The Joint Commission

The Joint Commission History Timeline

Beginnings: 1910-1986

1910-13

Ernest Codman, MD, proposes the "end result" system of hospital standardization. American College of Surgeons (ACS) is founded and the "end result" system becomes an ACS objective.

1917-26

ACS develops the Minimum Standard for Hospitals; the requirements fill one page. The ACS begins on-site inspection of hospitals. In 1926, the first standards manual is printed, consisting of 18 pages.

The Minimum Standard

1. That physicians and surgeons privileged to practice in the hospital be organized as a definite group or staff. Such organization has nothing to do with the question as to whether the hospital is "open" or "closed," nor need it affect the various existing types of staff organization. The word STAFF is here defined as the group of doctors who practice in the hospital inclusive of all groups such as the "regular staff," "the visiting staff," and the "associate staff."

2. That membership upon the staff be restricted to physicians and surgeons who are (a) full graduates of medicine in good standing and legally licensed to practice in their respective states or provinces, (b) competent in their respective fields, and (c) worthy in character and in matters of professional ethics; that in this latter connection the practice of the division of fees, under any guise whatever, be prohibited.

3. That the staff initiate and, with the approval of the governing board of the hospital, adopt rules, regulations, and policies governing the professional work of the hospital; that these rules, regulations, and policies specifically provide:

(a) That staff meetings be held at least once each month. (In large hospitals the departments may choose to meet separately.)

(b) That the staff review and analyze at regular intervals their clinical experience in the various departments of the hospital, such as medicine, surgery, obstetrics, and the other specialties; the clinical records of patients, free and pay, to be the basis for such review and analyses.

4. That accurate and complete records be written for all patients and filed in an accessible manner in the hospital—a complete case record being one which includes identification data; complaint; personal and family history; history of present illness; physical examination; special examinations, such as consultations, clinical laboratory, X-ray and other examinations; provisional or working diagnosis; medical or surgical treatment; gross and microscopical pathological findings; progress notes; final diagnosis; condition on discharge; follow-up and, in case of death, autopsy findings.

5. That diagnostic and therapeutic facilities under competent supervision be available for the study, diagnosis, and treatment of patients, these to include, at least (a) a clinical laboratory providing chemical, bacteriological, serological, and pathological services; (b) an X-ray department providing radiographic and fluoroscopic services.

1950-52

Joint Commission on Accreditation of Hospitals (JCAH) is created as an independent, not-for-profit organization in Chicago, Illinois.

1964-65

Congress passes the Social Security Amendments of 1965 with a provision that hospitals accredited by JCAH are "deemed" to be in compliance with most Medicare Conditions of Participation for hospitals and can participate in Medicare and Medicaid programs.

1970-72

Begin accrediting psychiatric facilities, substance abuse programs and community mental health programs. The Social Security Act is amended to require that the Secretary of the U.S. Department of Health & Human Services validate JCAH findings.

1975-79

Begin accrediting ambulatory health care facilities. An agreement with the College of American Pathologists (CAP) results in CAP accreditation of a laboratory in a JCAH-accredited hospital being recognized in lieu of JCAH's accreditation of the laboratory.

1982-86

Begin accrediting hospice care organizations. Quality Healthcare Resources® (QHR), Inc. is formed as a not-for-profit consulting subsidiary of JCAH. QHR later becomes Joint Commission Resources (JCR).

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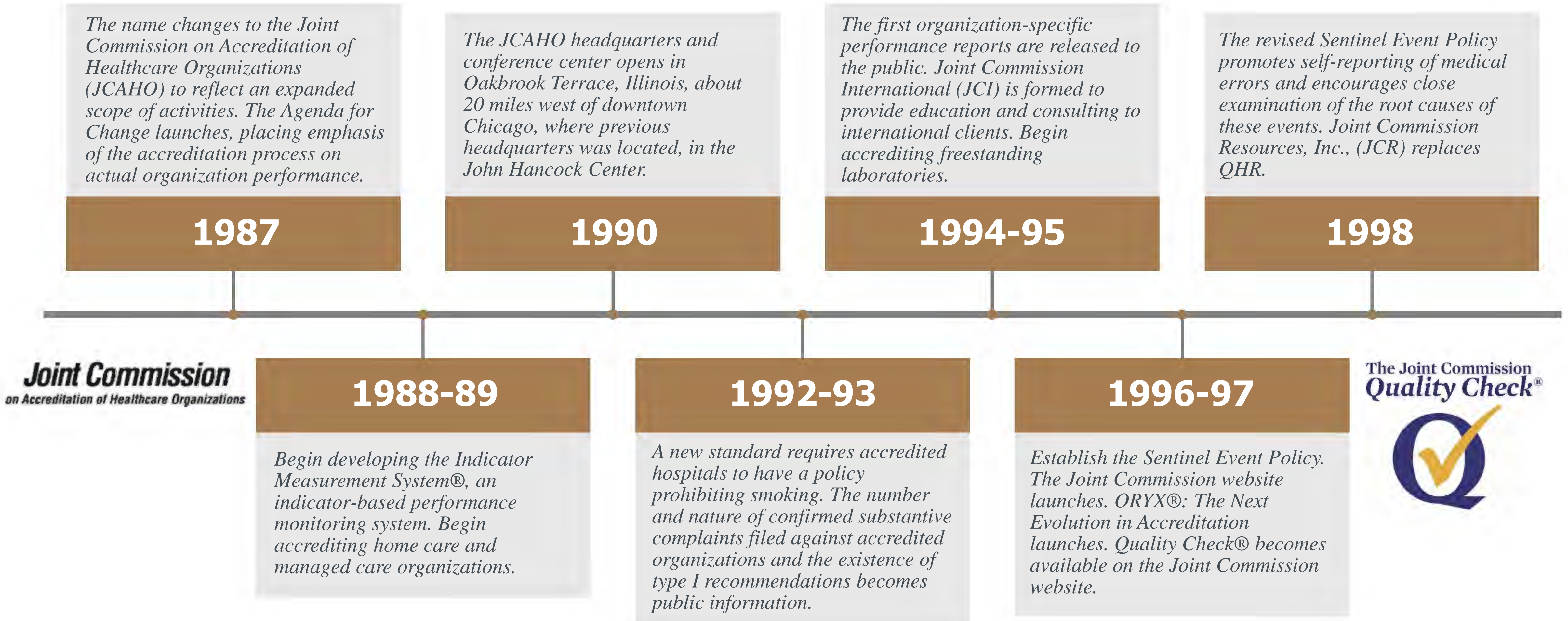
Expansion: 1987-1998



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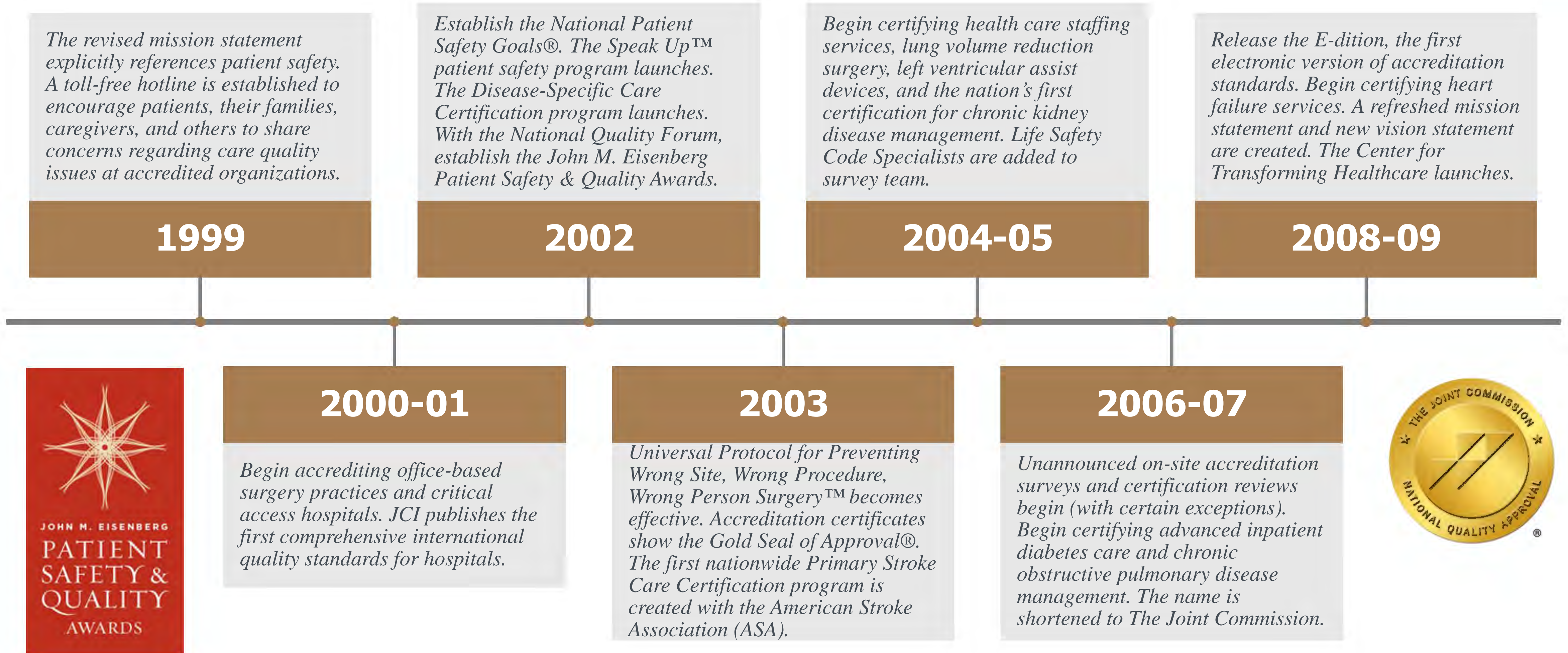
Growth: 1999-2009



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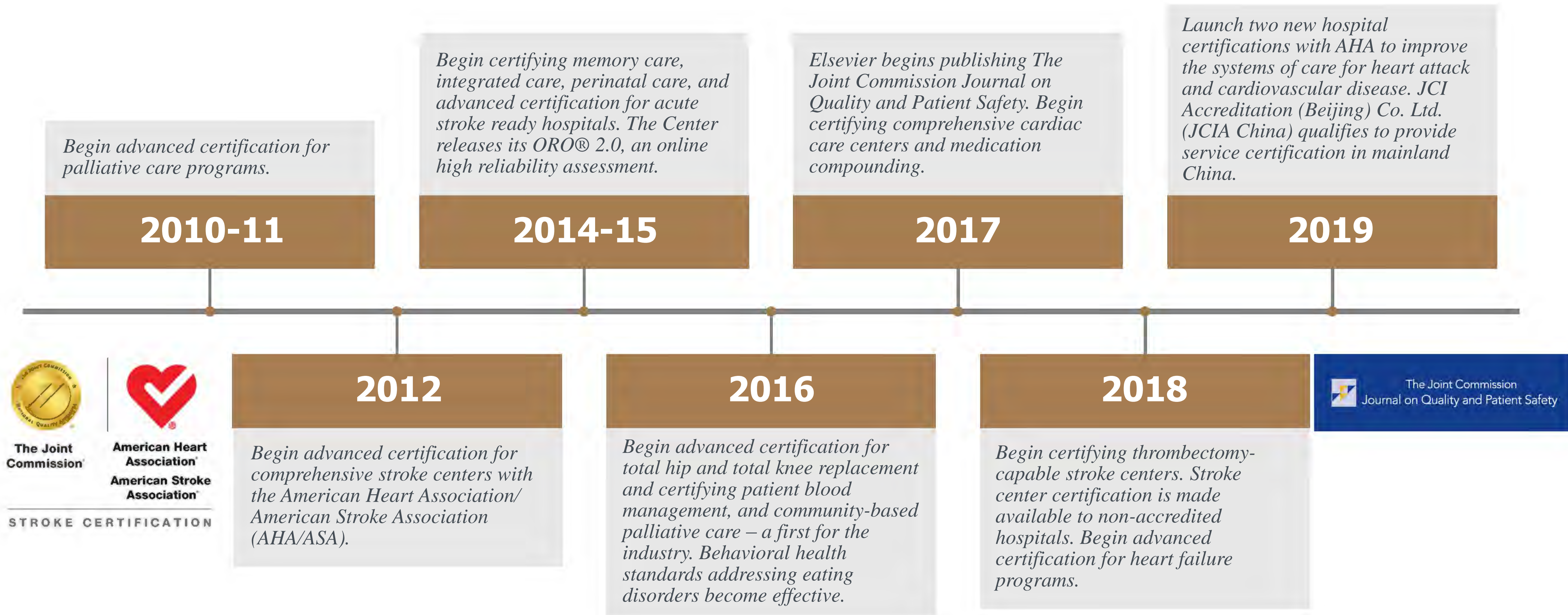
Specialization: 2010-2019



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Recognition: 2020-2022

2020

In March, suspend all regular on-site surveys of hospitals and other health care organizations to allow organizations and professionals to focus on caring for patients with COVID-19.

March 2021

Establish the Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity with Kaiser Permanente to recognize organizations and their partners that lead initiatives that achieve a measurable, sustained reduction in health care disparities.

May, June 2021

Begin accrediting assisted living organizations. Launch a Maternal Levels of Care Verification program with the American College of Obstetricians and Gynecologists to help reduce maternal mortality and morbidity in the U.S.

October 2021

Establish the Leading Laboratories Recognition Program with the American Society for Clinical Pathology to promote laboratory leadership and elevate the visibility and collaborative work of the medical laboratory team.

January 2022

Collaborate with Alzheimer's Association to help improve quality and safety in dementia care in nursing, skilled nursing, and assisted living facilities.

April, June 2022

With American Heart Association, launch Comprehensive Heart Attack Center certification program. Join the Biden Administration's Health Sector Climate Pledge to reduce carbon contributions emanating from the healthcare sector.

October 2022

Join the White House Conference on Hunger, Nutrition, and Health's Sync for Social Needs coalition, committing to a role in ending hunger and reducing diet-related disease in the United States by 2030.

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Progression: 2022-2023