Facts about long term care accreditation

The Joint Commission’s Long Term Care Accreditation Program was launched in 1966. Today, more than 1,000 organizations offering long term care services are accredited. Organizations eligible for long term care accreditation include those with:

- Beds licensed by the state as nursing home beds, excluding intermediate care facilities specializing in care for individuals with mental retardation and other developmental disabilities.
- Beds designated as long term care beds under a hospital license, excluding beds belonging to a long term acute care hospital and hospital swing beds.
- Beds, units or facilities certified by Medicare or Medicaid as skilled nursing facility beds.
- Beds, units or facilities designated as long term care by a governmental entity, such as the Department of Veterans’ Affairs or a state authority.

Benefits of accreditation

Long term care organizations seek Joint Commission accreditation as a means to improve organization performance, as well as to demonstrate their commitment to quality and safety to external stakeholders. Current research shows that long term care accreditation is a risk reduction activity that reduces the likelihood of negative resident outcomes and incrementally improves an organization’s performance. In addition, accreditation enhances community confidence, supports staff recruitment and education, and provides a structure for organizing business and care processes. Accreditation also allows providers to differentiate themselves in a market of more than 15,000 nursing facilities in the United States.

Standards

The Joint Commission’s long term care standards in the Comprehensive Accreditation Manual for Long Term Care address important functions relating to the care of residents and the management of health care organizations. The Joint Commission develops all of its standards in consultation with long term care experts, providers, measurement experts, purchasers, residents and their families. The standards-based performance areas for long term care are:

- Environment of Care (EC)
- Emergency Management (EM)
- Human Resources (HR)
- Infection Prevention and Control (IC)
- Information Management (IM)
- Leadership (LD)
- Life Safety (LS)
- Medication Management (MM)
- National Patient Safety Goals (NPSG)
- Provision of Care, Treatment and Services (PC)
- Performance Improvement (PI)
- Record of Care, Treatment and Services (RC)
- Rights and Responsibilities of the Individual (RI)
- Waived Testing (WT)

Survey process

To earn and maintain accreditation, a long term care organization must undergo an on-site survey by a Joint Commission surveyor(s) approximately every three years. The objective of the survey is not only to evaluate the long term care organization, but to provide education and guidance that will help staff continue to improve its performance. The survey process evaluates actual care processes by tracing residents through the care,
treatment and services they receive and also analyzes key operational systems that directly affect the quality and safety of resident care.

Surveys are conducted by experienced long term care professionals who have at least five years of leadership experience in a long term care facility; and a strong educational background — all surveyors have master’s degrees and many have doctorate degrees. Surveyors are required to complete and pass a surveyor certification examination to help ensure the knowledge and consistency of The Joint Commission’s surveyor cadre.

**Accreditation options**

- **Traditional long term care accreditation:** Requires the organization to be in compliance with all applicable Joint Commission long term care accreditation requirements in the *Comprehensive Accreditation Manual for Long Term Care*.

- **Medicare/Medicaid certification-based accreditation:** Requires the organization to be in compliance with applicable Joint Commission standards not addressed by the Medicare/Medicaid Conditions of Participation. All Joint Commission corporate policies apply, including the sentinel event policy, accreditation participation requirements, and compliance with the National Patient Safety Goals. The accreditation certificate indicates that accreditation is substantially based on the organization’s most recent Medicare/Medicaid certification survey evaluation of its long term care services.

A hospital may select either option if its skilled nursing beds are certified by the Centers for Medicare & Medicaid Services (CMS). A hospital may also include its long term care component under its hospital accreditation if the long term care component’s average daily census is less than 20, or exclude its long term care component from the organization survey. If the hospital excludes its skilled nursing beds from its accreditation process, the accreditation award will note that the long term care component is excluded from accreditation.

**Cost of accreditation**

The 2010 base fee for a nursing home choosing traditional accreditation with an average daily census of 100-119 is $1,815 and the on-site survey fee is $2,755. A Medicare/Medicaid certified organization of the same size would pay an annual fee of $1,070 and an on-site fee of $2,065. Call The Joint Commission’s Pricing Unit at (630) 792-5115 for more information.

**Long term care information available to the public**

Information about the safety and quality of Joint Commission-accredited long term care organizations is available to the public at Quality Check®, [www.qualitycheck.org](http://www.qualitycheck.org). This comprehensive listing includes detailed information about a long term care facility’s performance and how it compares to similar organizations.

*For more information, call (630) 792-5293 or visit the long term care [Web site](http://www.qualitycheck.org).*