

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

990

2020

~~Rachita Singh~~

11/15/2021

Part III Statement of Program Service Accomplishments

1 _____

2 _____ Yes No

990 990- ?

3 _____ Yes No

?

4 _____

501() (3) 501() (4)

4a (: _____) (: \$ _____) (: \$ _____)

4b (: _____) (: \$ _____) (: \$ _____)

4c (: _____) (: \$ _____)

Part IV Checklist of Required Schedules

Yes No

1. Do you have a written policy regarding the use of electronic devices (e.g., cell phones, pagers, tablets, etc.) by staff in patient care areas? If Yes, complete Schedule A.

Empty response box for item 1.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 <i>(A)</i> If the organization's total revenue is \$5,000 or more, does the organization have a written policy regarding the use of the organization's assets for the personal in- come of any individual? If Yes, complete Schedule I, Part I and III	22	
23 <i>(A)</i> 3, 4, 5		

Part V

Part VI Governance, Management, and Disclosure For each Year, enter the information on line 2 through 7b below, and for a New organization, line 8a, 8b, 10b below, describe the circumstance, occurrence, change in Schedule O. See instructions.

Section A. Governing Body and Management

Yes

[REDACTED]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(continued)

(A) Name	(B) Title	(C) Key Employment Information						(D) Total Compensation	(E) Reportable Compensation	(F) Other Compensation
		Year Began	Year Ended	Organization	Position	Salary	Other Compensation			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)	
					512 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	1a				
	b	1b				
	c	1c				
	d	1d				
	e	1e				
	f	1f				
	g	1g \$				
	h	Total. A				
Program Service Revenue	2a					
	b					
	c					
	d					
	e					
	f	A				
	g	Total. A				
Other Revenue	3					
	4					
	5					
	6a	6a				
		b	6b			
		c	6c			
		d				
	7a	7a				
		b	7b			
		c	7c			
		d				
	8a	8a				
		b	8b			
		c				
	9a	9a				
b		9b				
c						
10a	10a					
	b	10b				
	c					
Miscellaneous Revenue	11a					
	b					
	c					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) gain or loss in million dollars. All other gain or loss in million dollars (A).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A)	(B)	(C)	(D)
1				
2				
3				
4				
5	10,055,030	5,431,077	4,623,953	
6				
7	75,332,797		15,117,864	
8	3,052,606	2,362,258	690,348	
9	7,752,786	6,100,268	1,652,518	
10	6,085,667		1,264,715	
11				
a				
b	68,886	43,198	25,688	
c	253,975		253,975	
d	193,630		193,630	
e				
f	323,677		323,677	
g	9,019,114	6,730,501	2,288,613	0
12	910,977	571,791	339,186	
13	739,035	514,039	224,996	
14	6,692,092	3,883,780	2,808,312	
15				
16	1,873,062		1,268,243	
17	8,548,701	8,548,701		
18				
19	914,686	851,348	63,338	
20	241,515	98,925		
21				
22	6,234,973	3,788,317	2,446,656	
23	1,031,599	741,729	289,870	
24				
a		217,311	462,146	
b	526,253	526,253		
c	292,269	19,802	272,467	
d	273,832	121,137	152,695	
e	141,313	0	141,313	0
25	141,237,932	106,191,139	35,046,793	0
26				

Part X Balance Sheet

Assets
Liabilities
Net Assets or Fund Balances

|

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (5, 7, 8)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(on A. Public Support
---	----------	----------	-----------------------

Part III Support Schedule for Organizations Described in Section 509(a)(2)

() 10 ()

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶ (a) 2016

Part IV Supporting Organizations (continued)

	Yes	No
11		
a		
b		
c		

Section B. Type I Supporting Organizations

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1		

Section D. All Type III Supporting Organizations

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1		
a		
b		
c		
2		
a		
b		
3		
a		
b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year
1	A	1
2	A	2
3	A	

Schedule of Contributors

2020

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number
--------------------------	--------------------------------

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 **exclusively** for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions **exclusively** for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an **exclusively** religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received **nonexclusively** religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
----------------------	--------------------------------

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
----------------------	--------------------------------

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given		

Name of organization

Employer identification number



Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527



Part II-A

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 <input checked="" type="checkbox"/> [Illegible text]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a <input checked="" type="checkbox"/> [Illegible text]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b <input checked="" type="checkbox"/> [Illegible text]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c <input checked="" type="checkbox"/> [Illegible text]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Supplemental Financial Statements

2020

Department of the Treasury
Internal Revenue Service

a C 990,
Part V, b, 7, 8, 9, 10, 11a11b11c11d11e11f12a12b
a 990.

Go to www.irs.gov/Form990 for more information.

OP
IP

Name: _____ EIN: _____

Part I **Other Assets**
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised		

Part III ~~Other Assets~~ **Other Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV ~~Escrow~~ **Escrow**
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V ~~Endowment~~ **Endowment**
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ^a _____ %
 - b** Permanent endowment ^a _____ %
 - c** Term endowment ^a _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| <input type="checkbox"/> 3a(i) Unrelated organizations | 3a(i) | |
| <input type="checkbox"/> 3a(ii) Related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI ~~Land~~ **Land**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,204,400		4,204,400
b Buildings		45,744,775	25,492,636	20,252,139
c Leasehold improvements		801,562	144,407	657,155
d Equipment			32,643,391	10,437,984
e Other		2,584,177	1,046,967	1,537,210
Totals Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			^a	37,088,888

Part II **105b**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Totals (Column (b) must equal Form 990, Part X, col. (B) line 12.) a		

Part III **105c**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Totals (Column (b) must equal Form 990, Part X, col. (B) line 13.) a		

Part X **105d**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Totals (Column (b) must equal Form 990, Part X, col. (B) line 15.) a	

Part X **105e**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Totals (Column (b) must equal Form 990, Part X, col. (B) line 25.) a	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

PXI

Part VIII

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			

Part XIII

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	RETURN OF NET ASSETS FROM AFFILIATE - CENTER FOR TRANSFORMING HLTCR EIN 26-3020947	3,650,000
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	LOSS ON SALE OF FIXED ASSETS	- 71,780
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount



Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i)							

1

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Part II

Officers, Directors, Trustees, Key Employees and Highest Compensated Employees (continued)

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) FRANCES CARROLL CORP COMPLIANCE OFFICER & SR ASSIST GEN'L COUNSEL	(i)	██████████	██████████	██████████	██████████	██████████	██████████	██████████
	(ii)	██████████	██████████	██████████	██████████	██████████	██████████	██████████
(17) OLGA LEVIN ENTERPRISE MARKETING LEADER	(i)	██████████	██████████	██████████	██████████	██████████	██████████	██████████
	(ii)	██████████	██████████	██████████	██████████	██████████	██████████	██████████
(18) SUnsatlon	(i)	██████████	██████████	██████████	██████████	██████████	██████████	██████████
	(ii)	██████████	██████████	██████████	██████████	██████████	██████████	██████████

Part III

Supplemental Information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL</p>	<p>THE JOINT COMMISSION BOARD TRAVEL POLICY PERMITS REIMBURSEMENT FOR THE PURCHASE OF UPGRADE COUPONS FOR FIRST-CLASS AIR TRAVEL.</p> <p>THE JOINT COMMISSION'S STAFF TRAVEL POLICY PERMITS STAFF TO FLY BUSINESS CLASS ON INTERNATIONAL FLIGHTS, EXCLUDING EUROPE.</p> <p>THE JOINT COMMISSION CEO IS ALLOWED TO TRAVEL FIRST-CLASS ON BUSINESS TRIPS THROUGHOUT THE UNITED STATES AND INTERNATIONAL.</p> <p>FIRST CLASS TRAVEL BENEFITS ARE NOT TREATED AS TAXABLE COMPENSATION TO THE INTERESTED PERSON.</p>
<p>SCHEDULE J, PART I, LINE 1A - PERSONAL SERVICES</p>	<p>SIX OFFICERS UTILIZED AN ALLOWANCE FOR TAX PREPARATION AND ONE OFFICER UTILIZED AN ALLOWANCE FOR FINANCIAL PLANNING SERVICES. NOT ALL OFFICERS ELIGIBLE FOR THE SERVICES UTILIZE THEM. THESE SERVICES ARE TREATED AS TAXABLE COMPENSATION AND REPORTED ON FORM 990, PART VII, COLUMN D AS REPORTABLE COMPENSATION.</p>
<p>SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p>	<p>ALL OFFICERS ARE ALLOWED TO PARTICIPATE IN A NONQUALIFIED SUPPLEMENTAL DEFINED BENEFIT RETIREMENT PLAN. THE INCREASES IN THE VALUE OF THE PLAN DURING THE YEAR ARE REFLECTED IN COLUMN C DEFERRED COMPENSATION ON SCHEDULE J, PART II.</p>

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

6
6

6
6

▶ Go to

6
6

6
6

Part III Private Business Use

			A		B		C		D	
			Yes	No	Yes	No	Yes	No	Yes	No
1	AV b/v	b d/v								
2	A b/v	b p								
3a	A b	b a								
b	f b	b o								
c	A b/v	b p								
d	f b	b a								
4	b b	b b								
5	b b b	b o b								
6	b	b								
7	b	b								
8a	b b	b p								
b	f b	b o								
c	f b	b 1.141-12.								
9	b b	b b								

Part IV Arbitrage (continued)

4a	b	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
b									
c									
d									

SCHEDULE
(Form
Department of Treasury Internal
Revenue Service

Special

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 | 10

2020

Retb	Reference Etab
<p>FORM 990, PART III, LINE 1 - ORGANIZATION MISSION CONTINUED</p>	<p>(CONTINUATION FROM ABOVE)</p> <p>QUALITY AND SAFETY OF CARE PROVIDED BY THE ORGANIZATION.</p> <p>THESE ACCREDITATION SERVICES ARE PROVIDED FOR HOSPITALS, CLINICAL LABORATORIES, HOME CARE, NURSING CARE CENTER, BEHAVIORAL HEALTH CARE, AND AMBULATORY CARE ORGANIZATIONS. JOINT COMMISSION ACCREDITATION AND CERTIFICATION ARE RECOGNIZED NATIONWIDE AS A SYMBOL OF QUALITY THAT REFLECTS AN ORGANIZATION'S COMMITMENT TO MEETING OPTIMUM ACHIEVABLE PERFORMANCE STANDARDS. TO EARN AND MAINTAIN THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL, AN ORGANIZATION MUST UNDERGO A SURVEY BY A JOINT COMMISSION SURVEY TEAM AT LEAST EVERY THREE YEARS. LABORATORIES MUST BE SURVEYED AT LEAST EVERY TWO YEARS.</p> <p>IN ORDER FOR A HEALTH CARE ORGANIZATION TO PARTICIPATE IN AND RECEIVE PAYMENT FROM THE MEDICARE OR MEDICAID PROGRAMS, IT MUST MEET ELIGIBILITY REQUIREMENTS FOR PROGRAM PARTICIPATION, INCLUDING A CERTIFICATION OF COMPLIANCE WITH THE CONDITIONS OF PARTICIPATION, SET FORTH IN FEDERAL REGULATIONS. THIS CERTIFICATION IS AVAILABLE ON THE BASIS OF SURVEYS CONDUCTED BY STATE AGENCIES ON BEHALF OF THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS). WHEN THE JOINT COMMISSION HAS DEVELOPED AND ENFORCES STANDARDS AND SURVEY PROCEDURES THAT MEET OR EXCEED THE FEDERAL CONDITIONS OF PARTICIPATION, CMS MAY GRANT THE JOINT COMMISSION "DEEMING" AUTHORITY AND DEEM EACH ACCREDITED HEALTH CARE ORGANIZATION AS MEETING MEDICARE AND MEDICAID CERTIFICATION REQUIREMENTS. IN FACT, FEDERAL AND STATE AGENCIES OFTEN RELY ON THE EXPERTISE AND STANDARDS OF THE JOINT COMMISSION. FEDERAL DEEMED STATUS OPTIONS ARE CURRENTLY AVAILABLE FOR AMBULATORY CARE SURGICAL CENTERS, CLINICAL LABORATORIES, CRITICAL ACCESS HOSPITALS, HOME HEALTH AGENCIES, PSYCHIATRIC HOSPITALS, HOSPICES AND HOSPITALS.</p> <p>TO CONDUCT ITS ACCREDITATION SURVEYS, THE JOINT COMMISSION EMPLOYS AN EXPERIENCED, TRAINED CADRE OF SURVEYORS. BEYOND BASIC EDUCATION IN THE ACCREDITATION PROCESS, SURVEYORS RECEIVE EDUCATION IN SYSTEMS THEORY, ORGANIZATION BEHAVIOR, AND EVALUATION TECHNIQUES, AND ROBUST PROCESS IMPROVEMENT METHODS AND TOOLS.</p> <p>THE JOINT COMMISSION ALSO AWARDS DISEASE-SPECIFIC CARE CERTIFICATION TO HEALTH PLANS, DISEASE MANAGEMENT SERVICE COMPANIES, HOSPITALS AND OTHER CARE DELIVERY SETTINGS THAT PROVIDE DISEASE MANAGEMENT AND CHRONIC CARE SERVICES. THE JOINT COMMISSION'S CERTIFICATION PROGRAMS PROVIDE COMPREHENSIVE EVALUATIONS OF DISEASE OR CONDITION-SPECIFIC SERVICES, INCLUDING BUT NOT LIMITED TO ASTHMA, DIABETES, CONGESTIVE HEART FAILURE, SKIN AND WOUND MANAGEMENT, PRIMARY STROKE CARE, JOINT REPLACEMENT, SPINAL SURGERY PROGRAMS, PALLIATIVE CARE, PERINATAL, INTEGRATED CARE, PATIENT BLOOD MANAGEMENT, AND MEDICATION COMPOUNDING. ADVANCED CERTIFICATION DISEASE-SPECIFIC CARE PROGRAMS ARE ALSO OFFERED BY THE JOINT COMMISSION, WHICH ARE DEVELOPED IN COLLABORATION WITH INDUSTRY EXPERTS, IN VARIOUS AREAS SUCH AS: CHRONIC KIDNEY DISEASE, HEART FAILURE, PRIMARY STROKE AND COMPREHENSIVE STROKE, VENTRICULAR ASSIST DEVICES, DIABETES DISEASE, AND CHRONIC PULMONARY DISEASE.</p> <p>THE JOINT COMMISSION'S HEALTH CARE STAFFING SERVICES CERTIFICATION PROGRAM PROVIDES INDEPENDENT, THOROUGH EVALUATIONS OF THE ABILITY OF STAFFING FIRMS TO PROVIDE COMPETENT STAFFING SERVICES. THE JOINT COMMISSION DEVELOPED THIS CERTIFICATION PROGRAM TO MEET QUALITY OVERSIGHT NEEDS THAT HAVE ARISEN BECAUSE OF THE ONGOING SHORTAGES OF NURSES AND OTHER PROFESSIONAL PERSONNEL. THESE SHORTAGES FORCE HEALTH CARE ORGANIZATIONS TO FILL POSITIONS WITH TEMPORARY EMPLOYEES PROVIDED BY STAFFING FIRMS, WHICH ARE OFTEN NOT OTHERWISE SUBJECT TO ANY QUALITY OVERSIGHT MECHANISM.</p> <p>(CONTINUATION BELOW)</p>

Retb	Refeene Ebb
<p>FORM 990, PART III, LINE 1 - ORGANIZATION MISSION CONTINUED</p>	<p>(CONTINUATION FROM ABOVE)</p> <p>AT THEIR HEART, ACCREDITATION AND CERTIFICATION ARE RISK-REDUCTION ACTIVITIES; COMPLIANCE WITH APPROPRIATE STANDARDS REDUCES THE RISK OF ADVERSE OUTCOMES. THE JOINT COMMISSION SPECIFICALLY TARGETS IMPROVEMENT IN PATIENT SAFETY THROUGH THE FOLLOWING EFFORTS:</p> <p>PATIENT SAFETY-RELATED STANDARDS</p> <p>JOINT COMMISSION STANDARDS ADDRESS PERFORMANCE OBJECTIVES AND EXPECTATIONS IN KEY FUNCTIONAL AREAS, SUCH AS PATIENT RIGHTS, MEDICATION MANAGEMENT, AND INFECTION CONTROL. THE STANDARDS AND EVALUATION PROCESS FOCUS NOT SIMPLY ON AN ORGANIZATION'S ABILITY TO PROVIDE SAFE, HIGH QUALITY CARE, BUT ON ITS ACTUAL PERFORMANCE. ALL STANDARDS RELATE DIRECTLY OR INDIRECTLY TO SAFETY AND QUALITY-RELATED PATIENT OUTCOMES. THE JOINT COMMISSION DEVELOPS AND UPDATES ITS STANDARDS IN CONSULTATION WITH HEALTH CARE EXPERTS, PROVIDERS, PRACTITIONERS, MEASUREMENT EXPERTS, PURCHASERS AND CONSUMERS.</p> <p>OVER FIFTY PERCENT OF JOINT COMMISSION STANDARDS RELATE DIRECTLY TO PATIENT SAFETY, ADDRESSING A WIDE RANGE OF AREAS SUCH AS SURGERY AND ANESTHESIA, BLOOD TRANSFUSION, RESTRAINT AND SECLUSION, STAFFING AND STAFF COMPETENCE, FIRE SAFETY, MEDICAL EQUIPMENT MAINTENANCE, EMERGENCY MANAGEMENT, AND SECURITY. PATIENT SAFETY STANDARDS ADDRESS THE IMPLEMENTATION OF PATIENT SAFETY PROGRAMS; THE PREVENTION OF ACCIDENTAL HARM THROUGH THE PROSPECTIVE ANALYSIS AND REDESIGN OF VULNERABLE PATIENT SYSTEMS (E.G. THE ORDERING, PREPARATION, AND DISPENSING OF MEDICATIONS); AND THE ORGANIZATION'S RESPONSIBILITY TO TELL A PATIENT ABOUT ALL OUTCOMES OF THE CARE RESPECTING THAT PATIENT, WHETHER GOOD OR BAD.</p> <p>SENTINEL EVENT POLICY</p> <p>THE JOINT COMMISSION'S SENTINEL EVENT POLICY IS DESIGNED TO HELP HEALTH CARE ORGANIZATIONS TO IDENTIFY THE UNDERLYING CAUSES OF SENTINEL EVENTS AND TAKE ACTION TO PREVENT THEIR RECURRENCE. A SENTINEL EVENT IS AN UNEXPECTED OCCURRENCE INVOLVING DEATH OR SERIOUS PHYSICAL - INCLUDING LOSS OF LIMB OR FUNCTION - OR PSYCHOLOGICAL INJURY, OR THE RISK THEREOF. "RISK THEREOF" MEANS THAT, ALTHOUGH NO HARM OCCURRED ON THIS OCCASION, ANY RECURRENCE WOULD CREATE ANOTHER CHANCE FOR A SERIOUS ADVERSE OUTCOME. ANY TIME A SENTINEL EVENT OCCURS, THE HEALTH CARE ORGANIZATION IS EXPECTED TO COMPLETE A THOROUGH AND CREDIBLE ROOT CAUSE ANALYSIS, IMPLEMENT IMPROVEMENTS TO REDUCE RISK, AND MONITOR THE EFFECTIVENESS OF THOSE IMPROVEMENTS. THE ROOT CAUSE ANALYSIS IS EXPECTED TO DRILL DOWN TO EXAMINE ALL RELEVANT ORGANIZATION SYSTEMS AND PROCESSES THAT COULD HAVE CONTRIBUTED THE FAILURES LEADING TO THE OCCURRENCE. THIS EXAMINATION PROVIDES THE BASIS FOR RE-DESIGN OF SYSTEMS AND PROCESSES TO PREVENT RECURRENCE OF SIMILAR OCCURRENCES IN THE FUTURE. THE SENTINEL EVENT POLICY ALSO ENCOURAGES ORGANIZATIONS TO REPORT SENTINEL EVENTS, THEIR ASSOCIATED ROOT CAUSES AND RELATED PREVENTIVE ACTIONS TO THE JOINT COMMISSION SO THAT THE JOINT COMMISSION CAN SHARE WITH OTHER ORGANIZATIONS DE-IDENTIFIED, AGGREGATE INFORMATION ABOUT "LESSONS LEARNED", AND THEREBY REDUCE THE RISK OF FUTURE SENTINEL EVENT OCCURRENCES ACROSS THE DELIVERY SYSTEM.</p> <p>SENTINEL EVENT ALERTS</p> <p>A SENTINEL EVENT ALERT IS A PERIODIC NEWSLETTER OR WEBINAR THAT ADDRESSES SPECIFIC TYPES OF SENTINEL EVENTS, DESCRIBES THEIR COMMON UNDERLYING CAUSES, AND RECOMMENDS STEPS TO PREVENT FUTURE OCCURRENCES. INFORMATION FOR A SENTINEL EVENT ALERT IS DERIVED PRINCIPALLY FROM THE JOINT COMMISSION'S SENTINEL EVENT DATABASE. SENTINEL EVENT ALERT HAS RAISED AWARENESS IN THE HEALTH CARE COMMUNITY AND THE FEDERAL GOVERNMENT ABOUT THE OCCURRENCE OF ADVERSE EVENTS AND WAYS THAT THESE EVENTS CAN BE PREVENTED IN THE FUTURE. PAST ISSUES AND WEBINARS ARE AVAILABLE ON THE JOINT COMMISSION WEBSITE. TOPICS HAVE INCLUDED MEDICATION ERRORS, WRONG-SITE SURGERY, RESTRAINT-RELATED DEATHS, BLOOD TRANSFUSION ERRORS, INPATIENT SUICIDES, INFANT ABDUCTIONS, FATAL FALLS, OPERATIVE/POST-OPERATIVE COMPLICATIONS, HEALTH CARE WORKER FATIGUE, BEHAVIORS THAT UNDERMINE A CULTURE OF SAFETY, MATERNITY DEATHS AND INJURIES, INFECTION CONTROL, AND PREVENTING RETAINED FOREIGN OBJECTS.</p> <p>NATIONAL PATIENT SAFETY GOALS</p> <p>THE JOINT COMMISSION ESTABLISHED A SET OF NATIONAL PATIENT SAFETY GOALS (NPSGS) AND RELATED SPECIFIC REQUIREMENTS FOR IMPROVING THE SAFETY OF PATIENT CARE IN HEALTH CARE ORGANIZATIONS. ALL JOINT COMMISSION ACCREDITED HEALTH CARE ORGANIZATIONS ARE REQUIRED TO IMPLEMENT GOAL-RELATED REQUIREMENTS-OR ACCEPTABLE ALTERNATIVES-THAT APPLY TO THEM. THE JOINT COMMISSION DETERMINES THE HIGHEST PRIORITY PATIENT SAFETY ISSUES, INCLUDING NPSGS, FROM INPUT FROM PRACTITIONERS, PROVIDER ORGANIZATIONS, PURCHASERS, CONSUMER GROUPS, AND OTHER STAKEHOLDERS . EACH YEAR, RECOMMENDATIONS FROM SENTINEL EVENT ALERT PUBLISHED IN THE PREVIOUS YEAR AND FROM OTHER AUTHORITATIVE SOURCES ARE ADDED TO THE POOL.</p> <p>(CONTINUATION BELOW)</p>

--	--

Retb	Reference Ebb
<p>FORM 990, PART III, LINE 1 - ORGANIZATION MISSION CONTINUED</p>	<p>(CONTINUATION FROM ABOVE)</p> <p>PATIENT SAFETY RESEARCH</p> <p>THE JOINT COMMISSION'S DIVISION OF HEALTHCARE QUALITY EVALUATION WORKS WITH EXTERNAL COLLABORATORS TO ADVANCE THE FIELD OF PATIENT SAFETY RESEARCH. JOINT COMMISSION RESEARCH INITIATIVES INCLUDE:</p> <ul style="list-style-type: none"> * A SURVEY OF OF VENOUS THROMBOEMBOLISM (VTE) PREVENTION PRACTICES IN U.S. HOSPITALS. FUNDER: CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES, DIVISION OF BLOOD DISORDERS. SUB-AWARD WITH THE ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES (AUCD). THE PURPOSE OF THIS PROJECT IS TO SUPPORT A FRAMEWORK FOR IMPROVING VTE PREVENTION PRACTICES THROUGH THE EVALUATION OF CURRENT VTE PREVENTION PRACTICES IN U.S. HOSPITALS AND VTE RISK ASSESSMENT AS A PERFORMANCE MEASURE. INITIAL ACTIVITIES INCLUDE DEVELOPING AND IMPLEMENTING A SURVEY FOR U.S. HOSPITALS THAT CHARACTERIZES THE VTE PREVENTION PRACTICES OCCURRING AT THE GENERAL MEDICAL UNIT AND GENERAL SURGICAL UNIT. * THE EFFECTS OF ORGANIZATIONAL CULTURE AND RELATED FACTORS ON HEALTHCARE WORKER (HCW) WELL-BEING AND PATIENT SAFETY: A SCOPING REVIEW OF AVAILABLE EVIDENCE. FUNDER: CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY AND HEALTH. THIS PROJECT WILL CONDUCT A SCOPING REVIEW FOCUSED ON EXAMINING THE EFFECTS OF ORGANIZATIONAL CULTURE AND RELATED FACTORS ON HEALTHCARE WORKER WELL-BEING AND PATIENT SAFETY. THE INITIAL SCOPING REVIEW WILL EXAMINE ASPECTS OF ORGANIZATIONAL CULTURE SUCH AS SAFETY CULTURE, SAFETY CLIMATE, LEADERSHIP, TEAMWORK, COMMUNICATION, AND LEARNING ENVIRONMENT. INTERVENTIONS IN THESE AREAS WILL BE IDENTIFIED WHERE AVAILABLE AND EXAMINED FOR THEIR IMPACT AS WELL AS ANY ADDITIONAL RESEARCH OR EVALUATION THAT MAY ENHANCE THE EFFECTIVENESS OR APPLICABILITY OF THE INTERVENTION. * MAINTENANCE OF A HEALTHCARE-SPECIFIC WEB PORTAL OF RESOURCES RELATED TO WORKPLACE VIOLENCE THAT AFFECTS SAFETY FOR PATIENTS AND WORKERS. IT ADDRESSES A WIDE VARIETY OF HEALTHCARE SETTINGS AND TOPICS INCLUDING RESOURCES RELATED TO PREVENTION AND RESPONSE FOR ACTIVE SHOOTER EVENTS. ACCESS IS FREE TO ALL. <p>ACCREDITATION AND CERTIFICATION STANDARDS</p> <p>JOINT COMMISSION STANDARDS ARE DEVELOPED WITH INPUT FROM HEALTH CARE PROFESSIONALS, PROVIDERS, SUBJECT MATTER EXPERTS, CONSUMERS, GOVERNMENT AGENCIES (INCLUDING THE CENTERS FOR MEDICARE & MEDICAID SERVICES) AND EMPLOYERS. THEY ARE INFORMED BY SCIENTIFIC LITERATURE AND EXPERT CONSENSUS AND APPROVED BY THE BOARD OF COMMISSIONERS. NEW STANDARDS ARE ADDED ONLY IF THEY RELATE TO PATIENT SAFETY OR QUALITY OF CARE, HAVE A POSITIVE IMPACT ON HEALTH OUTCOMES, MEET OR SURPASS LAW AND REGULATION, AND CAN BE ACCURATELY AND READILY MEASURED. RECENT STANDARDS DEVELOPMENT ACTIVITIES ARE DESCRIBED BELOW:</p> <ul style="list-style-type: none"> * DEVELOPMENT OF NEW ANTIMICROBIAL STEWARDSHIP REQUIREMENTS APPLICABLE TO JOINT COMMISSION-ACCREDITED AMBULATORY HEALTH CARE ORGANIZATIONS THAT ROUTINELY PRESCRIBE ANTIMICROBIAL MEDICATIONS. SCIENTIFIC LITERATURE EMPHASIZES THE NEED TO REDUCE THE USE OF INAPPROPRIATE ANTIMICROBIALS IN ALL HEALTH CARE SETTINGS DUE TO ANTIMICROBIAL RESISTANCE WHICH THREATENS THE EFFECTIVE PREVENTION AND TREATMENT OF INFECTIONS. THE INAPPROPRIATE USE OF ANTIMICROBIAL MEDICATIONS CONTRIBUTES TO ANTIBIOTIC RESISTANCE AND ADVERSE DRUG EVENTS; IMPROVING ANTIMICROBIAL PRESCRIBING PRACTICES IS A PATIENT SAFETY PRIORITY. * REVISION OF ANTIMICROBIAL STEWARDSHIP REQUIREMENTS APPLICABLE TO JOINT COMMISSION-ACCREDITED HOSPITALS AND CRITICAL ACCESS HOSPITALS TO INCLUDE LEADING PRACTICES AND REVISIONS FOR CLARITY. * DEVELOPMENT OF A NEW ADVANCED DISEASE-SPECIFIC CARE (DSC) CERTIFICATION PROGRAM FOR ACUTE CORONARY SYNDROME (ACS) PATIENT CARE: COMPREHENSIVE HEART ATTACK CENTER (CHAC), AS WELL AS REVISIONS TO THE PRIMARY HEART ATTACK CENTER (PHAC) AND THE ACUTE HEART ATTACK READY (AHAR) CERTIFICATION PROGRAMS. ALL CERTIFICATION PROGRAMS WILL STANDARDIZE AND IMPROVE COORDINATED SYSTEMS OF CARE ACROSS SETTINGS FOR IDENTIFICATION, ASSESSMENT, MONITORING, MANAGEMENT, DATA SHARING, AND PERFORMANCE IMPROVEMENT FOR MULTIDISCIPLINARY ACS CARE. * DEVELOPMENT OF NEW ADVANCED DISEASE-SPECIFIC CARE (DSC) CERTIFICATION PROGRAM FOR SPINE SURGERY (ACSS). THIS CERTIFICATION PROGRAM WILL STANDARDIZE AND IMPROVE PRACTICES RELATED TO SPINE SURGERY INCLUDING: PROGRAM COMPOSITION AND COLLABORATION, STANDARDIZATION OF CARE UTILIZING CLINICAL PRACTICE GUIDELINES, PREOPERATIVE OPTIMIZATION, AND PERFORMANCE MEASURES. * DEVELOPMENT OF NEW PROVISION OF CARE, TREATMENT, AND SERVICES (PC) STANDARDS TO IMPROVE THE QUALITY AND SAFETY OF PERINATAL CARE IN JOINT COMMISSION-ACCREDITED HOSPITALS. THE NEW STANDARDS REQUIRE ORGANIZATIONS TO LOOK AT THEIR PROCESSES AND

LE69 0.047

--	--

Ref	Reference Etb
	<p>THE JOINT COMMISSION, TOGETHER WITH THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS), CONTINUE TO DEVELOP MATERIALS FOR THE NATIONAL SPEAK UP PROGRAM TO URGE PATIENTS TO TAKE AN ACTIVE ROLE IN PREVENTING HEALTH CARE ERRORS BY BECOMING INVOLVED AND INFORMED PARTICIPANTS ON THE HEALTH CARE TEAM.</p> <p>THE SPEAK UP PROGRAM FEATURES BROCHURES, POSTERS AND BUTTONS ON OVER 25 PATIENT SAFETY TOPICS, SUCH AS FIVE THINGS YOU CAN DO TO PREVENT INFECTION, HELP PREVENT ERRORS IN YOUR CARE, OR AVOID A RETURN TRIP TO THE HOSPITAL. SPEAK UP POSTERS ARE AVAILABLE TO THE GENERAL PUBLIC AT NO COST ON THE JOINT COMMISSION'S WEBSITE.</p> <p>THE JOINT COMMISSION ALSO DEVELOPED A SERIES OF ANIMATED SPEAK UP VIDEOS TO ENCOURAGE PATIENTS TO SPEAK UP AND BE ACTIVE PARTICIPANTS IN THEIR HEALTH CARE. PRODUCED BY THE JOINT COMMISSION, THESE ENTERTAINING 60-SECOND VIDEOS ARE INTENDED AS PUBLIC SERVICE ANNOUNCEMENTS AND AIR ON THE JOINT COMMISSION'S YOUTUBE CHANNEL, ON THE JOINT COMMISSION WEBSITE, AND IN OTHER VENUES. THE CAST OF CHARACTERS INTRODUCED IN THE VIDEOS ENCOUNTER EVERYDAY SITUATIONS WHERE THEY HAVE TO READ INSTRUCTIONS, INSPECT LABELS, AND "SPEAK UP" TO ASK THEIR DOCTORS AND CAREGIVERS QUESTIONS. THE VIDEOS POINT OUT THAT YOU SHOULD BE JUST AS COMFORTABLE SPEAKING UP ABOUT YOUR HEALTH CARE WHETHER IN A DOCTOR'S OFFICE OR AT THE HOSPITAL. THE VIDEOS HAVE PROVEN TO BE WIDELY POPULAR WITH AUDIENCES ALL OVER THE WORLD, AND HAVE BEEN DOWNLOADED BY ORGANIZATIONS IN MORE THAN 70 COUNTRIES.</p> <p>(CONTINUATION BELOW)</p>
<p>FORM 990, PART III, LINE 1 - ORGANIZATION MISSION CONTINUED</p>	<p>(CONTINUATION FROM ABOVE)</p> <p>QUALITY CHECK AND QUALITY REPORTS</p> <p>QUALITY CHECK OFFERS A COMPREHENSIVE COMPENDIUM OF QUALITY AND</p>

Retb	Reference Etb
FORM 990, PART VI, LINE 8B - COMMITTEE AUTHORITY TO ACT ON BEHALF OF GOVERNING BODY	ALL BOARD COMMITTEES DOCUMENT THEIR MEETINGS AND ACTIONS TAKEN. HOWEVER, NO BOARD COMMITTEES HAVE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BOARD EXCEPT BY BOARD RESOLUTION.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE JOINT COMMISSION'S MANAGEMENT, INCLUDING THE CEO, CFO, CORPORATE COMPLIANCE & PRIVACY OFFICER, AND GENERAL COUNSEL PERFORMED A DETAILED REVIEW OF THE FORM 990 WITH THE PAID TAX PREPARER. ONCE THIS LEVEL OF REVIEW WAS PERFORMED, A THOROUGH WALK THROUGH OF FORM 990 WAS DONE WITH THE FINANCE COMMITTEE PRIOR TO FILING. A COPY OF THE FORM 990 WAS PROVIDED TO THE ENTIRE BOARD OF COMMISSIONERS PRIOR TO FILING. A FINAL FILED PUBLIC DISCLOSURE COPY OF THE RETURN WILL BE PLACED ON THE ORGANIZATION'S WEBSITE FOR THE PUBLIC ONCE ACCEPTED BY THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>THE POLICY STATES THAT ANY DECISION THAT COULD RESULT IN AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST MUST BE AVOIDED. ALL STAFF AND BOARD MEMBERS REVIEW THE POLICY ON AN ANNUAL BASIS AND COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE EACH YEAR, WHICH IS DESIGNED TO IDENTIFY INTERESTS THAT COULD GIVE RISE TO POSSIBLE CONFLICTS.</p> <p>ALTHOUGH MANY SUCH POTENTIAL CONFLICTS ARE AND WILL BE DEEMED INCONSEQUENTIAL, EVERY INDIVIDUAL OF THE ORGANIZATION HAS AN ONGOING RESPONSIBILITY TO DISCLOSE SITUATIONS THAT INVOLVE PERSONAL, FAMILY, OR BUSINESS RELATIONSHIPS THAT COULD BE PERCEIVED AS A CONFLICT OF INTEREST. THE INTERESTS IDENTIFIED ARE REVIEWED BY THE CORPORATE COMPLIANCE OFFICER, GENERAL COUNSEL, AND GOVERNANCE COMMITTEE AND APPROPRIATELY MANAGED. ALL DISCLOSURES ARE PURSUED UNTIL 100% COMPLETED.</p> <p>PRIOR TO ANY BOARD OR COMMITTEE MEETING, A MEMBER IS REQUIRED TO DISCLOSE A CONFLICT OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON ANY MATTER DURING A MEETING AND THEN NOT VOTE OR USE PERSONAL INFLUENCE ON THE MATTER. THE MINUTES OF THE MEETING REFLECTS THAT A DISCLOSURE WAS MADE AND THE MEMBER ABSTAINED FROM VOTING. AT THE BEGINNING OF EACH BOARD OR COMMITTEE MEETING A REQUEST IS MADE TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST.</p> <p>THE COMPLIANCE OFFICER MONITORS AND REVIEWS THE CONFLICT OF INTEREST POLICY AS WELL AS THE RESPONSES TO THE QUESTIONNAIRES ON AN ANNUAL BASIS. THE ORGANIZATION ALSO HAS AVAILABLE AN INDEPENDENT HOTLINE NUMBER FOR STAFF TO REPORT ANONYMOUSLY ANY POTENTIAL CONFLICTS DURING THE YEAR.</p>
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE CEO'S COMPENSATION ARRANGEMENT IS SUBJECT TO AN INDEPENDENT BOARD COMMITTEE REVIEW AND APPROVAL REFERRED TO AS THE HUMAN RESOURCES AND EXECUTIVE COMPENSATION COMMITTEE. THE JOINT COMMISSION ENGAGED AN INDEPENDENT COMPENSATION CONSULTANT TO ASSIST IN DETERMINING COMPENSATION OF ITS CEO. IN SETTING THE CEO'S COMPENSATION, THE ORGANIZATION'S HUMAN RESOURCES AND EXECUTIVE COMPENSATION COMMITTEE RELIES ON RECENT COMPENSATION STUDIES THAT PROVIDE COMPENSATION DATA FOR COMPARABLE POSITION IN OTHER ORGANIZATIONS TO SUPPORT ITS DECISION-MAKING PROCESS.</p> <p>THE HUMAN RESOURCES AND EXECUTIVE COMPENSATION COMMITTEE ADEQUATELY DOCUMENTS ITS COMPENSATION DETERMINATIONS AND DELIBERATIONS REGARDING COMPENSATION IN ITS COMMITTEE MINUTES ON A TIMELY BASIS. EACH VOTING COMMITTEE MEMBER HAS BEEN DETERMINED TO BE INDEPENDENT IN ACCORDANCE WITH INTERMEDIATE SANCTIONS REGULATIONS AND SIGNS THE BOARD'S CONFLICT OF INTEREST POLICY ANNUALLY TO ENSURE THAT HE OR SHE IS INDEPENDENT. THE BOARD ENGAGES IN AN ACTIVE REVIEW OF THE COMPENSATION RECOMMENDED BY THE COMMITTEE. IN ADDITION, THE BOARD CONDUCTS AN ANNUAL EVALUATION OF THE CEO.</p> <p>THE PROCESS FOR DETERMINING THE TOP MANAGEMENT OFFICIALS', DR. MARK CHASSIN, CEO, COMPENSATION IS UNDERTAKEN ANNUALLY.</p>

Related Organizations and Unrelated Partnerships

2020
Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Part I Identification of Disregarded Entities.

(a)	(b)	(c)	(d)	(e)	(f)
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

Part III Identification of Related Organizations Taxable as a Partnership.

(a)	(b)	(c)	(d)	(e)	(f)	(g)		(i)	(j)		(k)
						Yes	No		Yes	No	
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									





Part V**Transactions with Related Organizations** (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE	S	3,650,000	CONTRACTUAL
(7) JCAHO SURVEYOR & QHR CONSULTANT CORPORATION	P	43,055,919	ACTUAL
(8) JOINT COMMISSION RESOURCES, INC.	J	270,158	ACTUAL
(9) JOINT COMMISSION RESOURCES, INC.	R	3,360,216	CONTRACTUAL

Part VII**Supplemental Information.** Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE R, PART IV, COLUMN (B) - PRIMARY ACTIVITY	PROVIDES INTERNATIONAL STANDARDS AND ACCREDITATION AND CERTIFICATION PROGRAMS FOR HEALTHCARE ORGANIZATIONS THROUGHOUT CHINA.
SCHEDULE R, PART IV, COLUMN (H) - FORM 5471 FILING OBLIGATION	JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (TJC) INDIRECTLY OWNS 100% OF THE OWNERSHIP IN JCI ACCREDITATION (BEIJING) CO., LTD THROUGH THEIR CONTROL OF JOINT COMMISSION RESOURCES, INC. (JCR) (EIN: 36-3521721). JCR FILED THE FORM 5471 ON BEHALF OF TJC. THEREFORE, THE FORM 5471 FILING OBLIGATION FOR TJC HAS BEEN SATISFIED PURSUANT TO REGS. §1.6038-2(J).