Accreditation 360 - Updated Accreditation Manual: Record of Care and Performance Improvement Chapters

On Demand Webinar Transcript
November 2025

Slide 1 – 00:01

Hello and welcome! This is your introduction to the Record of Care and Performance Improvement Chapter updates as part of the Accreditation 360 initiative, effective January 1st, 2026. CE credit is available for this on demand webinar until January 31, 2026. We encourage healthcare organizations to share the link to this recording and the slides with their staff and colleagues. There is no limit on how many staff can take advantage of this educational webinar. We are excited to lead you through the key changes and what they mean for your organization.

Slide 2 – 00:35

Before we begin the webinar content, we would like to offer just a few tips about webinar platform functionality. Use your computer speakers or headphones to listen. Feedback or dropped audio are common for streaming video. Refresh your screen if this occurs. You can pause the play back at any time. You can return and replay the video by using the same access link from your registration confirmation email. We have captioned this recording, and the slides are designed to follow Americans with Disabilities Act rules.

Slide 3 – 01:06

The slides are available now. There are many links provided throughout this webinar, but they are not clickable on screen. By downloading the slides, you'll be able to access links and also take notes. To access the slides within the webinar platform, on the left side of your navigation pane, select the document icon. A new pop-up window will open, and you can select the name of the file. A new browser window will open, and from it, you can download or print the PDF of the slides. After the Continuing Education period expires, slides will remain accessible on the Joint Commission's website at the link included at the bottom of this slide.

Slide 4 – 01:43

Many attending this webinar will wish to receive continuing education credit or qualifying education hours. All relevant information about continuing education credit is available within a handout we've included with this webinar and has also been communicated within the webinar registration information. The attachment includes the list of entities that will provide credit, the requirements for participants to earn credit, and information about how to complete the survey and obtain a certificate. So be sure to download that attachment to learn more. As a reminder, credit is available for this webinar until January 31, 2026. For information on Joint Commission's continuing education policies, visit the link provided on the bottom of this slide.

Slide 5 – 02:28

The participant learning objectives are: Discuss the rationale for the Record of Care and Performance Improvement standards rewrite/reorganization; Define the structure, organization, and requirements of the new Record of Care and Performance Improvement chapters; and Apply guidance and resources to inform implementation.

Slide 6 – 02:48

All staff and subject matter experts have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with, or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of today's webinar content.

Slide 7 – 03:06

Here's a quick overview of what we'll cover today:
The Record of Care and Performance Improvement chapters are the focus of this webinar.
We will begin with a brief, high-level overview of the structural changes in the chapters, including new numbering and changes in locations.
After discussing standards revisions, we will switch to focus to address the survey process. We will introduce the Survey Process Guide or SPG document and provide a brief orientation to the modules in the survey process guide.
Next, we will highlight the Accreditation 360 resource documents that are available to help you as you navigate through the new manual.
Finally, we will provide an overview of the most frequent opportunities for improvement from recent hospital and critical access hospital surveys, focusing on the Record of Care and Performance Improvement requirements.

Just a couple notes before we proceed with the webinar content – the information presented in this webinar is at a high-level. We advise participants to have the standards chapters accessible and open as you proceed through the presentation. The revised manual chapters are posted on pre-publication page, and we have provided the link on this slide. You can follow along in the new chapters. The webinar platform permits pausing the recording, should you need time to access the relevant chapters now, and as you reference the chapters throughout the webinar.

Slide 8 – 04:24

Let's get started.
First, we will discuss how the Record of Care chapter requirements have been restructured for 2026.

Slide 9 – 04:31

All standards and EPs have been renumbered in the Record of Care or RC chapter.
The box on the left lists the current numbering of the standards. This numbering will continue throughout 2025. As of January 2026, most record of care requirements will remain in the RC chapter but will have a

new standard number. And one requirement will move to the Information Management chapter.
The box on the right provides the new standard numbering and locations.

Slide 10 – 05:01

On this slide we have provided a high-level overview of the record of care concepts and standards that have been retained in the Record of Care chapter. Because many medical record concepts are grounded in regulation and CMS Conditions of Participation, the concepts should be familiar to you.
Standard RC.11.01.01 addresses elements of complete and accurate medical record.
Standard RC.11.02.01 concerns authentication of information.
Standard RC.11.03.01 addresses medical record retention.
Standard RC 12.01.01 relates to the type of information that the record must contain to capture patient demographic and clinical information, and accurately reflect the care, treatment, and services provided to the patient.
Standard RC.12.01.03 concerns documentation on any operative or other high-risk procedures.
Standard RC.12.02.01 is about accepting and recording verbal orders and
Lastly, Standard RC.12.03.01 that applies to deemed hospitals with swing beds addresses the required discharge information in the medical record.
Now, if you wish, you can pause the recording to review the requirements more closely within the RC chapter.

Slide 11 – 6:18

In the next few slides, we will highlight a few specific topics related to medical records that have new locations in the new manual.

The first topic is the discharge summary. In current hospital standards, the requirement for a discharge summary is located in the standard RC.02.04.01, EP 3. To align the requirements closer to CMS CoPs, three new requirements have been created to address this concept.
RC.12.01.01, EP 2 for general hospitals.
RC.11.01.01, EP 6 for deemed psychiatric hospitals.
And RC.12.03.01, EP 5 for deemed hospitals that have swing beds, also known as hospital providers of long-term care services.

Slide 12 – 07:03

The previous discharge summary requirement was RC.02.04.01, EP 3 for critical access hospitals. This slide provides the new locations for the discharge summaries for critical access hospitals now located at RC.12.01.01, EP 2, psychiatric distinct part units (which is now addressed at RC.11.01.01, EP 6), and for swing beds in critical access hospitals (located at RC.12.03.01, EP 5).

Slide 13 – 07:32

The next topic we would like to highlight is verbal orders. In the January 2026 manual, the three requirements on verbal orders for hospitals are:

MM.14.01.01, EP 2, the hospital minimizes the use of verbal medication orders.
Standard RC.12.02.01, EP 1 stating that only staff authorized by hospital policies and procedures consistent with federal and state law accept and record verbal orders.
Lastly, Standard RC.11.02.01, EP 1 requiring that all orders, including verbal orders, are dated, timed, and authenticated by the ordering physician or other licensed practitioner who is responsible for the patient's care and who is authorized to write orders.

Slide 14 – 08:17

The requirements addressing verbal orders in critical access hospitals are listed on this slide and include MM.14.01.01, EP 2 for DPUs: the critical access hospital minimizes the use of verbal and telephone medication orders.
Standard RC.12.02.01, EP 1 requires that Only staff authorized by hospital policies and procedures consistent with federal and state law accept and record verbal orders. And finally, RC.11.02.01, EP 1 states that All orders, including verbal orders, are dated, timed, and authenticated by the ordering physician or other licensed practitioner who is responsible for the patient's care and who is authorized to write orders. You may pause the recording to examine the slide details onscreen or within the PDF of the slides.

Slide 15 – 09:07

Continuing with the discussion of location changes, as mentioned earlier, one record of care requirement is moving to the Information Management chapter. It concerns release of medical records.

The standard that was previously RC.01.05.01, EP 8 will become standard IM.12.01.01, EP 3. The requirement will read, “The hospital develops and implements policies and procedures for the release of medical records. The policies and procedures are in accordance with law and regulation, court orders, or subpoenas. Note: Information from or copies of records may be released only to authorized individuals, and the hospital makes certain that unauthorized individuals cannot gain access to or alter patient records.”

At the bottom of the slide, we have denoted the location for the new CAH requirement standard IM.12.01.01, EP 3 and the reference for the respective CMS Condition of Participation.

Slide 16 – 10:03

Finally, here we will note new locations for additional record of care concepts. The current standard RC. 01.04.01, EP 1 requires the hospital to conduct an ongoing review of medical records at the point of care for timeliness, legibility, accuracy, authentication. The hospital will still be required to maintain its medical records and implement policies and procedures for accurate, legible, complete, signed, dated and timed, and authenticated medical record entries under RC.11.01.01, EP 4. For hospitals, also please see standard MS.16.03.01, EP 4. It requires the organized medical staff to complete patient medical records accurately, timely, and legibly.

Standard RC.02.01.03, EP 9 and 10 currently address discharge from the post-sedation or postanesthesia care area. The standard PC 13.01.03, EP 6 will address this concept in the future. It reads, "A qualified physician or other licensed practitioner discharges the patient from the recovery area or from the hospital. In the absence of a qualified individual, patients are discharged according to criteria approved by clinical leaders."

Lastly, we would like to note that, for critical access hospitals, documentation of operative or high-risk procedures, including operative report and operating room register, will be addressed by a leadership standard LD.13.03.01, EP 1.

This concludes the segment on structural changes within the RC chapter.

Slide 17 – 11:40

Now we will focus on how the Performance Improvement or PI chapter requirements have been restructured within the new accreditation manual.

Slide 18 – 11:47

As of January 2026, many Performance Improvement or (PI) requirements will remain in the PI chapter but will have a new standard number. The box on the top right provides the new standard numbering for concepts that remain in the PI Chapter.
Several other requirements will move to the National Performance Goals, or NPG chapter, and those are listed in the box at the bottom right of the slide.

Slide 19 – 12:11

One of the goals of the Accreditation 360 initiative was to streamline our accreditation standards manual, while preserving the current survey process to evaluate compliance. Joint Commission sharpened its focus on the critical features of quality and safety to reduce burden on healthcare organizations and aligned requirements closer to the US Centers for Medicare and Medicaid Services Conditions of Participation, which define foundational standards for performance improvement. This change is especially evident in the domain of performance improvement standards. In 2026, all hospitals, not only deemed hospitals, will be required to have a Quality Assessment and Performance Improvement Program. This is a shift from a performance improvement plan required under the current standard PI.02.01.01. The number of elements of performance will also be reduced. In the current state, over 120 elements of performance are on the crosswalk to CoP 482.21 on Quality Assessment and Performance Improvement Program. As of January 2026, only 30 elements of performance will be on the crosswalk to this Condition of Participation.

Slide 20 – 12:26

The basic concepts still remain in the PI chapter, and this slide highlights these concepts:
Standard PI.12.01.01 requires the hospital to collect data.

Standard PI.13.01.01 requires the hospital to compile, analyze, and use data, comparing data over time. Standard PI.14.01.01 reads “The hospital improves performance” and addresses the hospital acting on their improvement priorities.

Slide 21 – 13:54

This slide lists which performance improvement topics moved to the new National Performance Goal or NPG chapter. The new NPG chapter was created to include critical areas designed to prevent patient harm, improve outcomes, and create a safer environment.

Let us review the topics that moved. These topics are:
Review of resuscitation cases at NPG.01.05.05, EP 1.
Analysis of data on pain management and data collection at NPG.06.03.01, EP 1.
Analysis of whether undesirable patterns, trends, or variations in performance relate to the safety or quality of care are tied to the adequacy of staffing, including nurse staffing is at NPG.12.06.01, EPs 1 through 4.
Lastly, monitoring of imaging safety, for example, patient thermal injuries that occur during magnetic resonance imaging exams moved to NPG.13.04.01, EPs 1 and 2.

To reiterate, while these requirements have been relocated to NPG chapter, no new concepts have been introduced. Additional information about the new National Performance Goal chapter is provided in a separate webinar.

Slide 22 – 15:05

Now that we have discussed new standards numbering and locations for the Record of Care and Performance Improvement chapters, let’s switch our focus to the survey process.

Slide 23 – 15:15

One important resource to understand the Joint Commission survey process is the new Survey Process Guide or SPG. This document explains the survey process in great detail and replaces the Survey Activity Guide that you are currently using. There are some new features to mention:
First, the SPG better reflects the State Operations Manual or SOM related to survey process for the CoPs.
Second, accredited organizations will receive the same detailed SPG used by surveyors, which promotes greater transparency and consistency throughout the survey process.
It is important to note, the expectations for compliance with the elements of performance and the CoPs have not changed. If your organization is compliant today, you can be confident that you will be compliant on January 1st, 2026.

Slide 24 – 16:04

As we will explain in the next slides, the SPG is organized into modules based on the CMS CoP structure. There is a separate module for the NPG chapter. The SPG also provides a series of compliance

evaluation tools to assist organizations in meeting compliance with the elements of performance evaluated during surveys.

Slide 25 – 16:27

It is important to emphasize that the survey process methodology and structure remain unchanged. In individual tracers, surveyors will continue to evaluate standards related to the medical record, including completion of assessments, history and physicals, provider orders, consults, discharge process, and others. Performance improvement-related requirements will be assessed through relevant document reviews, staff interviews, and during the Organization Quality and Performance Improvement discussion.

Slide 26 – 16:55

As mentioned previously, the Survey Process Guide is organized into modules based on the CMS Conditions of Participation or CoP structure. Let's consider an example module from the survey process guide. On the slide, the red box at the top shows the CoP that will be addressed in the module. In this case, it is the CoP 482.21 on Hospital Quality Assessment and performance improvement. The information is presented in a 3-column table: The column on the left identifies the Joint Commission standards and EPs. The standards PI.12.01.01, EP 2 and PI.14.01.01, EP 1 appear in this left column. The middle column provides the full text of the quality assessment and performance improvement CoP that the standards and EP mapped to. The column on the right side of the slide contains the survey process information and activities that surveyors will carry out to evaluate compliance. These activities may include Interview, Document Review, and Observation following our current tracer methodology.

Slide 27 – 17:59

Please note that the RC requirements will appear in several modules throughout the SPG document. Therefore, to fully understand these requirements and how they will be evaluated, we encourage you to review the entire survey process guidance document. On this slide, we've provided examples of RC requirements that are included in the Hospital Medical Record Services Evaluation module, RC.11.02.01, EP 2 and in the Hospital Nursing Services Evaluation module, RC.12.02.01, EP 1. The control find function is a useful tool that organizations can utilize to find all references for RC standards and EPs. First hold down the control button on your keyboard while also clicking on the "F" button. In the box that appears, you can type in the EP that you are looking for, and the document will be searched for that EP. You can also search for terms as well.

Slide 28 – 18:53

The Survey Process Guide also includes a collection of compliance evaluation tools to help surveyors and organizations assess compliance with the standards. You will find these tools in the Compliance Evaluation Tools section of the SPG. For example, the CMS A-Tag Summary Review Sheet for Deemed Hospital Medical Record Review includes detailed information on medical record requirements. The Performance Improvement Evaluation Tool outlines how performance improvement will be evaluated.

Slide 29 – 19:22

Now we are going to provide an overview of the resources that we have made available to you as you transition to Joint Commission's Accreditation 360 model.

Slide 30 – 19:31

There are several resources available on our pre-publication webpage that you may find useful as you navigate through the restructured accreditation standards. From this webpage, you will be able to access the reports containing Accreditation Requirements, as well as Hospital and Critical Access Hospital Crosswalks, Crosswalk Compare Reports, Survey Process Guides, and Disposition Reports.

All of these resources are available to download from the link provided on this slide. If you've downloaded the slides, this link will be clickable and will direct you to the prepublication website.

Slide 31 – 20:03

To track standard revisions, we have developed a Disposition Report to help accredited organizations easily determine what revisions were made. The report contains information about where concepts have moved from their previous EP locations, and there is a disposition column to describe the type of revision that occurred. For each of the current standards and EPs listed on the left side of the table, the disposition column identifies what has happened to the requirement. Examples of options that may appear in the disposition column are: Moved to a new location, Moved and revised, EP split into multiple EPs, or a consolidation of several requirements into one.

In some cases, you will notice new language used. This is because that EP language was revised to convey alignment with the language in the Conditions of Participation. The overall concept is not new, but now the EP text matches the CoP language more closely. There are also situations where an EP has been deleted. Either the requirement is no longer necessary because it no longer addresses current patient or safety concerns, or it is now redundant to a more direct EP that matches CMS language. In some cases, a requirement is deleted, and the concept is moved to the Survey Process Guide or SPG. The phrase "moved to guidance within SPG" means that the details behind a requirement and the information on how this requirement will be evaluated will now be found in the SPG document.

For the requirements that were retained, the new locations and EP text are provided on the right side of the table.

Slide 32 – 21:36

The Crosswalk Compare reports are another resource available on the pre-publication page. These documents are helpful if you would like to understand how to meet Conditions of Participation and how Joint Commission standards address or crosswalk to those CMS requirements. The document contains current and future Joint Commission requirements organized by the CoP number. What you will immediately notice in the Crosswalk Compare Reports, is that the crosswalks were simplified quite significantly.

Slide 33 – 22:04

This slide provides an example of the Crosswalk with the hospital CoP listed on the left, the current EP mapping in the middle, and the future mapping on the right. The CoP provided on the slide 482.21(a)(2) currently has 15 LD and PI requirements mapped to it, and in the future will CoP just have one PI requirement mapped. This example demonstrates a streamlined approach in which Joint Commission requirements more directly identify the US Centers for Medicare & Medicaid Services Conditions of Participation.

Slide 34 – 22:39

This portion of the presentation will cover trending opportunities for record of care and performance improvement requirements in Hospital and Critical Access Hospital programs. We will also demonstrate new standard locations for these identified areas for improvement.

Slide 35 – 22:54

We begin by reviewing the top trending opportunities among record of care requirements for hospitals. In the table included on this slide, the left column lists the old standard and element of performance, the topic of the requirement and the number of opportunities identified by surveyors between May 2024 and May 2025 in parentheses and red bold font. The right column provides the new standard number and element of performance effective in 2026. Let's consider one example together. As depicted in the table, the top opportunity for record of care for hospitals was at standard RC.02.01.01, EP 2 with 248 opportunities. This requirement addresses the specific elements of clinical information that must be captured in the medical record, such as the reasons for admission for care, any allergies to medications, the patient response to treatment and so on. This requirement has been renumbered to RC.12.01.01, EP 2 as of 2026.

Other notable requirements include: The medical record being complete and accurate, which is now located at RC.11.01.01, EP 2, and RC.12.01.03, EP 2, which is the new location for post-op documentation requirements.

You can pause the presentation to examine all the listed opportunities on this slide or review them within the PDF of the slides.

Slide 36 – 24:20

This slide provides similar data for Critical Access Hospitals. As before, the left column lists the old standard and element of performance, the topic of the requirement, and the right column lists the new location.

The top opportunities identified by surveyors between May 2024 and May 2025 include specific elements of clinical information in the medical record, which is now RC.12.01.01, EP 2.
The medical record being complete and accurate, which is now located at RC.11.01.01, EP 2,
And timely verbal order authentication, which is now addressed at MM.11.01.01, EP 1 and the Nursing

Services Evaluation Module in the SPG. Again, you can pause the presentation to examine all the listed opportunities on this slide or review them within the PDF of the slides.

Slide 37 – 25:12

Here are the top trending opportunities among Performance Improvement (or PI) requirements for hospitals. In the table included on this slide, the left column lists the old standard and element of performance, the topic of the requirement and the number of opportunities identified by surveyors between May 2024 and May 2025 in parentheses and red bold font. The right column provides the new standard number and element of performance effective in 2026.

The top opportunity for PI for hospitals was at standard PI.01.01.01, EP 40 with 43 opportunities. This requirement addresses pain management data, and has been moved to the NPG chapter at NPG.06.03.01, EP 1.

A few other notable requirements include:
Data from unexpected diagnosis, which has moved to PI.12.01.01, EP 1, and PI.01.01.01, EP 10 addressing the collection of cardiac arrest data, which is now located into at NPG.01.05.05, EP 1, which requires review of cases to examine and improve resuscitation performance.

You can pause the presentation to examine all the listed opportunities on this slide or review them within the PDF of the slides.

Slide 38 – 26:30

This slide provides similar data for critical access hospitals. As before, the left column lists the old standard and element of performance, the topic of the requirement, and the right column lists the new location.

The top opportunities identified by surveyors between May 2024 and May 2025 include:
Collecting cardiac arrest data which moved from the PI chapter to NPG.01.05.05, EP 1 which requires critical access hospitals review its resuscitation performance. The requirement to collect data on MRI incidents and injuries has also moved from PI to the NPG chapter at NPG.13.04.01, EP 1. Collecting data on pain assessment and pain management is now addressed at NPG.06.03.01, EP 1. Again, you can pause the presentation to examine all the listed opportunities on this slide or review them within the PDF of the slides.

Slide 39 – 27:28

After reviewing the standards, resources, and this webinar, you may still have remaining questions. The revisions were significant, and Joint Commission is prepared to assist you through the transition. If you have any questions about the RC or PI chapter updates, or any other questions, please submit your inquiry using the link displayed at the top of this slide. Joint Commission staff monitor this site closely.

Joint Commission recently published a document with Frequently Asked Questions, and we have provided the link to that reference on this slide.

If you have questions about webinar operations or obtaining Continuing Education credit, please submit them via email to: tjcwebinarnotifications@jointcommission.org.

Slide 40 – 28:12

All Accreditation 360 webinar recording links, slides, and transcripts can be accessed on the Joint Commission's webpage via the link included at the bottom of this slide.

After this webinar is no longer available for continuing education credit, the recording and materials will remain accessible at that link on Joint Commission's website.

Slide 41 – 28:34

Before this webinar concludes, a few words about the survey. We use your feedback to inform future content, determine education gaps, and assess the quality of our educational programs. A QR code is available on the next slide. You can use your mobile device to scan and access the survey. If you prefer to take the survey later, an automated email also delivers the link to the survey.

After you complete and submit your survey responses, you will be redirected to a page from which you can print or download a blank Certificate that you complete by adding your own name and credentials. In case you miss that opportunity to download, an automated email will also be sent to you that includes the link to the certificate.

Slide 42 – 29:14

We'll leave this slide up for a few moments so participants can scan the survey QR code. This concludes our presentation. Thank you for attending our webinar on the Accreditation 360 revisions to the Record of Care and Performance Improvement chapters. Have a wonderful day.