

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if the organization is issued a new certificate reflecting a name change or the organization's accreditation is withdrawn or denied for any reason.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.