

HEALTH CARE ACCREDITATION OF VHA FACILITIES AND PROGRAMS

1. SUMMARY OF MAJOR CHANGES: This directive updates information about the health care accreditation of VHA facilities and programs and includes the following major changes:

- a. Clarifies requirements of VHA health care accreditation as accomplished by the VHA Healthcare Accreditation Services contract.
- b. Includes information detailing the services provided through the national VHA Healthcare Accreditation Services contract.
- c. Removes inclusion of laboratory as a program-specific accreditation obtained through the VHA Healthcare Accreditation Services contract.
- d. Modernizes content to reflect current processes and requirements.
- e. Removes references to credentialing and privileging activities.

2. RELATED ISSUES: None.

3. POLICY OWNER: The Office of Quality and Patient Safety (17) is responsible for the content of this VHA directive. Questions may be directed to the Office of External Accreditation Services and Programs (17QM1) at VHA17QM1ProgramOfficeStaff@va.gov.

4. RESCISSIONS: VHA Directive 1100.16, Accreditation of Medical Facility and Ambulatory Programs, dated May 9, 2017, is rescinded.

5. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of July 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

6. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ Gerard R. Cox, MD, MHA
Assistant Under Secretary for
Health for Quality and Patient
Safety

DISTRIBUTION: Emailed to the VHA Publications Distribution List on July 19, 2022.

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

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HEALTH CARE ACCREDITATION OF VHA FACILITIES AND PROGRAMS**1. POLICY**

a. This directive establishes policy and responsibilities for obtaining and maintaining health care accreditation and defines the scope of VHA's relationship with The Joint Commission in accrediting VHA medical facilities and programs. This directive and reference to health care accreditation within applies to full triennial accreditation of all VHA medical facilities, Consolidated Mail Outpatient Pharmacies and specified programs.

b. It is VHA policy that VA medical facilities must maintain health care accreditation for ongoing compliance with regulatory standards and processes consistent with industry standards and community health care delivery. It is also VHA policy that health care accreditation is accomplished via the national VHA Healthcare Accreditation Services contract, with services currently provided by The Joint Commission, to ensure a standardized approach throughout the VA health care system. **AUTHORITY:** 38 U.S.C §§ 7301(b); 7311(a).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall compliance with this directive.

b. **Assistant Under Secretary for Health for Quality and Patient Safety.** The Assistant Under Secretary for Health for Quality and Patient Safety is responsible for:

(1) Providing oversight of the Office of External Accreditation Services and Programs Director to ensure compliance with responsibilities under this directive.

(2) Ensuring the Office of External Accreditation Services and Programs has sufficient resources to fulfill responsibilities under this directive.

(3) Overseeing Office of Quality and Patient Safety programs and initiatives supporting health care accreditation by The Joint Commission.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the VISNs.

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive.

d. **Office of External Accreditation Services and Programs Director.** The Office of External Accreditation Services and Programs Director is responsible for:

- (1) Managing and overseeing the VHA Healthcare Accreditation Services contract.
- (2) Managing contract associated agreements between VHA and The Joint Commission.
- (3) Serving as the VHA Corporate Liaison with The Joint Commission.
- (4) Functioning as the VHA subject matter expert on The Joint Commission standards and accreditation process requirements.
- (5) Communicating to senior VHA leadership information related to health care accreditation of VHA facilities and programs.
- (6) Disseminating information to VHA program offices, VISNs and VA medical facilities of changes in The Joint Commission accreditation standards, process requirements and corporate trends.
- (7) Collaborating with other VHA leaders to ensure timely and effective transmission of and response to health care accreditation issues.
- (8) Linking health care accreditation standards and processes to scientific evidence related to clinical interventions and programs.
- (9) Providing a forum for discussing and resolving VA issues with The Joint Commission.

e. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

- (1) Ensuring all VA medical facilities and programs within the respective VISN obtain and maintain health care accreditation through the VHA Healthcare Accreditation Services contract.
- (2) Ensuring continual compliance with The Joint Commission standards and accreditation process requirements through implementation and maintenance of a VISN-wide continuous compliance program.
- (3) Designating an employee to serve as the VISN health care accreditation point of contact for:
 - (a) Remaining apprised of evolving The Joint Commission standards and accreditation process requirements.
 - (b) Disseminating The Joint Commission information, such as availability of publications and changes in accreditation standards and required processes.
 - (c) Management and oversight of accreditation status and continuous compliance of VISN facilities.

f. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring the VA medical facility obtains and maintains health care accreditation, through the VHA Healthcare Accreditation Services contract.

(2) Ensuring continual compliance with applicable The Joint Commission accreditation standards and process requirements through implementation of a facility continuous compliance program.

(3) Designating an employee to serve as the VA medical facility health care accreditation point of contact for:

(a) Remaining apprised of evolving The Joint Commission standards and accreditation process requirements.

(b) Disseminating The Joint Commission information, such as availability of publications and changes in accreditation standards and required processes.

(c) Managing accreditation status, required processes and continuous compliance activities.

(4) Ensuring full cooperation of VA medical facility staff during the survey process, including interactions with external surveyors/teams, and continuous compliance activities managed by the VA medical facility accreditation point of contact.

3. VHA HEALTH CARE SERVICES AND PROGRAMS REQUIRED TO ACHIEVE AND MAINTAIN HEALTHCARE ACCREDITATION

a. VHA services or programs required to obtain and maintain health care accreditation and as achieved through the VHA Healthcare Accreditation Services contract include:

(1) **Hospital.** Hospital includes but is not limited to general hospital care, inpatient care, acute psychiatric care, outpatient/ambulatory services (e.g., primary care, medical/surgical specialty care, Community Based Outpatient Clinics), long-term rehabilitation, diagnostic and ancillary services.

(2) **Mental Health.** Mental Health includes but is not limited to addiction services/treatment (e.g., outpatient, residential, intensive), intensive mental health services, outpatient eating disorder programs, vocational rehabilitation, Housing and Urban Development-VA Supportive Housing.

(3) **Home Care.** Home Care includes but is not limited to Home Based Primary Care, home infusion, home medical equipment, Blind Rehabilitation Program.

(4) **Opioid Treatment Programs.** Opioid Treatment Programs (OTPs) are accredited in accordance with Substance Abuse and Mental Health Services Administration (SAMHSA) requirements.

(5) **Consolidated Mail Outpatient Pharmacies.** Consolidated Mail Outpatient Pharmacies (CMOPs) are accredited as separate, independent facilities.

b. To obtain and maintain required health care accreditation, VA medical facilities and programs must maintain continuous compliance with associated accreditation program standards and required processes. **NOTE:** *Alignment with The Joint Commission's Comprehensive Accreditation Manuals and associated standards and processes is determined by the information submitted in the General Application.*

c. For services not accredited through the VHA Healthcare Accreditation Services contract, such as VA Community Living Centers or laboratory services, evaluation of the physical space may be included in health care accreditation survey activity specific to Environment of Care or Life Safety standards compliance (e.g., when services are housed within the same building).

d. Additional program accreditations may be added as required by specific VHA directives, regulatory requirements or in response to new health care accreditation processes and products.

4. SERVICES PROVIDED THROUGH THE VHA HEALTHCARE ACCREDITATION SERVICES CONTRACT

a. The following health care accreditation services and products are provided by The Joint Commission.

(1) **Accreditation.** Accreditation for all VA medical facilities, CMOPs and required OTPs.

(2) **Annual Corporate Summation.** Each calendar year, The Joint Commission provides VHA leadership a summary review of the previous year's survey activity, including VHA-specific trends and corporate comparisons.

(3) **Electronic Tools, Publications and Resources.** Electronic access to all applicable The Joint Commission program manuals, publications and tools/resources (e.g., Accreditation Manager Plus, electronic applications, Joint Commission Connect) for required accreditation processes and continuous compliance.

(4) **Survey.** Surveys are conducted in accordance with The Joint Commission published standards, policies and procedures. The unannounced survey process includes routine required accreditation surveys conducted on an established cycle. Additional surveys (e.g., Extension, For Cause, etc.) are conducted on an as-needed basis and as defined by the associated The Joint Commission standards and processes.

(5) **Survey Notification System.** The Joint Commission provides an electronic survey notification system to validate the identification of The Joint Commission staff presenting to a facility to conduct survey activity. In the event that the computer system is inoperable, the VHA Corporate Liaison communicates with The Joint Commission

account representative directly to verify initiation of unannounced survey or surveyor identity.

(6) **Technical Assistance**. A dedicated account representative from The Joint Commission is designated to provide VHA continuous access to and support of electronic tools and required processes (e.g., General Application, Evidence of Standards Compliance, etc.).

b. The VHA Healthcare Accreditation Services contract addresses the routine costs for health care accreditation services provided by The Joint Commission, such as annual fees and onsite survey costs. Accordingly, VA medical facilities are relieved of the responsibility for budgeting and payment for costs associated with routine accreditation services provided through the VHA Healthcare Accreditation Services contract.

5. THE JOINT COMMISSION HEALTH CARE ACCREDITATION PROCESS

a. The Joint Commission's accreditation process guides organizations in achieving, maintaining and demonstrating consistent excellence in quality and safety. Key components of the accreditation process are standards, evaluations, performance measurement and continuous compliance.

b. The Joint Commission uses an unannounced survey process as a means for encouraging continuous survey readiness. The accreditation survey provides an accurate picture of the day-to-day performance of an organization, validates the organization's continuous systems improvement efforts and serves as a management tool to encourage an organization's leaders and personnel to consistently incorporate and implement strategies for achieving and demonstrating compliance or improvement. The survey process includes medical record reviews and observation of active patient cases, with sampling based on the size and scope of services provided by the health care organization.

c. The tailored survey policy and complex organizational survey approach is employed in VHA to evaluate the operationally and functionally integrated services provided within the facility. This approach results in simultaneous survey of all programs and assuming satisfactory compliance, provides one accreditation award for each accreditation program surveyed (for example, Hospital Care, Behavioral Health Care, Home Care). This approach decreases facility survey burden and cost.

d. The Joint Commission's Survey Activity Guide and Accreditation Process Chapter of applicable Comprehensive Accreditation Manuals provides full details of the accreditation process, standards and requirements, accessible via <https://vaww.qps.med.va.gov/divisions/qm/ea/jointcommission.aspx>. **NOTE:** This is an internal VA website not available to the public.

6. DATA USE AGREEMENTS BETWEEN VHA AND THE JOINT COMMISSION

a. The Joint Commission has signed a Business Associate Agreement (BAA) with VHA to ensure the adherence to privacy and security rules regarding the use and disclosure of protected health information. Full BAA details at: <https://vaww.qps.med.va.gov/divisions/qm/ea/jointcommission.aspx>. **NOTE:** *This is an internal VA website not available to the public.*

b. The Joint Commission surveyors may not access the VA computer system/network, nor connect their equipment to the VA network. Surveyors may review electronic records from the VA system only by observing a VHA staff person who navigates the electronic medical record at the surveyor's request.

7. TRAINING

There are no formal training requirements associated with this directive.

8. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management must be addressed to the appropriate Records Manager or Records Liaison.

9. BACKGROUND

a. VHA is committed to providing the highest standard of care for eligible Veterans who choose Department of Veterans Affairs (VA) health care. External review is a key function of the quality assurance program required to monitor and evaluate the quality and safety of health care provided by VHA, and ensuring continual compliance and improvement consistent with industry standards and community health care delivery

b. Health care accreditation provides a patient-centered framework for proactive quality and safety improvement of care provided to Veterans, assists facilities to becoming high reliability organizations and confers:

(1) Enterprise standardization for monitoring and evaluating the quality and safety of health care.

(2) Recognition that health care organizations meet industry standards of quality and safety.

(3) Deemed compliance with health care quality standards required by payors, both public and private.

(4) Accreditation required by the Accreditation Council for Graduate Medical Education (ACGME) for health care organizations that sponsor or participate in Graduate Medical Programs (<http://www.acgme.org/>).

(5) Requirements of other regulatory/oversight agencies (e.g., SAMHSA).

c. External health care accreditation for VHA is accomplished through a national contract to ensure enterprise standardization and promote high reliability.

d. As the vendor for the national VHA Healthcare Accreditation Services contract, The Joint Commission has been accrediting VHA facilities and programs for over 35 years. Accreditation by The Joint Commission is an internationally accepted health care evaluation process and recognized as validation that an organization has systems and processes in place to provide safe, quality-oriented health care. Compliance with The Joint Commission accreditation standards and processes facilitates proactive risk reduction and performance improvement by standardizing critical procedures and practice.

e. Many VHA policies include reference to health care accreditation standards or accreditation for specific programs and functions which do not fall under the scope of this directive, including but not limited to: credentialing and privileging, health information management, environmental management, occupational safety and health, adverse events and patient safety. **NOTE:** *This directive is not intended to be a comprehensive listing of all accreditation requirements for specific clinical programs. For accreditation requirements for specific clinical programs and initiatives, refer to the associated VHA Directives or Handbooks which direct practice for the corresponding program.*

f. VHA partnership with The Joint Commission to accomplish enterprise-wide healthcare accreditation benefits our Veterans. Through public reporting via Quality Check® and Quality Report®, The Joint Commission provides public information on how all accredited organizations (VA and non-VA) perform against quality performance measures and safety goals and demonstrate measurable improvements in health care quality and patient safety.

10. DEFINITIONS

a. **Accreditation.** Accreditation is a continuous process whereby health care organizations or programs are required to demonstrate to the accrediting agency that they are providing safe, high quality of care, as determined by compliance with applicable standards, recommendations and performance measurement requirements. Key components of this process are evaluation of an organization and, where applicable, submission of performance measurement data. Accreditation is awarded by a third-party, external accrediting agency when an eligible health care organization/program complies with applicable quality and patient safety standards and requirements.

b. **Continuous Compliance.** Continuous compliance is the process of ensuring all applicable standards and processes are met throughout the accreditation process.

c. **Evidence of Standards Compliance.** Evidence of Standards Compliance is a report submitted by an organization detailing the actions taken to correct a finding of non-compliance cited during survey.

d. **Extension Survey.** An extension survey is a survey that is conducted when an accredited organization acquires a new service, program, or site, or significantly alters how it delivers care, treatment, or services. Extension surveys ensure that the accreditation decision previously awarded is still appropriate under the changed conditions.

e. **For-Cause Survey.** A for-cause survey is a survey which may be performed when The Joint Commission becomes aware of potentially serious issues related to standards compliance, safety, or patient care. A for-cause unannounced survey can take place at any point in an organization's accreditation cycle and is conducted by The Joint Commission Office of Quality and Patient Safety.

f. **General Application.** A general application is an electronic form used to provide essential information about the organization, including ownership, demographics and types and volume of services provided. Information submitted in this form will be used to determine the accreditation requirements applicable to the organization, the types of surveyors needed, the length of survey and the survey fee.

g. **Survey.** A survey is an evaluation by a surveyor or survey team of an organization's compliance with accreditation standards and process requirements. The survey is a key component in the accreditation process.

h. **Tailored Survey.** A tailored survey is a survey of all services and programs organizationally and functionally integrated within the facility, evaluating standards in more than one accreditation manual and, if compliance is satisfactory, accrediting each program surveyed (e.g., Hospital, Behavioral Health and Home Care). ***NOTE: Full descriptions and definitions associated with The Joint Commission's accreditation process are provided in detail in the Accreditation Process section of The Joint Commission's Comprehensive standards manuals and Survey Activity Guide accessible at <https://vaww.gps.med.va.gov/divisions/gm/ea/jointcommission.aspx>. NOTE: This is an internal VA website not available to the public.***

11. REFERENCES

a. 38 U.S.C. § 7301(b).

b. 38 U.S.C. § 7311(a).

c. Accreditation Council for Graduate Medical Education (ACGME)
<https://www.acgme.org/>.

d. Substance Abuse and Mental Health Services Administration (SAMHSA)
<https://www.samhsa.gov/>.

e. The Joint Commission <https://www.jointcommission.org/>.

f. The Joint Commission Comprehensive Accreditation Manuals for Ambulatory Care, Behavioral Health and Human Services, Hospitals, and Home Care. (*TJC Manual via E-dition*) <https://vaww.qps.med.va.gov/divisions/qm/ea/jointcommission.aspx> **NOTE:** *This is an internal VA website not available to the public.*

g. The Joint Commission Survey Activity Guide for Health Care Organizations: All Accreditation Programs (*Organizational SAG*) <https://vaww.qps.med.va.gov/divisions/qm/ea/jointcommission.aspx> **NOTE:** *This is an internal VA website not available to the public.*