

## JCI Direct Connect

JCI provides each accredited and/or certified organization with access to *JCI Direct Connect*, JCI's secure, password-protected customer portal. *JCI Direct Connect* contains the following:

- E-App
- Important accreditation- or certification-related due dates
- Official reports, e-mails, and announcements including standard updates
- Continuous-compliance tools
- Current accreditation or certification manual and survey process guide
- A publicity guide for appropriate use of JCI Gold Seal of Approval® with advice on promoting the hospital's accreditation or certification

Organizations receive access to *JCI Direct Connect* when first applying for accreditation or certification and receive incremental access to more of the site's content and services as they proceed through the accreditation or certification process. Only fully accredited and certified organizations receive access to all of *JCI Direct Connects* content and services.

## Types of Surveys

### Full Survey

Survey of all the hospital standards throughout an entire organization. This may be the initial survey or the triennial survey. Definitions of both follow:

- *Initial Survey*—The first full survey of a hospital
- *Triennial Survey*—The survey of a hospital after a three-year cycle of accreditation

### Follow-up Survey

A survey that may be conducted as a required follow-up to a full survey (initial/triennial) when the documented findings do not meet one or more of the accreditation decision rules. A follow-up survey is limited in scope, content, and length and is designed to gather information on a specific issue(s) or limited number of standards or measurable elements (MEs), International Patient Safety Goals (IPSG), and/or Accreditation Participation Requirements (APR).

Follow-up surveys are scheduled at least 120 days, but no later than six months from the date the hospital received the Preliminary Survey Findings Report. JCI Accreditation may deny or withdraw an organization's accreditation/certification if the organization does not allow JCI Accreditation to conduct a follow-up survey.

### Extension Survey

An extension survey is conducted to evaluate an organization's continued compliance with the appropriate accreditation/certification program standards following significant changes in the organization's services/ programs, patient volume, facilities, governance, or ownership. When any of these factors change, Joint Commission International Accreditation (JCIA) must evaluate the change to determine if the change is within or outside of the scope of a planned initial survey or the scope of a current accreditation award.

JCI may conduct an extension survey when the hospital notifies JCI before the change or within 30 days of changes in such core information from the hospital's profile, including but not limited to the following (*See also* APR.03.00):

- A change in the organization's ownership
- Requesting to change hospital accreditation to academic medical center accreditation
- A merger or acquisition; the organization has merged with, consolidated with, or acquired an unaccredited site, service, or program for which there are applicable JCI standards.
- The revocation or restriction of operational licenses or permits, any limitations or closure of patient care services, any sanctions of professional or other staff, or other actions under laws and regulations brought by relevant health authorities

- New biomedical equipment for patient care that are used to expand the types and volume of patient care services 25% or more than was stated in the most recent E-App.
- Changes in use of patient care buildings, construction of new or expansion of patient care buildings, or the occupation of buildings that are used to expand the types and volume of patient care services 25% or more than was stated in the most recent E-App, or was not reported as a patient care location, or was not included in the scope of the previous accreditation survey
- Temporary cessation of services and/or significant reduction of patient care services/volume due to extenuating circumstances
- Intentional expansion of the organization's capacity to provide services in the absence of new, renovated, or expanded facilities by 25% or greater, as measured by patient volume, scope of services, or other relevant measures
- The addition of one or more types of health care services (for example, addition of a dialysis unit)
- Implementation of a higher level of service (for example, adding inpatient invasive diagnostic cardiology when originally providing only outpatient cardiac rehabilitation)

Extension surveys are surveys limited in scope, content, and length and designed to gather information relevant to the specific changes in the hospital. JCI will determine whether an extension survey or a full survey is required based on the changes in the scope of services being provided.

### For-Cause Survey

A type of survey that is limited in scope, content and length and designed to gather information on a specific issue(s) related to a high-risk patient safety event, sentinel event, or a pattern of incidents that relate to JCI standards or Accreditation Participation Requirements (APRs). A for-cause survey may be conducted after the receipt of information regarding the occurrence of any situation, event, or series of events in an accredited/certified organization that may create a significant unsafe situation or threat to health and safety.

JCIA may conduct a for-cause survey for the following reasons:

- A concern of a potential ongoing and/or *Immediate Threat to Health or Safety* within the organization
- To confirm/investigate an applicable condition(s) that resulted in the organization being classified as Preliminary Denial of Accreditation
- To confirm accreditation eligibility status following sanctions, penalties, limitation in operations imposed by a regulatory, legal, or other authoritative body, or closure of services for a period of time
- When it becomes aware of potentially serious standards or noncompliance to APRs
- Verification of implemented adverse event, regulatory or "other" required corrective actions, effectiveness, and sustainability of those actions
- When it has other valid reasons for surveying an accredited/certified organization to determine accreditation status or capability for resuming services
- When the organization demonstrates the need for additional JCI surveillance to ensure that the organization's patients are not at risk and that the hospital's compliance with all relevant JCI standards has not been interrupted
- An initial review of a patient safety event or follow-up to an event, if it is determined that there is a potential ongoing *Immediate Threat to Health or Safety* or potentially significant noncompliance with JCI standards and/or APRs

## The Survey Process

### ***Purpose of a Survey***

An accreditation survey is designed to assess a hospital's compliance with JCI standards based on the following:

- Interviews with staff and patients and other verbal information
- Observations of patient care processes