



The Joint Commission

OVERVIEW

TJC & Accreditation

The Joint Commission (1951) is an independent, nonprofit organization that accredits & certifies healthcare organizations in the U.S.

Ensures organizations meet national standards for patient safety and quality.

The Accreditation Cycle Occurs on a **three-year cycle.**



Does HRSA require accreditation?

- HRSA does **not** require accreditation
- HRSA **encourages** health centers to obtain accreditation from approved organizations
- **Support:** HRSA provides support, including funding opportunities, for health centers to achieve accreditation through these recognized bodies.
- **Purpose:** The focus is on meeting national standards for clinical quality improvement and patient safety, not one specific accreditor.

Current Accreditations (2023)

Ambulatory Care

- Primary Care Medical Home Certificate (PCMH)

Behavioral Health Care

- Substance Abuse Methadone Program



Standards and Elements of Performance

14 *Chapters* define expectations for safe, high-quality care.

774 *Standards*

Elements of performance outline measurable requirements for each standard.

Chapters

Environment of Care

Emergency Management

Human Resources

Infection Prevention & Control

Leadership

Life Safety

Medication Management

National Patient Safety Goals

Provision of Care, Treatment, and Services

Performance Improvement

Record of Care, Treatment, and Services

Rights and Responsibilities of the Individual

Transplant Safety

Waived Testing (WT)

National Patient Safety Goals (NPSGs) 2026

Annual goals developed to address critical, high-risk patient safety issues (e.g., patient ID, communication, infection prevention).



SAFER Matrix

Framework used to categorize survey findings based on **severity of harm** and **scope**.

Helps prioritize actions and understand organization risk areas.

SAFER™ Matrix

Immediate Threat to Life
(A threat that represents immediate risk or may potentially have serious adverse effects on the health of the patient, resident, or individual served)

Likelihood to Harm a Patient/Staff/Visitor	HIGH (harm could happen at any time)			
	MODERATE (harm could happen occasionally)			
	LOW (harm could happen, but would be rare)			
		LIMITED (unique occurrence that is not representative of routine/regular practice)	PATTERN (multiple occurrences with potential to impact few/some patients, visitors, staff and/or settings)	WIDESPREAD (multiple occurrences with potential to impact most/all patients, visitors, staff and/or settings)

Governing Council Presentations

Joint Commission Timeline (2026)

Last Survey: November 7-9, 2023

Survey Window: May 2026 – Nov 2026

April: Overview

May: National Patient Safety Goals (NPSG)

June: Chapter overviews part 1

July: Chapter overviews part 2

August: Primary Care Medical Home (PCMH)

Sept: Survey overview/What is GC's role in survey

Oct forward: Review sessions until survey