The Joint Commission

Executive Summary

Founded in 1951, The Joint Commission (TJC) is an independent, not-for-profit organization that accredits and certifies hospitals and other types of health care organizations and providers. It is the largest health care accrediting body in the US. Providers often display the Joint Commission “Gold Seal of Approval” to indicate accreditation. The Joint Commission’s goal is to improve health care quality. To meet this goal, it creates performance standards that providers must meet to achieve accreditation or certification. Because The Joint Commission was previously known as The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), providers occasionally refer to it by its earlier acronym JCAHO (pronounced “jay-co”).

Why is The Joint Commission a key issue for providers?

Providers put great stock in Joint Commission accreditation for several reasons. In many states, accreditation or certification is linked to or required for state licensure. Also, the public often views accreditation and certification as quality indicators. If a provider loses accreditation, it can result in negative community perceptions and lost business. For these reasons, providers often employ or seek guidance from accreditation experts.

How does The Joint Commission work?

To earn accreditation status, a hospital must undergo an on-site, unannounced survey by a Joint Commission survey team and pay a subsequent fee. To maintain accreditation, a hospital must go through this process once every three years.

The survey team assesses the hospital’s compliance with performance standards based on their observations, interviews, and reviews of documentation provided by the hospital. Based on these assessments, TJC makes an accreditation decision. The accreditation decision categories are: Preliminary Accreditation, Accreditation, Accreditation with Follow-up Survey, Contingent Accreditation, Preliminary Denial of Accreditation, and Denial of Accreditation.

In the last decade, TJC has shifted towards using what it calls “accountability measures” for assessing a hospital’s performance. These evidence-based measures are divided into four categories: research, proximity, accuracy, and adverse effects. TJC provides a full list of these measures.

In addition to hospital accreditation, TJC also provides certification services for disease-specific and palliative care programs and staffing firms.

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<tr>
<th>Accountability Measure Criteria</th>
<th>Description</th>
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<tr>
<td><strong>Research</strong></td>
<td>• Scientific evidence shows that performing this process improves health outcomes.</td>
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<tr>
<td><strong>Proximity</strong></td>
<td>• Performing this care process is closely related to the health outcome.</td>
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<td>• There are few clinical processes that occur in between this measure and the health outcome.</td>
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<td><strong>Accuracy</strong></td>
<td>• The measure correctly evaluates whether the process has been provided or not.</td>
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<td><strong>Adverse Effects</strong></td>
<td>• Employing the measure has few risks of unintended adverse effects.</td>
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How does The Joint Commission affect providers?

Clinical
TJC provides an objective assessment of clinical quality and communicates with providers about key areas of improvement on issues that affect specific organizations and those which impact large numbers of providers nationally. Because TJC’s standards focus on the implementation of evidenced-based care processes that lead to positive patient outcomes, meeting these standards may improve the quality of care by reducing variation in clinical processes.

Financial
TJC accreditation can strengthen the community’s confidence in the hospital’s treatment and services. In some cases, accreditation may also reduce liability insurance costs. Additionally, several quality metrics are now tied to Medicare reimbursement, increasing the financial incentives for hospitals to improve on quality metrics.

Operational
The Joint Commission provides operational frameworks for service-line structures, evidence-based strategies, and management. Because of this, operational changes may affect both clinical and administrative processes.

Joint Commission Performance Areas for Hospitals

- Environment of Care
- Emergency Management
- Human Resources
- Infection Prevention and Control
- Information Management
- Leadership
- Life Safety
- Medication Management
- Medical Staff
- National Patient Safety Goals
- Nursing
- Performance Improvement
- Provision of Care, Treatment, and Services
- Record of Care, Treatment, and Services
- Rights and Responsibilities of the Individual
- Transplant Safety
- Waived Testing
- Survey Process