



Facts about Ambulatory Care Accreditation

The Joint Commission's Ambulatory Care Accreditation Program was established in 1975, and today more than 2,100 freestanding ambulatory care organizations are Joint Commission-accredited. These organizations generally fall into the broad categories of surgical, medical/dental, diagnostic/therapeutic services, and episodic care, and represent a variety of settings, including:

Ambulatory surgery centers	In vitro fertilization clinics	Plastic/cosmetic surgery
Audiology	Indian health services	Podiatric services
Cancer therapy	Imaging centers	Pain management centers
Catheterization labs	Infusion therapy services	Radiation oncology
Chiropractic practices	Kidney care/dialysis centers	Rehabilitative and physical therapy
College/university health	Laser surgery centers	Recovery care/short stay
Community health centers	Lithotripsy services	Sleep centers
Convenient care centers	Medical group practices	Teleradiology
Correctional health facilities	Military clinics	Telemedicine diagnostics
Dental practices	Mobile imaging	Urgent care centers
Dermatology practices	Ophthalmology practices	Urology services
Ear, nose and throat practices	Optometry	VA clinics
Endoscopy centers	Oral and maxillofacial surgery	Women's health centers
Gastroenterology services	Orthotics/prosthetics	Worksite/occupational health
	Orthopedic services	

Benefits of accreditation

- Demonstrates a commitment to the highest level of patient safety and patient care.
- Nationally acknowledged benchmark of quality.
- Experienced surveyors offer valuable insights and compliance tips.
- Dedicated account executives offer organization-specific services.
- Eases access to managed care contracts and encourages patient referrals.
- Enhances ability to attract and recruit quality staff.
- Increases competitive edge.

Standards

The Joint Commission's standards address the ambulatory care organization's performance in specific areas, and specify requirements to ensure that patient care is provided in a safe manner. The Joint Commission develops its standards in consultation with health care experts, providers and researchers, as well as purchasers and consumers. The standards-based performance areas for ambulatory care organizations are:

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

Accreditation process

The Joint Commission's accreditation process concentrates on operational systems critical to the safety and quality of patient care. To earn and maintain accreditation, an ambulatory care organization must undergo an on-site survey by a Joint Commission survey team every three years. The objective of the survey is not only to evaluate the organization, but to provide education and guidance that will help staff continue to improve the organization's performance. Surveys are conducted by professionals with at least five years of leadership experience in an ambulatory care organization, and a strong educational background. Ambulatory care surveyors have advanced medical or clinical degrees and receive continuing education to keep them up-to-date on advances in quality-

related performance evaluation. The survey process focuses on evaluating actual care processes by tracing patients through the care, treatment and services they received. In addition to these patient "tracers," surveyors conduct systems tracers to analyze key operational systems that directly impact the quality and safety of patient care. Surveyors use pre-survey information to conduct a more organization-specific and consistent survey.

At the conclusion of the survey, the organization will receive a summary of survey findings that includes preliminary findings that were identified during the survey. Next, the summary of survey findings undergoes a comprehensive review by The Joint Commission's Central Office staff. Following the review, the final summary of survey findings will be posted to the organization's Joint Commission Connect™ extranet site. The summary will indicate which findings require an Evidence of Standards Compliance (ESC) submission within 45 or 60 days. Once an organization's ESC is accepted by The Joint Commission, their accreditation decision is posted to their extranet site and to Quality Check®.

Deemed status for ambulatory surgical centers

The Centers for Medicare & Medicaid Services (CMS) officially recognizes The Joint Commission's ambulatory care accreditation requirements for surgical centers, and Joint Commission-accredited ambulatory surgical centers have "deemed status" and are eligible to participate in the Medicare program.

- Accreditation remains voluntary, with the deemed status review an option, not a requirement.
- CMS retains the authority to conduct random validation surveys and complaint investigations.
- Ambulatory surgical centers also may be required to meet state licensure requirements.
- CMS requires that all accreditation surveys used for deemed status purposes be unannounced.

Designated accreditor of advanced diagnostic imaging centers

The Centers for Medicare & Medicaid Services (CMS) officially recognizes The Joint Commission's ambulatory care certification requirements for advanced diagnostic imaging centers. Medicare suppliers furnishing the technical component of advanced diagnostic imaging services must become certified by a CMS-designated accrediting organization, such as The Joint Commission, to qualify for Medicare reimbursement payments. This rule affects providers of MRI, CT, PET and nuclear medicine imaging services for Medicare beneficiaries on an outpatient basis.

Primary Care Medical Home Certification

[Primary Care Medical Home \(PCMH\) Certification](#) for Joint Commission accredited ambulatory care organizations focuses on care coordination, access to care, and how effectively a primary care clinician and interdisciplinary team work in partnership with the patient (and where applicable, their family). Launched in July 2011, the PCMH certification option is consistent with the new federal healthcare reform efforts to improve health outcomes and the continuity, quality and efficiency of healthcare services.

Cost of accreditation

Joint Commission accreditation fees are based on a combination of an on-site survey fee billed during the year of the organization's on-site survey and an annual fee billed in January of each year during an organization's accreditation cycle. Approximately 60 percent of the organization's total accreditation fees are due during the year of the on-site survey. An organization's survey fees are based on the type of services provided, volume, and the sites to be included in the organization's accreditation. In addition, there are modest fee changes for ambulatory care organizations opting to obtain ASC deemed status or Advanced Diagnostic Imaging or Primary Care Medical Home certification. For more information, visit www.jointcommission.org/AHCprogram, or contact The Joint Commission's Pricing Unit, pricingunit@jointcommission.org or 630-792-5115.

Ambulatory care information available to the public

Information about the safety and quality of accredited ambulatory organizations is available to the public at Quality Check®, www.qualitycheck.org. This comprehensive listing includes each accredited ambulatory care organization's name, address, telephone number, accreditation decision, current accreditation status and effective date, and its most recent Quality Report.

For questions about standards, contact the Standards Interpretation Group at 630-792-5900, or complete the online form at www.jointcommission.org/Standards/OnlineQuestionForm.

For more information about the Ambulatory Care Accreditation program, call 630-792-5286 or visit The Joint Commission website at www.jointcommission.org/AHCprogram.