



Updated 5 December 2018

Follow-up Survey Policy

Purpose

A follow-up 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's).

Policy

1. Joint Commission International (JCI) accreditation may conduct a follow-up survey as a required follow-up to a full survey (Initial/Triennial) when the documented findings do not meet one or more of the decision rules.
2. The number of surveyors/days required for a follow-up survey is indicated by the number of standards to be surveyed or the variety of survey activities.
3. An organization is charged for a follow-up 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 the JCI accreditation office.
4. When the results of a full survey (initial or triennial) do not meet one or more decision rules, a follow-up survey will be required no sooner than 120 days from the date when the organization received the Preliminary Survey Findings Report. There may be special circumstances where a follow-up survey will not be required and instead follow-up may be conducted via submission of a Strategic Improvement Plan (SIP) or other forms of documentary evidence as determined by JCI accreditation.
 - During the onsite visit for the follow-up survey, the surveyor(s) will determine the organization's compliance with the standard(s) and International Patient Safety Goals 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 International Patient Safety Goals that were noncompliant during the full survey.
 - When the results of the follow-up survey do not meet one or more of the decision rules, the organization may receive a "Denial of Accreditation" decision by the Accreditation Committee.
5. 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.
6. If the results of the follow-up survey suggest that the organization falsified any evidence or action taken to reach compliance, JCI accreditation staff will recommend to the Accreditation Committee that accreditation/certification should be denied or withdrawn as appropriate. (See policy: *Information Accuracy and Truthfulness Policy* and Accreditation Participation Requirements (APR), *JCI Accreditation Standards for Hospitals, Including Academic Medical Center Hospitals*).
7. If any condition is identified during the follow-up 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. (*Threat to Health and Safety Protocol*).



Joint Commission International Accreditation and Certification Policies
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Focused Survey Policy

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8. After a follow-up survey, if an organization receives a decision for Denial of Accreditation by the Accreditation Committee, they have the right to appeal as described in the JCI policy, *“Appeal of Decisions when JCI Accreditation is Denied or Withdrawn.” (Appeal JCI Decision to Deny or Withdraw Accreditation)*.