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Updated Accreditation Manual: Provision of Care Chapter

Accreditation 360
Hospitals and Critical Access Hospitals

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October 2025 release
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January 31, 2026

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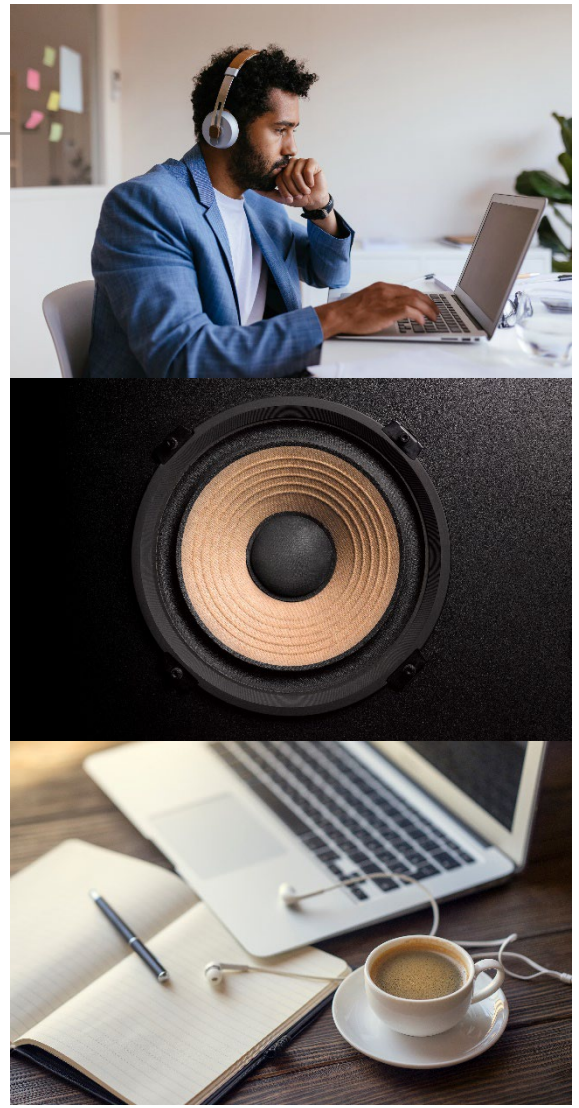

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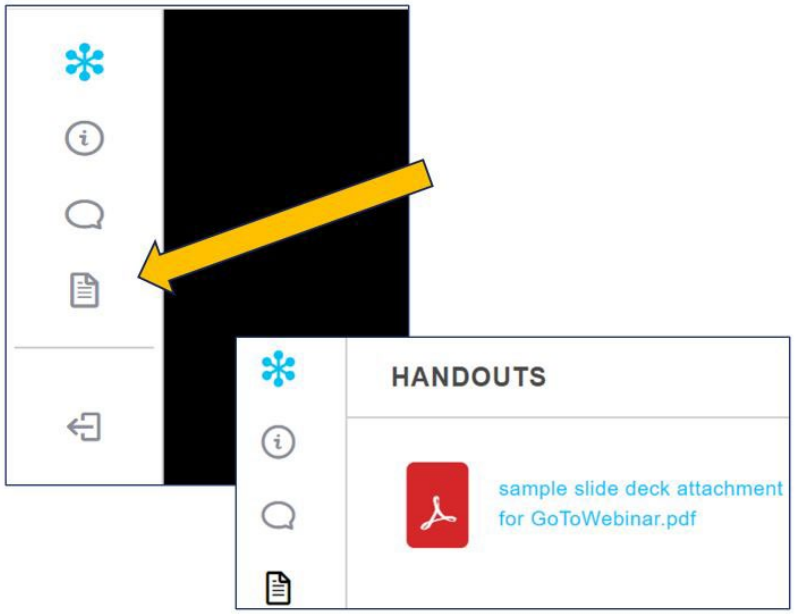

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Participant Learning Objectives

- Discuss the rationale for the Provision of Care standards rewrite/reorganization
- Define the structure, organization, and requirements of the new Provision of Care chapter
- Apply guidance and resources to inform implementation

Disclosure Statement

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 this webinar content.

Content Outline

https://www.jointcommission.org/en-us/standards/prepublication-standards/critical-access-hospital-and-hospital-requirements-streamlined-to-reduce-burden

Provision of Care Updates

- New Numbering
- New Chapter Locations

Survey Process

- Orientation to Survey Process Guide (SPG)
- SPG Modules

Resources to Navigate Revisions

- Disposition Report
- Crosswalk Compare Report

Commonly Identified Opportunities for Improvement

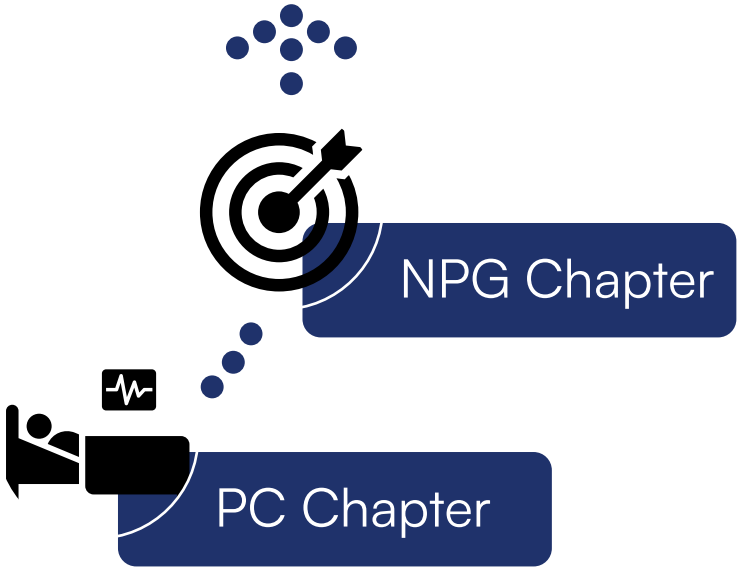
Provision of Care (PC) Updates

Standard Numbering Changes

Current Standard Numbers	Future Standard Numbers
PC.01.01.01 — PC.05.01.09	PC.11.01.01 – PC.15.01.01

Note: PC.06.01.01 and PC.06.03.01 no longer surveyed, as of July 1, 2025

PC Concepts Moved to the NPG Chapter



Hand-Off Communication
NPG.01.04.01

Patient Deterioration
NPG.01.05.02

Resuscitative Services, Post-Resuscitation Care, Case Review
NPG.01.05.03 — 01.05.05

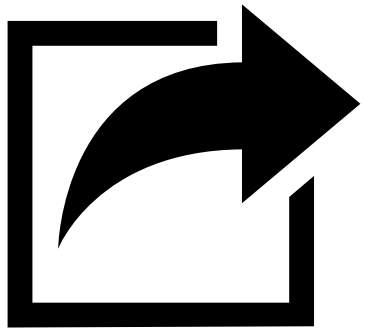
Pain Management and Data
NPG.06.02.01
NPG.06.03.01

Identification of Abuse, Referral, Education, Reporting
NPG.07.03.01

Fall Risk Reduction
NPG.11.02.01

CT Imaging Protocols
NPG.13.02.01

PC Concepts Moved to NPG & Other Locations



Correct patient before blood administration

NPG.01.01.01 EP 1 (Administration per order, see MM.16.01.01 EP 1)

RN Supervision and Circulating Duties in the OR

NPG.12.01.01 EP 13

Patients under legal or correctional restrictions

NPG.11.01.01 EP 4

Supervision of patient care by RN

NR.11.01.01 EP 4

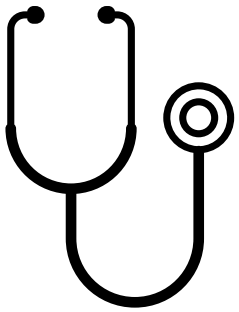
Blood source and disposition reports

LD.13.01.01 EP 7 (previously PC.05.01.09 EP 2 on infectious blood)

Hospitals with swing beds: Reporting court actions to authorities

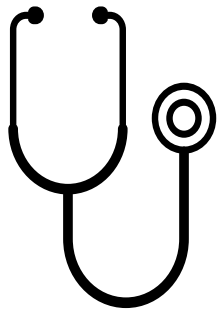
RI.13.01.01 EP 2

Concepts Remaining in the PC Chapter



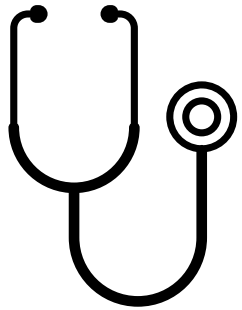
- Process for Accepting Patients **PC.11.01.01**
- Patient Assessment and Reassessment **PC.11.02.01**
- Patients who receive treatment for emotional and behavioral disorders **PC.11.02.03**
- Patients who receive psychosocial services to treat alcoholism or other substance use disorders **PC.11.02.05**
- Assessment of Communication Needs **PC.11.02.07**
- Plan of Care **PC.11.03.01**

Concepts Remaining in the PC Chapter (2)



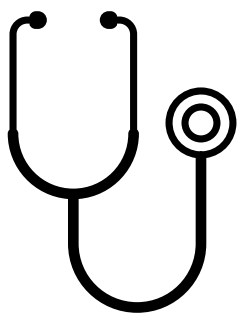
- Care in Accordance with Order, Law & Reg **PC.12.01.01**
- Resuscitative Equipment (OR) **PC.12.01.05**
- Nutritional Needs **PC.12.01.09**
- Patient Education **PC.12.02.01**
- Primary Care Medical Home (PCMH) option: **PC.12.03.01 - PC.12.03.05**
- Operative & High-risk Procedures **PC.13.01.01 - PC.13.01.05**

Concepts Remaining in the PC Chapter (3)



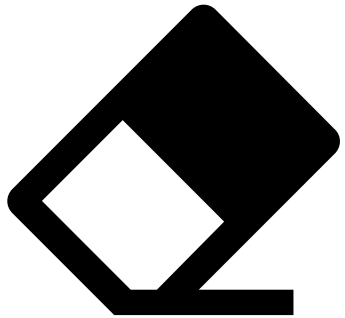
- Discharge Planning **PC.14.01.01**
- Swing Bed Services **PC.14.01.03 - PC.14.02.01**
- Provision of Medical Information Upon Discharge or Transfer **PC.14.02.03**
- Potentially Infectious Blood or Components **PC.15.01.01**

Restraints and Seclusion Concepts in PC Chapter



- Restraints or Seclusion Use **PC.13.02.01, PC.13.02.03**
- Restraint or Seclusion Orders **PC.13.02.05**
- Monitoring by Trained Staff **PC.13.02.07**
- Policies and Procedures **PC.13.02.09**
- Evaluation & Re-evaluation **PC.13.02.11**
- Simultaneously Restrained and Secluded **PC.13.02.13**
- Documentation **PC.13.02.15**
- Staff Training **PC.13.02.17**
- Reporting Deaths **PC.13.02.19**

Deleted PC Requirements



PC.01.02.01, EPs 14-16 For hospitals that provide OB services Documenting status and/or testing for HIV, HEP B, Group B Strep, Syphilis

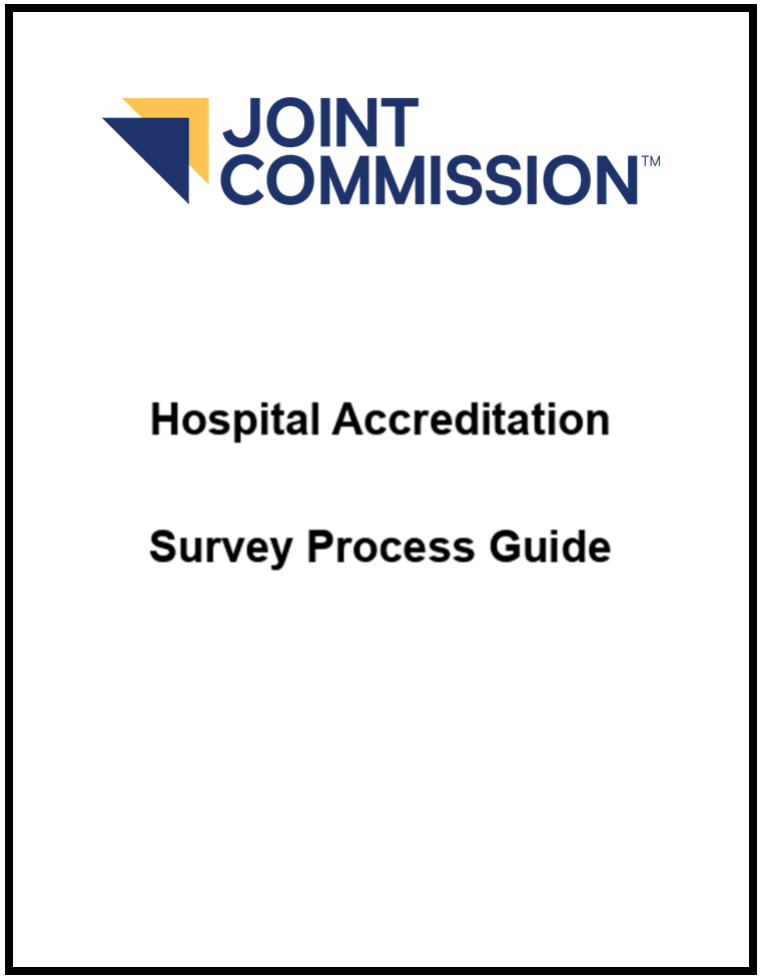
PC.01.02.03, EP 6

A registered nurse completes a nursing assessment within 24 hours after the patient's inpatient admission.

Survey Process

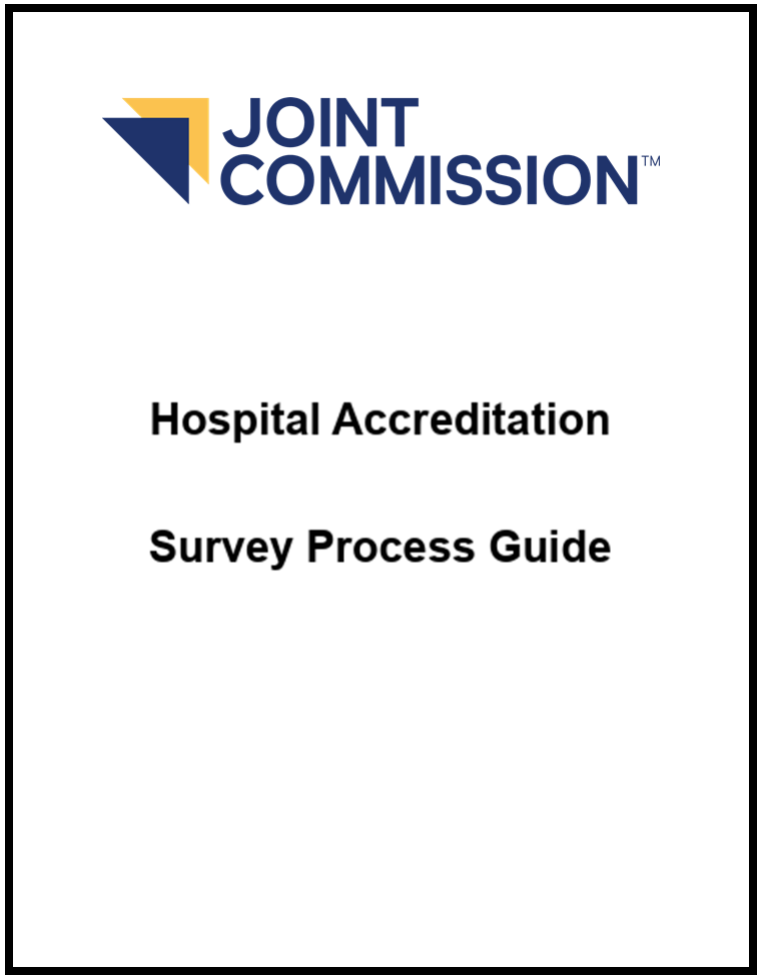
Survey Process Guide (SPG) — Overview

- Replaces Survey Activity Guide (SAG)
- Better reflects State Operations Manual (SOM) related to survey process for the CoPs
- Same version shared between surveyors and accredited organizations



Survey Process Guide (SPG) — Overview (2)

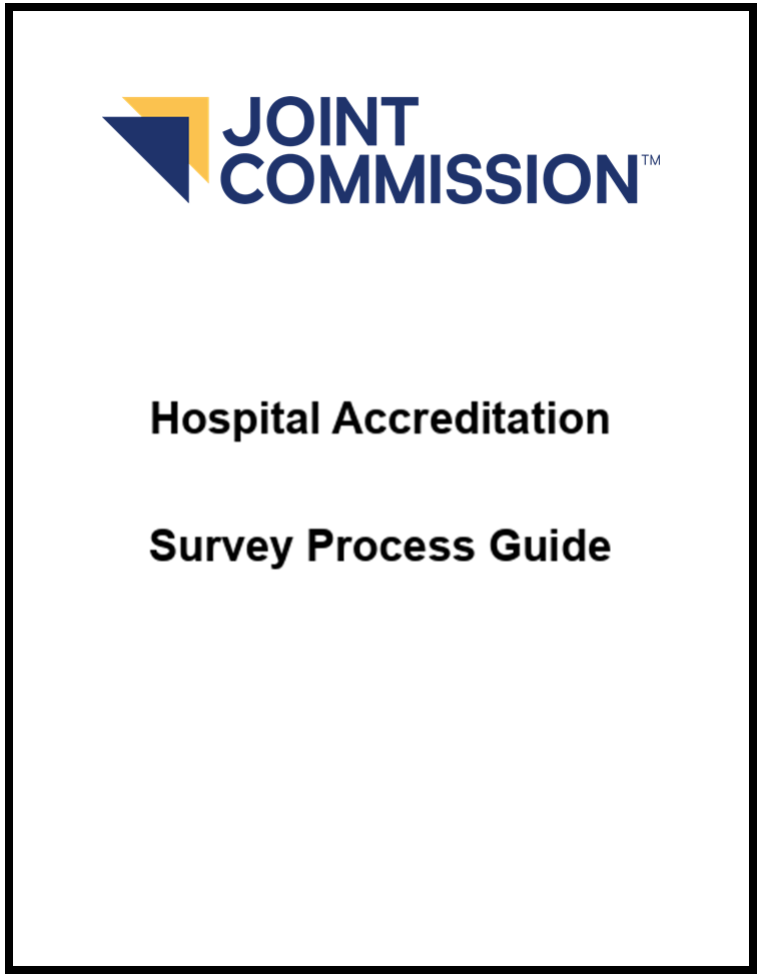
- Organized into modules based on the CMS CoP structure
- Contains separate module for NPG Chapter
- Includes updated Compliance Evaluation Tools



Survey Process Remains the Same

Surveyors will continue to conduct usual activities, for example:

- Individual Tracers
- Kitchen Tracer



Survey Process Guidance - Modules

Hospital Nursing Services Evaluation Module (482.23)

Joint Commission Standards / EPs	Hospital CoP	Hospital Survey Process
HR.11.01.03, EP 3: All staff who provide patient care, treatment, and services are qualified and possess a current license, certification, or registration, in accordance with law and regulation. The hospital develops and implements a procedure to verify and document the following: - Credentials of staff using the primary source when licensure, certification, or registration is required by federal, state, or local law and regulation. This is done at the time of hire and at the time credentials are renewed. - Credentials of staff (primary source not required) when licensure, certification, or registration is not required by law and regulation. This is done at the time of hire and at the time credentials are renewed.	**482.23(b)(2)** The nursing service must have a procedure to ensure that hospital nursing personnel for whom licensure is required have valid and current licensure.	**Document Review** **General** ☐ Review the nursing service licensure verification policies and procedures. Is licensure verified for each individual nursing services staff person for whom licensure is required? **Personnel/Credential File** ☐ Review hospital personnel records or records kept by the nursing service to determine that RNs, licensed practical nurses (LPNs), and other nursing personnel for whom licensure is required have current valid licenses.

New Standard/EP

CoP

Survey Process Guidance
(Interview, Document Review, Observation)

Survey Process Guidance - Modules

Hospital Surgical Services Evaluation Module (482.51)

Joint Commission Standards / EPs	Hospital CoP	Hospital Survey Process
PC.11.02.01, EP 2 A medical history and physical examination is completed and documented no more than 30 days prior to, or within 24 hours after, registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: Medical histories and physical examinations are performed as required in this element of performance,	(i) A medical history and physical examination must be completed and documented no more than 30 days before or 24 hours after admission or registration, and except as provided under paragraph (b)(1)(iii) of this section.	**Document Review** **Patient Health Record** ☐ During record review, verify a complete history and physical (H&P) and an update if applicable, is present in the medical record prior to a surgical procedure requiring anesthesia services, even if that surgery or procedure occurs less than 24 hours after admission or registration. Note: A complete H&P is required in the medical record of all patients except in emergences and under §482.51(b)(1)(iii) and as determined by medical staff policy.

Hospital Nursing Services Evaluation Module (482.23)

Joint Commission Standards / EPs	Hospital CoP	Hospital Survey Process
PC.11.03.01, EP 1 The hospital develops, implements, and revises a written individualized plan of care based on the following: - Needs identified by the patient's assessment, reassessment, and results of diagnostic testing - The patient's goals and the time frames, settings, and services required to meet those goals. Note 1: Nursing staff develops and keeps	**§482.23(b)(4)** The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient that reflects the patient's goals and the nursing care to be provided to meet the patient's needs. The nursing care plan may be part of an interdisciplinary care plan.	**Document Review** **Patient Health Record** ☐ Review a sample (approximately 6 to 12) of nursing or interdisciplinary care plans. For each plan reviewed, verify the following with respect to the nursing care component: ○ Was the plan initiated as soon as possible after admission for each patient? ○ Does the plan describe and reflect patient goals as part of the patient's nursing care assessment and, as appropriate, physiological and psychosocial factors and patient discharge planning?

Resources

Pre-Publication Webpage Resources

https://www.jointcommission.org/en-us/standards/prepublication-standards/critical-access-hospital-and-hospital-requirements-streamlined-to-reduce-burden

Accreditation Requirements

These documents contain all requirements for the accreditation programs, along
regulations displayed below the EP.

- Accreditation Requirements for Critical Access Hospitals
- Accreditation Requirements for Hospitals

Crosswalks

These documents display the CoPs for each deemed program and the equivalent

- Critical Access Hospital Crosswalk
- Critical Access Hospital DPU Crosswalk
- Hospital Crosswalk
- Psychiatric Hospital Crosswalk

Survey Process Guides (SPGs)

These guides replace the Survey Activity Guides previously used. This guide will be used by both organizations and surveyors. The SPGs closely follow CMS's interpretive guidelines and survey procedures, providing a direct correlation between the survey process and the associated EPs and CoPs.

- SPG for Critical Access Hospitals
- SPG for Hospitals

Disposition Reports

These documents contain information regarding where concepts have moved from their previous EP location to
rred (such as

Crosswalk Compare Reports

These documents display the CoPs for each deemed program, the previous equivalent Joint Commission EPs, and the revised equivalent Joint Commission EPs.

- Critical Access Hospital Crosswalk Compare
- Critical Access Hospital DPU Crosswalk Compare
- Hospital Crosswalk Compare

Tracking Revisions: Disposition Report

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
HR.01.01.01, EP 1	The hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at https://www.ecfr.gov/cgi-bin/text-idx?SID=0854acca5427c69e771e5beb52b0b986&mc=true&node=sp42.5.493.m&rgn=div6. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are	Moved and Revised	HR.11.02.01, EP 1	The hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments (CLIA), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at https://www.ecfr.gov/cgi-bin/text-idx?SID=0854acca5427c69e771e5beb52b0b986&mc=true&node=sp42.5.493.m&rgn=div6. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists, as defined in 42 CFR 484, provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are

Current Standard/EP

Examples of Disposition:

- Moved/Revised
- Split or Consolidated
- Deleted EP/Replaced w/more Direct EP/ Moved to Guidance within SPG

New Standard/EP

Current State to Future State Organized by CoP

Crosswalk Compare Reports

These documents display the CoPs for each deemed program, the previous equivalent Joint Commission EPs, and the revised equivalent Joint Commission EPs.

- Critical Access Hospital Crosswalk Compare
- Critical Access Hospital DPU Crosswalk Compare
- Hospital Crosswalk Compare
- Psychiatric Hospital Crosswalk Compare

Prepublication standards: effective January 1, 2026

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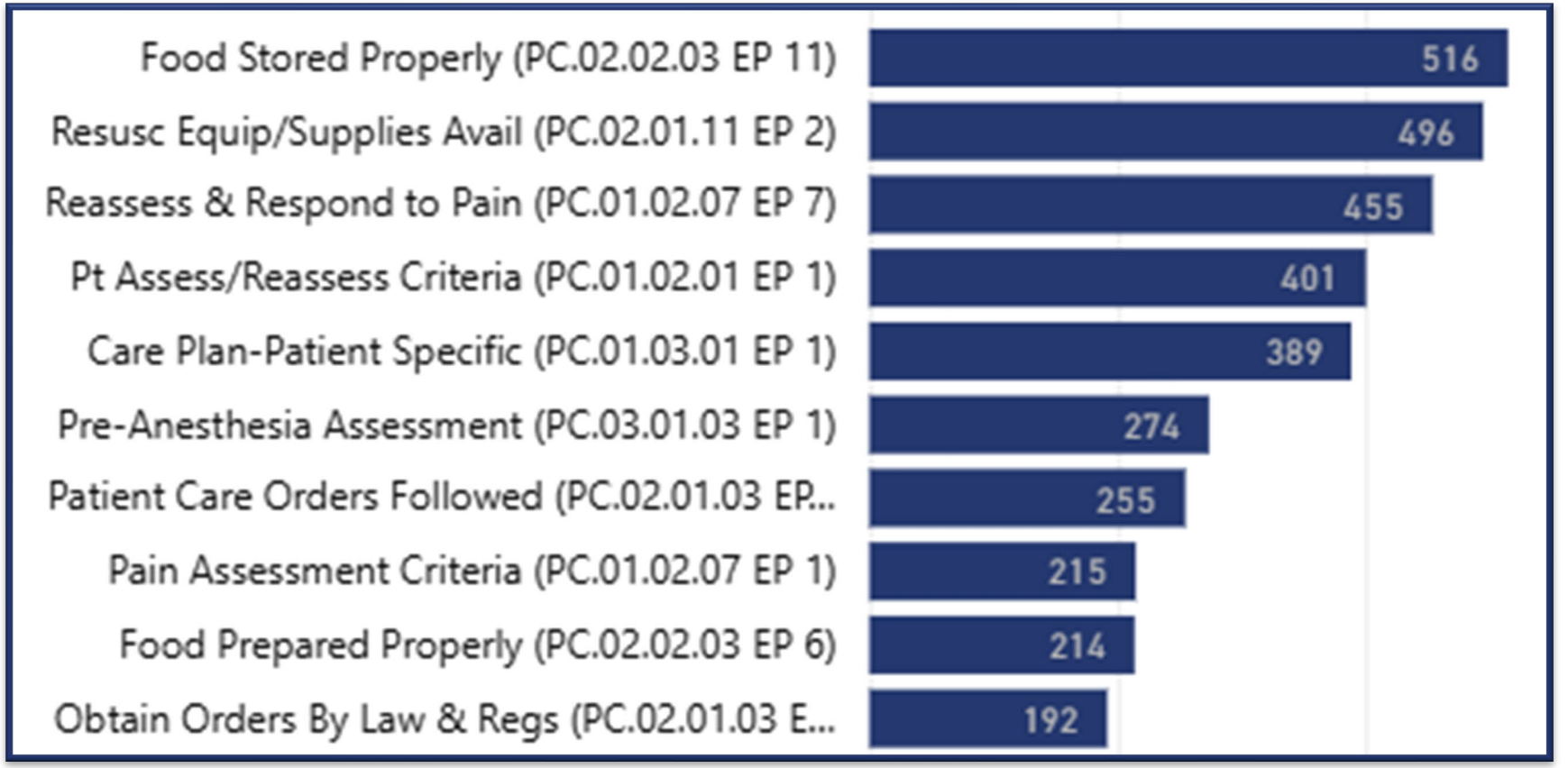
Current State Compared to Future State

§482.13(e)(4)	(4) The use of restraint or seclusion must be - -		
§482.13(e)(4)(i)	(i) in accordance with a written modification to the patient's plan of care.	**PC.03.05.03, EP 2** The use of restraint and seclusion is in accordance with a written modification to the patient's plan of care.	**PC.13.02.03, EP 1** The hospital's use of restraint or seclusion meets the following requirements: - In accordance with a written modification to the patient's plan of care. - Implemented by trained staff using safe techniques identified by the hospital's policies and procedures in accordance with law and regulation
§482.13(e)(4)(ii)	(ii) implemented in accordance with safe and appropriate restraint and seclusion techniques as determined by hospital policy in accordance with State law.	**PC.03.05.03, EP 1** The hospital implements restraint or seclusion using safe techniques identified by the hospital's policies and procedures in accordance with law and regulation.	**PC.13.02.03, EP 1** The hospital's use of restraint or seclusion meets the following requirements: - In accordance with a written modification to the patient's plan of care. - Implemented by trained staff using safe techniques identified by the hospital's policies and procedures in accordance with law and regulation

Commonly Identified Opportunities for Improvement

Provision of Care (PC)

Top 10 PC Opportunities — Hospital

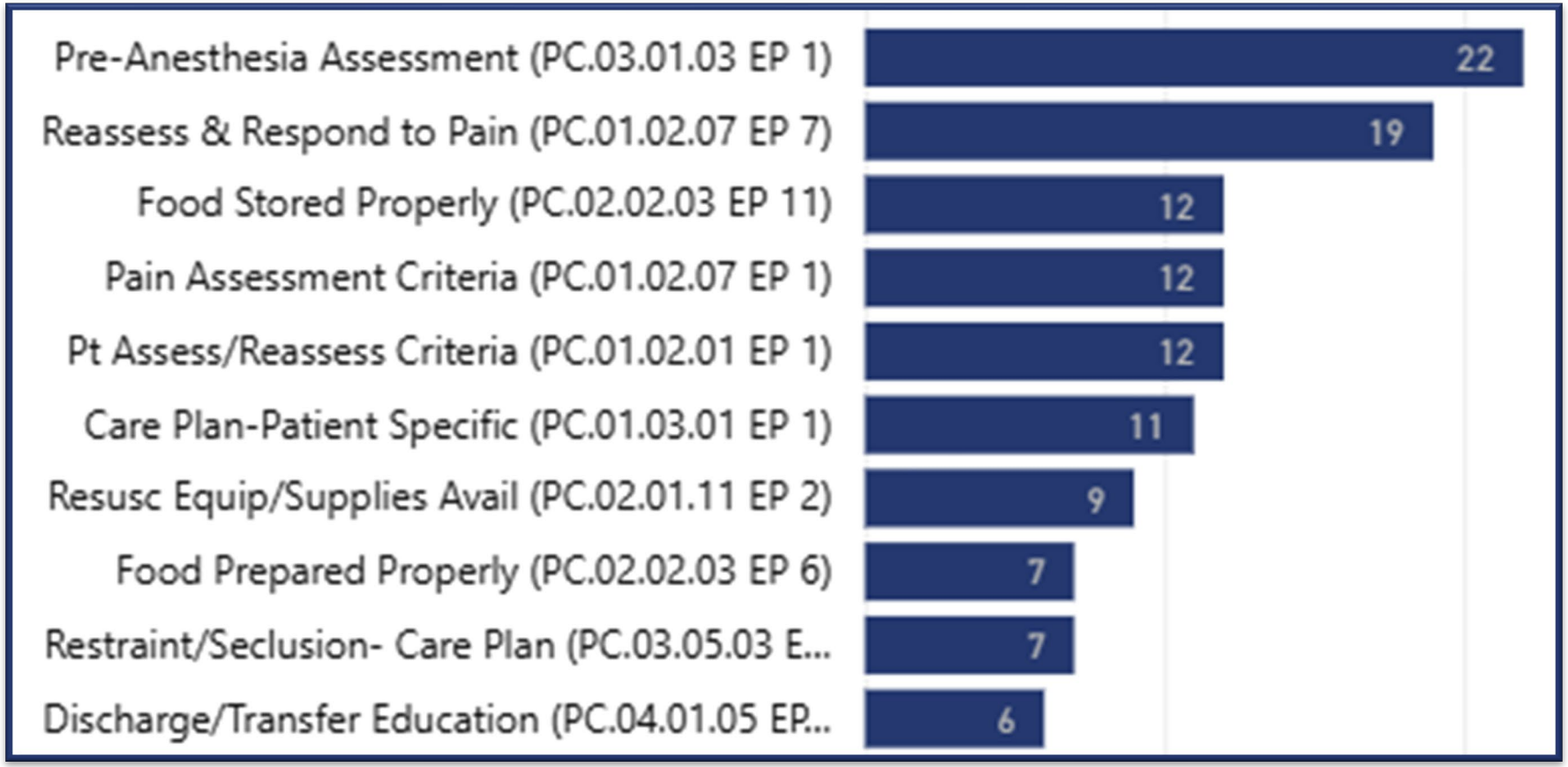


Data from 05/01/2024 — 05/31/2025

New Standard Location — Hospital

Current Standard/EP – 2025	New Standard/EP — January 1, 2026
Food Stored Properly (PC.02.02.03 EP 11)	Director of Dietetic Services (NPG.12.01.01, EP 8) See SPG Food & Dietetics Module – 482.28
Resusc Equip/Supplies Avail (PC.02.01.11 EP 2)	Resusc Equip/Supplies Avail (NPG.01.05.03 EP 2)
Reassess & Respond to Pain (PC.01.02.07 EP 7)	Reassess & Respond to Pain (NPG.06.02.01 EP 7)
Pt Assess/Reassess Criteria (PC.01.02.01 EP 1)	Pt Assess/Reassess Criteria (PC.11.02.01 EP 9)
Care Plan-Patient Specific (PC.01.03.01 EP 1)	Individualized Plan of Care (PC.11.03.01 EP 1)
Pre-Anesthesia Assessment (PC.03.01.03. EP 1)	Pre-Anesthesia Assessment (PC.13.01.03 EP 1)
Patient Care Orders Followed (PC.02.01.03 EP 7)	Obtain Orders by Law & Regs (PC.12.01.01 EP 1)
Pain Assessment Criteria (PC.01.02.07 EP 1)	Pain Assessment & Reassessment (NPG.06.02.01 EP 1)
Food Prepared Properly (PC.02.02.03 EP 6)	Director of Dietetic Services (NPG.12.01.01, EP 8) See SPG Food & Dietetics Module – 482.28
Obtain Orders by Law & Regs (PC.02.01.03 EP 1)	Obtain Orders by Law & Regs (PC.12.01.01 EP 1)

Top 10 PC Opportunities — Critical Access Hospital



Data from 05/01/2024 — 05/31/2025

New Standard Location — Critical Access Hospital

Current Standard/EP — 2025	New Standard/EP — January 1, 2026
Pre-Anesthesia Assessment (PC.03.01.03 EP 1)	Pre-Anesthesia Assessment (PC.13.01.03 EP 1)
Reassess & Respond to Pain (PC.01.02.07 EP 7)	Reassess & Respond to Pain (NPG.06.02.01 EP 7)
Food Stored Properly (PC.02.02.03 EP 11)	Food Prepared & Stored Properly (CAH: NPG.11.04.01 EP 1)
Pain Assessment Criteria (PC.01.02.07 EP 1)	Pain Assessment Criteria (NPG.06.02.01 EP 1)
Pt Assess/Reassess Criteria (PC.01.02.01 EP 1)	Preadmission Screening (PC.11.01.01 EP 2)
Care Plan-Patient Specific (PC.01.03.01 EP 1)	Individualized Plan of Care (PC.11.03.01 EP 1)
Resusc Equip/Supplies Avail (PC.02.01.11 EP 2)	Resusc Equip/Supplies Avail (NPG.01.05.03 EP 2)
Food Prepared Properly (PC.02.02.03 EP 6)	Food Prepared & Stored Properly (NPG.11.04.01 EP 1)
Restraint/Seclusion-Care Plan (PC.03.05.03 EP 2)	Restraint/Seclusion Requirements (PC.13.02.03 EP 1)
Discharge/Transfer Education (PC.04.01.05 EP 7)	Patient Education & Training (PC.12.02.01 EP 3)

Questions

Frequently Asked Questions regarding the Accreditation 360 model: https://www.jointcommission.org/en-us/accreditation/accreditation-360/faqs

Questions regarding the **PC Chapter requirements**, please submit your inquiry on our website: https://web.jointcommission.org/sigsubmission/sigquestionform.aspx

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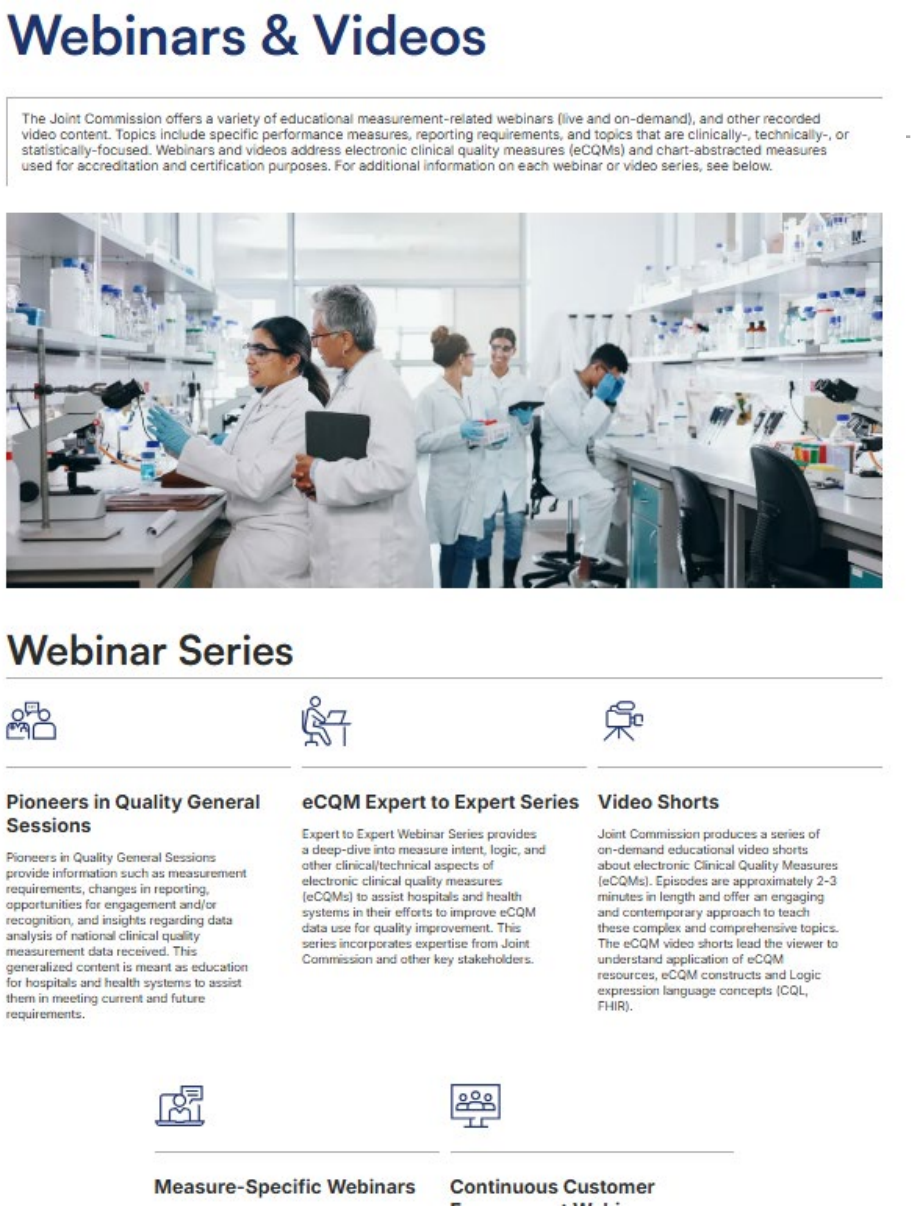

Webinars & Videos

The Joint Commission offers a variety of educational measurement-related webinars (live and on-demand), and other recorded video content. Topics include specific performance measures, reporting requirements, and topics that are clinically-, technically-, or statistically-focused. Webinars and videos address electronic clinical quality measures (eCQMs) and chart-abstracted measures used for accreditation and certification purposes. For additional information on each webinar or video series, see below.

Webinar Series

Pioneers in Quality General Sessions

Pioneers in Quality General Sessions provide information such as measurement requirements, changes in reporting, opportunities for engagement and/or recognition, and insights regarding data analysis of national clinical quality measurement data received. This generalized content is meant as education for hospitals and health systems to assist them in meeting current and future requirements.

eCQM Expert to Expert Series

Expert to Expert Webinar Series provides a deep-dive into measure intent, logic, and other clinical/technical aspects of electronic clinical quality measures (eCQMs) to assist hospitals and health systems in their efforts to improve eCQM data use for quality improvement. This series incorporates expertise from Joint Commission and other key stakeholders.

Video Shorts

Joint Commission produces a series of on-demand educational video shorts about electronic Clinical Quality Measures (eCQMs). Episodes are approximately 2-3 minutes in length and offer an engaging and contemporary approach to teach these complex and comprehensive topics. The eCQM video shorts lead the viewer to understand application of eCQM resources, eCQM constructs and Logic expression language concepts (CQL, FHIR).

Measure-Specific Webinars

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Also see the separate handout detailing the CE requirements.

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Obtain Certificate

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