



Joint Commission International Accreditation and Certification Policies
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Focused Survey Policy

Updated 11 August 2015

New text is underlined.

JCI Focused Survey Policy

Purpose. A *focused survey* is an on-site survey that is limited in scope, content, and length and designed to gather information on a specific issue(s) or limited number of standards or measurable elements, International Patient Safety Goals (IPSG) or Accreditation Participation Requirements (APR).

Policy. JCI Accreditation may conduct a focused survey for the following reasons:

- As a required follow-up to a full survey (initial or triennial) when the documented findings do not meet one or more of the conditions for accreditation or certification
- As a post-accreditation or -certification follow-up verification of accepted Strategic Improvement Plan (SIP)(s), its implementation, and sustained improvements
- When there have been significant changes in an accredited organization or certified program (*see* Reporting Requirements Between Surveys Policy)
- When it becomes aware of potentially serious standards noncompliance or patient care or safety issues,
- When it has other valid reasons for surveying an accredited/certified organization to determine accreditation/certification status or capability for resuming services,
- When it assigns an administrative classification of At Risk for Denial of Accreditation/Certification to an organization. (*see* At Risk for Denial of Accreditation Policy)
- When an organization does not comply with certain APRs (*see* the current accreditation or certification manual, published on or after 1 September 2013, for each program's APRs)

In most cases, a focused survey is conducted by one surveyor over one day. However, JCI Accreditation reserves the right to require more than one surveyor or more than one day when indicated by the number of standards to be surveyed or the variety of survey activities.

An organization is charged for a focused survey, including the survey fees and surveyor's expenses, regardless of the outcome. An organization can determine the cost of such a survey by contacting JCI Accreditation.

- When the results of a full survey (initial or triennial) do not meet one or more conditions for accreditation or certification, a focused survey will be required at least 120 days after the date the hospital received the Preliminary Survey Findings Report. During the onsite visit for the focused survey, the surveyor(s) will determine the organization's compliance with the standard(s) and IPSGs through various survey activities and methods such as direct observation, staff or patient interview, review of documents, review of medical record and/or personnel files, or the inspection of the physical facility. The focus is on the standards and/or IPSGs that were in noncompliance during the full survey; however, any noncompliance with JCI requirements observed by JCI surveyors during a focused survey may affect an organization's accreditation status.
- When the results of the focused survey do not meet one or more of the conditions of accreditation/certification, the organization may receive a Denial of Accreditation/Certification decision by the Accreditation Committee.

For-Cause Survey. A for-cause survey may be conducted after the receipt of information regarding the occurrence of any event or series of events in an accredited/certified organization that creates, but is not limited to the following significant situations:



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- Concern of a continuing and/or immediate threat to patient/public/staff health and safety within the organization
- To confirm/investigate an applicable condition(s) that resulted in the organization being classified as At Risk for Denial of Accreditation/Certification and not covered by a follow-up focused survey or the Threat to Health and Safety Protocol
- Confirm eligibility or accreditation/certification status following sanctions, penalties, limitation in operations imposed by a regulatory, legal, or other authoritative body; or voluntary closure of services for a period of time.

Note: An extension survey will be conducted to evaluate acceptable compliance with the appropriate accreditation/certification program standards when there is a significant change in the organization's services/programs, facilities or core information from the hospital's profile, such as name, ownership, licensing, construction and renovation adding or eliminating a service(s), among others (*see* Extension Survey and Policy and Reporting Requirements between Surveys Policy).

Additional aspects of this policy include the following:

- JCI may deny or withdraw an organization's accreditation/certification if the organization does not allow JCI to conduct a focused survey.
- A focused survey can take place at any point in an organizations accreditation/certification cycle. An exit report is not generated after a focused survey.
- If the results of the focused survey suggest that the organization falsified any evidence or action taken to reach compliance, JCI staff will recommend to the Accreditation Committee that the organization's accreditation/certification should be denied or revoked as appropriate (*see* Information Accuracy and Truthfulness Policy and the program's APRs).
- If any condition is identified during the focused survey and believed to pose a serious threat to public or patient health or safety, the Threat to Health and Safety Protocol is immediately implemented.
- Any noncompliance with JCI requirements observed by JCI surveyors during a focused survey may affect an organization's accreditation status.
- After a focused survey, if an organization receives a decision for Denial of Accreditation/Certification by the Accreditation Committee, it has the right to appeal as described in the JCI policy, Appeal of Decisions when JCI Accreditation/Certification is Denied or Withdrawn.