



# Updated Accreditation Manual: National Performance Goals

Accreditation 360

**On Demand Webinar  
August 2025 release  
CE Credit Available for 6  
weeks after release**

# On Demand Webinar Platform – Functionality

---

Computer speakers or headphones required

Feedback or dropped audio are common for streaming video. Tip: refresh your screen.

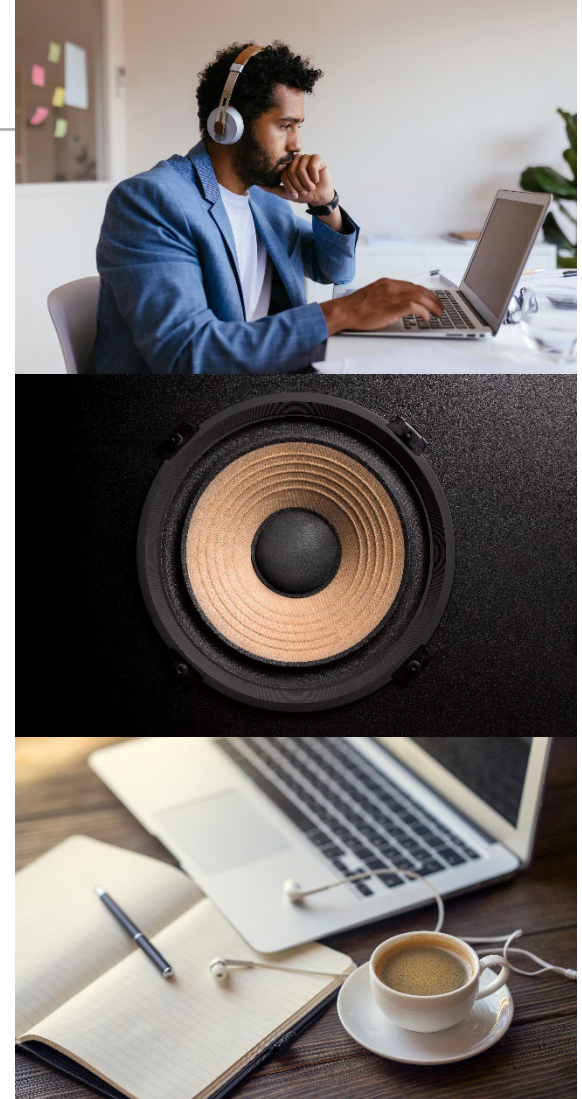
You can pause the play back.

You can return and replay the video; use the access link from registration confirmation email

Recording is captioned

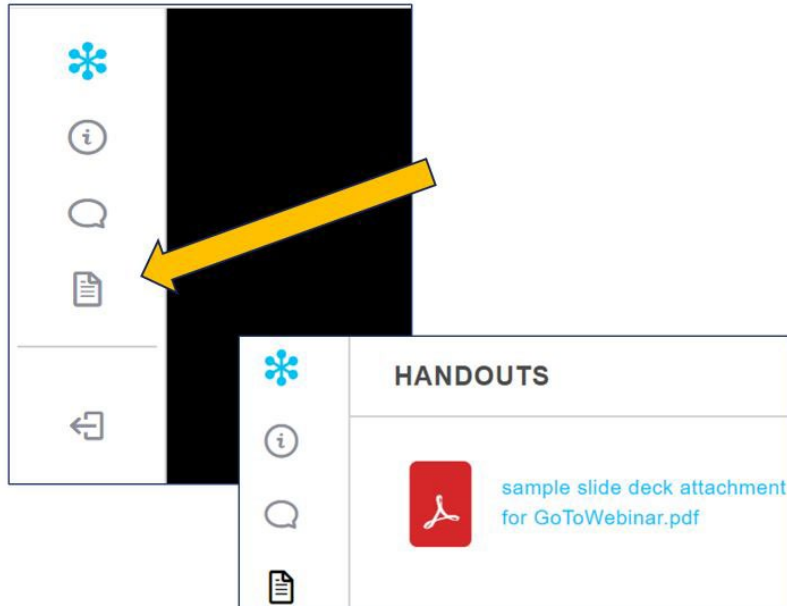
Slides designed to follow Americans with Disabilities Act rules

---



# Access the Slides

---



Click document icon in the navigation pane

Select file name

Document will open in a new window

Print or download

After CE period expires, slides remain accessible here:

[www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos](http://www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos)

# Continuing Education Information

---

All relevant information about Continuing Education Credit can be found in attachment provided:

- Entities providing credit
- Requirements to earn credit
- Survey/attestation and Certificate



**Credit available for this On Demand webinar for 6 weeks following release.**

Joint Commission maintains a participant's privacy and confidentiality per organizational policy. For information on Joint Commission's continuing education policies, visit this link

<https://www.jointcommission.org/en-us/products-and-services/continuing-education/continuing-education-credit-information>

---

# Participant Learning Objectives

---



Discuss the rationale for the National Performance Goals standards rewrite/reorganization

Define the structure, organization, and requirements of the new National Performance Goals 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.



# Welcome and Introduction

# Subject Matter Expert

---



**Jennifer Anderson, DNP, APRN, CNS  
Director**

Global Standards and Survey Methods  
[janderson3@jointcommission.org](mailto:janderson3@jointcommission.org)



# Discussion Topics

---



**Intent & Purpose of Rewrite**



**Manual Redesign**



**Survey Process Guide**



**Next Steps**

# Intent and Purpose

---

- Streamlined approach that more directly identifies the CoPs
  - Differentiate what Joint Commission requirements rise above the regulatory requirements
  - Overall EP reduction
    - 46% of EPs were eliminated for critical access hospitals
    - 48% of EPs were eliminated for hospitals
  - Manuals will display regulation number in new section below each EP text that is associated with a CoP
- ★ Burden reduction by providing clear, concise language, the origin, and intent which will lead to operational efficiencies
-

# Current State



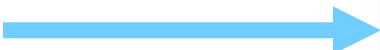
CFR Number §482.24(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.24(c)(2)	TAG: A-0454 (2) All orders, including verbal orders, must be dated, timed, and authenticated promptly by the ordering practitioner or by another practitioner who is responsible for the care of the patient only if such a practitioner is acting in accordance with State law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations.	PC.02.01.03	The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.
		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. Note 1: Outpatient services may be ordered by a physician or other licensed practitioner not appointed to the medical staff as long as the practitioner meets the following: - Responsible for the care of the patient - Licensed to practice in the state where the practitioner provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within the practitioner's scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: Patient diets, including therapeutic diets, are ordered by the physician or other licensed practitioner responsible for the patient's care, or by a qualified dietician or qualified nutrition professional who is authorized by the medical staff and acting in accordance with state law governing dietitians and nutrition professionals.
		RC.01.01.01	The hospital maintains complete and accurate medical records for each individual patient.
		EP 7	All entries in the medical record are dated.
		EP 13	For hospitals that use Joint Commission accreditation for deemed status purposes: All entries in the medical record, including all orders, are timed.
		RC.01.02.01	Entries in the medical record are authenticated.
		EP 2	The hospital defines the types of entries in the medical record made by licensed practitioners that require countersigning, in accordance with law and regulation.
		EP 3	The author of each medical record entry is identified in the medical record.
		EP 4	Entries in the medical record are authenticated by the author. Information introduced into the medical record through transcription or dictation is authenticated by the author. Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key. Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or hospital policy. For electronic records, electronic signatures will be date-stamped. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: All orders, including verbal orders, are dated and authenticated by the ordering physician or other licensed practitioner who is responsible for the care of the patient, and who, in accordance with hospital policy; law and regulation; and medical staff bylaws, rules, and regulations, is authorized to write orders.
		EP 5	The individual identified by the signature stamp or method of electronic authentication is the only individual who uses it.
		RC.02.03.07	Qualified staff receive and record verbal orders.
		EP 3	Documentation of verbal orders includes the date and the names of individuals who gave, received, recorded, and implemented the orders.
		EP 4	Verbal orders are authenticated within the time frame specified by law and regulation.
		EP 6	For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of verbal orders includes the time the verbal order was received.

Medicare Hospital Requirements to 2024 Joint Commission  
Hospital Standards & EPs

Page 159 of 400  
Report Generated by DSSM  
November 16, 2023

© 2024 The Joint Commission

# Future State



§482.24(c)(2)	TAG: A-0454 (2) All orders, including verbal orders, must be dated, timed, and authenticated promptly by the ordering practitioner or by another practitioner who is responsible for the care of the patient only if such a practitioner is acting in accordance with State law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations.	RC.11.02.01	Entries in the medical record are authenticated.
		EP 1	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, in accordance with hospital policy, law and regulation, and medical staff bylaws, rules, and regulations.

Medicare Hospital Requirements to 2025 Joint Commission  
Hospital Standards & EPs

Page 110 of 245  
Report Generated by DSSM  
April 25, 2024

© 2025 The Joint Commission

# Manual Redesign

- Accreditation Participation Requirements (APR)
  - Emergency Management (EM)
  - Human Resources (HR)
  - Infection Prevention and Control (IC)
  - Information Management (IM)
  - Leadership (LD)
  - Medication Management (MM)
  - National Performance Goals (NPG)
  - Nursing (NR)
  - Provision of Care, Treatment, and Services (PC)
  - Physical Environment (PE)
  - Performance Improvement (PI)
  - Record of Care, Treatment, and Services (RC)
  - Rights and Responsibilities of the Individual (RI)
  - Transplant Safety (TS)
-

# National Performance Goals (NPGs)

- NEW Chapter “National Performance Goals” (NPG):
  - Evaluating remaining requirements:
    - Retain as is
    - Moved to survey process guide as guidance
    - Deleted due to redundancy
  - Organized and simplified remaining requirements into salient, measurable topics with defined goals *excluding MS chapter*

# National Performance Goals

## Correct Patient, Correct Care, Correct Time

- Critical results
- 2 patient identifiers
- Flow of patients through the hospital
- Handoff communication
- Clinical alarm safety
- Recognizing and responding to changes in pt condition
- Preprocedural verification

## Culture of Safety

- Conflict of interest & ethics
- Designing work processes that focus on safety/quality
- Workplace Violence Prevention

## Emergency Management

## Health Care Equity

## Infection Prevention & Control

- Identifying risks based on geographic location, community, and population served
- High consequence infectious diseases or special pathogens
- Hand hygiene

## Pain Management

- Safe opioid prescribing

# National Performance Goals (2)

## Patient Rights

- Effective communication
- Right to give/withhold informed consent
- Identification of possible victims of abuse, neglect, and exploitation
- Treatment in dignified, respectful manner

## Suicide Risk Reduction (based on CoPs)

## Safe Transplant Practices

- Bidirectional tracing of tissue

## Waived Testing (point of care)

- Following manufacturers' IFUs
- Evaluating staff competency

## Workplace and Patient Safety

- Managing security risks
- Fall risk reduction

## Staffing (expanding CoPs)

- Competency & training
- Evaluating staffing when undesirable patterns or trends are identified

# National Performance Goals (3)

## Imaging Safety

- Staff qualifications
- Policies and procedures based on safe imaging practices
- Managing imaging safety risks
- Monitors quality related to imaging safety (dosing)

## Medication Management

- Override review
- Labeling in procedures
- Anticoagulation safety
- Medication reconciliation
- Antibiotic stewardship



# National Performance Goals Rationale

---

# **Goal #1: The hospital ensures that the correct patient receives the correct care at the correct time**

- ▲ 2 Patient Identifiers
- ▲ Critical Results
- ▲ Flow of Patients Through the Hospital
- ▲ Clinical Alarm Safety; Recognizing and Responding to Changes in Pt Condition
- ▲ Preprocedural Verification

## **Goal #2: The governing body and leadership team foster a culture of safety.**

- ▲ Align the mission, vision, and goals
- ▲ Conflict of interest & ethics
- ▲ Designing work processes that focus on safety/quality
- ▲ Workplace Violence Prevention

# **Goal #3 The hospital has an emergency management program**

**Joint Commission Specific Requirements that go beyond the CMS Emergency Management CoPs**

**CoP Specific Requirements found in the Emergency Management Chapter**

## **Goal #4 The hospital prioritizes health care equity**

**Quality standards that promote safe and quality health care for all**

# Goal #5 The hospital prioritizes infection prevention and control

Identifying risks  
based on geographic  
location, community,  
and population  
served

High consequence  
infectious diseases  
or special  
pathogens

Hand hygiene

# **Goal #6 The hospital prioritizes pain management and safe prescribing practices**

## **Goal #7 The hospital respects the patient's right to safe, informed care**

- ▲ Effective communication
- ▲ Right to give/withhold informed consent
- ▲ Identification of possible victims of abuse, neglect, and exploitation
- ▲ Treatment in dignified, respectful manner



# **Goal #8 The hospital reduces the risk for suicide**

## **Goal #9 The hospital develops and implements safe transplant practices**

- ▲ Bidirectional tracing of tissue
- ▲ Standardized procedures for managing tissues
- ▲ Defined protocols, investigate adverse events related to tissue use or donor infections

# **Goal #10 The hospital performs waived testing in a safe and consistent manner**

**Follow manufacturers' instructions for use**

**Evaluate staff competency**

# Goal #11 The hospital maintains workplace and patient safety

Manage security Risks	Clinical and administrative coordination for high-risk patients	Fall reduction interventions	Utility system backup plans for non-CoP regulated areas
-----------------------	---	------------------------------	---

# Goal #12 The hospital is staffed to meet the needs of the patients it serves, and staff are competent to provide safe, quality care



# Goal #13 The hospital safely performs imaging services

Staff qualifications	Policies and procedures based on safe imaging practices	Managing imaging safety risks	Monitors quality related to imaging safety (dosing)

# Goal #14 The hospital has a medication management program that focuses on safety

Override review	Labeling in procedures	Anti-coagulation safety	Medication reconciliation	Antibiotic stewardship

# New Survey Process Guide



# Survey Process Guide (SPG)

- New SPG will replace existing Survey Activity Guide (SAG)
- Align with CMS interpretive guidelines that contain “must” directives and survey procedures
- National Performance Goal Tool
- Same guide will be utilized by surveyors and accredited organizations to promote transparency and consistency

## New Survey Process Guide – Sample

Joint Commission Standards / EPs	Hospital CoP	Hospital Survey Process
MM.17.01.01, EP 2: Medication administration errors, adverse drug reactions, and medication incompatibilities as defined by the hospital are immediately reported to the attending physician or other licensed practitioner and, as appropriate, to the hospitalwide quality assessment and performance improvement program.	§ 482.25(b) (6) Drug administration errors, adverse drug reactions, and incompatibilities must be immediately reported to the attending physician and, if appropriate, to the hospital's quality assessment and performance improvement program.	<b>Interview</b> <ul style="list-style-type: none"><li>□ Ask hospital staff what they do when they become aware of a medication error, adverse drug reaction (ADR), or drug incompatibility.</li><li>□ Are staff aware of and do they follow the hospital's policy and procedures?</li><li>□ Ask hospital staff how they manage drug incompatibilities.<ul style="list-style-type: none"><li>○ What tools do they use in the clinical setting to minimize the risk of incompatibilities?</li><li>○ How is the information related to drug incompatibilities made available to the clinical staff administering IV medications (for example, posters, online tools)?</li><li>○ How often is the information updated to ensure accuracy?</li></ul></li><li>□ Ask hospital staff if they are aware of the hospital's policy on reporting and documentation of medication errors and adverse drug reactions.</li><li>□ How does information regarding medication errors, adverse drug reactions, and incompatibilities get reported to the hospital quality assurance/performance improvement (QAPI) program? Ask staff to speak to the process.</li><li>□ For QAPI reporting purposes, is the hospital's definition of an ADR and medication error based on national standards?</li></ul> <b>Document Review</b> <b>General</b> <ul style="list-style-type: none"><li>□ Does the hospital have policies and procedures that define medications errors, ADRs, and drug incompatibilities?<ul style="list-style-type: none"><li>○ Do the policies and procedures address the circumstances under which they must be reported immediately to the attending physician, as well as to the hospital's QAPI program?</li><li>○ Do they address how reporting is to occur?</li></ul></li></ul> <b>Observation</b> <ul style="list-style-type: none"><li>□ Are all medication errors and suspected ADRs promptly recorded in the patient's medical record, including those not subject to immediate reporting?<ul style="list-style-type: none"><li>○ If upon review of a sample of records, a suspected ADR or medication error is identified, determine if it was reported immediately to the attending or covering physician, in accordance with the hospital's written policies and procedures. If it is reported to a covering physician, determine if it was also reported to the attending physician when they became available.</li></ul></li></ul>

# Health Care Organization Impacts

---

## Improve accuracy & consistency of survey reports

- Reduced redundancy of similar topics covered under numerous EPs
- Consistent connection of appropriate CoP to observation due to direct connections of CoP language
- Important initiatives, topics (WPV, resuscitation/rapid change patient condition) now reorganized under 1 NPG

# Next Steps

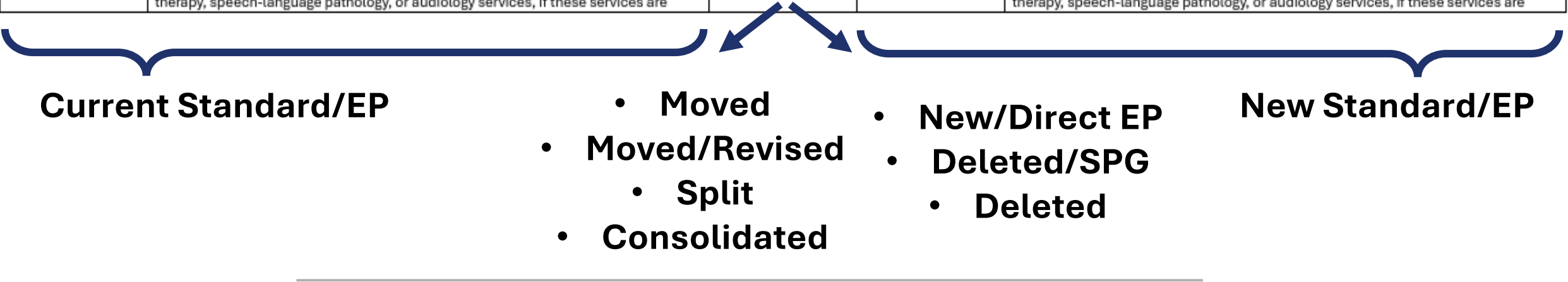
---

Announcement was on June 30<sup>th</sup> via Perspectives

- Full manuals and survey process guides available on the standards prepublications page
- Tools to assist organizations with the changes
- Chapter specific on-demand webinars

# Disposition Report

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
HR.01.01.01, EP 1	<p>The hospital defines staff qualifications specific to their job responsibilities.</p> <p>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).</p> <p>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 <a href="https://www.ecfr.gov/cgi-bin/text-idx?SID=0854acca5427c69e771e5beb52b0b986&amp;mc=true&amp;node=sp42.5.493.m&amp;rgn=div6">https://www.ecfr.gov/cgi-bin/text-idx?SID=0854acca5427c69e771e5beb52b0b986&amp;mc=true&amp;node=sp42.5.493.m&amp;rgn=div6</a>.</p> <p>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</p>	Moved and Revised	HR.11.02.01, EP 1	<p>The hospital defines staff qualifications specific to their job responsibilities.</p> <p>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).</p> <p>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 <a href="https://www.ecfr.gov/cgi-bin/text-idx?SID=0854acca5427c69e771e5beb52b0b986&amp;mc=true&amp;node=sp42.5.493.m&amp;rgn=div6">https://www.ecfr.gov/cgi-bin/text-idx?SID=0854acca5427c69e771e5beb52b0b986&amp;mc=true&amp;node=sp42.5.493.m&amp;rgn=div6</a>.</p> <p>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</p>



# Additional Resources

## Suicide Risk Reduction Resource Center

<https://www.jointcommission.org/en-us/knowledge-library/suicide-prevention>

## Excellent Health Outcomes for all Accreditation Resource Center

<https://www.jointcommission.org/en-us/knowledge-library/excellent-health-outcomes-for-all/accreditation-resource-center>

## Standards Resources

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



# Questions



Regarding the National Performance Goal Chapter:

<https://web.jointcommission.org/sigsubmission/sigquestionform.aspx?PrePubStdFl=Y>

Regarding On Demand webinar operations and Continuing Education inquiries:

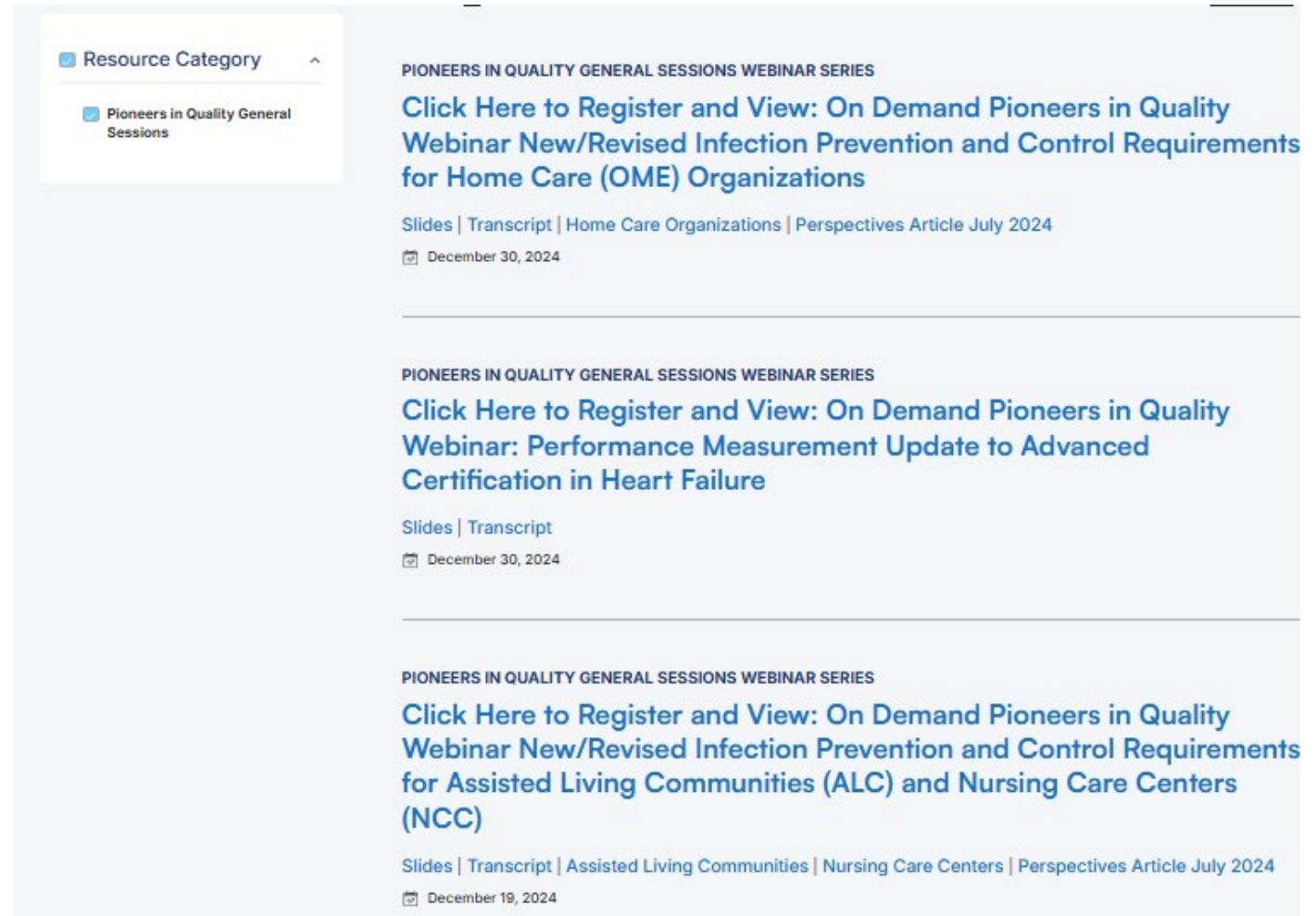
[tjcwebinarnotifications@jointcommission.org](mailto:tjcwebinarnotifications@jointcommission.org)



# Accreditation 360 Webinar Series

To access Accreditation 360 webinar recording links, slides, and transcripts, visit this landing page:

[www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos](https://www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos)



**Resource Category** ^


- ☒ Pioneers in Quality General Sessions

---

**PIONEERS IN QUALITY GENERAL SESSIONS WEBINAR SERIES**

[Click Here to Register and View: On Demand Pioneers in Quality Webinar New/Revised Infection Prevention and Control Requirements for Home Care \(OME\) Organizations](#)

[Slides](#) | [Transcript](#) | [Home Care Organizations](#) | [Perspectives Article July 2024](#)


 December 30, 2024

---

**PIONEERS IN QUALITY GENERAL SESSIONS WEBINAR SERIES**

[Click Here to Register and View: On Demand Pioneers in Quality Webinar: Performance Measurement Update to Advanced Certification in Heart Failure](#)

[Slides](#) | [Transcript](#)


 December 30, 2024

---

**PIONEERS IN QUALITY GENERAL SESSIONS WEBINAR SERIES**

[Click Here to Register and View: On Demand Pioneers in Quality Webinar New/Revised Infection Prevention and Control Requirements for Assisted Living Communities \(ALC\) and Nursing Care Centers \(NCC\)](#)

[Slides](#) | [Transcript](#) | [Assisted Living Communities](#) | [Nursing Care Centers](#) | [Perspectives Article July 2024](#)

 December 19, 2024

# Continuing Education Survey and Certificate

Also see the separate handout detailing the CE requirements.



## Access survey via QR code

Use your mobile device to scan the QR code on the next slide. You can pause the presentation.



## Access survey via link in email

An automated email sent after you finish the recording also directs you to the evaluation survey.



## Survey open for 6 weeks

CEs are available for 6 weeks after webinar release. Promptly complete the survey.



## Obtain Certificate

After completing survey, print or download PDF CE Certificate. Certificate link also provided via email.





**Scan QR code  
to access CE  
Attestation and  
Evaluation  
Survey**

**Thank You for attending!**



**[tjcwebinarnotifications@jointcommission.org](mailto:tjcwebinarnotifications@jointcommission.org)**



**[www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos](http://www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos)**

# Disclaimer

---

- These slides are current as of **7/21/2025**. The Joint Commission and the original presenters reserve the right to change the content of the information, as appropriate.
- The Joint Commission reserves the right to review and retire content that is not current, has been made redundant, or has technical issues.
- *These slides are only meant to be cue points, which were expounded upon within the original presentation and are not meant to be comprehensive statements of standards interpretation or represent all the content of the presentation. Thus, care should be exercised in interpreting Joint Commission requirements based solely on the content of these slides.*
- These slides are copyrighted and may not be further used, shared, or distributed without permission of the original presenter and The Joint Commission.
- **The Joint Commission does not endorse or promote any company's products or services.**

# Subject Matter Experts, Content Creators, and Editorial Staff

The principal authors of the content of these modules include past and present Joint Commission professionals.

- \* Kathryn Petrovic, MSN, RN
- \* Jennifer Anderson, MSN, RN, APN/CNS
- \* Maura Naddy, MSN, RN
- \* Lauren Lentine, MBA, MSMIS
- \* Robert Campbell, PharmD, BCSCP
- \* Caroline Christensen, BS
- \* Christina L. Cordero, PhD, MPH
- \* Paul Daka, MBA, MHA, RN
- \* Herman McKenzie, MBA
- \* Angela Murray, MSN, RN
- \* Phavinee Thongkhong-Park, PhD, RN
- \* Stacey Paul, MSN, RN, APN/PMHNP-BC
- \* Catherine Reff, MSN, RN

- \* Allison Reese, BA
- \* Natalya Rosenberg, PhD, RN
- \* Laura Smith, MA
- \* Susan Streit, MSN, RN, CPHQ
- \* Thomas Strukl, MBA, MLS(ASCP)
- \* Tabitha Vieweg, MBA, BSN, RN
- \* Tiffany Wiksten, DNP, RN, CIC

## Editorial and/or approvals:

Amanda Hewitt, MPA  
Angela Mansfield, BS  
Concetta Phillipps, MBA, MPM  
William Winslow, MAT  
Susan Funk, MPH  
Jessica Woodruff, MPH

Susan Yendro, MSN, RN  
Michelle Dardis, RN  
Elizabeth Drye, MD