

Joint Commission Accreditation



**Prepared for North Dakota Providers
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Presented by:



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The Joint Commission

Over 23,000 Health Care Organizations Accredited

- Assisted Living Centers
- **Behavioral Health Care and Human Services Agencies**
- Community Health Centers/FQHCs
- Hospitals and Surgery Centers
- Hospices
- Home Care
- Laboratories
- Medical Groups and Clinics
- Nursing Care Centers
- Urgent Care Centers



The Joint Commission



Our Roots

- Founded in 1951
- Independent, not-for-profit organization
- Nation's oldest and most trusted standards-setting body

Full-Service

- Covers the full continuum of care
- Behavioral Health care and Human Services programs:
 - **Mental Health**
 - **Addictions**
 - **Human Services**
 - **ID/DD**
 - **OTP's**
 - **CCBHC's**

Gold Seal Distinction

- The Gold Seal of Approval® is a reputation-building symbol of quality
- Reflects a commitment to meeting the highest national standards
- Increasingly used as a qualifying factor for network/payor partnerships

Market Leader

- Accrediting BHC/HS organizations for over 50 years
- Accredits more than 23,000 organizations overall
- Accredits more than 4,100 BHC/HS organizations

Joint Commission Accreditation

For Behavioral Health Care and Human Services Organizations

50+
YEARS

Serving programs, services and settings across mental health services, child welfare agencies, substance use disorder treatment, eating disorders treatment, ID/DD services, Integrated Care, and more

4,200+
US ORGANIZATIONS

14,000+
US LOCATIONS

75%
Community-based
organizations



25%
Behavioral programs
within hospitals,
health systems, FQHCs,
and more



Behavioral Health Home Certification: Option for additional assessment of the organization on certification-specific standards regarding the integration and coordination of physical and behavioral health care.

Behavioral Health and Human Services Accreditation

Types of Services Accredited Under the Behavioral Health Care Manual



- ✓ CCBBHCs
- ✓ Case management agencies
- ✓ Child welfare services
- ✓ Community mental health
- ✓ Corrections
- ✓ Crisis stabilization
- ✓ Day programs
- ✓ Eating disorders treatment
- ✓ Forensics services
- ✓ Foster care
- ✓ In-home/community support



- ✓ Intensive outpatient/partial hospitalization programs
- ✓ Medication-assisted substance use treatment
- ✓ Mental health services
- ✓ Outdoor/wilderness programs
- ✓ Outpatient programs
- ✓ Physical health care integration
- ✓ Prevention services
- ✓ QRTPs



- ✓ Residential/group homes
- ✓ Substance use disorder treatment
- ✓ Technology-based/telehealth services
- ✓ Therapeutic day or 24-hour schools
- ✓ Transitional/supervised living
- ✓ Vocational rehabilitation



Supporting organizations fulfilling the TJC mission and vision



Our vision is that all people always experience the safest, highest quality, best-value health care across all settings.

Mission: To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

Quality: A Comprehensive Framework

The foundation for high quality and safety



Internal Value of Joint Commission Accreditation

ACCREDITATION



=

Increased Standardization



Reduced Variation



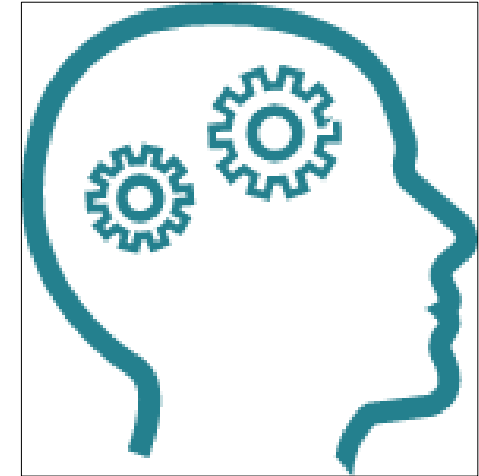
Lowered Risk



Improved Quality & Patient Safety

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EXCELLENCE IN CARE



External Value of Joint Commission Accreditation

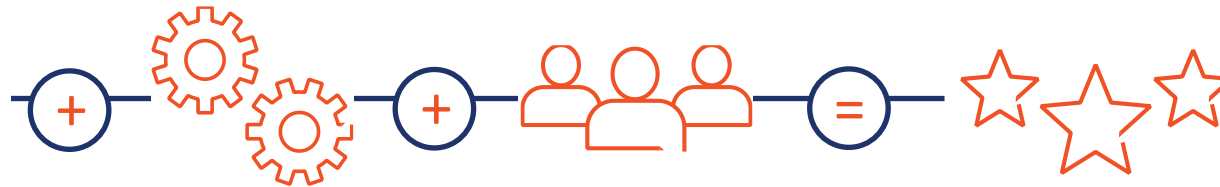


The Gold Seal of Approval® substantially enhances your brand and reputation, setting you apart from your competition.

Our comprehensive, solutions-focused approach elevates performance on key components of care that foster better outcomes, enhanced safety, and greater success with business relationships.



COMPREHENSIVE
APPROACH TO
PATIENT SAFETY



COLLABORATIVE
ACCREDITATION
EXPERIENCE

UNMATCHED
EXPERTISE AND
RESOURCES

RECOGNIZED
LEADER IN PATIENT
SAFETY

Why the Joint Commission?

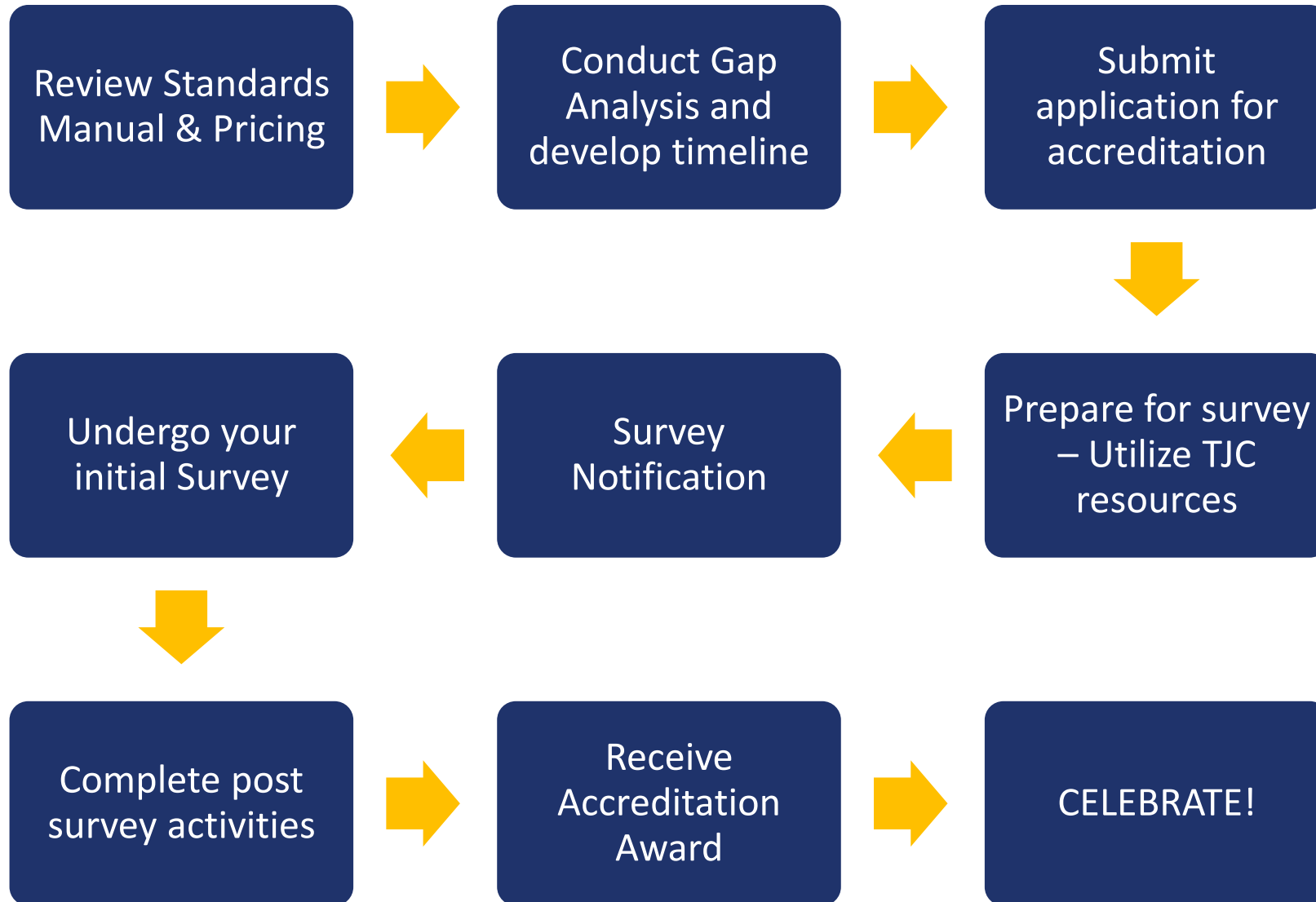


1. **Superior name recognition** - recognized and respected across the field
2. **Robust standards** in support of organizational excellence to help organizations become performance improvement focused.
3. **Unparalleled Expertise** with surveyors who are experts in behavioral health care and human services at agencies just like yours providing educative, collaborative survey experiences.
4. **Extensive resources and support** to help you excel before, during and after your accreditation with a multitude of live or online options.
5. **Data driven framework** supports organizations in integrating data into their daily operations, including the use of measurement-based care

Joint Commission Accreditation Process



Snapshot: Journey to TJC accreditation



The Joint Commission Edition

The Joint Commission Edition

Standard/EP Admin JCR Portal Collette Bukowski Sign out

Home Help

The Joint Commission Behavioral Health and Human Services

E-dition • Behavioral Health and Human Services

July 1, 2024 Filters: EP Attributes Service Profile Accreditation Process Chapter Resources

Standard Label	Standard Text	Print / Email
APR.01.01.01	The organization submits information to The Joint Commission as required.	Print Email
APR.01.02.01	The organization provides accurate information throughout the accreditation process.	Print Email
APR.01.03.01	The organization reports any changes in the information provided in the application for accreditation and any changes made between surveys.	Print Email
APR.02.01.01	The organization permits the performance of a survey.	
APR.05.01.01	The organization allows The Joint Commission to review information.	
APR.06.01.01	Applicants and accredited organizations do not use... (text truncated)	
APR.07.01.01	The organization accepts the presence of Joint Commission... (text truncated)	
APR.08.01.01	The organization accurately represents its accreditation... (text truncated)	
APR.09.01.01	The organization notifies the public it serves about the... (text truncated)	
APR.09.02.01	Any person who provides care, treatment, or service... (text truncated)	
APR.09.03.01	The organization is truthful and accurate when describing... (text truncated)	
APR.09.04.01	The organization provides care, treatment, services... (text truncated)	

Accreditation Participation Requirements (APR)
Care, Treatment, and Services (CTS)
Environment of Care (EC)
Emergency Management (EM)
Human Resources Management (HRM)
Infection Prevention and Control (IC)
Information Management (IM)
Leadership (LD)
Life Safety (LS)
Medication Management (MM)
National Patient Safety Goals (NPSG)
Performance Improvement (PI)
Record of Care, Treatment, and Services (RC)
Rights and Responsibilities of the Individual (RI)
Waived Testing (WT)

Glossary
Crosswalk
TJC Manual Documents

Standard: Performance expectation (identified by chapter abbreviation and six number identifier)

CTS.03.01.01 The organization bases the planned care, treatment, or services on the needs, strengths, preferences, and goals of the individual served. Note: For opioid treatment programs: Methadone has well-documented effects on several systems, including the respiratory, nervous, and cardiac systems, and the liver. In addition, many medications including methadone can act to increase the QT interval on an electrocardiogram and potentially lead to torsades de pointes, a potentially life-threatening cardiac arrhythmia. Therefore, it is important for the program physician to consider all of the medications the patient is currently taking (including actual versus prescribed doses, illicit drugs, medically active adulterants potentially present in illicit substances, and medically active over-the-counter or natural remedies). Given consideration of this information, the program physician can determine whether the treatment drug will be methadone, buprenorphine, or another medication and whether the treatment indicated for the patient is induction, withdrawal management, or maintenance.

Print Email

Standard Introduction & Rationale Rationale: Why do it?

Introduction: Introduction to Standards CTS.03.01.01 Through CTS.03.02.03—Planning Care, Treatment, or Services

The expressed needs, strengths, preferences, and goals of the individual served provide a contextual framework for the information and impressions collected from screening and assessment. Taken together, these sources provide a foundation for planning individualized care, treatment, or services. The individual served, as well as their family, as appropriate to the individual's circumstances, are important participants in the care, treatment, or services planning process. Plans are modified in accordance with progress toward goals and changes in needs and preferences.

Rationale: Not Applicable.

ID	Elements of Performance (EP)	Collapse All EPs	SAMHSA/OTP	EP Attribute
1	In collaboration with the individual served and, as appropriate, their family, the organization makes care, treatment, or service decisions that are based on information it has collected about the individual's needs, strengths, preferences, and goals.	Read Less		
2	Care, treatment, or service decisions are collaborative and interdisciplinary when more than one discipline is involved in the care, treatment, or services of the individual served.			
4	Planning for care, treatment, or services includes interventions and services necessary to meet the identified goals.			

Elements of Performance: Steps/Guidance to meet the standard

Preparing for your Survey

Organizational Activities

- Designate an Accreditation Champion/Team
- Conduct Accreditation Meetings
 - Core Team and Departments
- Close any gaps identified in gap analysis
- Participate in free webinars / view replays
- Utilize resources from the Joint Commission (Crosswalk, Standards FAQ's, Standards Interpretation Group, Heads Up Reports, ICM tool etc.)



The On-Site Survey

- Joint Commission On-site surveys are customized to the setting(s)/service(s) and population(s) served by the organization
- 30 days advance notice for your initial on-site survey (seven business days for re-surveys)
- The on-site survey agenda is in sync with an organization's normal operational systems and is flexible



The On-Site Full Initial Survey – Sample Day 1 Agenda

Time	Activity
8:00 - 8:30 a.m.	Introductory Session and Orientation to Services*
8:30 - 9:00 a.m.	Building Tour/Environment of Care
10:00 - 11:00 a.m.	Individual Tracer Activity
11:00 - 12:00 p.m.	Individual Tracer Activity
12:00 - 12:30 p.m.	Surveyor Lunch/Planning
12:30 – 1:30 p.m.	System Tracer
1:30 - 2:30 pm.	Individual Tracer Activities
2:00 - 2:30 p.m.	
2:30 - 3:30 pm	
3:30 - 4:00 p.m.	Special Issue Resolution*
4:00 - 4:30 p.m.	

* On Day 2 will be Daily Briefing and Exit Conference and Report out for a two-day survey

Our Unique “Tracer Methodology”

- System Tracers – Environment of Care, Emergency Management, Infection Control, Medication Management, Data, Competency and Leadership
- Individual Tracers—Focus on actual delivery of care, treatment, or services and the individual’s experience -- not paperwork
 - Individual Tracers are usually at least 60% of the on-site survey
 - Directly involves staff who provide care, treatment or services (interviews and direct observation)
 - Follows care, treatment or services provided to an individual throughout your organization; “traces” their experience
 - Individual served/family is involved as appropriate
 - Samples from all programs/services operated by organization



Who will conduct the On-site Survey?

TJC Surveyors

- Experienced, licensed behavioral health care professional
- Trained, mentored, and monitored to deliver consistently valuable and inspirational surveys
- Culturally Sensitive and Diverse
- Average surveyor conducts over 25 times per year with an average tenure of service of 12 years
- Surveyors share good practices are collaborative, transparent, consultative, educational and inspirational
- Surveyors help organizations in their commitment to provide safe and high-quality care, treatment and services



Close of Survey Event and Post Survey Activities

- **Exit Conference (end of last day of survey):**
 - Communication of survey observations (should be no surprises!)
 - Preliminary Report (including SAFER matrix)
- **Post Survey Activities**
 - Submit the evidence of standards compliance report to resolve any findings within a 60-day window
 - Work with Account Executive and Standards Interpretation Group as needed
 - Accreditation award letters are posted once a successful Evidence of Standards Compliance (ESC) is completed and approved.
 - The accreditation effective date then becomes the day your ESC is accepted

SAFER[®] Dashboard

Data-driven Decision Making, Made Easier

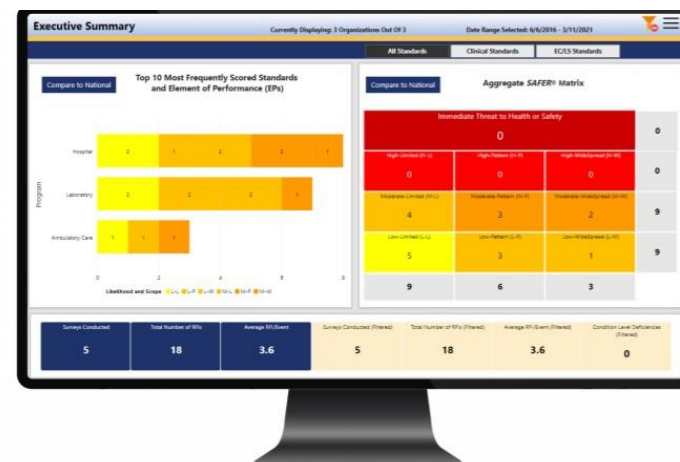


QUEST FOR DATA INTELLIGENCE AND VISIBILITY

- Compare organizations to the national average or within a corporate/system
- Seamlessly share data with other stakeholders and enable faster reporting of data to make timely decisions
- Compare current performance to past performance, or to a target



- Compare the top 10 most frequently scored standards and elements of performance for an organization
- Proactively determine and prioritize areas of potential improvement and create measurable goals to track progress
- Access and visualize organization-wide accreditation data in one convenient place



Likelihood to Harm a Patient/Staff/Visitor



HIGH

(harm could happen at any time, or did happen)

MODERATE

(harm could happen occasionally, especially in combination with other factors)

LOW

(harm could happen, but would be rare)

Immediate Threat to Life (a threat that represents immediate risk or may potentially have serious adverse effects the health of the patient, resident, or individual served)		

LIMITED

(unique occurrence that is not representative of routine/regular practice)

PATTERN

(multiple occurrences with actual or potential to impact few/some patients visitors, staff and/or settings)

WIDESPREAD

(multiple occurrences with actual or potential to impact most/all patients, visitors, staff and/or settings)

SCOPE

Maintain Survey Readiness

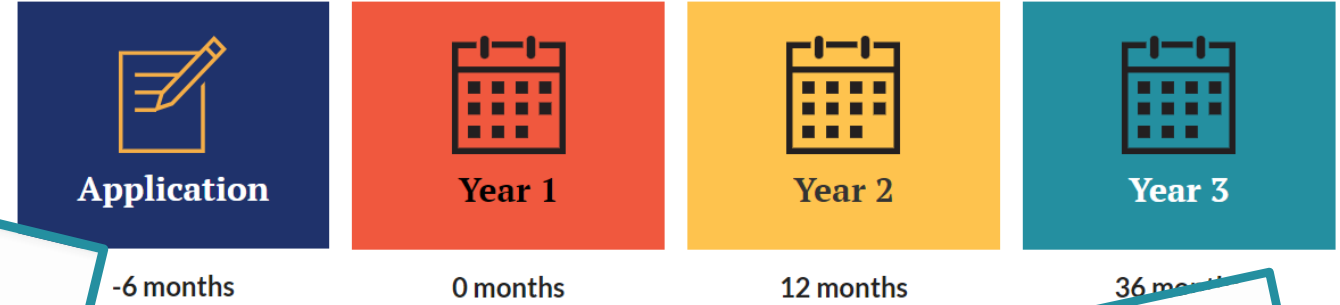
- **Maintain compliance**
 - Use available tools on your extranet portal
 - Remain aware of standards updates released July and January
 - Take advantage of access to Standards Interpretation Group
- **Notify Joint Commission of changes**
 - Submit updates in service, location, ownership, etc through the e-app
 - Keep in touch with your account executive for all things Joint Commission!



Extensive Resources

Readiness Roadmap

We have information to help you at all stages of your accreditation, certification or verification journey.



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Joint Commission Perspectives®

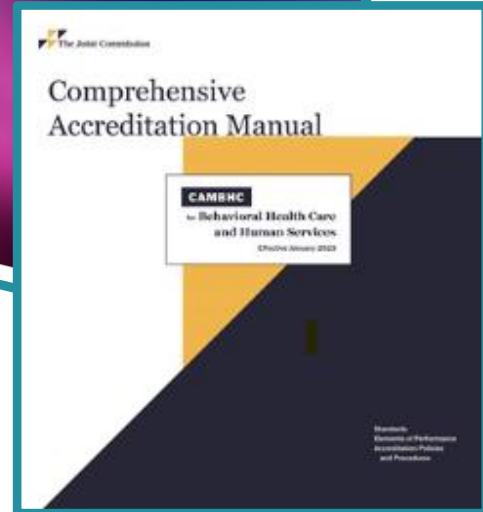
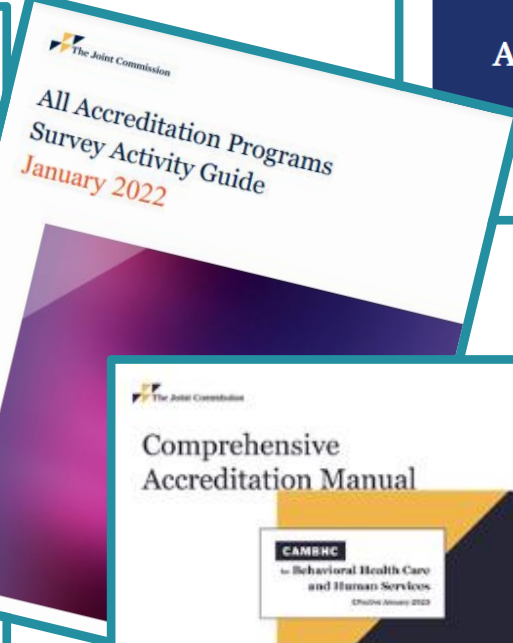
THE OFFICIAL NEWSLETTER OF THE JOINT COMMISSION

Behavioral Health Care and Human Services

1,560 SURVEYS CONDUCTED IN 2021

Standard	EP	Count
NPSG.15.01.01, EP 2		204
NPSG.15.01.01, EP 1		235
NPSG.15.01.01, EP 5		126
NPSG.15.01.01, EP 3		79
NPSG.15.01.01, EP 4		56
HRM.01.02.01, EP 1		128
CTS.02.01.11, EP 1		134
CTS.02.02.05, EP 2		100
HRM.01.06.01, EP 3		100
CTS.03.01.03, EP 3		95

Standard	EP	Keywords/Topics
NPSG.15.01.01: Reduce the risk for suicide. <small>See Q1 2021 Heads Up Report titled <i>Reduce the Risk of Suicide</i> on your organization's Joint Commission Connect extranet site.</small>	EP 2: Screen all individuals served for suicidal ideation using a validated screening tool.	<ul style="list-style-type: none"> • Suicidal ideation screening • Suicide risk reduction • Validated screening tools • Suicide risk assessment • Suicide risk reduction
NPSG.15.01.01: Reduce the risk for suicide. <small>See Q3 2020 Heads Up Report titled <i>Identifying Environmental Risks of Suicide</i> on your organization's Joint Commission Connect extranet site.</small>	EP 1: The organization conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide and takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging).	<ul style="list-style-type: none"> • Ligature risks • Suicide risk • Identifying items of self-harm • Environmental risk assessment • Suicide prevention



HEADS UP...

Behavioral Health Care and Human Services (BHC) Program

- [Credentialing and competency assessments](#)
- [Identification of individuals who may have experienced trauma, abuse, neglect, or exploitation](#)
- [Identifying Environmental Risks of Suicide](#)
- [Measurement-Based Care: Using Results to Inform Care and Treatment](#)
- [Nutritional screening](#)
- [Plan of care and indices of progress](#)
- [Reduce the Risk of Suicide](#)
- [Screening Procedures](#)

Get the most out of your survey experience

- ✓ Educate your staff about the survey process
- ✓ Encourage organizational staff to be open to learn, share, and seek to understand
- ✓ Ask questions and seek clarification if needed
- ✓ Be eager to learn, grow and improve
- ✓ Ask “What would we like to get out of the survey?”
- ✓ Ask “How will we measure the success of the survey?”

Questions?





When you become part of *Joint Commission* and earn our *Gold Seal*, you are recognized as having the highest standard in Quality and Safety.