



Ohio Hospital
Association 2025



Our Mission

Enabling and affirming the highest standards of patient safety and healthcare quality for all

Our Vision

That all people always experience the safest, highest quality, best-value health care across all settings



“

It's our responsibility to drive value, agility, burden reduction and innovation with the organizations we serve.”

Jonathan B. Perlin, MD, PhD

President and CEO, The Joint Commission



Value
Less Burden
Innovation
Agility

Experienced Clinical & Operational Leadership

Jonathan B. Perlin, MD, PhD
President and
Chief Executive Officer



Jean E. Courtney, CPA
Executive Vice President and
Chief Operating Officer



Marleina Davis, JD
EVP & Chief Legal Officer



Neelam Dhingra, MD
Global Chief Patient
Safety Officer



Ken Grubbs, DNP
EVP for Accreditation &
Certification Operations
and Chief Nursing Officer



James Merlino, MD
Chief Innovation Officer



Elizabeth Mort, MD
Chief Medical Officer



Dana Gelb Safran, ScD
President and Chief
Executive Officer,
National Quality Forum



Kathryn Spates, RN, JD
EVP for Public Safety and
Government Relations

Where Do Standards Come From?

Where do standards come from?



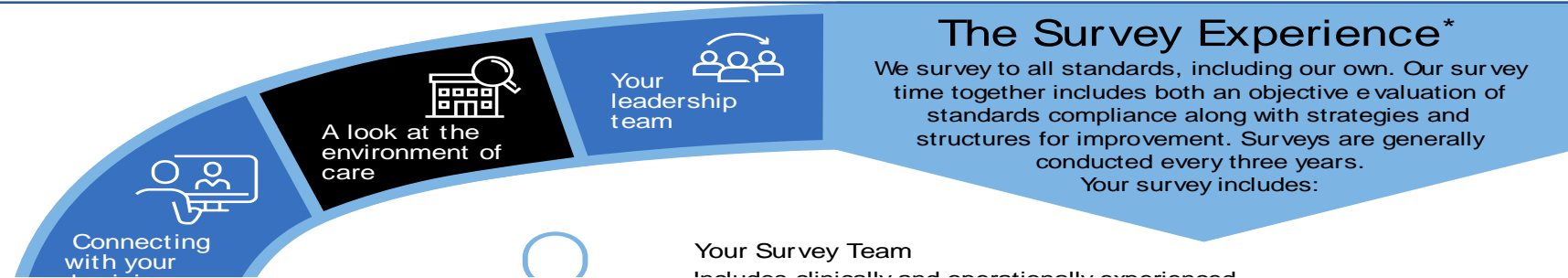
The Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoPs) are requirements developed by CMS that healthcare organizations must meet to participate in federally funded healthcare. In total, there are 24 CMS CoPs including a COVID-19 vaccine immunization requirement for staff.



OSHA Occupational Safety and Health Administration (OSHA) CoPs and recommendations are designed to protect employee safety. They cover several serious safety and health hazards including bloodborne pathogens and biological hazards, potential chemical and drug exposures, and other work-related hazards.



The Joint Commission standards are patient centric and focus on organizational systems and processes essential to the delivery of safe, high-quality care. Standards are informed by evidence associated with structures and processes predictive of better care. They include patient rights and education, infection control, medication management, and preventing medical errors.



Your Survey Team
Includes clinically and operationally experienced

We Retired ~ 400 Standards
CoP Requirements 1140 > 577
Above and Beyond 348 > 197
 (Redundant, Not evidence-based, Obsolete, Limited benefit)
Only one new standard . . .

— fosters a culture of quality and safety

and sustainably as possible.

* This is not a complete list of focus areas we survey. For example, additional areas include: Medical staff, credentialing & privileging, visiting off-site ambulatory sites/locations, emergency management and data sessions, etc.



Setting the Highest Bar for Patient Safety



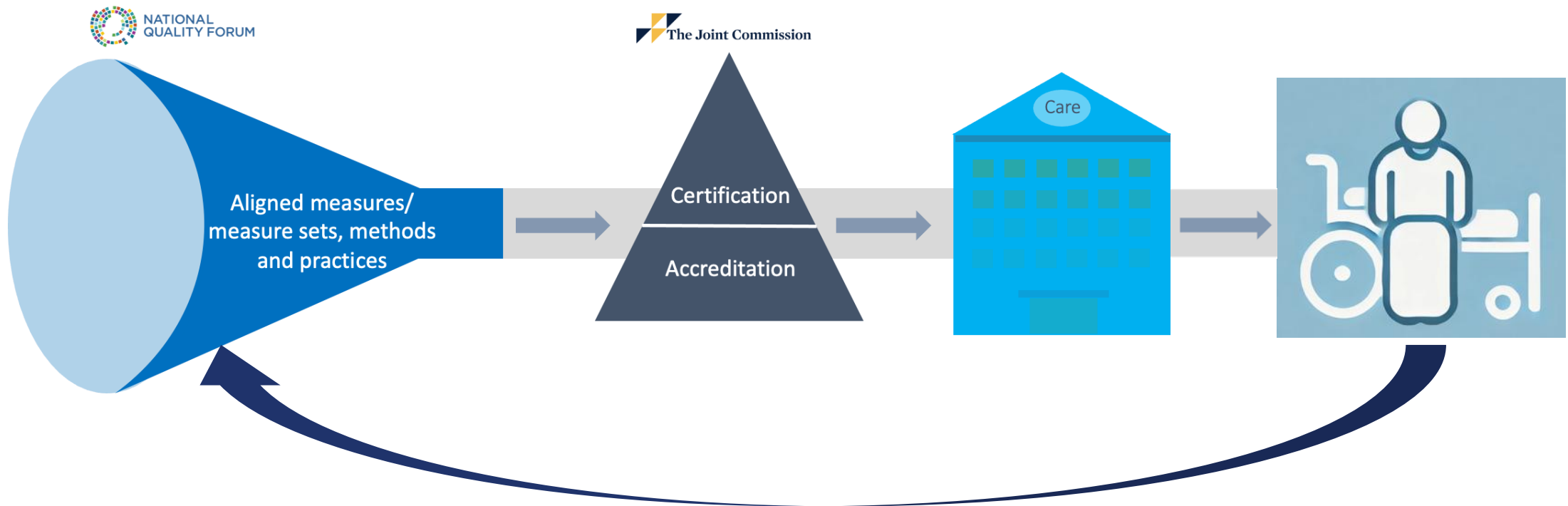
The Joint Commission's Standards Essential to Safety and Quality

- Critical Results
- Culture of Safety
- Healthcare Equity
- Imaging Safety
- Infection Control
- Maternal Safety
- Medication Safety
- Pain Management
- Right Patient/Right Care
- Workplace Violence Prevention

- Rising above and beyond CMS' Conditions of Participation, OSHA and State requirements
- Protecting patients and organizations from risk
- Helping organizations address specific patient safety risk
- Developed with broad healthcare stakeholder input

Aligning the Value Chain . . .

For Payers	For Clinicians	For Provider Institutions	For Patients
<ul style="list-style-type: none">Lower Medical Losses	<ul style="list-style-type: none">Lower Measurement Burden	<ul style="list-style-type: none">Access to Payer Performance Incentives	<ul style="list-style-type: none">Better outcomes



Elevating Organizations and Leaders

Aligned missions: Improving safety and quality



**Improved Healthcare
Quality and Safety**



We ARE Listening and Taking Action

names of Yologist
 Change to bylogus
 (D) (C) - D's.
 policy of assessments



Adult
 Kitchen
 Records

Organization Identification Number:
 Unannounced Full Event
 Hospital Accreditation Program

HP late
 Conditional level LS

Likelihood to Harm a Patient/Visitor/Staff	High	PC.01.02.01 EP1	PC.01.02.03 EP4	NPSG.15.01.01 EP1
		PC.01.02.03 EP6		
		PC.01.02.05 EP1		
	Moderate	EC.02.02.01 EP5		PC.02.02.03 EP11
		EC.02.03.01 EP1		
		EC.02.05.05 EP4		
		IC.02.02.01 EP4		
		MM.01.01.03 EP2		
		NPSG.15.01.01 EP4		
		PC.01.02.03 EP3 - UTA;		
		PC.01.02.13 EP2		
		PC.01.02.13 EP7		
		PC.01.02.15 EP2		
		PC.01.03.01 EP23 - no alterations		
		PC.02.01.03 EP7		

Missing assessments
 no consults
 nursing plans
 could.

bookshelves
 Large GAP
 plan concerning

liquid or discard date not listed



Day 1 - 4 records
 Day 2 - 4 records
 Day 3 -

Likelihood to Harm a Patient/Visitor/Staff	Limited	Pattern	Widespread

no exit sign not in place
 Smoke Search
 Barrier
 Smoke detectors
 wires on floor
 fire pump
 drip lines
 Boiled rooms
 no guard room
 MTP - no date
 P- psych NP, MD
 not documented
 survey of cond - wrong
 CPE - late



Current Actions and Future Strategies

- Site visits to hear and learn
- Advisory Committees
 - Chief Nursing
 - Health System/Hospital
 - Specialty – Children's, Critical Access, etc.
- Journey to Excellence: Quality and operational construct
- Survey Redesign
 - Document upload
 - Report redesign
 - For Cause Survey rework

Changing the Conversation – Quality & Safety

Likelihood to harm a Patient/ Visitor/ Staff	ITHS			
	High			Reusable Equip Policy/Procedure- IC.04.01.01 EP 4
	Moderate		Standardized Terminology- IM.02.02.01 EP 2 Emergency Services Supervision- LD.04.01.05 EP 6 Patient Medication Policy- MM.03.01.05 EP 1	Labeling Stored Medications- MM.03.01.01 EP 7
	Low	Completed Medical Records- RC.02.01.01 EP 2		Stratify Disparity Data- NPSG.16.01.01 EP 3
		Limited	Pattern Scope	Widespread

Survey Report Redesign

Organization Feedback: Themes

No Executive Summary or high-level overview exists

Current report sorting does not highlight criticality of Requirements for Improvement (RFIs)

Difficult to identify/confusion on Condition versus Standard Level Deficiencies in the report

Difficult to determine which RFIs to prioritize for follow-up survey events

No way to sort or filter SAFER Matrix

2025 Enhancements

The Joint Commission Executive Summary

Program: Hospital

Standard	EP	SAFER® Placement	CoP	EP Description*	Included in the Unannounced Immediate Threat to Life Abatement Survey (within 23 Calendar Days)	Included in the Plan of Correction (within 10 Business Days)	Included in the Medicare Deficiency Survey (within 45 Calendar Days)	Included in the Accreditation Follow-up Survey (to occur approx. 4 months after the ITHS Abatement Survey)
<u>APR.09.04.01</u>	<u>1</u>	ITHS / ITHS		Immediate Threat	✓	✓		✓
<u>IC.04.01.01</u>	<u>4</u>	ITHS / ITHS	§482.42(a)(2)	Reusable Equip Policy/Procedure	✓	✓	✓	✓
<u>LD.04.01.07</u>	<u>1</u>	ITHS / ITHS	§482.12	Policies and Procedure Mgmt	✓	✓	✓	✓
<u>MM.03.01.01</u>	<u>7</u>	Moderate / Widespread	§482.25(a)	Labeling Stored Medications		✓		✓
<u>IM.02.02.01</u>	<u>2</u>	Moderate / Pattern		Standardized Terminology		✓		✓
<u>LD.04.01.05</u>	<u>6</u>	Moderate / Pattern	§482.55(b)(1)	Emergency Services Supervision		✓		✓
<u>MM.03.01.05</u>	<u>1</u>	Moderate / Pattern	§482.23(c)(6)(ii)(A)	Patient Medication Policy		✓	✓	✓
<u>NPSG.16.01.01</u>	<u>3</u>	Low / Widespread		Stratify Disparity Data		✓		✓
<u>RC.02.01.01</u>	<u>2</u>	Low / Limited	§482.24(c)(4)(iv)	Completed Medical Records		✓		✓

*Short Names/EP Description will be included in Phase 2.

2025 Enhancements

The Joint Commission
Requirements for Improvement Included in the
Unannounced Immediate Threat to Life Abatement
Survey

Program: Hospital

Sorted by
SAFER matrix
placement

SAFER® Placement	Standard	EP	EP Text	Observation	CoP and CoP Text
ITHS / ITHS	APR.09.04.01	1	The hospital provides care, treatment, services, and an environment that pose no risk of an "Immediate Threat to Health or Safety.	1)Observed in Tracer Activities at new Hospital Site (One Renaissance Blvd, Villa Park, IL) site. Care, treatment and/or services were provided in a manner and in an environment that posed risk of an "Immediate Threat to Health or Safety," also known as "Immediate Threat to Health and Safety (ITHS)" situation.	
ITHS / ITHS	IC.04.01.01	4	<p>The hospital's policies and procedures for cleaning, disinfection, and sterilization of reusable medical and surgical devices and equipment address the following:</p> <ul style="list-style-type: none"> - Cleaning, disinfection, and sterilization of reusable medical and surgical devices in accordance with the Spaulding classification system and manufacturers' instructions - Use of disinfectants registered by the Environmental Protection Agency for noncritical devices and equipment according to the directions on the product labeling, including but not limited to indication, specified use dilution, contact time, and method of application - Use of FDA-approved liquid chemical sterilants for the processing of critical devices and high-level disinfectants for the processing of semicritical devices in accordance with FDA-cleared label and device manufacturers' instructions - Required documentation for device reprocessing cycles, including but not limited to sterilizer cycle logs, the frequency of chemical and biological testing, and the results of testing for appropriate concentration for chemicals used in high-level disinfection - Resolution of conflicts or discrepancies between a medical device manufacturer's instructions and manufacturers' instructions for automated high-level disinfection or sterilization equipment - Criteria and process for the use of immediate-use steam sterilization - Actions to take in the event of a reprocessing error or failure identified either prior to the release of the reprocessed item(s) or after the reprocessed item(s) was used or stored for later use <p>Note 1: The Spaulding classification system classifies medical and surgical devices as critical, semicritical, or noncritical based on risk to the patient from contamination on a device and establishes the levels of germicidal activity (sterilization, high-level disinfection, intermediate-level disinfection, and low-level disinfection) to be used for the three classes of devices. Note 2: Depending on the nature of the incident, examples of actions may include quarantine of the sterilizer, recall of item(s), stakeholder notification, patient notification, surveillance, and follow-up.</p>	1)Observed in Individual Tracer at New Hospital Site (One Renaissance Blvd Villa Park, IL) site. It was noted that the leak test was not performed on an endoscope during the cleaning, disinfecting, sterilization process as required by the manufacturers' instructions for use. This observation was noted by the Director of Surgical Services.	<p>§482.42 Condition of participation: Infection prevention and control and antibiotic stewardship programs.</p> <p>(2) The hospital infection prevention and control program, as documented in its policies and procedures, employs methods for preventing and controlling the transmission of infections within the hospital and between the hospital and other institutions and settings;</p>

System Overview-Example Facility Detail

[Back to System Overview](#)
[See CoP and AAB Performance](#)
[See Survey Domain Performance](#)
[Change My Selected Peer Group](#)
Organization Name
Hospital 2

Your Organization's Default Peer Group

General, 0-99 beds, Urban

Number of Organizations in Default Peer Group

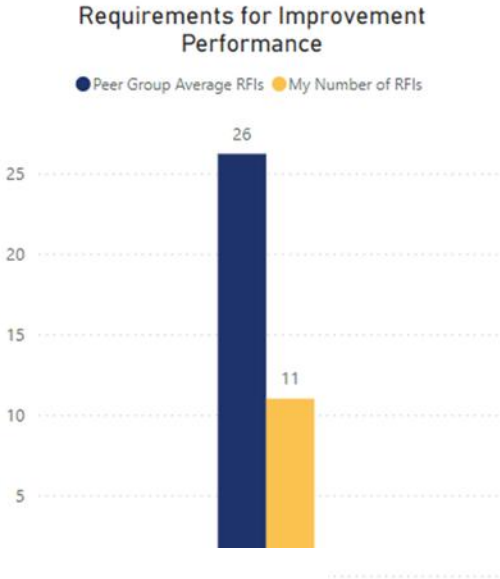
365

Overall Percentile within Peer Group

89%

Your Organization's Survey Performance

Organization	Survey Year	SAFER Composite Overall	Count of RFIS	Count of Score
Hospital 2	2024	11.18	11	

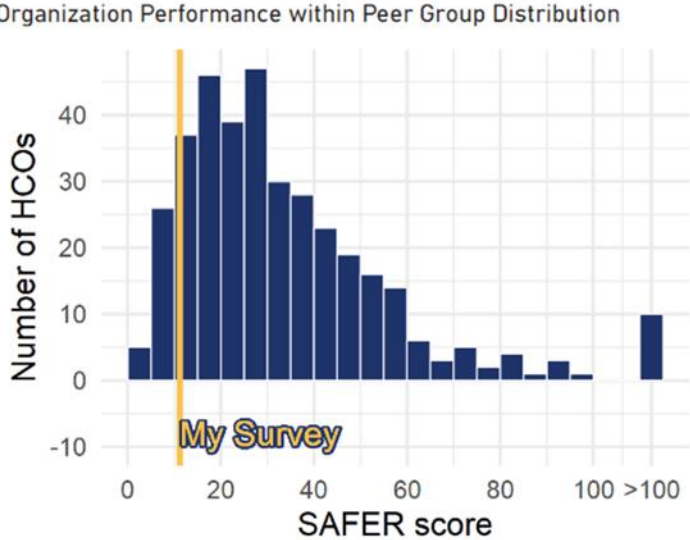


CoP Percentile within Peer Group

95%

Advanced Standards Percentile within Peer Group

59%



System Overview-Example Facility Detail

[Back to System Overview Page](#)

[Back to Organization Selection](#)

Your Organization's Default Peer Group	Number of Organizations in Selected Peer Group	Organization Name
General, 0-99 beds, Urban	365	Hospital 2

Information

The visual below shows your organization's percentile ranking within its default peer group on the various domains scored during the survey process. Remember that a higher percentile is better performance compared to your peers. You can click on the buttons below to focus on your organization's scoring within that domain.

[Back to Overall Performance Page](#)

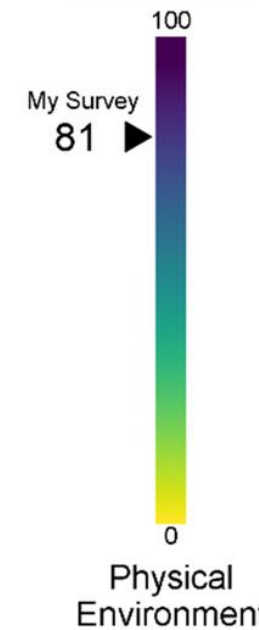
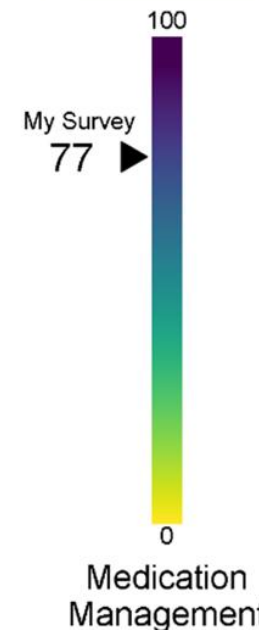
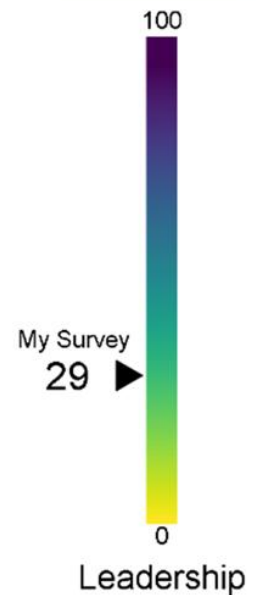
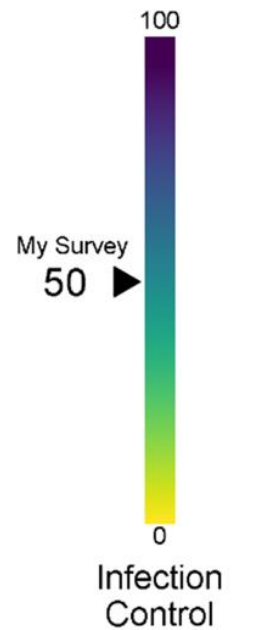
[See Performance on National Patient Safety Goals](#)

[See Performance on Infection Control](#)

[See Performance on Leadership](#)

[See Performance on Medication Management](#)

[See Performance on Physical Env](#)



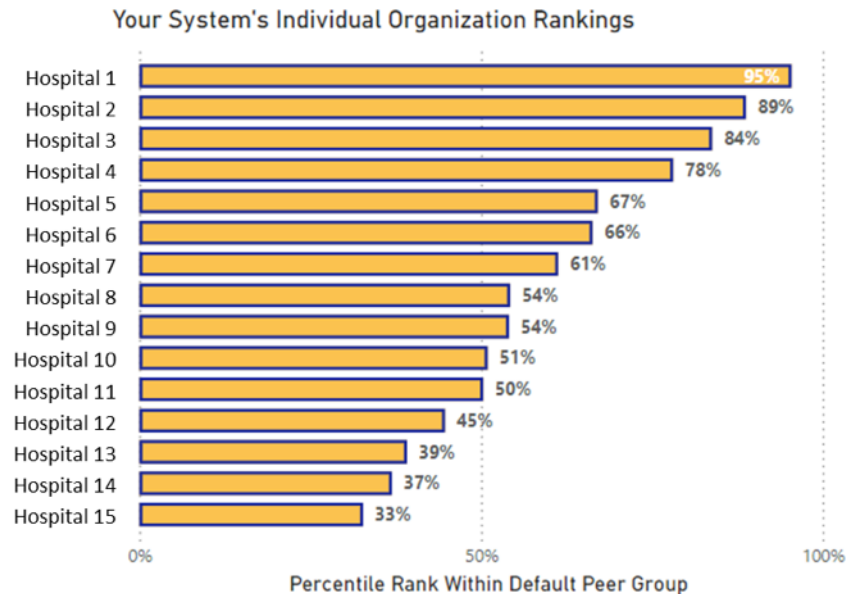
System Overview-Example System Detail

My System

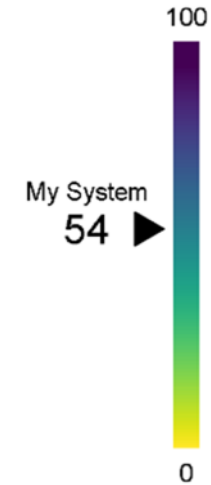
Filter By Organization Type

Go to Organization Selection

Your System's Survey Performance										
Organization	HCO ID	Survey Year	Average of SAFER Composite Overall	Count of RFIS	Count of Scored CoPs	Count of Stem CLDs	Count of Scored Advanced Standards	SAFER Overall Peer Group Percentile	Default Peer Group	Number of Default Pe
Hospital 2		2024	11.18	11	6	0	1	89%	General, 0-99 beds, Urban	
Hospital 5		2024	33.17	26	8	0	9	67%	General, 100-299 beds, Rural	
Hospital 18		2024	75.10	52	10	4	9	9%	General, 100-299 beds, Urban	
Hospital 4		2024	19.60	19	9	1	2	78%	General, 0-99 beds, Rural	
Hospital 3		2024	20.98	32	6	0	5	84%	General, 100-299 beds, Urban	
Hospital 16		2024	96.08	73	15	3	14	8%	General, 300+ beds, Urban	



How does my system rank when each organization is compared against its default peer group?



National SAFER[®] Distribution

All Chapters

Likelihood to Harm a Patient/Staff/Visitor

ITHS
National: 0.2%

HIGH
National: 11.6%

MODERATE
National: 42.3%

LOW
National: 45.9%

National- 0.2%		
National- 7.2%	National- 2.6%	National- 1.8%
National- 29.2%	National- 9.2%	National- 3.9%
National- 36.3%	National- 6.9%	National- 2.8%

LIMITED
National: 72.7%

PATTERN
National: 18.6%

WIDESPREAD
National: 8.6%

Scope

National SAFER[®] Distribution

Clinical Chapters

Likelihood to Harm a Patient/Staff/Visitor

ITHS
National: 0.3%

HIGH
National: 20.6%

MODERATE
National: 58.6%

LOW
National: 20.4%

National- 0.3%		
National- 13.3%	National- 4.5%	National- 2.9%
National- 41.2%	National- 12.7%	National- 4.7%
National- 15.1%	National- 3.8%	National- 1.5%

LIMITED
National: 69.7%

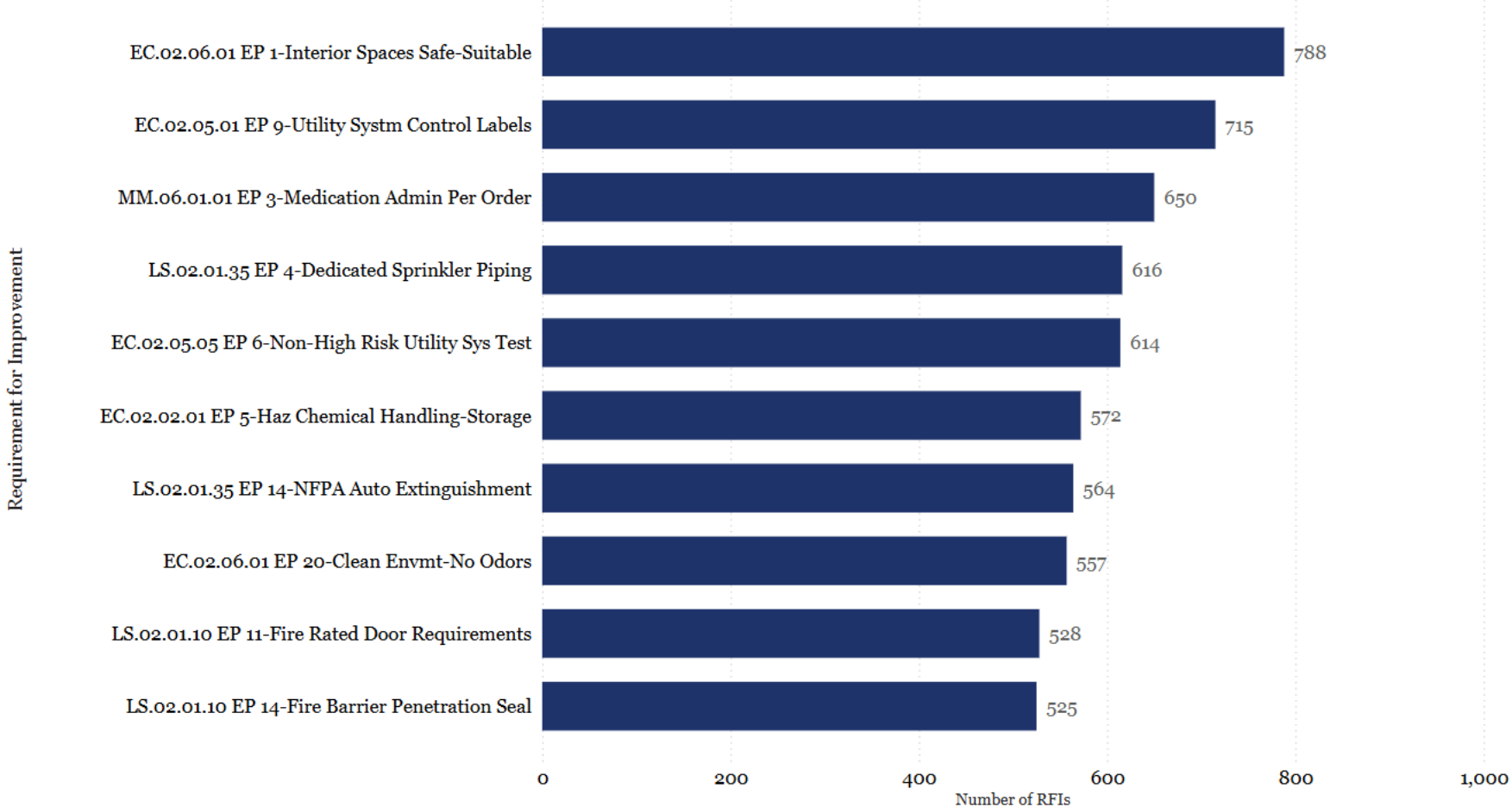
PATTERN
National: 20.9%

WIDESPREAD
National: 9.1%

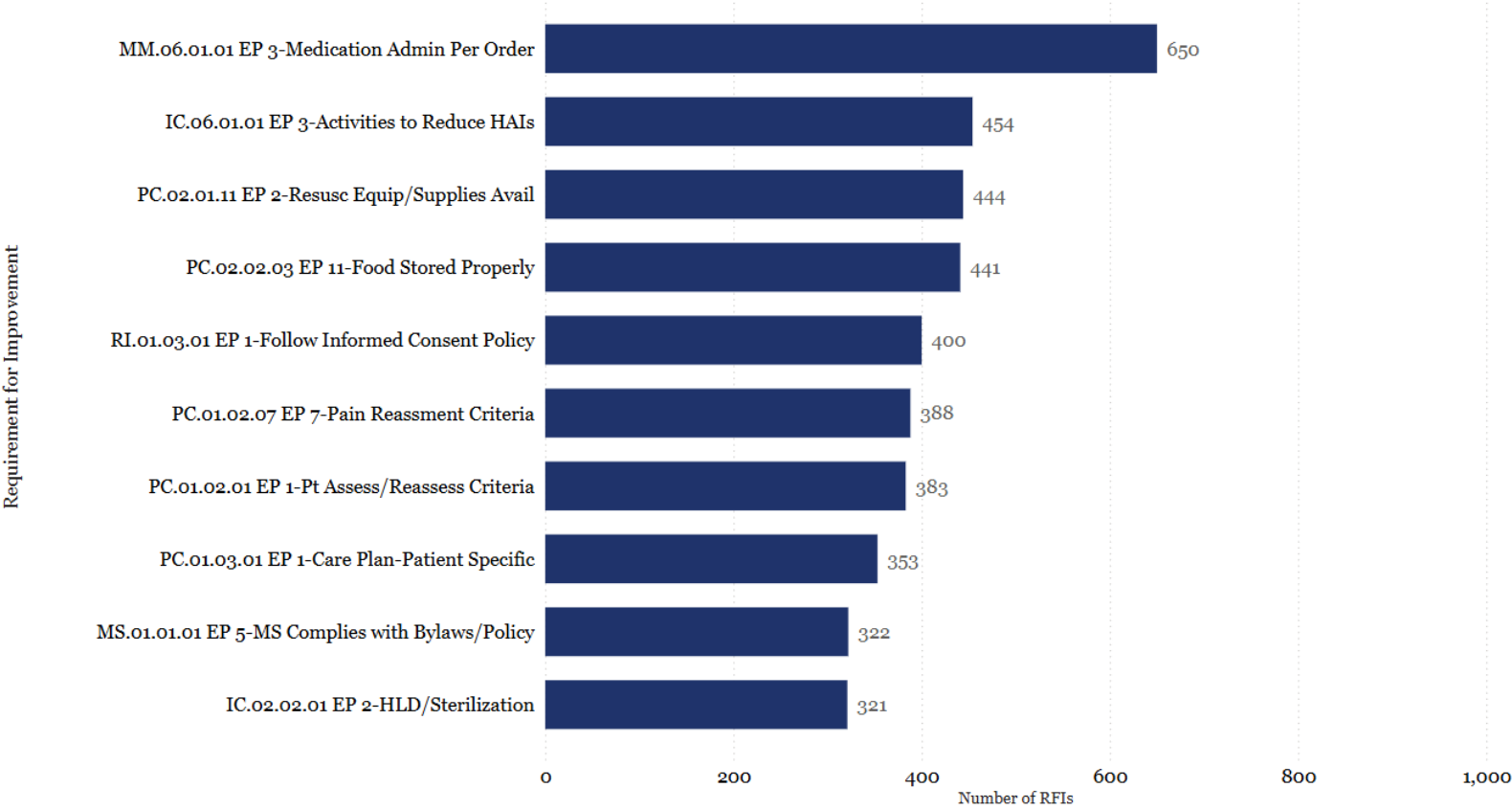
Scope

2024 Hospital Surveys

Top 10 Standards Scored (n=1,158 surveys)

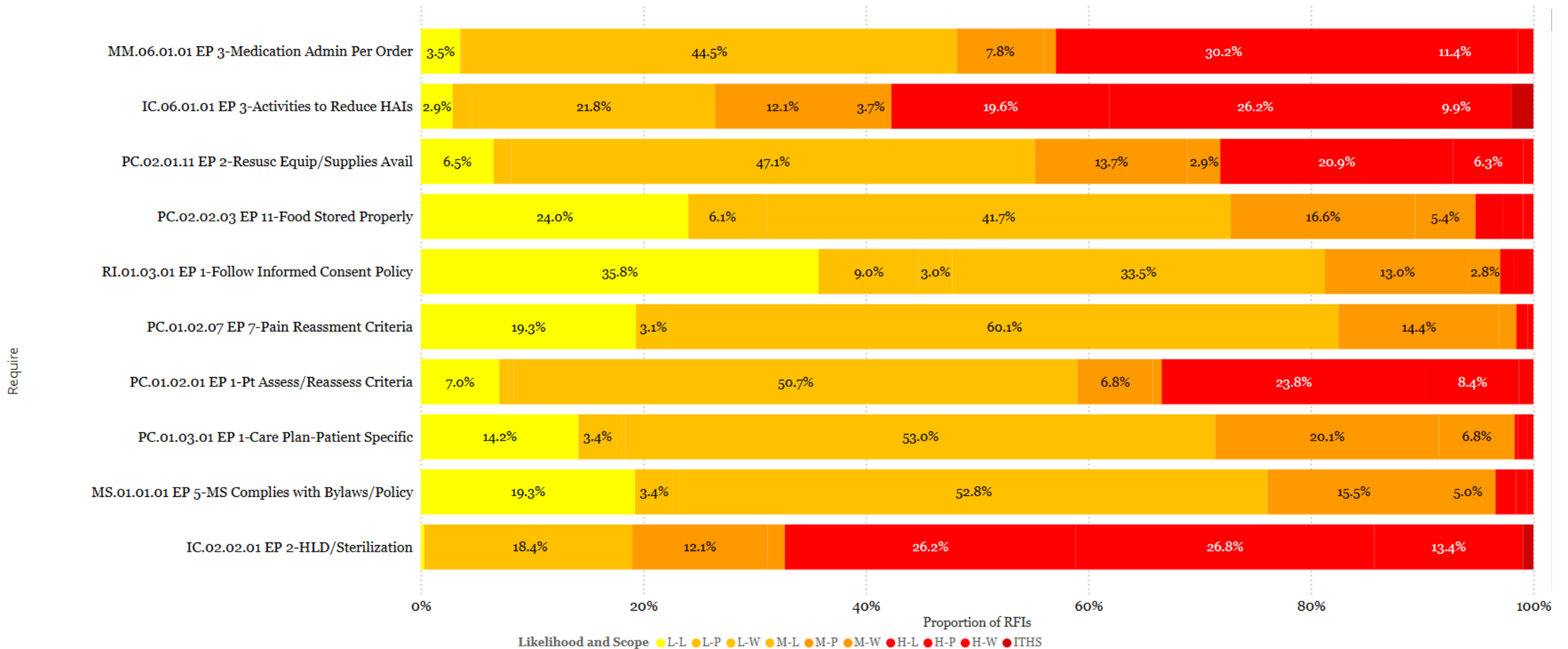


2024 Hospital Surveys Top 10 Standards Scored – Clinical (n=1,158 surveys)

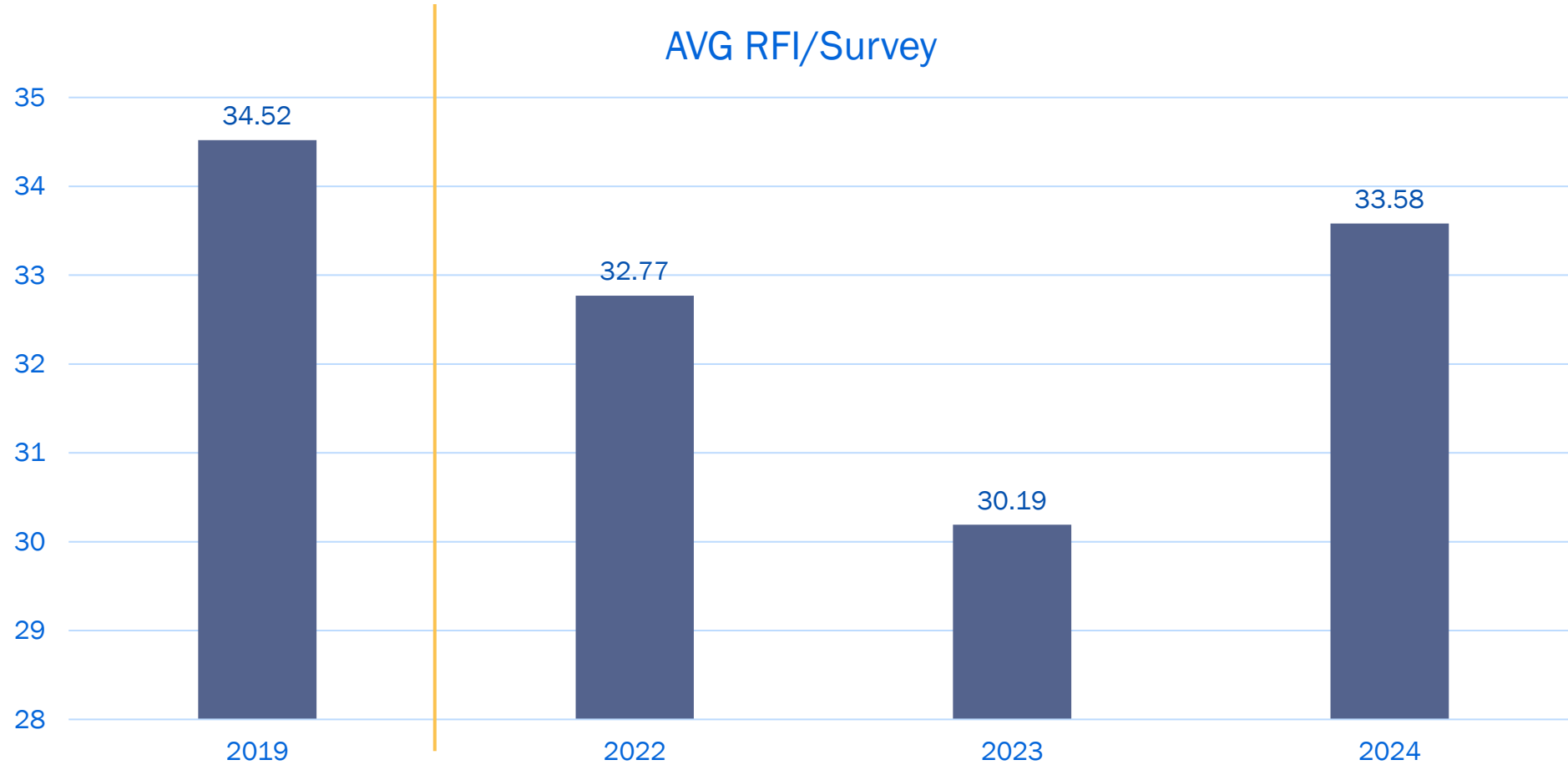


2024 Hospital Surveys

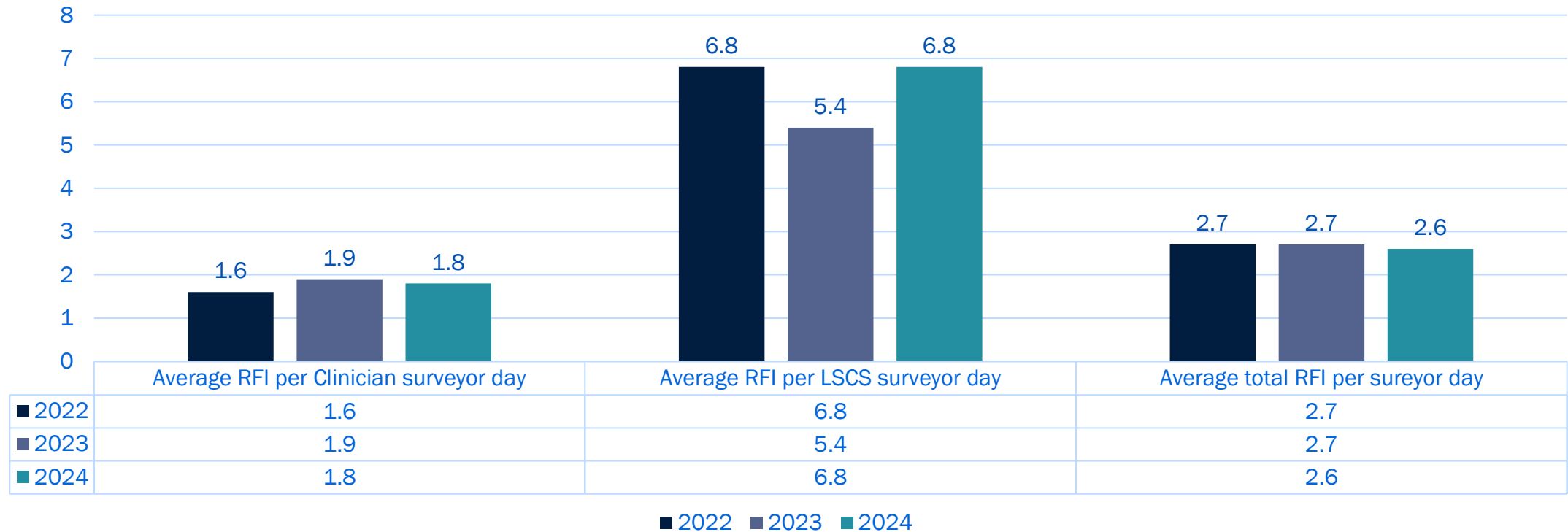
Top 10 Standards Scored – Clinical Proportion of RFIs Per SAFER Placement (n=1,158 surveys)



Requirement for Improvement Statistics



Requirement for Improvement Statistics



Immediate Threat to Health or Safety Statistics

(All Accreditation Programs)

2023 Statistics

- 35 Total
- 26 IC related
 - 2 Blood Bank
 - 1 Lack of adequate anesthesia services
 - 2 lack of staffing leading to assault
 - 1 lack of ISO level in compounding hood
 - 1 lack of lock out tag out system leading to injury/death
 - 1 Abuse/Neglect
 - 1 Suicide/Ligature

2024 Statistics

- 38 Total
- 27 IC related
 - 2 Resuscitation
 - 2 Suicide
 - 1 elopement with harm
 - 1 Chemical restraints
 - 1 lack of essential services
 - 1 No Licensed provider available
 - 1 Inappropriate use of seclusion
 - Care and Treatment in an unsafe environment
 - WPV and HCO response

2025 Statistics*

- 13 Total
- 6 IC related
 - 1 Death in seclusion
 - 1 RCA action plan not implemented
 - 1 patient inappropriately transferred
 - 1 No RN coverage- home care
 - 2 patient elopement with serious injury or death
 - 1 facility disrepair

*1/1/25-4/1/25

Immediate Threat to Health or Safety

2023 Trends (All Accreditation Programs)

Topic	Common Causative Findings
Infection Control	<ul style="list-style-type: none">• Dental handpieces• Intracavity probe disinfection• Single use lancet devices used on multiple patients• Temperature too low for HLD solution• Wrong sterilization parameters
Suicide Ligature	<ul style="list-style-type: none">• Inadequate monitoring of patients• Lack of corrective action post completed suicide to prevent further harm
Abuse Neglect	<ul style="list-style-type: none">• Culture of Safety preventing staff reporting of incidents• Overall lack of control of units due to staffing• Repeated incidences of staff and patient assault with no corrective action• Repeated abuse of patients by staff with no corrective action• Repeated abuse of staff by patients with no corrective action

Immediate Threat to Health or Safety

2024 Trends (All Accreditation Programs)

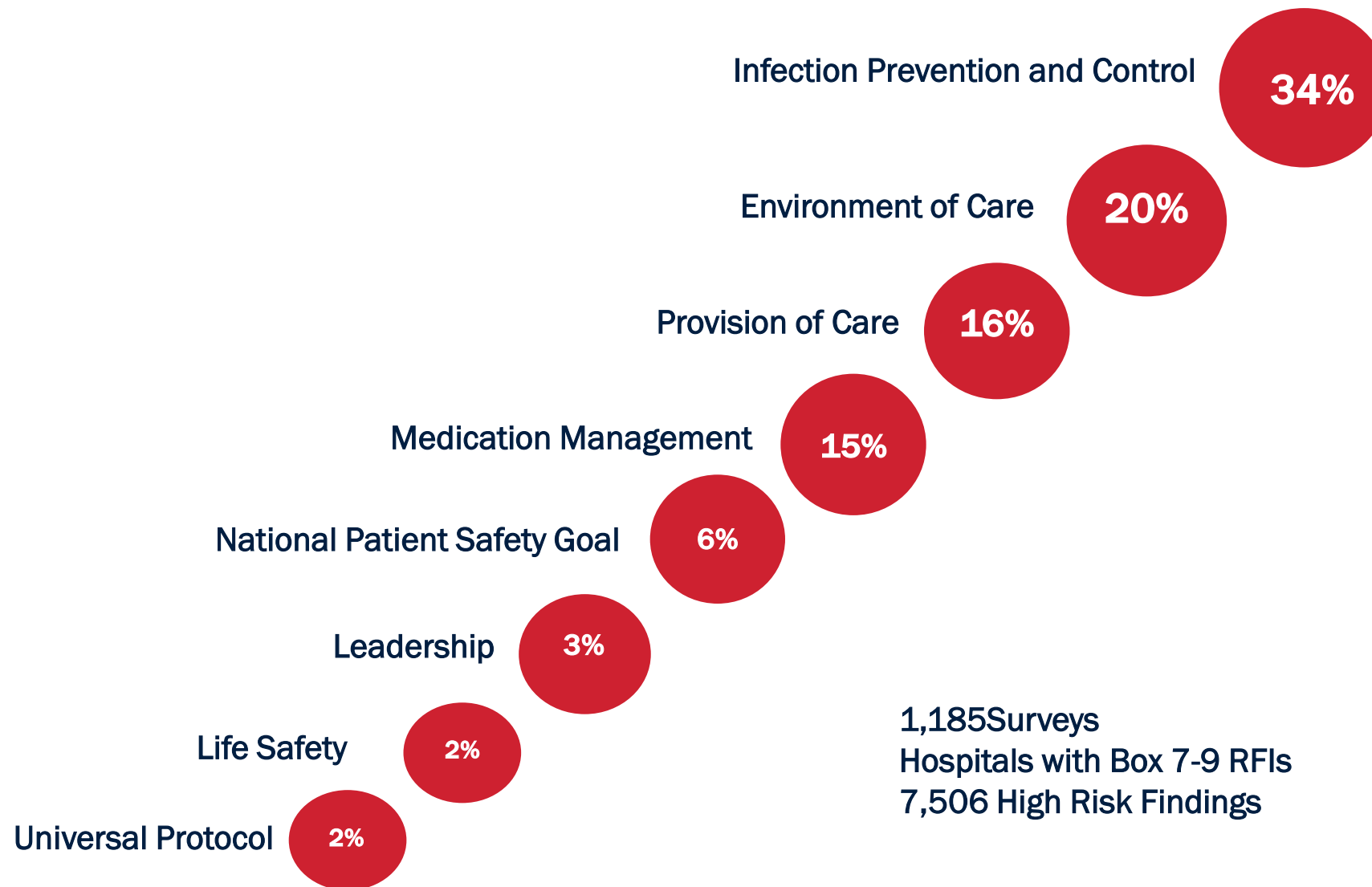
Topic	Common Causative Findings
Infection Control	<ul style="list-style-type: none">• Non-medical grade items used in critical part of surgery• Lack of ICRA or implementation of ICRA• Incorrect sterilization parameters• Incorrect temperature of HLD solution• Dental equipment
Resuscitation	<ul style="list-style-type: none">• Lack of following policies and procedures for identification and reporting in patients' condition• Lack of resuscitation equipment readily available during a “code blue” event resulting in delayed intervention

Immediate Threat to Health or Safety

2025 Trends (All Accreditation Programs)

Topic	Common Causative Findings
Infection Control	<ul style="list-style-type: none">• Non-medical grade items used in critical part of surgery• Incorrect temperature of HLD solution• Jetted birthing tubs not cleaned between patients
Patient Rights	<ul style="list-style-type: none">• Elopement down elevator shaft• Elopement to roof without ability to reenter building

High-Risk Requirements for Improvement (RFIs)



High-Risk Requirements for Improvement (RFIs)

2521

Infection Prevention and Control

Trends, Patterns and Themes

Inadequate Sterilization Practices:

- Use of inappropriate sterilization parameters not in line with MIFU.
- Instruments being sterilized while assembled rather than disassembled as required.
- Evidence of oxidation, discoloration, and damage on sterilized instruments, indicating potential risk for infection.

Improper Cleaning and Disinfection:

- Non-adherence to established cleaning protocols for high-level disinfection of equipment.
- Use of improper cleaning agents or methods not consistent with MIFU.
- Inadequate processes for maintaining cleanliness of reusable items and equipment.

Training and Awareness:

- Staff demonstrating lack of knowledge regarding proper cleaning, sterilization, and infection control practices.

High-Risk Requirements for Improvement (RFIs)

1479

Environment of Care

Trends, Patterns and Themes

Eyewash and Safety Equipment Compliance

- Many eyewash stations were found to be improperly maintained.

Fire Safety and Emergency Preparedness

- Many fire safety devices, including fire doors, alarms, and extinguishers, were found to be untested or not functioning properly, with no documentation of corrective actions.
- Emergency call systems and pull cords in patient bathrooms were found to be non-functional

Infection Control Measures

- Infection Control Risk Assessments (ICRAs): Several construction projects did not adhere to established ICRAs, failing to implement necessary infection control measures during renovations.

Maintenance of Medical Equipment

- There was a lack of documentation and adherence to preventative maintenance schedules for critical medical equipment, including sterilizers and dialysis machines.

Most Frequently Cited CMS Condition-Level Deficiencies

Conditions of Participation

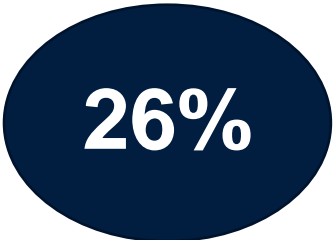
§482.41 Physical Environment:

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.



§482.51 Surgical Services:

If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.



Most Frequently Cited CMS Condition-Level Deficiencies

Conditions of Participation

§482.42 Infection prevention and control and antibiotic stewardship programs:

The hospital must have active hospital-wide programs for the surveillance, prevention, and control of HAIs and other infectious diseases, and for the optimization of antibiotic use through stewardship. The programs must demonstrate adherence to nationally recognized infection prevention and control guidelines, as well as to best practices for improving antibiotic use where applicable, and for reducing the development and transmission of HAIs and antibiotic-resistant organisms. Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in collaboration with the hospital-wide quality assessment and performance improvement (QAPI) program.

24%

§482.12 Governing Body:

There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body.

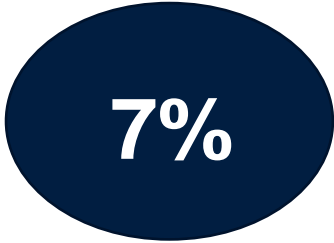
9%

Most Frequently Cited CMS Condition-Level Deficiencies

Conditions of Participation

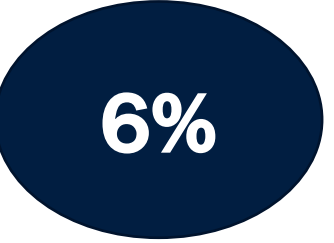
§482.23 Nursing Services:

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.



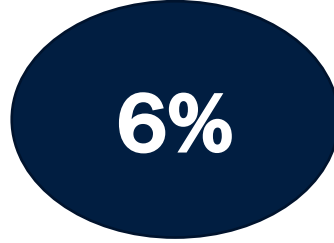
§482.23 Pharmaceutical Services:

The hospital must have pharmaceutical services that meet the needs of the patient.....



§482.13 Patient Rights:

A hospital must protect and promote each patient's rights.



Broadest Range of Accreditation/Certification



Hospitals

- Acute Care Hospital
- Critical Access Hospital
- Cardiovascular
- Orthopedic
- Neurological
- Perinatal
- Rehabilitation
- Pulmonary
- Health Care Equity
- Sustainable Healthcare
- Responsible Use of Health Data
- Primary Care Medical Home



Laboratory

- Hospital-Based
- Independent
- Reference
- Patient Blood Management



Ambulatory

- Surgery
- Medical
- Diagnostic & Therapeutic
- Episodic Care
- Rural Health Clinics
- Orthopedic
- Primary Care Medical Home



Behavioral Health

- Mental Health Services
- Substance Use Disorder Treatment
- Child Welfare & Human Services
- Behavioral Health Home



Home Care

- Hospice
- Home Health
- Durable Medical Equipment
- Home Infusion
- Pharmacy
- Personal Care & Support
- Community-Based Palliative Care



Skilled Nursing

- Memory Care
- Post-Acute Care



Assisted Living

- Memory Care



Rural Health

- Rural Health Clinics



Telehealth

- Hospitals
- Behavioral Health Care
- Ambulatory



Quality Construct: Journey to Excellence

Unparalleled Professionals

Most Experienced Surveyors and Reviewers in the Industry



Cardiologists
Dentists
Engineers
Infectious Disease Physicians
Internists



Many years
of leadership in
clinical and
operational roles



Laboratory Technicians
Neurologists
Obstetricians
Orthopedic Surgeons
Pathologists
Pediatricians
Psychiatrists
Psychologists



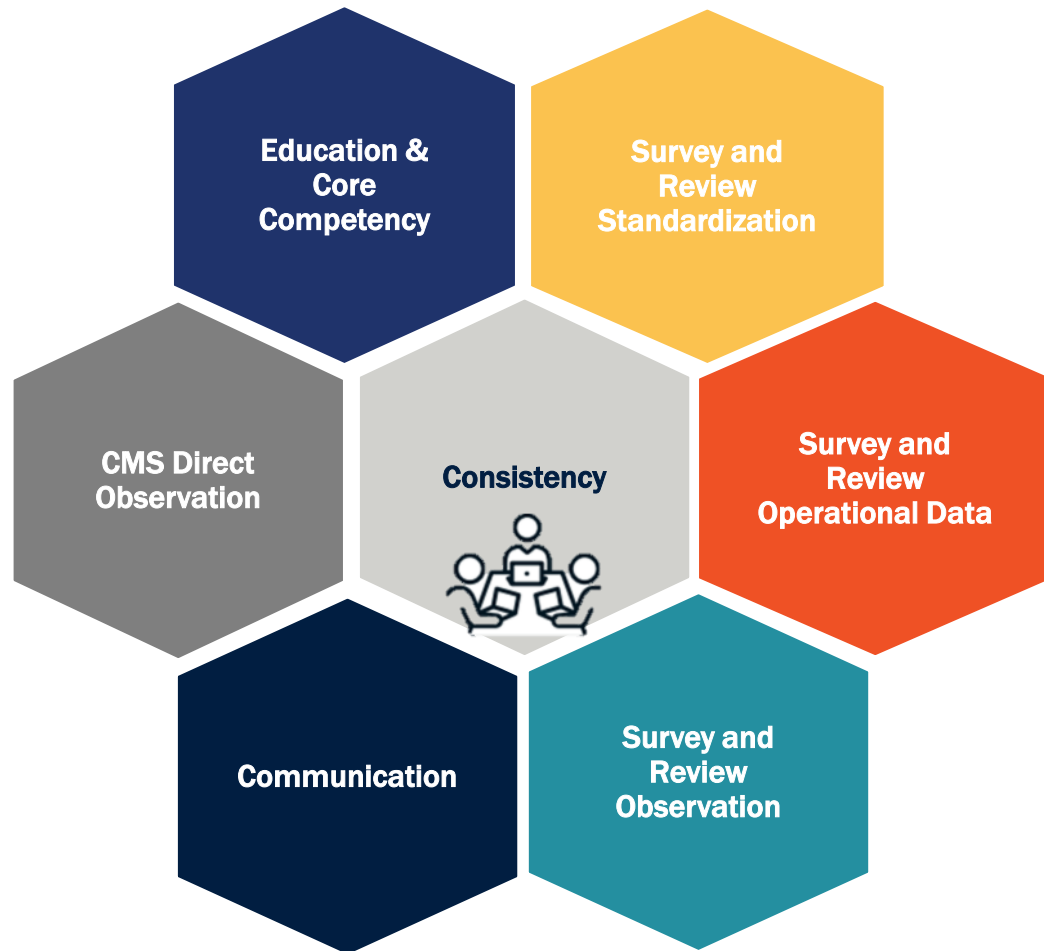
Ongoing training,
including CPHQ
certification
(from our NAHQ
alliance partner)



Pulmonologists
Radiologists
Respiratory Therapists
Specialty Nurses
And More.....



Journey to Excellence



EDUCATION and CORE COMPETENCY

- Onboarding: integration of content, completion of education, tracking at defined intervals, standardized content across programs, program specific content approval structure, and preceptor evaluation
- Continual Development: professional development, integration of case studies and content across programs, and tracking at defined intervals



SURVEY and REVIEW STANDARDIZATION

- Template and process standardization (Year end 2024)
- Document upload expansion (Hospital, Behavioral Health 2024)
- Survey Process Guide (SPG/SAG) (2025)
- Center for Medicare and Medicaid Services (CMS) consistency with record review and staff and patient interviews
- Utilization of surveyor and reviewer resources (e.g., CTe, templates, etc.)



SURVEY and REVIEW OPERATIONAL DATA

- Real time review data and trends
- Accredited and certified clarification data and trends
- Comparison of surveyor and reviewer requirements for improvement rate to peer group
- Level of citation trends (SAFER and level of deficiency)
- Integration of data and trends into education and core competency strategy



SURVEY and REVIEW OBSERVATION

- Standardization of field director observation forms and data collection
- Structured program with incorporated cross-cadre observations within same programs
- Incorporation of CMS Direct Observation Verification (DOV) results



COMMUNICATION

- Consistent messaging of data, trends, results and changes cascaded within the division
- Standardization of cadre and individual touchpoint calls

Burden Reduction

Accreditation Document Upload: Goal

Create an improved survey process that incorporates the ability to upload survey related documentation within the Joint Commission systems, that will:

- Introduce efficiencies within the survey
- Create a consistent location for requested documentation
- Provide seamless access to documents during survey activities
- Be a more environmentally sustainable approach to survey documentation

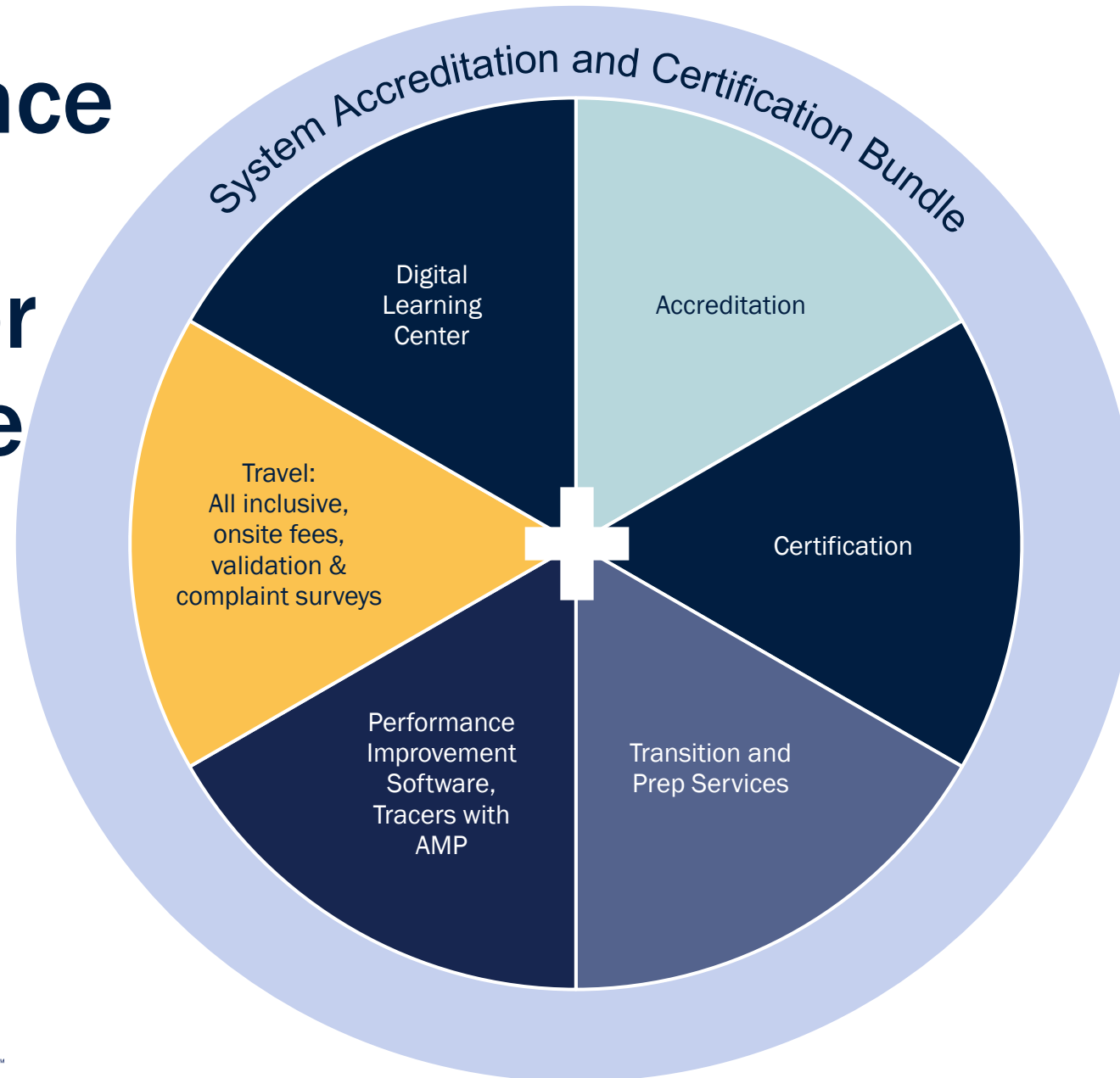


Accreditation of the Future

Other Things.....

- Continuous model option
- Digital front door
- Learning center
- Learning in – Industry guidance
- Data and Analytics capability
- Performance improvement tools
- Advisory support
- Bundling

Performance Solutions Tailored for Healthcare



Enabling and Affirming the Highest Standards of Healthcare Quality and Patient Safety



Building Resilient Healthcare

- 73 years of focus on healthcare improvement worldwide.
- Certifications for industry challenges incl. sustainability and health equity
- Single platform containing historical survey findings, reports, corrective actions, etc.
- Benchmarking capabilities
- Comparison data to see system level trends and outcomes



Trusted to Uphold Standards

- Accrediting/certifying over 22,000 sites and systems in the US
- 75% of standards related to federal req. (CMS, OSHA)
- Additional standards addressing challenges in current health care landscape: health equity, maternal safety, workplace violence
- Experienced clinical staff leading surveys



Collaborating to Improve Outcomes

- Dedicated point of contact for inquiries
- Standards interpretation support
- Real time issue resolution during onsite survey process
- Consistent survey team leaders
- Orientation/summation of survey findings
- Full suite of continuous compliance tools based on org preference (digital learning, software, mock surveys)



Thank You