

## **Revision of the Official Survey Findings Report**

The hospital has ten (10) calendar days from receipt of the Official Survey Findings Report to request, in writing or by e-mail, revision of the report related to one or more survey findings. Appropriate data and supporting information must accompany the request. The JCI Accreditation Central Office staff will review the materials and contact the hospital and/or surveyors as needed in evaluating the information. When the request for revision of the report would change the survey outcome, the JCI Accreditation Council then considers the request for revision and makes the final accreditation decision.

## **Accreditation Decisions**

JCI makes accreditation decisions by applying decision rules to the scored standards. Decision rules determine an accreditation decision that appropriately represents an organization's overall performance as measured by evidence of compliance with the applicable standards.

The JCI Accreditation Council may exercise reasonable discretion in individual cases to determine whether to vary from applicable decision rules in furtherance of JCI's mission to continuously improve the safety and quality of care in the international community. JCI Accreditation Council considers all information from the initial or triennial full survey and any required follow-up surveys in making its decision regarding accreditation. The outcome is that the organization meets the criteria for accreditation or does not meet the criteria and is denied accreditation.

## **Appeal of Decisions to Deny or Withdraw Accreditation**

Hospitals have the right to appeal adverse accreditation decisions. If, based on a full or follow-up survey, or a threat-to-life health and safety situation, there is a decision to deny or to withdraw accreditation, an organization has 10 calendar days from receipt of its Official Survey Findings Report or notice of accreditation withdrawal to notify JCI, in writing or by e-mail, of its intent to appeal the decision. After submission of the intent to appeal, the organization has thirty (30) calendar days from the appeal request date to submit materials to support its appeal to JCI.

The appeals process affords the hospital an opportunity to present materials as outlined in the JCI Appeals Policy. JCI reserves the right to update its policies and procedures from time to time and recognizes the *JCI Direct Connect* website as the official location for the posting of all current policies and procedures regarding the JCI appeals process. In the event of any conflict between the JCI manual currently in effect and a JCI policy or procedure as posted on the *JCI Direct Connect* website, the policy or procedure on the *JCI Direct Connect* website shall govern.

## **Public Disclosure and Confidentiality**

### **Confidentiality**

JCI keeps confidential all matters having to do with the accreditation process except the following:

- An accredited hospital's status (that is, whether the organization is accredited, was denied accreditation, or if accreditation was withdrawn by JCI)
- The number of complaints submitted about an organization that meet the JCI criteria for review

The official accreditation status of a hospital is noted on the JCI website as either Accredited (including the date of the accreditation decision) or Accreditation Withdrawn (including the date the decision was made to withdraw accreditation). JCI posts the status of Accreditation Withdrawn on the JCI website for one year.

When an organization voluntarily withdraws from the accreditation process, JCI posts this and the date of the withdrawal on the JCI website. The accredited hospital may release more detailed information on its accreditation status, up to and including its Official Survey Findings Report, to whomever it wishes. However,

when a hospital disseminates inaccurate information about its accreditation status, JCI reserves the right to clarify information that would otherwise be considered confidential.

JCI provides to the individual submitting a complaint that meets the criteria for review the following:

- The applicable standards reviewed
- Any standards for which recommendations for improvement were issued and/or a Strategic Improvement Plan (SIP) was required as a result of the review
- When applicable, any change in the hospital's accreditation status

### ***Accreditation Award Display and Use***

JCI provides each hospital with three certificates of accreditation at the time of initial accreditation and at the time of each accreditation renewal. The certificates and all copies remain JCI's property. Certificates must be returned if the organization is issued a new certificate reflecting a name change or the organization's accreditation is withdrawn or denied for any reason.

A hospital accredited by JCI must be accurate in describing to the public the nature and meaning of its accreditation award and must not misrepresent its accreditation status or the facilities and services to which the accreditation award applies. JCI supplies each hospital receiving accreditation with appropriate publicity guidelines for announcing the accreditation award.

## **Maintaining Accreditation**

### ***Length of Accreditation Awards***

An accreditation award is valid for three years unless revoked by JCI. The award is retroactively effective on the first day after JCI completes the hospital's survey or, when a follow-up survey is required, completes any follow-up survey(s). At the end of the hospital's three-year accreditation cycle, JCI reevaluates the hospital for renewal of its accreditation award.

### ***Strategic Improvement Plan (SIP)***

A Strategic Improvement Plan (SIP) is a comprehensive, strategic plan of actions an organization implements to achieve full compliance with the standards/measurable elements, with consideration of the finding's placement in the *Survey Analysis for Evaluating Risk*® (SAFER®) Matrix cited in an accreditation or certification Official Survey Findings report. The SIP explains the organization's process in defining the improvement plan strategy(ies) and/or approach, including specific actions to correct the cited findings and methodology to prevent reoccurrence and sustain improvements over time.

The SIP is expected to do the following:

- Establish the strategies/approach that the hospital will implement to address each identified finding.
- Describe specific actions the hospital will use to achieve compliance with the standards/MEs cited.
- Describe specific steps the hospital will use to communicate and educate its staff, physicians, and others in implementing actions to achieve compliance with the MEs cited.
- Describe methodology to prevent reoccurrence and to sustain improvement over time.
- Identify the measures that will be used to evaluate the effectiveness of the improvement plan.

The SIP must demonstrate that the hospital's actions will lead to full compliance with the standards and MEs. The SIP is reviewed and approved and accepted by the JCI Accreditation Central Office staff after the Accreditation or Certification Letter and Gold Seal have been awarded.

An organization that fails to submit an acceptable SIP within 120 days of the organization's survey is placed in Preliminary Denial of Accreditation and a follow-up survey is required to verify evidence of compliance. When this occurs, the client organization is notified and the follow-up survey protocol is implemented.