

# Ambulatory Care Accreditation Survey Activity Guide For Health Care Organizations 2016



The Joint Commission

**Survey Activity Guide for  
Ambulatory Care Organizations**

**2016**

## **What's New?**

New or revised content is identified by underlined text.

Survey process and guide contents remain unchanged for January 2016.

# Ambulatory Health Care and Office-Based Surgery Organizations

## Survey Activity Guide (SAG)

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**Key:** The following abbreviations are used throughout this Guide to identify specific accreditation programs and the survey activities applicable to the program.

- AHC – Ambulatory Health Care (surveyed from the Comprehensive Accreditation Manual for Ambulatory Health Care and not the Hospital Accreditation Manual)
- OBS – Office-Based Surgery (surveyed from the Comprehensive Accreditation Manual for Office-Based Surgery and not the Ambulatory Care Accreditation Manual)

## How to Use this Guide

The Joint Commission's Survey Activity Guide for ambulatory care and office-based surgery 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 list of onsite survey activities are posted to your organization's *Joint Commission Connect* extranet site once the application is reviewed and processed by your account executive. When the agenda and activity list are available, please review the material and think about the people you might involve in the survey. The activity list 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. Consider including possible meeting locations and surveyor work space in your planning documents. Review the sessions 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. On the first day of survey, there will be an opportunity for you to work with the surveyor(s) to prepare an agenda for the visit that will fit with your day-to-day operations.

**Please Note:** Not all of 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. Surveyors will incorporate these into the onsite survey when they are applicable to your organization.

**Complex organizations** (surveyed under more than one accreditation manual or that have more than one service under one accreditation manual), will receive an activity list and agenda template for each of the programs being surveyed (e.g., behavioral, home care, laboratory).

For multiple services surveyed under a single accreditation program, be sure to include contact names and phone numbers from all of your organization's services. For example, Ambulatory Care might have the following services: Ambulatory Surgery Centers, Diagnostic Imaging Services, Diagnostic Sleep Centers, or Urgent Care.

Also identify names or positions and phone numbers of activity participants from all of the programs on these activity lists. Identify when it would be most effective to conduct an activity with all programs present (e.g., Leadership, Daily Briefing, and System Tracer--Data Management) and suggest this to the surveyors when they arrive.

This Survey Activity Guide is created for small and large organizations. Some organizations will have one surveyor while others will have multiple surveyors. **For Ambulatory Surgical Centers using The Joint Commission for deeming purposes, this will include a clinician(s) and Life Safety Code surveyor.** If you have any questions about the number of surveyors who will arrive at your site, please contact your Account Executive. If you are unsure of your Account Executive's name or phone number, call the Joint Commission at 630-792-3007 for assistance.

## **PRIOR TO THE SURVEY**

## **Preparing for Surveyor Arrival**

### **Overview**

The surveyor(s) arrive unannounced or with short notice for most surveys. Exceptions to the unannounced survey process include:

- Initial accreditation surveys that are not a Deemed Status survey (30-day advance notice)
- Early Survey Option – 1<sup>st</sup> and 2<sup>nd</sup> surveys that are not a Deemed Status survey (30-day advance notice)
- Intra-cycle Monitoring (ICM) Option 2 and Option 3 surveys

Exceptions to the unannounced survey process may change at any time. Changes are published in the Joint Commission newsletter *Perspectives*.

**A seven business day advance notice is given for the following re-survey types:**

### **Ambulatory Care Accreditation Program**

- Very small Ambulatory as defined in the Accreditation Process section of the accreditation manuals (short notice)
- Department of Defense facilities
- Bureau of Prisons facilities and contracted prison facilities
- Immigration facilities
- Office-Based Surgery practices
- Telehealth Services
- Sleep Centers
- Ambulatory surgery centers that are not using accreditation for deemed status purposes
- Surgery/anesthesia services
- Medical/dental services
- Specified diagnostic/therapeutic services
- Mobile diagnostic services

Planning in advance for the surveyor's arrival helps staff be better prepared for the survey. Whether the surveyor arrival is announced or unannounced, 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 Lists for each accreditation program in the pages that follow. If these documents are not available when the surveyors arrive, they immediately begin to evaluate the care, treatment, or services provided to one of your patients served through an individual tracer.

### **Preparing for Survey**

Prepare a plan for staff to follow when surveyor(s) arrive. The plan should include:

- Greeting surveyor(s): Identify the staff usually at the main entrance of your organization. Tell them about The Joint Commission and what to do when the surveyor(s) arrive. Explain the importance of verifying any surveyor's identity by checking his or her 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 surveyors arrive, 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 location for surveyor(s): Ask surveyors to wait in the lobby until an organization contact person is available. Surveyor(s) will need a location that they will call their "base" throughout the survey. This location should have an electrical outlet, phone access, and internet access.
- Validation of survey: Identify who will be responsible for the validation of the survey and the identity of surveyors. 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: Your organization should be prepared to have documents available for the surveyor(s) 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 accompany the surveyors during the survey.

### **Other planning activities**

Customer Value Assessment: This questionnaire will be available for completion on your *Joint Commission Connect* extranet site. The Assessment allows you to tell The Joint Commission what is most important to you about the accreditation process. Your organization's expectations for the on-site survey helps the surveyor(s) organize their evaluation work. This information will allow them to consider your needs and keep the on-site process relevant to your organization.

## Survey Readiness Guide

Actions to take when the surveyor(s) arrives	Responsible Staff	Comments:
Greet surveyor(s)		
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(s)		Check the picture ID to ensure that they are from The Joint Commission. Also log into your <i>Joint Commission Connect</i> extranet site to validate the surveyor's identity, when possible.
Determine where they will meet with your team		Location:

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

The Survey 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 recording participant names, possible meeting locations, times that could conflict with participant availability, or any other notes. Please work with your surveyor(s) to confirm the best day(s) and/or time(s) for specific survey activities to take place. Contact your Account Executive with any questions related to this information.

## Survey Document List

As an Ambulatory Care or Office-Based Surgery organization, you will need to have the following available for the surveyor(s) to review (depending on the type of survey or setting) 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. Surveyor(s) may need to see additional documents to further explore or validate observations or discussions with staff.

**Note:** *The 12-month reference in the following items is not applicable to initial surveys.*

Item No.	Items	Comments/Notes
1	Your organization's expectations of both the survey team and the on-site survey experience ( <i>Note: This can be completed in advance of the on-site survey using the Customer Value Assessment tool on your Joint Commission Connect extranet site.</i> )	
2	Performance / Quality Improvement Data from the past 12 months	
3	Infection Control surveillance data from the past 12 months	
4	Infection Control Plan	
5	Environment of Care data including the Statement of Conditions (SOC) , if applicable	
6	Environment of Care Plans for Improvement from last survey, if applicable	
7	Environment of Care management plans and annual evaluations	
8	Meeting minutes pertaining to Environment of Care topics for the 12-months prior to survey, if applicable	
9	An organization chart	
10	A map of the organization, if available	
11	List of all sites that are eligible for survey	
12	List of locations where services are provided, including anesthetizing locations	
13	<u>List of locations where high-level disinfection and sterilization is in use</u>	
14	Any reports or lists of patient appointment schedules or surgery schedules for each day of the survey	
15	A list of contracted services	
16	Name and extension of key contacts who can assist surveyors in planning tracer selection	
<b>For Ambulatory Surgery Centers (ASC) Deemed Status Surveys:</b>		
17	List of surgeries from the past six months	

18	List of cases in the past 12-months, if any, where the patient was transferred to a hospital or the patient died ( <b>Note: The 12-month time frame for this data applies to all ASC organizations seeking deemed status, whether undergoing a Joint Commission initial survey or resurvey.</b> )	
19	Documents related to the infection control program (e.g., description, policy, procedures, surveillance data)	
20	Infection Control Surveyor Worksheet	
<b>For Bureau of Primary Health Care (BPHC) surveys:</b>		
21	Health Center's responses to the "Health Center Self-Report Tool for BPHC Program Expectations, "if the organization has completed one (this is optional as of April, 2012)	
22	List of Board of Directors membership, including the user/patient/consumer status, occupational/areas of expertise, geographic location, and special population representation	
23	Board minutes (past 12 months on all surveys); annual Uniform Data System (UDS) report	
24	Most recent BPHC Notice of Grant Award (with any conditions or management assessment items)	
25	Items from most recent BPHC Grant Application: Health Care Plan, Scope of Services; Overall Summary (if available)	
26	Health Center's bylaws, strategic plan, and needs assessment	

## Survey Activities

Activity Name	Duration Activity	Scheduling Guidelines	Notes
Surveyor Arrival and Preliminary Planning	30-60 minutes	1 <sup>st</sup> day, upon arrival	
Opening Conference	15 minutes	1 <sup>st</sup> day, as early as possible	
Orientation to Your Organization	30-60 minutes	1 <sup>st</sup> day, as early as possible	
Surveyor Planning Session	30-60 minutes	1 <sup>st</sup> day, as early as possible	
Individual Tracer	60-120 minutes	Individual Tracer activity occurs throughout the survey; the number of individuals who surveyors trace varies by organization	
Lunch	30 minutes	At a time negotiated with the organization	
Issue Resolution	30 minutes	End of each day except last; can be scheduled at other times as necessary	
Surveyor Team Meeting/ Planning	30 minutes	Mid-day and/or end of each day except last	
Daily Briefing	15-30 minutes	Start of each survey day except the first day; can be scheduled at other times as necessary	
Competence Assessment and Credentialing & Privileging	30-60 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization	
Environment of Care and Emergency Management	45-90 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization	
System Tracer – Data Management	30-90 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization. If this is the only system tracer taking place during survey, the topics of Infection Control and Medication Management will be covered in this discussion.	
Leadership	60 minutes	Towards the middle or end of survey at a time negotiated with the organization	
Surveyor Report Preparation	60-120 minutes	Last day of survey	
CEO Exit Briefing	10-15 minutes	Last day of survey	
Organization Exit Conference	30 minutes	Last day, final activity of survey	
Life Safety Code Building Assessment	45-90 minutes	Occurs on all Ambulatory Surgery Center deemed status surveys; occurs on surveys where four or more individuals are simultaneously rendered incapable of self preservation	

Activity Name	Duration Activity	Scheduling Guidelines	Notes
Program Specific Tracer – Continuity of Care	60-120 minutes	This focused tracer occurs during time designated for Individual Tracer Activity.	
System Tracer – Infection Control	30-60 minutes	After some individual tracer activity has occurred; topic may be covered during the Data Management system tracer depending on the length of survey	
System Tracer – Medication Management	30-60 minutes	After some individual tracer activity has occurred; topic may be covered during the Data Management system tracer depending on the length of survey	
<b>Bureau of Primary Health Care Surveys only -- Governance Discussion</b>	45-60 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization	
<b>Bureau of Primary Health Care Surveys only – Clinical Leadership &amp; Staff Discussion</b>	60 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization	

## **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(s) 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 the preliminary planning session is approximately 30 to 60 minutes.

### Surveyor Arrival Activities

- Notify key organization members as identified in the pre-survey planning session of the surveyor(s) 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 the Joint Commission's website at [www.jointcommission.org](http://www.jointcommission.org)
  - Under 'Action Center,' log in to *The Joint Commission Connect* extranet site
  - Enter a login and password
  - If you cannot access *The Joint Commission Connect* extranet site to validate the survey or surveyors, 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(s), picture and biographical sketch
- Scheduled survey dates
- 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 program(s). Surveyors will start reviewing this information immediately.

### Overview

Surveyor(s) 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(s) 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 on the preceding pages). The surveyor(s) will begin discussing the focus of the survey with the other surveyors (when applicable). If documents are not available for surveyors to review during this session, they will proceed to areas where care, treatment, or services are provided and begin individual tracer activity.

**For complex organizations** surveyed under more than one accreditation manual or for more than one service under one accreditation manual, surveyors review information from all accredited programs. It is important to have documents available at this session for each program being surveyed. *See appendices for program documentation lists and sessions.*

**For providers of Advanced Diagnostic Imaging (ADI) who serve Medicare beneficiaries and are using The Joint Commission for ADI certification**

- Organizations will receive no notice of the survey event prior to surveyor arrival

**For organizations electing Primary Care Medication Home (PCMH) certification**

- Provide the surveyor with the "Primary Care Medical Home Self-Assessment Tool." If you have completed the PCMH self-assessment tool, provide it to the surveyor(s). A copy of the tool can be obtained on The Joint Commission's ambulatory care section of the website.

**For Ambulatory Surgery Centers (ASC) Deemed Status Surveys**

- Two active patients are required at the time of survey, preferably during Day 1.
- Surveyors will observe at least one surgical procedure during the survey. A schedule of surgical procedures will be needed for planning this observation.
- Surveyors will use the list of surgeries from the past six months to select a sample of closed medical records for review. At a minimum, surveyors will:
  - Select 20 records for a facility with a monthly case volume exceeding 50.
  - Select at least 10 records for lower volume ASCs.

The sample size may be expanded as needed.

## **Opening Conference**

### **Participants**

Suggested participants include members of the governing body and senior leadership (representing all accredited programs/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 participate, when applicable.

### **Duration**

The duration of this session is approximately 15 minutes. Immediately following this session is the Orientation to Your Organization. If possible, designate a room or space that will hold all participants and will allow for an interactive discussion. Inform surveyor(s) at this time of any agenda considerations that may impact the activities for the day.

### **Overview**

During this session, the surveyor(s) will:

- Describe the structure of the survey
- Answer questions your organization has about the survey
- Review your organization's expectations for the survey
- **For PCMH Certification Surveys:** Explain that the survey will include an evaluation of compliance with PCMH-specific requirements.

The surveyor(s) will introduce themselves and describe each component of the survey agenda. The surveyor(s) 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(s). Questions about the onsite 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, surveyors contact The Joint Commission administrative team. The Joint Commission will either send a different surveyor to investigate the issue or the surveyor on site 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. Surveyors will discuss the findings with the Joint Commission administrative team and outcomes will be communicated to your organization when a decision is reached.

## **Orientation to Your 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 programs/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 30-60 minutes.

### **Overview**

During this session, the surveyor(s) become 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.

Governance and operations-related topics for discussion include:

- Organization's mission, vision, goals, and strategic initiatives
- Organization structure
- Operational management structure
- Information management, including the format and maintenance of medical records
- Contracted services and performance monitoring of contracted services
- Patient safety initiatives
- National Patient Safety Goals
- Community involvement
- Leader's role in emergency management planning
- Cleaning, disinfection and sterilization processes
- **For PCMH Certification Surveys:** identify eligible sites

Discussion topics include:

- Leaders' processes for identification and monitoring of potential risk areas
- Leaders' approach to completing the Focused Standards Assessment (FSA) Tool and methods used to address areas needing improvement (resurveys only)
- Management and leadership's oversight and other responsibilities

Senior Leadership Role in Improving Performance discussion topics may include:

- How leaders set expectations, plan, assess, and measure initiatives to improve the quality of services
- 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

**Note:** Surveyor(s) will request examples of performance improvement initiatives including evidence that performance was achieved and sustained.

**During this session, the surveyors will:**

**For PCMH Certification Surveys**

- Ask about the **scope** of services provided, (i.e., acute, chronic and urgent care) and the **types** of services available, (i.e., pediatrics, obstetrics/gynecology, behavioral health, dentistry)
- Determine how the organization uses health information technology (HIT) to support continuity of care, and the provision of comprehensive and coordinated care
- The surveyors will also ask leaders to describe processes and infrastructure in place to support the provision of coordinated and comprehensive care, including:
  - 24/7 patient access to prescription renewal requests, test results, clinical advice for urgent health care needs, and appointment availability
  - Addressing patient urgent health care needs 24/7
  - Identification of interdisciplinary team members
  - Use of an electronic prescribing process and in what locations/areas; and, if the process is not in use throughout the organization ask about plans to expand use
  - The type of providers that serve in the role of primary care clinician
  - Any sites that have non-physicians serving in the role of primary care clinician
  - Processes in place to support patient selection of a primary care clinician

**For ASC Deemed Status Surveys**

- Verify that the governing body has full legal responsibility for determining, implementing, and monitoring policies governing the ASC's total operation
- Explore the operational management structure
- Identify who is responsible for directing nursing services and will ask if this individual a registered nurse
- Request and review governing body meeting minutes or other documents to verify governing body oversight and accountability for the ASC's Quality Assurance Performance Improvement (QAPI) program. This review can occur during the Surveyor Planning Session or Special Issue Resolution.
- If applicable, select a sample of contractors working with the ASC and request to see documentation of the most recent contractor performance assessment conducted by the ASC. This review can occur during the Surveyor Planning Session or Special Issue Resolution.
- Surveyors will observe at least one surgical procedure during the survey. Be prepared to provide a schedule of surgical procedures.
- Ask about the types of radiologic procedures that are performed in the ASC, and explore whether they are limited to those that are integral to the procedures performed
- Explore whether the ASC has designated someone to be responsible for oversight of radiologic services

**For providers of Advanced Diagnostic Imaging (ADI) who serve Medicare beneficiaries and are using The Joint Commission for ADI certification**

- Identify who serves as the medical director or supervising physician for advanced diagnostic imaging services.

## **Surveyor Planning Session**

### **Participants**

Joint Commission accreditation contact or other key contact person

### **Duration**

The suggested duration of this session is approximately 30 to 60 minutes.

### **Overview**

During this session, the surveyor(s) will review documents provided from the survey document list (see pages 8-9). They will plan for individual tracer activities by reviewing documents such as the schedules and verifying location of organization sites.

## Individual Tracer Activity

### 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 60-120 minutes.

### Overview

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

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. 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 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. Surveyors will also consider any organization-specific risk areas listed in the ICM Profile. As the survey progresses, the surveyor(s) may select patients with more complex situations, who are identified through the system tracers and whose care crosses services.

The individual tracer begins in the program where the patient and his/her record of care are located. The surveyor(s) starts the tracer by reviewing a record of care with the staff person responsible for the individual's care, treatment, or services. The surveyor(s) then begins the tracer by:

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

Surveyor(s) will try to protect patient confidentiality and privacy and they will seek the assistance of your staff in this effort. Surveyor(s) 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(s) may arrive in a setting/unit/program/service and need to wait for staff to become available. If this happens, the surveyor(s) will use this time to evaluate environment of care issues or observe the care, treatment, or services being provided.

If there are multiple surveyors conducting the survey, they will make every effort to avoid visiting areas at the same time. Surveyors will try to minimize multiple visits to the same location, although they will need to follow the patient to the areas where services were provided.

During the individual tracer, the surveyor(s) will observe the following at a minimum:

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

- **For ASC Deemed Status Surveys:** Surveyors will observe at least one surgical procedure during the survey

During the individual tracer, the surveyor(s) will interview staff about:

- Intradepartmental and interdepartmental communication for the coordination of care, treatment or services. (e.g., hand offs)
- The use of data
- Patient flow through the organization
- National Patient Safety Goals
- Patient education
- Orientation, education, and competency of staff
- Other issues

During the individual tracer, the surveyor(s) will speak with available licensed independent practitioners about:

- Organization processes that support or may be a barrier to patient care, treatment, or services
- Communications and coordination with other licensed independent practitioners (hospitalists, consulting physicians, primary care practitioners)
- Discharge planning, or other transitions-related resources and processes available through the organization
- Awareness of roles and responsibilities related to the Environment of Care, including prevention of, and response to incidents and reporting of events that occurred

During the individual tracer, the surveyor(s) will interview patients and their families about:

- Coordination and timeliness of services provided
- Education, including discharge instructions
- Response time when a call bell is initiated or alarms ring, as warranted by care, treatment or services
- Perception of care, treatment or services
- Staff observance of hand-washing and verifying patient's identity
- Understanding of instructions (e.g., diet or movement restrictions, medications, discharge and provider follow-up), as applicable
- Rights of individuals served/patients/residents
- **For ASC Deemed Status Surveys:** Receipt of patient rights information
- Other issues

**For PCMH Certification Surveys:** The surveyor(s) will select a patient that has had a test ordered or a referral issued. During the individual tracer, the surveyor(s) will interview staff about:

- How staff track and follow-up on test results and referral, validated through a review of clinical records
- Whether recommendations or results from referrals are available to the primary care clinician
- Whether staff can identify the members of the patient's interdisciplinary team
- Whether staff can describe, how the interdisciplinary team works to collaborate on patient care
- Whether staff can describe how patient self-management goals are incorporated into the treatment plan; surveyors may ask to see examples in the clinical record
- How they assess patient health literacy

During the individual tracer, the surveyor(s) will interview patients and their families about:

- Information provided to them to help select a primary care clinician
- Information provided to them about how the organization functions and the available services

- Directions they received about obtaining urgent care after the office/clinic is closed and if they have ever needed such care

**For ASC Deemed Status Surveys:**

During the individual tracer, the surveyor(s) will interview patients and their families about:

- How and when the organization provided them with patient rights information --verbally and in writing and prior to the start of their surgical procedure
- Whether they received financial disclosure information in writing
- Whether they were provided with written information concerning organization policies on advance directives prior to the start of their surgical procedure. This includes a description of applicable state health and safety laws and a copy of the official state advance directive forms

The surveyor(s) will also ask about:

- Processes in place to ensure safe handling of hazardous materials and waste
- Radiation exposure monitoring procedures
- The ASC's timeframe for record maintenance

## **Special Issue Resolution**

### **Participants**

As requested by the surveyor or survey team

### **Duration**

The duration is approximately 30 minutes and scheduled toward the end of each day except the last.

### **Overview**

During this session, the surveyor(s) will explore any issues that may have surfaced during the course of the survey that remain outstanding. Depending on the circumstances, this may include:

- 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 results
- Other issues requiring more discussion

The surveyor(s) will inform your organization's contact person about any documentation needed, any staff who they would like to speak with, or locations they want to visit.

## **Surveyor Team Meeting/Planning Session**

### **Participants**

None

### **Duration**

The duration for this session is 30 minutes.

### **Overview**

The surveyors will use this session to debrief on the day's findings and observations and plan for upcoming survey activities.

Before leaving the organization, the surveyor(s) will return organization documents to the survey coordinator / liaison. If surveyor(s) have not returned documents, your organization is encouraged to ask surveyor(s) for them prior to their departure.

## **Daily Briefing**

### **Participants**

Suggested participants include representative(s) from governance, the CEO/Administrator or Executive Director, the Joint Commission accreditation contact, and other key contact individuals identified by staff.

### **Duration**

The duration for this session is approximately 15 to 30 minutes, beginning on Day 2.

### **Overview**

During this session, the surveyor(s) will briefly summarize the survey activities completed the previous day and communicate observations according to standards areas that may or may not lead to findings. Surveyor(s) may ask to hold a daily briefing before concluding activity on the first day, depending on circumstances. If a surveyor cannot participate in this session because he or she is surveying at a remote location, you may be asked for assistance with setting up a conference call to include all surveyors and appropriate staff.

The surveyor(s) will make general comments regarding significant issues from the previous day, note potential non-compliance, and emphasize performance patterns or trends of concern that could lead to findings of non-compliance. The surveyor(s) will allow you the opportunity to provide information that they may have missed or that they requested during the previous survey day. You may also present surveyors with information related to corrective actions being implemented for any issues of non-compliance. Surveyor(s) will still record the observations and findings, but will include a statement that corrective actions were implemented by the organization during the onsite survey.

Your organization should seek clarification from the surveyor(s) about anything that you do not understand. Note that the surveyor(s) may decide to address your concerns during a Special Issue Resolution Session, later in the day. It is important for you to seek clarification if you do not understand anything that the surveyors discuss.

## **Competence Assessment and Credentialing & Privileging**

### **Participants**

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

### **Duration**

The duration for this session is 30-60 minutes.

### **Applicability**

This session addresses staff competence and the credentialing and privileging processes for licensed independent practitioners, when relevant.

### **Overview**

During this session, the surveyor(s) will:

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

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

The surveyor(s) discusses 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, licensed independent practitioners, and other credentialed practitioners
- Orientation of staff, licensed independent practitioners, and other credentialed 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 licensed independent practitioners
- Other topics and issues discovered during the tracer activity

During this session, the surveyors will:

### **For ASC Deemed Status Surveys:**

- Review a sample of staff records for non-physician licensed practitioners providing care in the ASC for evidence of:
  - Current licenses in good standing
  - Qualifications
  - Periodic performance evaluation in accordance with the ASC's policies
- Review the staff files of contract staff to verify credentials, privileges, evidence of training, as applicable

- Review the qualifications of individuals authorized to deliver anesthesia in the ASC, to determine if they are consistent with regulatory requirements.
- Verify that the individuals performing procedures have privileges granted by the governing body.
- Review a sample of credentials files for medical staff (See Sampling Table 1) who have been granted privileges for the following:
  - state licensure, registration, or state certification as applicable
  - training and pertinent experience
  - scope of privileges granted
  - evidence that they are legally and professionally qualified to exercise privileges granted
  - evidence of reappraisal within the timeframe specified in the ASC's policy
- Review the personnel file of the individual designated as responsible for oversight of all radiologic services
- Review personnel files of selected practitioners and staff for their qualifications and competency assessments related to assigned duties
- Review staff record of the person responsible for directing infection control activities for evidence of training in infection control

**For PCMH Certification Surveys:**

- Review the staff or credentials files of one or more clinicians serving in the role of primary care clinician (PCC) for evidence of broad-based education and experience in the provision of primary care.

**For providers of Advanced Diagnostic Imaging (ADI) who serve Medicare beneficiaries and are using The Joint Commission for ADI certification:**

- Review the staff/credential file of the medical director or supervising physician of advanced diagnostic imaging services for evidence of training in advanced diagnostic imaging services obtained through:
  - a residency program
  - experience
  - continuing medical education courses

## **Environment of Care and Emergency Management Session**

### **Participants**

Suggested participants include individuals familiar with the management of the environment of care and emergency management in all major areas within your organization. This may include the safety officer, security management coordinator, facility manager, building utility systems manager, and the person responsible for emergency management.

### **Duration**

The duration of this session is approximately 45-90 minutes depending on the type of organization, services provided and facilities, and will consist of two parts: Environment of Care/Emergency Management discussion and Environment of Care tracer.

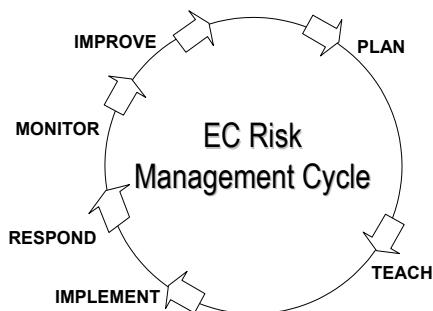
### **Overview**

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.

The first part of the session is a group discussion that takes approximately 70% of the allotted time. The surveyor is not the primary speaker because it is not intended to be an interview. He or she listens to the discussion, of the Environment of Care risk categories as indicated in the matrix below, and safety data analysis and actions taken by your organization.

In the remaining time, the surveyor observes and evaluates your organization's performance in managing a particular risk or management process in the environment of care. The management process or risk selected for observation is based on the environment of care documents previously reviewed, observation by other surveyors, and knowledge gained during the group discussion of this session.

**Environment of Care Discussion and Emergency Management (Approximately 70% of session time)** – Be prepared to discuss how the various Environment of Care risk categories<sup>1</sup> and construction activities, when applicable, are addressed in each of the following six management processes.



### **Plan**

- What specific risks related to its environment of care have been identified by your organization?

### **Teach**

- How have roles/responsibilities for staff/volunteers been communicated by your organization.

<sup>1</sup> The environment of care risk categories include: general safety and security, hazardous materials and waste, fire safety, medical/laboratory equipment, and utilities (see matrix on the next page for applicability of risk categories to each accreditation program).

**Implement**

- What procedures and controls (both human and physical components) does your organization implement to minimize the impact of risk to patients, visitors, and staff?

**Respond**

- What procedures does your organization implement to respond to an environment of care incident/failure?
- How, when, and to whom are environment of care problems, incidents, and/or failures reported within your organization.

**Monitor**

- How is environment of care (both human activities and physical components) monitored by your organization
- What monitoring activities have taken place within the last 12 months (on re-surveys)?

**Improve**

- What environment of care issues are currently being analyzed?
- What actions have been taken as a result of monitoring activities?

**The following matrix is provided to assist in determining patterns of management process or risk category areas of concern and strengths.**

	SAFETY and SECURITY	HAZMAT	EMG. MGT	FIRE	MED/LAB. EQ.	UTILITIES	CONSTRUCTION
PLAN							
TEACH							
IMPLEMENT							
RESPOND							
MONITOR							
IMPROVE							

**If your organization wants to conduct a mock Environment of Care Session:**

1. Identify a high risk process or category
2. Determine the location for that risk or category in your plans, e.g. safety, security etc.
3. Trace the risk or category through the phases in the first column: planning, teaching, implementing, responding, monitoring and improving
4. Note any gaps between what exists and what should be in place
5. Modify the process, as needed

Be prepared to discuss your organization's performance addressing the emergency management requirements including:

- Identifying potential emergencies that could affect demand for organization services or the organization's ability to provide services (sometimes referred to as a "Hazard Vulnerability Analysis")
- Identifying your role in relation to the community's, county's, or region's emergency management program
- Identifying an "all hazards" command structure that links with the community's command structure and
- Making any necessary improvements to its emergency management based on critiques of emergency management drills

**Environment of Care Tracer (Approximately 30% of session time)**

The surveyor observes and evaluates your organization's performance in managing the selected Environment of Care risk. He or she observes implementation of those particular management processes determined to be potentially vulnerable or trace a particular risk(s) in one or more of the environment of care risk categories your organization manages. The surveyor

- Begins where the risk is encountered or first occurs. (a starting point might be where a particular safety or security incident could occur, a particular piece of medical equipment is used, or a particular hazardous material enters your organization)
- Asks staff to describe or demonstrate their roles and responsibilities for minimizing the risk, what they do if a problem or incident occurs, and how they report the problem or incident
- Assesses any physical controls for minimizing the risk (i.e., equipment, alarms, building features)
- Assesses the emergency management plan for mitigation, preparedness, response, and recovery strategies, actions and responsibilities for each priority emergency
- Assesses the emergency plan for responding to utility system disruptions or failures (e.g., alternative source of utilities, notifying staff, how and when to perform emergency clinical interventions when utility systems fail, and obtaining repair services)
- Reviews implementation of relevant inspection, testing, or maintenance procedures for equipment, alarms, or building features that are present for controlling the particular risk

If the risk can be encountered at different locations within your organization (e.g., a hazardous material or waste), the surveyor will evaluate it in these locations.

- **For providers of Advanced Diagnostic Imaging (ADI) who serve Medicare beneficiaries and are using The Joint Commission for ADI certification:** Documentation of activities and frequencies to maintain the reliability, clarity, and accuracy of the technical quality of diagnostic images produced

## **Life Safety Code® Building Assessment**

### **Participants**

Suggested participants include the individual who manages your facility (ies) and other staff at your discretion.

### **Duration**

The duration of this session is approximately 45-90 minutes.

### **Applicability**

This activity applies to Ambulatory Care or Office-Based Surgery organizations designated as ambulatory health care occupancies (four or more individuals who are simultaneously rendered incapable of self-preservation).

### **Overview**

This session occurs after the electronic Statement of Conditions (E-SOC) has been reviewed and electronic Plan for Improvement (PFI) has been reviewed and electronically accepted by the surveyor. The surveyor will need a ladder and flashlight for this activity and the escort needs to have keys or tools necessary to open locked rooms, closets or compartments in order to allow the surveyor access to and observation of space above the ceilings.

In preparation for this session, the surveyor will meet with an organization staff member to become oriented to the layout of the building (including arrangement of smoke compartments, location of any suites, age of building additions, areas with sprinklers, areas under construction, and any equivalencies granted by The Joint Commission). This activity is greatly facilitated if the organization has plans and drawings available that display the building fire safety features. The surveyor will also review your organization's processes for Interim Life Safety Measures (ILSMs).

During this session, the surveyor will:

- Evaluate the effectiveness of processes for maintaining fire safety equipment and fire safety building features
- Evaluate the effectiveness of processes for identifying and resolving *Life Safety Code®* problems
- Evaluate the effectiveness of processes for activities developed and implemented to protect occupants during periods when a building does not meet the applicable provisions of the *Life Safety Code®* or during periods of construction
- Evaluate the effectiveness of processes for maintaining and testing any emergency power systems
- Evaluate the effectiveness of processes for maintaining and testing any medical gas and vacuum systems
- Determine the degree of compliance with relevant *Life Safety Code®* requirements
- Educate attendees on potential actions to take to address any identified *Life Safety Code®* problems

The surveyor will also:

1. Review your organization's Statement of Conditions and any PFIs approved by Survey Team
2. Meet with appropriate organizational staff to become oriented to the:
  - Layout of the building (including arrangement of smoke compartments, location of any suites, age of building additions, areas with automatic sprinklers, areas under construction, and any equivalencies granted by the Joint Commission)
  - Organization processes for Interim Life Safety Measures (ILSMs)

## **Building Tour**

During the building tour, the surveyor will:

- Assess operating/procedure rooms for proper pressure relationships
- Assess hazardous areas, such as soiled linen rooms, trash collection rooms, and oxygen storage rooms
- Assess required fire separations
- Assess required smoke separations (at least two)
- Conduct an "above the ceiling" survey at each location identified above by observing the space above the ceiling to identify:
  - penetrations of smoke, fire or corridor walls
  - smoke or fire walls that are not continuous from slab-to-slab and outside wall to outside wall
  - penetrations or discontinuities of rated enclosures including hazardous areas, stairwells, chutes, shafts, and floor or roof slabs
  - corridor walls that are not slab-to-slab or do not terminate at a monolithic ceiling (if the building is fully sprinklered and the ceiling is smoke tight, the walls may terminate at the ceiling line)
  - the presence or absence of required smoke detectors or fire dampers
  - the presence or absence of required fire proofing on structural members such as columns, beams, and trusses
- Verify that fire exits per building and verify that they are continuous from the highest level they serve to the outside of the building
- Assess the bottoms of any laundry and trash chutes
- Assess the **main** fire alarm panel (if any)
- Assess the condition of emergency power systems and equipment
- Assess any medical gas and vacuum system components including master signal panels, area alarms, automatic pressure switches, shutoff valves, flexible connectors, and outlets

## **Additional Information:**

### **Documentation of Findings**

If a LSC deficiency is not noted in a previously approved Plan for Improvement (PFI), it will be recorded as a finding in the Summary of Survey Findings Report. Any "below-the-ceiling" LSC deficiencies identified by other survey team members that are not noted in a Plan for Improvement (PFI) are documented as a finding in the Summary of Survey Findings Report.

## System Tracer – Data Management

### Participants

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

### Duration

The duration for this activity is 30-90 minutes depending on the number of days the surveyor(s) spend onsite and the size and complexity of your organization.

### Overview

During this session, the surveyor(s) 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.

Surveyor(s) will review your organization's data and performance improvement projects during planning activity 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

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

- Infection Control
- Medication Management
- National Patient Safety Goal data
- Performance Monitoring of contracted services
- Other federal or state required reports
- Incident/error reporting

### For PCMH Certification Surveys:

- Verify that the organization is collecting the following data:
  - Patient experience and satisfaction related to access to care, treatment, or services
  - Patient perception of the comprehensiveness, coordination, and continuity of care, treatment, or services
  - Disease management outcomes
  - Patient access to care within timeframes established by the organization
  - Ask leaders how they are using data collected to improve their performance

## Clinical Leadership and Staff Discussion

### Participants

Required participants include at a minimum:

- Clinical leadership
- One licensed independent practitioner or clinical staff member from each satellite/remote site that is not scheduled for a site visit
- One clinical staff member responsible for providing direct care to any special population for which the Health Center receives specific funding support (e.g. homeless, migrant and seasonal farm workers, public housing residents, HIV/AIDS)
- A cross section of providers including physicians, dentists, other licensed independent practitioners, nurses, social workers, and other categories of staff who provide direct care to patients
- If all sites are scheduled for a visit, at least one person who may not otherwise be available to participate in the site visit, e.g. part-time individual with clinical responsibilities who is not scheduled to work on the day of the site visit, part-time or week-end staff member, individual with a schedule conflict which would preclude participation during a scheduled on-site visit

### Duration

The duration of this session is approximately 60 minutes.

### Overview

During this session, the surveyor(s) will:

- Understand the clinical staff's role in your organization
- Learn about the clinician's understanding of performance improvement approaches and methods, and their involvement in your organization's approach to performance improvement
- Assess the interrelationships and communication between and among disciplines, departments, programs, services or settings, when applicable to your organization

The surveyor(s) will review the health care plan, credentialing and privileging policies and procedures, risk management policies and procedures, and clinical practice guidelines. [NOTE: As of April, 2012 *Health Center completion and surveyor(s) review of the "Health Center Self-Report Tool for BPHC Program Expectations" is an option.*]

Based on prior survey findings and other available information the surveyor(s) assesses the following issues:

- Pre-entry and entry phases of the continuum of care
  - Linkage with and use of available information sources about the patient's needs
  - Linkages with other care settings within and/or outside your organization
  - Availability of and access to services consistent with your organization's mission, populations, and treatment settings or services to meet the patient's needs, including BPHC required services
  - Arrangements with other organizations and the community to facilitate entry and access to comprehensive health and social services
  - Referrals and transfers to meet the patient's needs and BPHC requirements
  - The use of clinical consultants and contractual arrangements
- Care within your organization
  - Scope of service being provided directly or indirectly; including those required by BPHC
  - Continuous flow of services from assessment through treatment and reassessment
  - Coordination of care among providers
- Pre-exit and exit phases of the continuum of care
  - Assessment of the patient's status and need for provision of continuing care

- Direct referral to practitioners, settings, and organizations to meet the patient's continuing needs
- Reassessment of the use and value of providing continuing care in meeting the patient's needs
- Provision of information or data to help others meet the patient's continuing needs.
- Systems issues supporting the continuum of patient care

## **Governance Discussion Session**

### **Participants**

Required participants include at least the following:

- Chairperson/President or Vice-Chair/Vice President
- Treasurer or Chair of the Finance Committee
- A board member who represents the users/patients/consumers, if one of the above officers is not a patient/user/consumer
- If the center receives funding for any special population groups (e.g. Migrant and Seasonal Farm Workers, Homeless Individuals, Residents of Public Housing), the representative for this population group

**Note: Board members may participate by conference call.**

### **Duration**

The duration of this session is approximately 45 to 60 minutes.

### **Overview**

During this session, the surveyor(s) will learn about your organization's governance, particularly as it pertains to compliance with BPHCs statutory and regulatory requirements.

The surveyor(s) will begin this session with a brief overview of the Joint Commission's mission and goals as well as a description of the benefits of the combined Joint Commission - BPHC survey. Discussion is based on relevant standards-based issues, BPHC Program Expectations required by law or regulation, and information presented by your organization during the opening conference and orientation to the organization. Information gained during the session is used to assess levels of compliance with BPHC statutory and regulatory requirements.

The surveyor(s) will address the following topics:

- The structure and composition of the governing body
- The functioning, participation, and involvement of the governing body in the oversight and operation of your organization
- The level of communication among the board members
- The governing body's perception and implementation of its role in your organization, especially the governance, and mission and strategy expectations, if described in the "Health Center Self-Report Tool for BPHC Program Expectations\*\*"
- The governing body members knowledge of federal law and regulation
- The governing body's understanding of performance improvement approaches and methods and involvement in your organization's approach to performance improvement
- Pertinent Joint Commission Leadership standards relevant to the governing body's role in your organization
- **For PCMH Certification Surveys:** Explore the organization's reasons for pursuing PCMH certification. Determine if this certification fits with the organization's mission and goals.

The surveyor(s) will engage the participants in discussions regarding new processes or services in your organization, and about the collaboration and involvement of appropriate leaders and other individuals.

The surveyor(s) will review and summarize the topics or opportunities for improvement that relate to the BPHC's statutory and regulatory requirements and those that are Joint Commission standards-related areas that will be addressed in subsequent system or patient tracers.

*\*NOTE: As of April, 2012 Health Center completion and surveyor review of the "Health Center Self-Report Tool for BPHC Program Expectations" is an option.*

## **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 duration of this session is approximately 60 minutes.

### **Overview**

During this session, the surveyor(s) 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.

The surveyor(s) will also discuss:

- 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(s) 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(s) 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. Throughout the discussion surveyor(s) will listen for examples of

- The planning process used
- How data is used once it is collected
- The approach used to change processes and work flow
- How information about newly implemented processes is communicated throughout your organization
- How leaders assess the culture of safety throughout the organization
- How leaders envision the performance of processes that are selected for improvement
- Leadership support and direction, including planning and resource allocation
- The degree to which the implementation is comprehensive and organization-wide
- The relationship of the function or process to patient safety and quality
- How the effective performance of the function or process is evaluated and maintained
- **For PCMH Certification Surveys:** How leaders evaluate the effectiveness of the interdisciplinary teams.

## **Surveyor Report Preparation**

### **Participants**

Surveyor(s)

### **Duration**

The suggested duration of this session is approximately 60-120 minutes. Surveyor(s) need a room that includes a conference table, power outlets, telephone, and internet access.

### **Overview**

During this session, the surveyor(s) will compile, analyze, and organize the data collected during the survey. The surveyor(s) 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(s) will provide you with the opportunity to present additional information at the beginning of this session if there are any outstanding surveyor(s) requests or further evidence to present from the last day of survey activity. The surveyor(s) may also ask organization representatives for additional information during this session.

## **CEO Exit Briefing**

**Please note this session may not occur if the CEO/Administrator prefers to deliver the Summary of Survey Finding 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 10 to 15 minutes.

### **Overview**

During this session, the surveyor(s) 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.
- **For PCMH Certification Surveys:** Identify those observations that directly relate to PCMH-specific requirements.
- **For ASC Deemed Status Surveys:** Identify those observations that directly relate to ASC-deemed status specific requirements. The surveyor(s) will also review any findings that relate to the Medicare Conditions of Coverage (CFC),
- **For providers of Advanced Diagnostic Imaging (ADI) who serve Medicare beneficiaries and are using The Joint Commission for ADI certification:** Identify those observations that directly relate to ADI-specific requirements.

## 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 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. You should print copies for all exit conference participants, if desired.

During this session, surveyor(s) will review the Summary of Survey Findings Report with participants. Discussion will include the 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) or Measure of Success (MOS), the surveyor(s) will explain the ESC and MOS submission process.

*Note: Most MOSSs are required for Requirements for Improvement that are scored as C-category EPs.*

- **For PCMH Certification Surveys:** The surveyor(s) will identify those observations that directly relate to PCMH-specific requirements.
- **For ASC Deemed Status Surveys:** The surveyor(s) will identify those observations that directly relate to ASC-deemed status specific requirements. The surveyor(s) will also review any findings that relate to the Medicare Conditions of Coverage (CFC),
- **For providers of Advanced Diagnostic Imaging (ADI) who serve Medicare beneficiaries and are using The Joint Commission for ADI certification:** The surveyor(s) will identify those observations that directly relate to ADI-specific requirements.

## **FOLLOWING THE SURVEY**

## What Happens 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 survey team 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

- Before the exit conference, the survey team 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 survey team will review the preliminary findings identified during the survey. The survey team 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 The Joint Commission’s Central Office.
  - Reports that meet a decision rule that automatically trigger a Preliminary Denial of Accreditation, Contingent 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, 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 the 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 45 days (direct impact standards) and/or 60 days (indirect impact standards). 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 last ESC, your accreditation decision is posted to your *Joint Commission Connect* extranet site and to Quality Check ([www.qualitycheck.org](http://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](http://www.jointcommission.org)). Please refer to the following information under the "Post-Survey" section:
  - Evidence of Standards Compliance
  - Measure of Success
  - Publicity Kit
  - Evaluations
  - Certificates
- Your Account Executive is available to assist you with any questions that you may have about the post-survey process.
- The Standards Interpretation Group is available to assist you with any questions that you may have about Joint Commission standards and can be reached at (630) 792-5900, option 3.

## **APPENDIX**

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## Behavioral Health Care Accreditation Program Document List

As an organization accredited under the Comprehensive Accreditation Manual for Behavioral Health Care, you will need the following available for the surveyor(s) to review during the Preliminary Planning Session and Survey Planning Session which occurs on the first day of survey.

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

**Note:** *The 12-month reference in the following items is not applicable to initial surveys.*

Item No.	Items	Comments/Notes
1	Your organization's expectations of both the survey team and the on-site survey experience <i>(Note: This can be completed in advance of the on-site survey using the Customer Value Assessment tool on your Joint Commission Connect extranet site.)</i>	
2	Organization Chart, if available	
3	Contact person who will assist the surveyor(s) during survey: name, phone and extension	
4	Map of your organization, if applicable/available	
5	List of all sites eligible for survey under the Behavioral Health Care Accreditation program	
6	List of services and programs provided at each site	
7	Performance Improvement data from past 12 months	
8	Infection related data from past 12 months	
9	Environment of Care data (e.g., Fire drill critiques, reports of injuries to individuals served, occupational illnesses and staff injuries, property damage or security incident reports, environmental monitoring for deficiencies, hazards or unsafe practices)	
10	Environment of Care meeting minutes from past 12 months	
11	Lists of individuals being served and their diagnosis	

## Behavioral Health Care Accreditation Survey Activity List

Activity Name	Duration Activity	Scheduling Guidelines	Notes
Surveyor Arrival and Preliminary Planning	30 minutes	1 <sup>st</sup> day, upon arrival	
Opening Conference	15 minutes	1 <sup>st</sup> day, as early as possible	
Orientation to Organization	45 minutes	1 <sup>st</sup> day, as early as possible	
Surveyor Planning Initial	30-60 minutes	1 <sup>st</sup> day, as early as possible	
Individual Tracer	60-120 minutes	Individual Tracer activity occurs throughout the survey; the number of individuals served that surveyor(s) trace varies by organization. If travel is required to perform tracer activity it will be planned into this time.	
Lunch	30 minutes	At a time negotiated with the organization	
Issue Resolution	30 minutes	End of each day except last; can be scheduled at other times as necessary	
Team Meeting/Surveyor Planning	30 minutes	Mid-day and/or end of each day except last	
Daily Briefing	30 minutes	Start of each survey day except the first day; can be scheduled at other times as necessary	
Competence Assessment	60 minutes	After some individual tracer activity has occurred	
Environment of Care and Emergency Management	60-90 minutes	After some individual tracer activity has occurred	
System Tracer – Data Management	60 minutes	After some individual tracer activity has occurred at a time negotiated with the organization. If this is the only system tracer taking place during survey, the topics of Infection Control and Medication Management will be covered in this discussion.	
Leadership	60 minutes	Towards the middle or end of survey at time negotiated with organization	
Report Preparation	60-90 minutes	Last day of survey	
CEO Exit Briefing	15 minutes	Last day of survey	
Interim Exit	30 minutes	Last activity on last day of survey on surveys occurring simultaneously with other program surveys, e.g., hospital	

Activity Name	Duration Activity	Scheduling Guidelines	Notes
Organization Exit Conference	30 minutes	Last day, final activity of survey	
Life Safety Code Building Assessment	60 minutes	Only takes place on surveys when the behavioral health care organization is subject to compliance with the Life Safety Code standards. See the Accreditation Manual for Behavioral Health Care, Life Safety chapter Overview, Applicability of the Standards section. If required, occurs at a time negotiated with organization	
Foster Parents Group Meeting	60 minutes	<b>Only applicable to organizations providing Foster Care services;</b> At a time negotiated with the organization	
Foster/Therapeutic Foster Family Home Visit	60-90 minutes	<b>Only applicable to organizations providing Foster Care services;</b> At a time negotiated with the organization	
System Tracer – Infection Control	60 minutes	After some individual tracer activity has occurred; topic may be covered during the Data Management system tracer depending on the length of survey	
System Tracer – Medication Management	60 minutes	Only occurs if the organization is responsible for any of the critical medication processes. Takes place after some individual tracer activity has occurred. Topic may be covered during the Data Management system tracer depending on the length of survey	

## Laboratory Accreditation Program Document List

As a Laboratory being surveyed under the Comprehensive Accreditation Manual for Laboratories, you will need the following available for the surveyor(s) to review during the Surveyor Planning Session which occurs on the first day of survey.

**Please note** that this is not intended to be a comprehensive list of documents that may be requested during the survey. Surveyor(s) may need to see additional documents throughout the survey to further explore or validate observations or discussions with staff.

**Note: The 24-month reference in the following items is not applicable to initial surveys, except for proficiency data. For initial surveys, a minimum of 4 months of data must be available for review.**

Item No.	Items	Comments/Notes
1	Your organization's expectations of both the survey team and the on-site survey experience ( <i>Note: This can be completed in advance of the on-site survey using the Customer Value Assessment tool on your Joint Commission Connect extranet site.</i> )	
2	Name of key contact person who can assist surveyor(s) in planning tracer selections	
3	CLIA Certificates, Specialties and Subspecialties, State Licenses, and staff licenses or certification if required by the state or the policy of the organization. (Needed for Regulatory Review)	
4	An organizational chart and map of the facility	
5	Ability to retrieve testing records for patients who have had laboratory tests or other services for the past 24 months	
6	Performance Improvement Data for the past 24 months	
7	Proficiency data by CLIA number for the past 24 months (required for initial and resurveys)	
8	Results of periodic laboratory environment inspections from the safety committee or safety officer and manifests for disposal of hazardous waste.	
9	A list of specialties and subspecialties performed by the laboratory, a list of tests performed (e.g. the test menu) and major instruments used by the laboratory service, including all other ancillary and point-of-care sites performing laboratory tests	

## Laboratory Accreditation Survey Activity List

Activity Name	Duration Activity	Scheduling Guidelines	Notes
Opening Conference	15 minutes	1 <sup>st</sup> day, as early as possible	
Orientation to Organization	30-45 minutes	1 <sup>st</sup> day, as early as possible	
Surveyor Planning Initial	30-45 minutes	1 <sup>st</sup> day, as early as possible	
Tracer Activity	60-120 minutes	Tracer activity occurs throughout the survey; the amount of tracer activity varies by organization	
Lunch	30 minutes	At a time negotiated with the organization	
Issue Resolution	30 minutes	End of each day except last; can be scheduled at other times as necessary	
Team Meeting/Surveyor Planning	30 minutes	Mid-day and/or end of each day except last when more than one surveyor on site	
Daily Briefing	15-30 minutes	Start of each survey day except the first day; can be scheduled at other times as necessary	
Competence Assessment	60 minutes	Topic is explored during Tracer Activity	
Proficiency Testing Validation/Performance Improvement Data Review	90-120 minutes	1 <sup>st</sup> day, must occur immediately after Regulatory Review	
Regulatory Review	30 minutes	1 <sup>st</sup> day; must occur before or just after Surveyor Planning Session	
Report Preparation	60-90 minutes	Last day of survey	
CEO Exit Briefing	15 minutes	Last day of survey	
Organization Exit Conference	30 minutes	Last day, final activity of survey	

## **Tips for Conducting Mock Tracers**

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

### **Selection Criteria**

- Patients related to system tracers such as infection control and medication management
- Patients who move between programs/services (e.g. patients scheduled for a follow-up in: ambulatory care, patients receiving behavioral health care, patients referred to a specialty provider within the same organization, patients who received radiology or laboratory services)
- Patients recently admitted
- Patients due for discharge or recently discharged

### **Ambulatory Health Care and Office Based Surgery:**

#### **Surgery/Anesthesia Services**

- Operative and other procedures
- IV/Infusion therapy
- Blood/blood component administration
- Alternative/complementary care
- Care for a terminal condition
- Pediatric or less than 18 year old care
- Geriatric care
- Pain Management

#### **Medical/Dental Services:**

- Maternal/child care
- Pediatric or less than 18 year old care
- Geriatric care
- Terminal condition
- Equipment maintenance

#### **Bureau of Primary Health Care:**

Care provided to:

- School-based health center patients
- Homeless patients
- Migrant and seasonal farm workers
- Individuals in public housing
- Individuals with HIV/AIDS
- Pain Management (uncontrolled pain)
- High risk areas
- Equipment Maintenance
- Cleaning, disinfection and sterilization
- Point of Care Testing (CLIA Waived Testing)

## **Program Specific Tracer – Continuity of Care**

### **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**

- Applies to Medical/Dental organizations only.
- 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.
- The surveyor may also conduct this session during surveys that include the Primary Care Medical Home (PCMH) certification option.

### **Overview**

During this session, the surveyor(s) 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
- For PCMH Certification Surveys: Evaluate the effectiveness of your organization's processes for the referral and follow-up of patients to internal and external providers, services, and resources.

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(s) will conduct an in-depth evaluation of the communication, coordination, and continuity of care for a patient receiving laboratory or diagnostic studies, (and if seeking PCMH certification), the referral and follow-up processes being used for internal and external services.

The surveyor(s) 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.

## System Tracer – Infection Control

### Participants

Suggested participants include the infection control coordinator for each program being surveyed; physician member of the infection control team; clinicians from the laboratory; clinicians knowledgeable about the selection of medications available for use and pharmacokinetic monitoring, as applicable; facility or facilities staff; organization leadership; and staff involved in the direct provision of care, treatment, or services.

### Duration

The duration of this session is approximately 30-60 minutes. The surveyor(s) may need a quiet area for brief interactive discussion with staff who oversee the infection control process. The remaining session is spent where the care, treatment, or services are provided.

### Overview

The surveyor(s) will:

- Learn about the planning, implementation, and evaluation of your organization's infection control program
- Identify who is responsible for day-to-day implementation of the infection control program
- Evaluate your organization's process for the infection control plan development, outcome of the annual infection control evaluation process, and oversight of opportunities for improvement
- Understand the processes used by your organization to reduce infection

The infection control session begins during one of the individual tracers where the surveyor(s) identifies a patient with an infectious disease. This session is conducted in two parts. During the first part, surveyor(s) meet with staff from all programs being surveyed to discuss your organization's infection control program. During the remaining time, surveyor(s) spend their time where care, treatment, or services are provided.

Topics of discussion include:

- How individuals with infections are identified
- Laboratory testing and confirmation process, if applicable
- Staff orientation and training activities
- Current and past surveillance activity
- Analysis of infection control data
- Reporting of infection control data
- Prevention and control activities (for example, staff training, staff and licensed independent practitioner vaccinations and other health-related requirements, housekeeping procedures, organization-wide hand hygiene, food sanitation, and the storage, cleaning, disinfection, sterilization and/or disposal of supplies and equipment)
- Staff exposure
- Physical facility changes that can impact infection control
- Actions taken as a result of surveillance and outcomes of those actions

Note: These topics are covered by surveyor(s) during other activities on surveys that do not have a specific system tracer related to infection control.

- **For ASC Deemed Status Surveys:** Determine if the infection control plan contains the required program components, that is, action plan for managing infections and immediate implementation of preventive and corrective measures.

Use the Infection Control Surveyor Worksheet while conducting all aspects of this survey activity. The worksheet can be located on your *Joint Commission Connect* extranet site. Doing so will guide you in the evaluation of all the relevant issues around infection control and will help you gather all the information needed to complete the tool for submission.

## **System Tracer – Medication Management**

### **Participants**

Suggested participants include clinical and support staff responsible for medication processes.

### **Duration**

The suggested duration of this session is approximately 30-60 minutes. A room is needed to accommodate organization and Joint Commission surveyor participation.

### **Overview**

The surveyor(s) will:

- Learn about your organization's medication management processes
- Evaluate the continuity of medication management from procurement of medications through monitoring, if applicable
- Evaluate the medication reconciliation process during "hand-offs" from one level of care to another, if medication is prescribed

The surveyor(s) will target a patient receiving a specific medication. The review begins with the individual's record of care then follows the medication throughout the system.

### **Other discussion issues include:**

- Process for reporting errors, system breakdowns, near misses, or overrides
- Data collection, analysis, systems evaluation, and performance improvement initiatives
- Medications brought into an organization by the patient
- Education of staff and patient
- Information management systems related to medication management
- Patient involvement in medication management
- **For PCMH Certification Surveys:** Determine how the organization uses electronic prescribing.  
(Note: Electronic prescribing involves the electronic transmission of a prescription to a pharmacy, and does not require the organization to have an electronic medical record in place.)
- Ask staff whether or not patients are able to leave prescription refill requests 24/7

## **SAMPLE SURVEY AGENDAS**

## **SURVEY AGENDA - AMBULATORY CARE**

**One Surveyor for 2 days**

**(Note: Start times and sessions may be adjusted based on the type of services or settings)**

### **DAY 1**

<b>Time</b>	
8:00 – 8:30 a.m.	Surveyor Arrival and Preliminary Planning Session
8:30 – 9:00 a.m.	
9:00 – 9:30 a.m.	Opening Conference and Orientation to Organization
9:30 – 10:00 a.m.	
10:00 – 10:30 a.m.	Continued Surveyor Planning Session
10:30 – 11:00 a.m.	Individual Tracer Activity
11:00 – 11:30 a.m.	
11:30 – 12:00 p.m.	
12:00 – 12:30 p.m.	
12:30 – 1:00 p.m.	Surveyor Lunch
1:00 – 1:30 p.m.	Individual Tracer Activity
1:30 – 2:00 p.m.	
2:00 – 2:30 p.m.	
2:30 – 3:00 p.m.	System Tracer – Data Management
3:00 – 3:30 p.m.	
3:30 – 4:00 p.m.	Special Issue Resolution
4:00 – 4:30 p.m.	Surveyor Team Meeting / Planning Session

### **DAY 2**

<b>Time</b>	
8:00 – 8:30 a.m.	Daily Briefing
8:30 – 9:00 a.m.	Leadership Session
9:00 – 9:30 a.m.	
9:30 – 10:00 a.m.	Individual Tracer Activity
10:00 – 10:30 a.m.	
10:30 – 11:00 a.m.	
11:00 – 11:30 a.m.	
11:30 – 12:00 p.m.	Environment of Care and Emergency Management
12:00 – 12:30 p.m.	
12:30 – 1:00 p.m.	Surveyor Lunch
1:00 – 1:30 p.m.	Competence Assessment and Credentialing/Privileging
1:30 – 2:00 p.m.	
2:00 – 2:30 p.m.	Surveyor Report Preparation
2:30 – 3:00 p.m.	
3:00 – 3:30 p.m.	
3:30 – 4:00 p.m.	CEO Exit Briefing and Organization Exit Conference
4:00 – 4:30 p.m.	

Please Note: Ambulatory sites where four or more individuals are rendered incapable of self-preservation at the same time would include a 1 to 1.5-hour Life Safety Code® Building Assessment.

**SAMPLE TEMPLATE**  
**SURVEY AGENDA - AMBULATORY CARE**  
**One or More Surveyors for 3 days**

**(Note: Start times and sessions may be adjusted based on the type of services or settings)**

**DAY 1**

<b>Time</b>	
8:00 – 8:30 a.m.	Surveyor Arrival and Preliminary Planning Session
8:30 – 9:00 a.m.	
9:00 – 9:30 a.m.	Opening Conference and Orientation to Organization
9:30 – 10:00 a.m.	
10:00 – 10:30 a.m.	Continued Surveyor Planning Session
10:30 – 11:00 a.m.	Individual Tracer Activity
11:00 – 11:30 a.m.	
11:30 – 12:00 p.m.	
12:00 – 12:30 p.m.	
12:30 – 1:00 p.m.	Surveyor Lunch
1:00 – 1:30 p.m.	Individual Tracer Activity
1:30 – 2:00 p.m.	
2:00 – 2:30 p.m.	
2:30 – 3:00 p.m.	
3:00 – 3:30 p.m.	
3:30 – 4:00 p.m.	Special Issue Resolution
4:00 – 4:30 p.m.	Surveyor Team Meeting / Planning Session

**DAY 2**

<b>Time</b>	
8:00 – 8:30 a.m.	Daily Briefing
8:30 – 9:00 a.m.	System Tracer – Data Management
9:00 – 9:30 a.m.	
9:30 – 10:00 a.m.	Individual Tracer Activity
10:00 – 10:30 a.m.	
10:30 – 11:00 a.m.	
11:00 – 11:30 a.m.	
11:30 – 12:00 p.m.	
12:00 – 12:30 p.m.	Surveyor Lunch
12:30 – 1:00 p.m.	Individual Tracer Activity
1:00 – 1:30 p.m.	
1:30 – 2:00 p.m.	
2:00 – 2:30 p.m.	
2:30 – 3:00 p.m.	Environment of Care and Emergency Management
3:00 – 3:30 p.m.	
3:30 – 4:00 p.m.	Special Issue Resolution
4:00 – 4:30 p.m.	Surveyor Team Meeting / Planning Session

**SURVEY AGENDA - AMBULATORY CARE (cont'd)****One or More Surveyors for 3 days***(Note: Start times and sessions may be adjusted based on the type of services or settings)***DAY 3**

Time	
8:00 – 8:30 a.m.	Daily Briefing
8:30 – 9:00 a.m.	Leadership Session
9:00 – 9:30 a.m.	
9:30 – 10:00 a.m.	Individual Tracer Activity
10:00 – 10:30 a.m.	
10:30 – 11:00 a.m.	
11:00 – 11:30 a.m.	
11:30 – 12:00 p.m.	
12:00 – 12:30 p.m.	
12:30 – 1:00 p.m.	Surveyor Lunch
1:00 – 1:30 p.m.	Competence Assessment and Credentialing/Privileging
1:30 – 2:00 p.m.	
2:00 – 2:30 p.m.	Surveyor Report Preparation
2:30 – 3:00 p.m.	
3:00 – 3:30 p.m.	
3:30 – 4:00 p.m.	CEO Exit Briefing and Organization Exit Conference
4:00 – 4:30 p.m.	

Please Note: Ambulatory sites where four or more individuals are rendered incapable of self-preservation at the same time would include a 1 to 1.5-hour Life Safety Code® Building Assessment.

## SAMPLE AGENDA - AMBULATORY CARE

### Two Surveyors for Two days

*(Note: Start times and sessions may be adjusted based on the type of services or settings)*

#### DAY 1

Time	
8:00 – 8:30 a.m.	Surveyor Arrival and Preliminary Planning Session
8:30 – 9:00 a.m.	
9:00 – 9:30 a.m.	Opening Conference and Orientation to Organization
9:30 – 10:00 a.m.	Continued Surveyor Planning Session
10:00 – 10:30 a.m.	Individual Tracer Activity
10:30 – 11:00 a.m.	
11:00 – 11:30 a.m.	
11:30 – 12:00 p.m.	
12:00 – 12:30 p.m.	Surveyor Lunch
12:30 – 1:00 p.m.	Individual Tracer Activity
1:00 – 1:30 p.m.	
1:30 – 2:00 p.m.	
2:00 – 2:30 p.m.	
2:30 – 3:00 p.m.	System Tracer – Data Management
3:00 – 3:30 p.m.	
3:30 – 4:00 p.m.	Special Issue Resolution
4:00 – 4:30 p.m.	Surveyor Team Meeting / Planning Session

#### DAY 2

Time	
8:00 – 8:30 a.m.	Daily Briefing
8:30 – 9:00 a.m.	Leadership Session
9:00 – 9:30 a.m.	
9:30 – 10:00 a.m.	Individual Tracer Activity
	Environment of Care and Emergency Management
10:00 – 10:30 a.m.	
10:30 – 11:00 a.m.	
11:00 – 11:30 a.m.	
11:30 – 12:00 p.m.	
12:00 – 12:30 p.m.	Competence Assessment and Credentialing/Privileging
	Individual Tracer Activity
12:30 – 1:00 p.m.	
1:00 – 1:30 p.m.	Surveyor Lunch
1:30 – 2:00 p.m.	Surveyor Report Preparation
2:00 – 2:30 p.m.	
2:30 – 3:00 p.m.	
3:00 – 3:30 p.m.	
3:30 – 4:00 p.m.	CEO Exit Briefing and Organization Exit Conference
4:00 – 4:30 p.m.	

**SAMPLE TEMPLATE**  
**Ambulatory Surgical Center – Deemed/Non-Deemed**

**DAY 1**

Time	Clinical Surveyor(s)	Life Safety Code Surveyor
8:00 – 8:30 a.m.	Surveyor Arrival and Preliminary Planning Session	
8:30 – 9:00 a.m.		
9:00 – 9:30 a.m.	Opening Conference and Orientation to Organization	
9:30 – 10:00 a.m.	Continued Surveyor Planning Session	Life Safety Code® Building Assessment
10:00 – 10:30 a.m.	Individual Tracer Activity	
10:30 – 11:00 a.m.		
11:00 – 11:30 a.m.		
11:30 – 12:00 p.m.		
12:00 – 12:30 p.m.	Surveyor Lunch	
12:30 – 1:00 p.m.	Individual Tracer Activity	Environment of Care and Emergency Management
1:00 – 1:30 p.m.		
1:30 – 2:00 p.m.		
2:00 – 2:30 p.m.		
2:30 – 3:00 p.m.	System Tracer – Data Management	Document Findings
3:00 – 3:30 p.m.		
3:30 – 4:00 p.m.	Special Issue Resolution and Interim Exit Conference	Interim Exit Conference
4:00 – 4:30 p.m.	Surveyor Team Meeting / Planning Session	

**DAY 2**

Time	Clinical Surveyor(s)	
8:00 – 8:30 a.m.	Daily Briefing	
8:30 – 9:00 a.m.	Leadership Session	
9:00 – 9:30 a.m.		
9:30 – 10:00 a.m.	Individual Tracer Activity	
10:00 – 10:30 a.m.		
10:30 – 11:00 a.m.		
11:00 – 11:30 a.m.		
11:30 – 12:00 p.m.	Competence Assessment and Credentialing/Privileging	Individual Tracer Activity
12:00 – 12:30 p.m.		
12:30 – 1:00 p.m.		
1:00 – 1:30 p.m.	Surveyor Lunch	
1:30 – 2:00 p.m.	Surveyor Report Preparation	
2:00 – 2:30 p.m.		
2:30 – 3:00 p.m.		
3:00 – 3:30 p.m.		
3:30 – 4:00 p.m.	CEO Exit Briefing and Organization Exit Conference	
4:00 – 4:30 p.m.		

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