determine if improvements in flow have been made
- Project-level performance improvement work
- Processes and role to minimize risk
- Patient/individual education processes
- Orientation, training and competency testing
- Emergency management roles and responsibilities
- Compliance with the National Patient Safety Goals (NPSGs)
- The IM systems they use for care, treatment and services

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

- Coordination and timeliness of services provided
- Education, including information about the technology used to receive care, treatment, and services via telehealth (such as the software platform, medical equipment, or medical devices)
- Perception of care, treatment, or services
- Understanding of discharge instructions
- Staff compliance with NPSGs
- Other issues, relative to receiving care, treatment, or services via telehealth
- Receipt of patient/individual rights information

Special Issue Resolution

Participants

As requested by the surveyor

Duration

This activity only takes place, as necessary. The suggested duration is approximately 30 minutes. The surveyor will inform your organization's contact person what activity will take place, with more time added as needed to complete required evaluation activities.

Overview

This time is available for the surveyor to explore any issues that may have surfaced during the survey and could not be resolved at the time they were identified (staff unavailable for interview, additional file review required, etc.). Depending on the circumstances, this may include:

- The review of certain policies and procedures
- The review of additional patient/individual 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 results
- Other issues requiring more discussion

The surveyor will inform your organization's contact person about any additional documentation or staff interviews needed.

Competence Assessment and Credentialing and Privileging

Participants

Suggested participants include staff responsible for the human resources processes; orientation and education of staff; assessing staff competency; assessing physician and other licensed practitioner competency.

Duration

The suggested duration for this session is 60 minutes, with more time added as needed to complete required evaluation activities.

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 establishment of qualifications, orientation, education, and training processes as they relate to staff, physicians, and other licensed practitioners.
- Understand your organization's credentialing and privileging process for physicians and other licensed practitioners.

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, or other licensed practitioners whose files they would like to review.

Note: The organization may either upload additional documents to the secure SharePoint site or use the share screen feature in Teams to display files and records for the surveyor 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.
- As applicable, education addressing the organization's annual antimicrobial stewardship goal and strategies promoting appropriate prescribing practices.
- Other topics and issues discovered during the tracer activity.

Equipment, Devices, and Connectivity and Emergency Management Session

Participants

Suggested participants include individuals able to address issues related to equipment, devices, connectivity, and emergency management in all major areas within the organization.

Duration

The suggested duration of this session is approximately 60 minutes depending on the type of organization, services provided, and facilities, with more time added as needed to complete required evaluation activities.

Overview

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

Equipment, Devices, and Connectivity

The surveyor will discuss the following topics:

- The organization's process for managing the equipment and devices used (including equipment and devices provided to staff and/or patients or individuals served).
- The organization's plan for managing risks associated with disruptions in connectivity, such as:
 - Criteria to determine when care, treatment, and services, need to be rescheduled or transferred to another provider or if the telehealth encounter can be converted to audio only.
 - Procedures to address the organization's business occupancy location and remote provider sites, if applicable.

Risk, Detection and Response – Cyber Emergencies

The discussion with leaders will include:

- IT participation in system risk identification and prioritization, and planning for system emergencies that might impact care, treatment, or services.
- Updates received by leadership on cyber risk analysis or the state of cybersecurity, including who provides the updates and how frequently they are provided.

The discussion with staff will include:

- The organization's emergency management planning related to information management, primary and back-up communications, and patient/individual care and support.
- How medical devices and equipment that are connected to the internet are protected from unauthorized access, catastrophic failure, or malicious attack.

Emergency Management

Discussion topics may include:

- The role of staff members in emergency management.
- The role and responsibilities of staff members during an emergency, including any information, education or training they have received.
- The communication processes in the event of an emergency, including:
 - Communication with staff (including office staff, clinical staff)
 - Communication with relevant external entities that are receiving care, treatment, and services via telehealth for their patients/individuals served

- Staff and leaders' participation in exercises of the Emergency Management Plan and evaluations of the exercises.

Data Management Session

Participants

Suggested participants include the individual who manages your organization's information management system and other key staff.

Duration

The suggested duration for this activity is 60-90 minutes depending on the size and complexity of your organization, with more time added as needed to complete required evaluation activities.

Overview

During this session, the surveyor will 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.

The surveyor will review your organization's data and performance improvement projects in order to discuss the following topics:

- How your organization identifies and prioritizes measurement and performance improvement projects
- How you make sure that all data is collected as planned, and that it is accurate and reliable
- How data is aggregated, analyzed, and turned into useful information
- How data is used on an ongoing basis and how it is used in periodic performance monitoring and project-based activities
- Any improvement methodology or tools being used in performance improvement initiatives

Data-related topics that may be discussed during this session include:

- Medication management processes for organizations that prescribe antibiotics
- For organizations providing care, treatment, or services via telehealth to another organization's patients: Review and discuss the written agreement to identify the scope of services provided, expectations, and process to monitor and improve services.
- For organizations that have contracts in place for services being provided to the organization by an external entity (for example, telehealth software, equipment, nonemployee licensed practitioners): Review and discuss the written agreement to identify the scope of services being provided, expectations, and process to monitor and improve services.
- Incident/error reporting

Leadership Session

Participants

Suggested participants include senior leaders who have responsibility and accountability for design, planning, and implementation of organization processes. Leaders typically include but are not limited to members of the governing body/trustee, CEO, and leaders of the medical staff and clinical staff.

Duration

The suggested duration of this session is approximately 60 minutes, with more time added as needed to complete required evaluation activities.

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, or services.

This session will address:

- Leadership commitment to improvement of quality and safety
- Creating a culture of safety
- Robust process improvement
- Observations that may be indicative of system-level concerns

The surveyor will facilitate a discussion with leaders to understand their roles related to performance of your organization-wide processes and functions. This discussion will be a mutual exploration of both successful and perhaps less successful organization performance improvement initiatives, or introduction of a new service or an optimal performing department, unit or area vs. one in need of improvement. The surveyor will want to hear how leaders view and perceive these successes and opportunities and learn what they are doing to sustain the achievements, as well as encourage and support more of the same success.

The surveyor will discuss the following topics:

- Efforts to achieve the characteristics of a high reliability organization--flexibility, agility, ability to sustain effective performance
- Chosen improvement methodology and tools and whether the leaders are satisfied with the approach and how well it is serving their needs and those of the staff
- Progress being made and what characteristics the organization is struggling to achieve and maintain
- Internal systems and how they do or do not support their efforts to be a high reliability organization
- The organization's ability to sustain effective performance
- As applicable, efforts to address antibiotic stewardship and safe opioid prescribing as organizational priorities

Surveyor Report Preparation

Participants

Surveyor

Duration

The suggested duration of this session is approximately 60-90 minutes.

Overview

During this session, the surveyor will compile, analyze, and organize the data collected during the survey. The surveyor will use this information to develop a Summary of Survey Findings Report that includes your organization's Requirements for Improvement (RFI). This report will summarize your organization's compliance with the standards. The surveyor will provide you with the opportunity to present additional information at the beginning of this session if there are any outstanding surveyor requests or further evidence to present.

CEO Exit Briefing

Please note this session may not occur if the CEO/Administrator prefers to deliver the Summary of Survey Findings Report privately to their organization.

Participants

Suggested participants include the Chief Executive Officer (CEO) or Administrator, if available

Duration

The suggested duration of this session is approximately 15 minutes.

Overview

During this session, the surveyor will:

- Review the Summary of Survey Findings Report with the CEO/Administrator.
- Discuss any patterns or trends in performance revealed.
- Determine if the CEO/Administrator wishes to have an Organization Exit Conference or if the CEO/Administrator prefers to deliver the Summary of Survey Findings Report privately to their organization.

Organization Exit Conference

Please note this session may not occur if the CEO/Administrator prefers to deliver the Summary of Survey Findings report privately to the organization.

Participants

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

Duration

The suggested duration of this session is approximately 30 minutes. This session immediately follows the CEO Exit Briefing.

Overview

A Summary of Survey Findings Report will be sent to your *Joint Commission Connect* extranet site.

During this session, the surveyor will review the Summary of Survey Findings Report with participants. Discussion will include the SAFER™ matrix, Requirements for Improvement and any patterns or trends in performance.

Post-survey follow-up may be required in the form of an Evidence of Standard Compliance (ESC). The surveyor will explain the ESC submission process.

FOLLOWING THE SURVEY

After Your Joint Commission Survey

Your off-site survey is an important part of the accreditation decision-making process. During the off-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 off-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

- Before the exit conference, the surveyor will post 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. Your organization will have access and can print copies in preparation for the exit conference.

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.

- At the exit conference, the surveyor will review the preliminary findings identified during the survey. The surveyor does not recommend and is not able to predict 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 trigger a Preliminary Denial of Accreditation or Accreditation with Follow-up Survey decision are always 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 or Preliminary Denial of Accreditation. Senior Leadership in the Division of Accreditation and Certification Operations 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 e-mail 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 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.

APPENDIX

Tips for Conducting Mock Tracers

When conducting mock tracers, consider the following criteria when selecting a patient/individual to trace. Tracer candidates are based on the telehealth modality used and service provided.

Selection Criteria

Individual tracers may include, but are not limited to:

- Patient/individual receiving care, treatment, or services via telehealth (may include established patients/individuals or those receiving care, treatment, and services via telehealth for the first time)
- Patient/individual that did not meet the organization's eligibility criteria and was not accepted for care, treatment, or services via telehealth.
- Patient/individual that experienced an emergency during the telehealth encounter resulting in notification to a health care facility at the patient's location or local emergency services.
- Patients/individuals that have received a medical device or are using their own medical device for remote monitoring.
- Patients/individuals that have been recently discharged from the organization.
- Patients receiving care, treatment, or services related to the organization's annual antimicrobial stewardship goal.
- Patients that have been prescribed an opioid medication.
- For telebehavioral organizations: An individual who is at high risk for suicide
- For telebehavioral organizations: Individuals served that have been admitted from or discharged to an outpatient service

Program Specific Tracer – Continuity of Care (as applicable)

Participants

Suggested participants include staff involved in an individual's care, treatment, or services.

Duration

This focused tracer occurs during time designated for Individual Tracer Activity.

Applicability

- Based on the size of the organization, the surveyor will conduct this session in settings where the expectation is that ongoing continuous care will be provided to patients/individuals.

Overview

During this session, the surveyor will:

- Evaluate the effectiveness of your organization's processes from prescribing a diagnostic study through the follow-up of the patient
- Identify processes and system level issues contributing to missed follow-up of diagnostic studies

Organizations providing medical services, by design, have patients who often receive care from multiple clinicians. A frequently cited concern by care providers is missing an abnormal test result and failing to coordinate necessary follow-up. The surveyor will conduct an in-depth evaluation of the communication, coordination, and continuity of care for a patient receiving laboratory or diagnostic studies.

The surveyor will review the clinical record and may interview the patient, family, and other health care staff involved in the patient's care. In addition, the surveyor will also review the organization's tracking methods (e.g., referral logs), and follow-up processes.

Program Specific Tracer (Telebehavioral Organizations) – Suicide Prevention

Organization Participants

Staff and management who have been involved in the care, treatment, or services of the individual served.

Logistical Needs

This focused tracer occurs during time designated for Individual Tracer Activity.

Objectives

The surveyor will:

- Evaluate the effectiveness of your organization's suicide prevention strategy.
- Identify processes and system level issues contributing to suicide attempts.

Overview

Suicide ranks as the 10th most frequent cause of death per CDC 2019 data (second most frequent in young people [ages 10-24]; and third most frequent in people ages 25-44) in the United States. Identification of individuals at risk for suicide following discharge from a behavioral health care and human services organization 24-hour setting, is an important first step in protecting and planning the care of these at-risk individuals.

The surveyor begins by reviewing the record of the individual served to attain an understanding of services provided and specific concerns for the individual. The surveyor interviews the clinical staff working with the individual served about the following topics:

- Initial assessment process
- Reassessment process
- Environmental assessment for ligatures and other risks for self-harm and/or suicide
- Planning of care, treatment, or services
- Mitigation plans for individuals who are at high-risk for suicide
- Continuum of care, treatment, or services
- Education provided to the individual served
- Orientation, training, and competency of clinicians and staff
- Organization staffing
- Information management, including timely access to information by staff.

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