

Accreditation 360 - Updated Accreditation Manual: Human Resources and Leadership Chapters

On Demand Webinar Transcript
September 2025

Slide 1 - 00:00

Hello and welcome! This is your introduction to the Human Resources and Leadership Chapter updates as part of the Accreditation 360 initiative, effective January 1, 2026. We are excited to walk you through the key changes and what they mean for your organization.

Slide 2 – 00:16

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 – 00:43

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 now, within the viewing platform, on the left side of your navigation pane, select the icon that represents a document. 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 – 01:22

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. Credit is available for this webinar for 6 weeks following its release. For information on Joint Commission's continuing education policies, visit the link provided on the bottom of this slide.

Slide 5 – 02:01

The participant learning objectives are:

Discuss the rationale for the Human Resources and Leadership standards rewrite/reorganization;
Define the structure, organization, and requirements of the new Human Resources and Leadership chapters; and Apply guidance and resources to inform implementation.

Slide 6 – 02:20

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 – 02:39

Here's a quick overview of what we'll cover today. Human resources and leadership chapters will be covered in this webinar. We will begin with a brief, high level overview of the structural changes in the human resources and leadership chapters, including new numbering and changes in chapter locations. After discussing standards revisions, we will switch focus on 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. We will also mention a few compliance tools within the survey process guide that include human resources and leadership requirements. 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 human resources and leadership requirements.

Slide 8 – 03:34

Let's dive in. First, we will discuss how the HR chapter requirements have been restructured for 2026.

Slide 9 – 03:42

All standards and EPs have been renumbered in the HR chapter.

The box on the left shows the current numbering of the standards and elements of performance (or EPs). This numbering will continue throughout 2025.

As of January 2026, Human Resource-related requirements will be located in 2 chapters. The box in the upper right corner shows the new numbering of the standards and EPs that will remain in the HR chapter. The box in the lower right corner shows requirements that have moved from the HR chapter to the new National Performance Goals or NPG chapter. There is a separate webinar about the NPG chapter. We encourage you to view this webinar to better understand NPG requirements.

Slide 10 – 04:24

Now let's examine the concepts remaining in the HR chapter. As you can see on this slide, the new HR chapter has 5 standards.

- Standard HR 11.01.01 on dietetic services staff
- Standard HR 11.01.03 on verification of credentials
- Standard HR 11.02.01 on staff qualifications
- Standard HR 11.03.01 related to ongoing staff education and training, and
- Standard HR 11.04.01 on competence evaluation

The important thing to emphasize is that regardless of the changes in the format and numbering, the key human resources concepts remain the same.

Slide 11 – 05:05

Next, as was mentioned previously, some of the human resource-related requirements have been moved from the HR chapter 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 examine HR-related topics that have been relocated to the new NPG chapter. These topics are:

- Workplace violence
- Requirements addressing pharmacist and dietician roles
- Criminal background checks
- Health screenings for staff
- Scope of practice
- Hospital orientation
- Staff evaluations, and
- Requirements for imaging staff.

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

Slide 12 – 06:02

This slide shows an example of a requirement that has been retained in the Human Resources chapter, and it should look familiar to your organization. Standard HR 11.04.01, EP 1 requires hospitals to assess staff competence initially as part of orientation and once every 3 years, or more frequently.

Slide 13 – 06:22

Here is an example of a requirement that moved to the NPG chapter. NPG standard 02.04.01 EP 2 is about workplace violence training, education, and resources to leaders, staff, and licensed practitioners. To summarize, the HR concepts remain the same, and if your organization is currently meeting requirements related to these concepts, in the new Joint Commission Accreditation 360 model, you will be meeting compliance as well.

Slide 14 – 06:49

One notable change to the HR requirements is that standard HR 01.02.01 EP 1 and EP 2 on the equivalent process for credentialing and privileging of physician assistants and advanced practice registered nurses has been deleted. The expectation is that all advanced practice providers, including nurse practitioners and physician assistants, go through the same process for credentialing as medical staff as required by the Centers for Medicare and Medicaid Services (CMS).

Slide 15 – 07:18

Now we will focus on how the leadership (or LD) chapter requirements have been restructured in the new accreditation manual.

Slide 16 – 07:26

Similar to HR chapter, all standards and EPs have been renumbered in the LD chapter, and, in some instances, requirements were relocated to other chapters.

The box on the left shows the current numbering of the standards and elements of performance and the box on the right shows future numbering. Please note that the graphic on the slide only serves to illustrate the change at a high level. It does not include a comprehensive list of changes.

Slide 17 – 07:52

This slide continues to demonstrate the changes in standard numbering and chapter locations for leadership requirements. Current leadership chapter standards are shown in the table on the left. The box in the upper right corner shows the new numbering of the standards and EPs that relocated to the NPG chapter. The box in the lower right corner shows requirements that have moved to other chapters in the manual. Once again, the graphics are used for illustration purposes only; the listing of standards shown is not meant to be comprehensive.

Slide 18 – 08:22

The concepts remaining in the LD Chapter should look familiar to you. They are:

- LD 11.01.01 on leadership accountability,
- For critical access hospitals, standard LD 11.01.03 on leadership responsibility
- LD 11.02.01 addressing medical staff
- LD 12.01.01 on performance improvement
- LD 13.01.01 on requirements related to law and regulation and
- LD 13.01.03 on requirements related to medical necessity

Slide 19 – 08:54

To continue with the concepts retained in the LD Chapter:

- LD 13.01.05 on fiduciary responsibilities
- LD 13.01.07 on management of programs, services, sites, or departments
- LD 13.01.09 on policies and procedures to guide and support patient care, treatment, and services
- LD 13.02.01 on ethical principles
- LD 13.03.01 focusing on meeting patient needs, and lastly
- LD 13.03.03 on contractual agreements.

Slide 20 – 09:28

As was mentioned previously, some of the leadership-related requirements have been moved from the LD chapter to the new National Performance Goal or NPG chapter. The new NPG chapter was designed to include critical areas designed to prevent patient harm, improve outcomes, and create a safer environment.

This slide highlights LD-related topics that have been relocated to the new NPG chapter. The topics include organization's mission, vision, and goals, workplace violence prevention, staffing and others. It is important to point out that while these requirements have been relocated from the LD to the NPG chapter, no new concepts have been introduced. As we mentioned previously, additional information about the new National Performance Goal chapter is provided in a separate webinar.

Slide 21 – 10:15

Now that we have discussed new standards numbering and locations for HR and LD chapters, let's switch focus to the survey process.

Slide 22 – 10:24

One important resource for understanding 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.

The new features to mention. First, the SPG closely follows CMS’s interpretive guidelines and survey procedures, including guidance with the “must” directive. Second, accredited organizations will receive the same detailed SPG used by surveyors, which would promote greater transparency and consistency throughout the survey process.

Slide 23 – 10:58

As we will show in the next slides, 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 24 – 11:16

It is important to emphasize that the survey process and structure remain unchanged. HR concepts will still be discussed during the competency assessment activity, and leadership concepts will continue to be assessed during Leadership or, as we now call it, the Organization, Governance, Administration, and Management discussion.

Slide 25 – 11:35

As mentioned previously, the Survey Process Guide is organized into modules based on the CMS Conditions of Participation or CoP structure. Let’s look at an example module from the survey process guide.

As you can see 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 482.23 on nursing services.

The information is presented in a 3-column table. The column on the left identifies the Joint Commission standards and EPs. The standard HR 11.01.03 EP 3 on the hospital’s procedure to verify staff credentials appears in this left column. The middle column provides the full text of the Nursing service CoP that the standard and EP is 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 26 – 12:35

Please note that HR and LD requirements will appear in several modules throughout the document. Therefore, to fully understand HR and LD requirements and how they will be evaluated, we encourage you to review the entire survey process guidance document. On this slide you see an HR requirement that is included in the Respiratory Care Services module and an LD requirement that is housed in the Emergency Services module.

Slide 27 – 13:00

The Survey Process Guide also includes a collection of compliance evaluation tools to help surveyors and organizations evaluate compliance with the standards. HR and leadership-related standards are referenced in several of these tools. For example, the CMS A-Tag Summary Review Sheet for Deemed Hospital Medical Record Review, the Infection Prevention and Control Program Assessment Tool, the Kitchen Tracer Survey Tool, and the Performance Improvement Evaluation Tool.

Slide 28 – 13:29

Now we are going to talk about the resources that we have made available to you as you transition to Joint Commission's Accreditation 360 model.

Slide 29 – 13:36

There are several resources available on our pre-publication webpage that you may find useful as you navigate through 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 displayed onscreen. If you've downloaded the slides, this link will be clickable and take you to the prepublication website.

Slide 30 – 14:06

To track standard revisions, we have developed a Disposition Report to help accredited organizations see at a glance 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 see a new language. 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 shown on the right side of the table.

Slide 31 – 15:37

Another resource on the pre-publication page are the crosswalk compare reports. 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 crosswalks were simplified quite significantly.

Slide 32 – 16:03

This slide shows 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 shown on the slide used to have 11 LD requirements mapped to it, and in the future will just have one mapped. This example demonstrates a streamlined approach in which Joint Commission requirements more directly identify the US Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoPs).

Slide 33 – 16:30

This portion of the presentation will cover trending opportunities for human resources and leadership in both Hospital and Critical Access Hospital programs. We will also demonstrate new standard locations for these commonly identified opportunities for improvement.

Slide 34 – 16:46

Let's look at the most frequent opportunities from the HR chapter for the Hospital program. As you can see on the graph, the top opportunities include primary source verification with 108 opportunities documented between May 2024 and May 2025. Staff health screening compliance had 73 opportunities, and both initial and ongoing staff competency had over 60 opportunities that year. Lastly, we have the requirement for staff to participate in ongoing education and training to maintain or increase competence with 38 opportunities.

Slide 35 – 17:20

This slide provides an easy reference for the new locations for the top 5 trended opportunities in the HR chapter.

For example, primary source verification is moving to the new HR 11.01.03, EP 3. The requirement for staff health screening is moving out of the HR chapter and will become a new National Performance Goal in the NPG chapter in goal number 12 and so on. Additional information about the survey process for these requirements is available in the Survey Process Guide (or SPG) and could help organizations address these opportunities for improvement.

Slide 36 – 17:52

Now let's review the most frequent opportunities from the HR chapter for the Critical Access Hospital program between May 2024 and May 2025. Like the hospital program, the highest opportunity is primary source verification with 10 documented opportunities. Others include ongoing and initial staff competency, requirements to verify staff education, and compliance with staff health screening.

Slide 37 – 18:16

Here is an overview of the new locations for most frequent opportunities for critical access hospitals. Once again, information about the survey process for these requirements is included in the Survey Process Guide.

Slide 38 – 18:29

Now we will move on to trending opportunities in the LD chapter. The top eight opportunities are responsibilities of the governing body with 145 opportunities, development and implementation of policies and procedures with 127 opportunities, compliance with law and regulation, contracted service expectations and requirements, and finally, holding staff accountable.

Slide 39 – 18:53

This slide shows new standard locations for these top opportunities.

Slide 40 – 18:58

For critical access hospitals, the top five opportunities for Leadership topics include patient care, law and regulation compliance, development and implementation of policies and procedures, and contracted services related requirements.

Slide 41 – 19:12

This slide shows new standard locations for these top opportunities.

Slide 42 – 19:17

After reviewing 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 HR or LD 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.

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

Slide 43 – 19:50

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Slide 44 – 20:09

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 will appear 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 45 – 20:50

We'll leave this slide up for a few moments so participants to scan the survey QR code. This concludes our presentation. Thank you for listening to our webinar on the Accreditation 360 revisions to the HR and Leadership chapters. Have a wonderful day.