



# Summary of Key Accreditation Policies

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This section provides a high-level summary of Joint Commission International's (JCI's) accreditation policies for hospitals and academic medical centers. Full policies and procedures are posted on your organization's secure *JCI Direct Connect* extranet site. The policies can be grouped into the following categories:

1. Before Survey
  - Seeking JCI accreditation
  - Applying for accreditation
2. During Survey
  - The survey process
  - Cost of surveys
  - The on-site survey
3. After Survey
  - Accreditation decisions
  - Public disclosure and confidentiality
  - Maintaining accreditation
  - Accreditation renewal

## Seeking JCI Accreditation

### **Basis of the Accreditation Process**

Evaluation of compliance with the *Joint Commission International Accreditation Standards for Hospitals*, 8th Edition, is the basis of the hospital accreditation process. When accredited, hospitals are expected to demonstrate continuous compliance with current editions of the standards at all times of the accreditation cycle.

JCI publishes new standards and notifies health care organizations at least six months in advance of the effective date to provide time for hospitals to come into full compliance with the revised and new standards by the *effective date*. For hospitals seeking accreditation for the first time, the effective date indicates the date after which all surveys and accreditation decisions will be based on the new standards.

Any on-site or other accreditation-related activity (for example, videoconferences, extension surveys, for-cause surveys) or evidence of compliance submitted (for example, data, policies and procedures, root cause analyses and action plans, or self-assessments) after the effective date must be consistent with the current edition of the standards.

### **Accreditation Timeline**

Every hospital prepares for its initial or triennial JCI on-site survey differently. A sample timeline followed by many hospitals appears below.