



# Updated Accreditation Manual: Medication Management and Information Management Chapters

Accreditation 360  
Hospitals and Critical Access Hospitals

On Demand Webinar  
October 2025 release  
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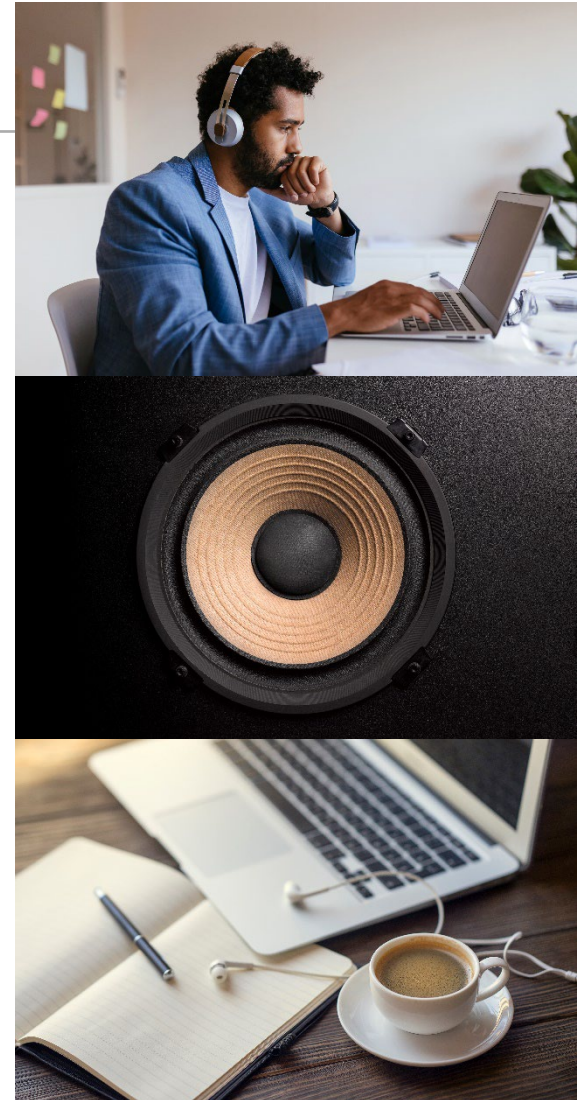
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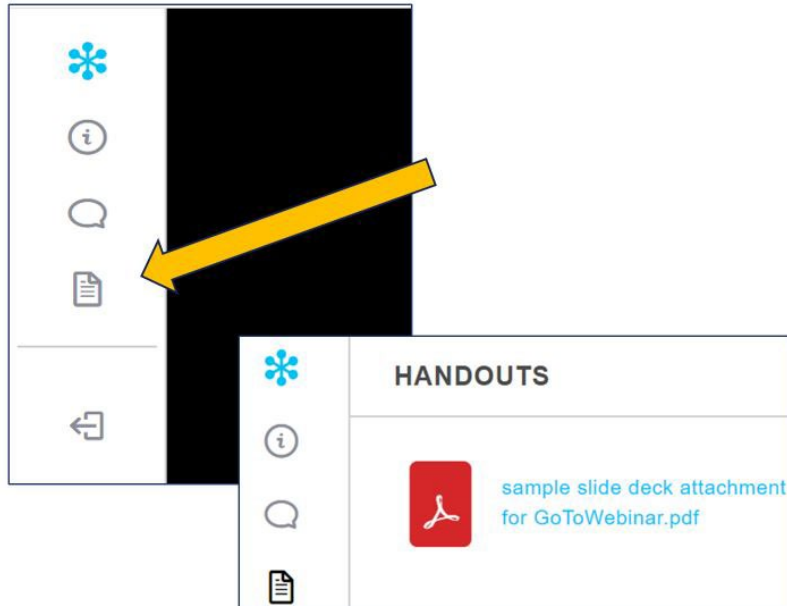
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All relevant information about Continuing Education Credit can be found in attachment provided:

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



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# Participant Learning Objectives

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Discuss the rationale for the Medication Management and Information Management standards rewrite/reorganization

Define the structure, organization, and requirements of the new Medication Management and Information Management chapters

Apply guidance and resources to inform implementation

# Disclosure Statement

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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>

## Medication Management (MM) and Information Management (IM) Updates

- New Numbering
- New Chapter Locations

## Survey Process

- Orientation to Survey Process Guide (SPG)
- SPG Modules
- Compliance Evaluation Tools

## Resources to Navigate Revisions

- Disposition Report
- Crosswalk Compare Report

## Commonly Identified Opportunities for Improvement

# **Part 1 – Medication Management (MM) Updates**

# Numbering and Location Changes

Current Standard Numbering
MM.01.01.01
MM.01.01.03
MM.01.02.01
MM.02.01.01
MM.03.01.01
MM.03.01.03
MM.03.01.05
MM.04.01.01
MM.05.01.01
MM.05.01.07
MM.05.01.09
MM.05.01.11

Current Standard Numbering
MM.05.01.13
<b>MM.05.01.15</b> (CAH ONLY)
MM.05.01.17
MM.05.01.19
MM.06.01.01
MM.06.01.03
MM.06.01.05
<b>MM.07.01.01</b> (CAH ONLY)
MM.07.01.03
MM.08.01.01
MM.09.01.01

Future Standard Numbering	
MM.11.01.01	MM.15.01.01
MM.11.01.03	<b>MM.15.01.03</b> (CAH ONLY)
MM.12.01.01	MM.16.01.01
MM.13.01.01	MM.17.01.01
MM.14.01.01	MM.18.01.01

Future Standard Numbering
LD.13.01.09 EP 5
NPG.12.01.01 EP 10
NPG.14.01.01
NPG.14.02.01
NPG.14.06.01
RC.12.01.01 EP 5

# Concepts in the MM Chapter

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**Management of  
Drugs and  
Biologicals**  
MM.11.01.01

**Medication  
Related  
Information**  
MM.11.01.03

**Medication  
Formulary**  
MM.12.01.01

**Storage, Disposal,  
Distribution**  
MM.13.01.01

**Medication Orders**  
MM.14.01.01

**Supervision &  
Sterile Medication  
Compounding**  
MM.15.01.01

**Medication  
Administration**  
MM.16.01.01

**Adverse  
Events/Errors  
Reporting**  
MM.17.01.01

**Antibiotic  
Stewardship  
Program**  
MM.18.01.01

# MM Concepts in the NPG

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**Pharmacy Directed by a  
Registered Pharmacist**

NPG.12.01.01 EP 10

**Management Off-hours and  
Automatic Dispensing  
Cabinets**

NPG.14.01.01

**Medication Standardization &  
Shortages**

NPG.14.02.01

**Antibiotic Stewardship  
Multidisciplinary Committee  
and Monitoring**

NPG.14.06.01

# MM Concepts in Other Chapters

## Revised Standard, EP Language

### **LD.13.01.09, EP 5 (Formerly MM.07.01.03, EP 1)**

*The hospital develops and implements policies and procedures that minimize drug errors. The medical staff develops these policies and procedures unless delegated to the pharmaceutical service.*

*CoP(s): §482.25*

# MM Concepts in Other Chapters

## Revised Standard, EP

### **RC.12.01.01, EP 5 (formerly MM.04.01.01, EP 15)**

*The hospital uses preprinted and electronic standing orders, order sets, and protocols for patient orders only if the following occurs:*

- Orders and protocols are reviewed and approved by....*
- Orders and protocols are consistent with nationally recognized and evidence-based guidelines*
- Orders and protocols are periodically and regularly reviewed ....*
- Orders and protocols are dated, timed, and authenticated ....*

*CoP(s): §482.24(c)(3)(i), §482.24(c)(3)(ii), §482.24(c)(3)(iii), §482.24(c)(3)(iv)*

# NPSGs Related to Medications Revised to NPGs

NPSG	NPG	Topic
NPSG.03.04.01	<b>NPG.14.03.01</b>	The hospital labels all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings.
NPSG.03.05.01	<b>NPG.14.04.01</b>	The hospital reduces the likelihood of patient harm associated with the use of anticoagulant therapy.
NPSG.03.06.01	<b>NPG.14.05.01</b>	The hospital maintains and communicates accurate patient medication information.

# **Part 2 – Information Management (IM) Updates**

# Numbering and Location Changes

Current Standard Numbering
IM.01.01.01 – 1 EP (CAH – 2 EPs)
IM.01.01.03 – 2 EPs
IM.02.01.01 – 3 EPs
IM.02.01.03 – 2 EPs (CAH – 5 EPs)
IM.02.02.01 – 2 EPs (CAH – 1 EP)
IM.02.02.03 – 2 EPs
IM.02.02.07 – 5 EPs
IM.03.01.01 – 1 EP



Future Standard Numbering
IM.11.01.01 – 1 EP
IM.12.01.01 – 3 EPs
IM.12.01.03 – 1 EP
IM.13.01.01 – 1 EP
IM.13.01.03 – 1 EP
IM.13.01.05 – 5 EPs

# Concepts in the IM Chapter

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**Continuity of  
Information**  
IM.11.01.01

**Privacy and  
Confidentiality**  
IM.12.01.01

**Security and  
Integrity**  
IM.12.01.03

**Standardized  
Formats**  
IM.13.01.01

**Useful Formats**  
IM.13.01.03

**Electronic Exchange  
of Information**  
IM.13.01.05

# Deleted IM Requirements

<b>IM.02.02.01, EP 3</b>	<p>The hospital follows its list of prohibited abbreviations, acronyms, symbols, and dose designations, which includes the following:</p> <ul style="list-style-type: none"><li>- U,u</li><li>- IU</li><li>- Q.D., QD, q.d., qd</li><li>- Q.O.D., QOD, q.o.d, qod - Trailing zero (X.0 mg)</li><li>- Lack of leading zero (.X mg)</li><li>- MS - MSO4 - MgSO4</li></ul> <p>Note 1: A trailing zero may be used only when required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report the size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.</p> <p>Note 2: The prohibited list applies to all orders, preprinted forms, and medication-related documentation. Medication-related documentation can be either handwritten or electronic.</p>
<b>IM.03.01.01, EP 1</b>	<p>The hospital provides access to knowledge-based information resources 24 hours a day, 7 days a week.</p>

# Survey Process

# Survey Process Guide (SPG) – Overview

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- 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



**Hospital Accreditation**

**Survey Process Guide**

# Survey Process Guide (SPG) – Overview (2)

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



**Hospital Accreditation**

**Survey Process Guide**

# Survey Process Remains the Same

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Surveyors will continue to conduct activities for evaluating information management, pharmacy services, and medication safety practices, such as:

- Individual Tracers
- Medical Record Reviews
- Medication Safety and Pharmacy Review



**Hospital Accreditation**

**Survey Process Guide**

# Survey Process Guidance - Modules

Hospital Pharmaceutical Services Evaluation Module (482.25)

MM.13.01.01, EP 1: The hospital maintains current and accurate records of the receipt and disposition of all scheduled drugs.	§ 482.25(a) (3) Current and accurate records must be kept of the receipt and disposition of all scheduled drugs.	<b>Document Review</b> <b>General</b> <ul style="list-style-type: none"><li>☐ Determine if the hospital’s policies and procedures minimize scheduled drug diversion.</li><li>☐ Review records to determine if the hospital traces the movement of scheduled drugs throughout the service.</li><li>☐ Determine if the pharmacist is responsible for determining that all drug records are in order and that an account of all scheduled drugs is maintained and periodically reconciled.</li></ul>
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# Survey Process Guidance - Modules

## Hospital Nursing Services Evaluation Module (482.23)

<b>MM.16.01.01, EP 1:</b> Drugs and biologicals are prepared and administered in accordance with federal and state laws, the orders of the licensed practitioner or practitioners responsible for the patient's care, and accepted standards of practice. For hospitals that use Joint Commission Accreditation for deemed status purposes:	<b>§482.23(c)(1)</b> Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patient's care, and accepted standards of practice.	<b>Interview</b> <ul style="list-style-type: none"><li>□ Are staff knowledgeable about intervention protocols when patients experience adverse medication-related events?</li><li>□ Interview personnel who administer medication to verify their understanding of the hospital's policies regarding timeliness of medication administration.</li></ul>
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## Hospital Patient Rights Evaluation Module (482.13)

Joint Commission Standards / EPs	Hospital CoP	Hospital Survey Process
<b>IM.12.01.01, EP 1:</b> The hospital develops and implements policies and procedures addressing the privacy and confidentiality of health information.  Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Policies and procedures also address the <u>resident's</u> personal records.	<b>§482.13(d)(1)</b> The patient has the right to the confidentiality of his or her clinical records.	<b>Interview</b> <ul style="list-style-type: none"><li>□ Ask staff to about their understanding of and compliance with the hospital's policies and procedures for protecting medical record information.</li></ul> <b>Document Review</b> <b>General</b> <ul style="list-style-type: none"><li>□ Verify that the hospital has policies and procedures addressing the protection of information in patients' medical records from unauthorized disclosures.</li></ul>

# Compliance Evaluation Tools

- Compliance Evaluation Tools:
  - CMS A-Tag Summary Review Sheet
  - Antibiotic Stewardship Evaluation Tool
  - Performance Improvement Evaluation Tool

## CMS A-Tag Summary Review Sheet – Deemed Hospital Medical Record Review

Introduction to Medical Record Reviews

- Review a **sample of active and closed** medical records for completeness and accuracy in accordance with Federal and State laws and regulations and hospital policy.
- The sample should be 10 percent of the average daily census and be no less than 20 records.
- Within the sample, select i  
pediatrics, specialty units, e  
to order to determine comp  
size may be expanded as n  
Request patient care polici

Reference

482.13(a)(1)	> Record notice, within : than 2 hospite timely i
482.13(b)(3)	> Advanc hospite registr whethe the pat
482.13(b)(4)	> Patient about i admiss
482.13(h)(1)	> Patient require
482.24(c)(4)(v)	Informed C > Proper specifi require recordi that ha

Antibiotic Stewardship Evaluation Tool (HAP/CAH)

This is a guide to addressing the Antibiotic Stewardship requirements during the survey.

PRE-SURVEY: Gather and Review

Review all pertinent documents submitted or provided by the organization.

Standard MM.18.01.01: The hospital establishes antibiotic stewardship as an organizational priority through support of its antibiotic stewardship program.

TJC Process:

Optimizing the use of antibiotics is a patient safety priority, and antibiotic stewardship programs play a critical role in supporting appropriate antibiotic prescribing practices and reducing antibiotic resistance. The revisions to Standard MM.18.01.01 include a combination of updates to align with federal regulations and recommendations from scientific and professional organizations, editorial changes, additional notes to clarify expectations, and EPs that will now apply to all accredited hospitals (deeming lead-in statements have been deleted).

Explore during interviews with leadership:

- Discuss how the organization supports its antibiotic stewardship program.

Explore during Individual Tracers and staff and leadership interviews:

- Is there evidence the hospital personnel are aware of the antibiotic stewardship program and its efforts to reduce antibiotic resistance?

Surveyor notes:

# 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 with the 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 Joint Commission EP.

- [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 their revised EP location with a Disposition column to describe the type of change that occurred (such as Moved, Consolidated, Split, etc.)

## 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	<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>

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

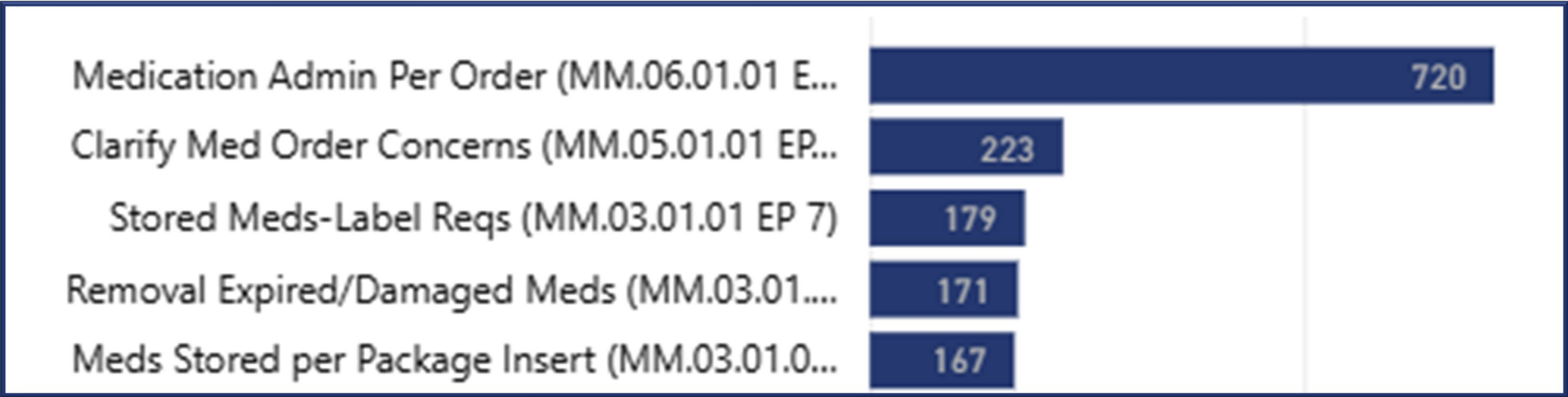
Hospital Crosswalk – Current State Compared to Future State

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
§482.13(d)(1)	(1) The patient has the right to the confidentiality of his or her clinical records.	<p><b>IM.02.01.01, EP 1</b> The hospital follows a written policy addressing the privacy and confidentiality of health information.</p> <p><b>IM.02.01.01, EP 3</b> The hospital uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy.</p> <p><b>IM.02.01.01, EP 4</b> The hospital discloses health information only as authorized by the patient or as otherwise consistent with law and regulation.</p> <p><b>IM.02.01.03, EP 1</b> The hospital follows a written policy that addresses the security of health information, including access, use, and disclosure.</p>	<p><b>IM.12.01.01, EP 1</b> The hospital develops and implements policies and procedures addressing the privacy and confidentiality of health information. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Policies and procedures also address the resident's personal records.</p>

# Commonly Identified Opportunities for Improvement

Medication Management (MM) and  
Information Management (IM)

# Top 5 MM Opportunities – Hospital

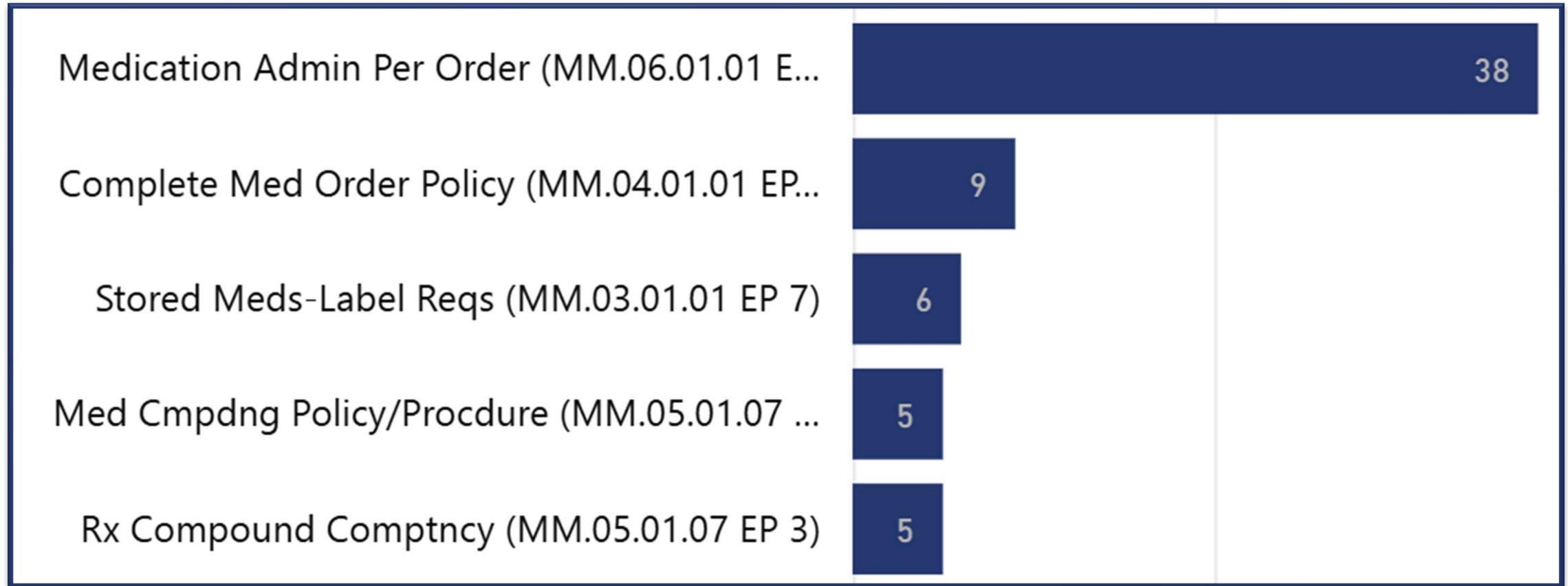


*Data from 05/01/2024 – 05/31/2025*

# New Standard Location – Hospital

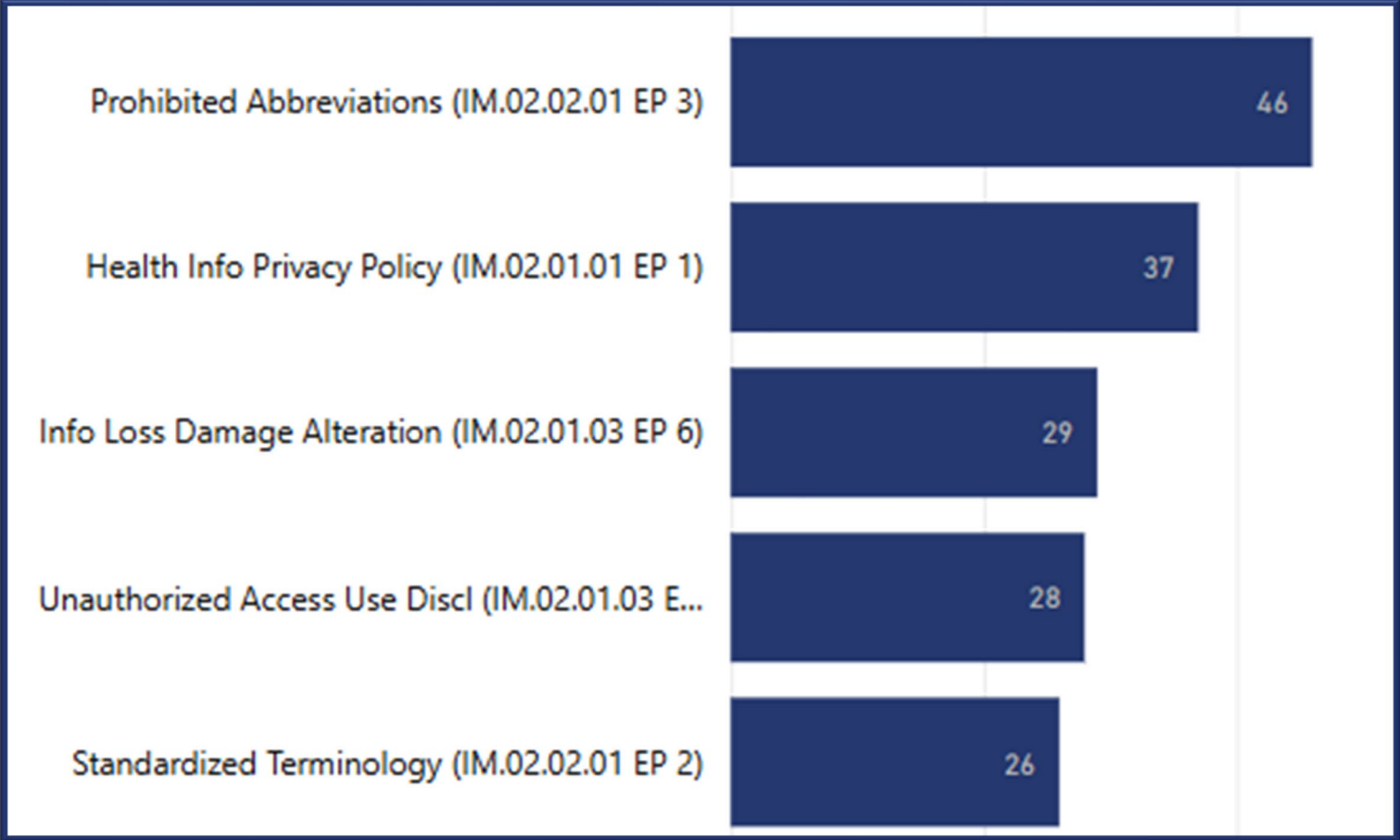
Current Standard/EP – 2025	New Standard/EP – January 2026
Med Admin Per Order MM.06.01.01 EP 3	Med Admin Per Order MM.16.01.01 EP 1
Clarify Med Order Concerns MM.05.01.01 EP 11	Med Procure/Store/Dist Law Reg MM.11.01.01, EP 1
Stored Meds – Label Reqs MM.03.01.01 EP 7	Med Procure/Store/Dist Law Reg MM.11.01.01 EP 1
Removal Expired/Damages Meds MM.03.01.01 EP 8	Remove Unusable Medication MM.13.01.01 EP 4
Meds Stored per Package Insert MM.03.01.01 EP 2	Med Procure/Store/Dist Law Reg MM.11.01.01 EP 1

# Top 5 MM Opportunities – Critical Access Hospital



*Data from 05/01/2024 – 05/31/2025*

# Top 5 IM Opportunities – Hospital

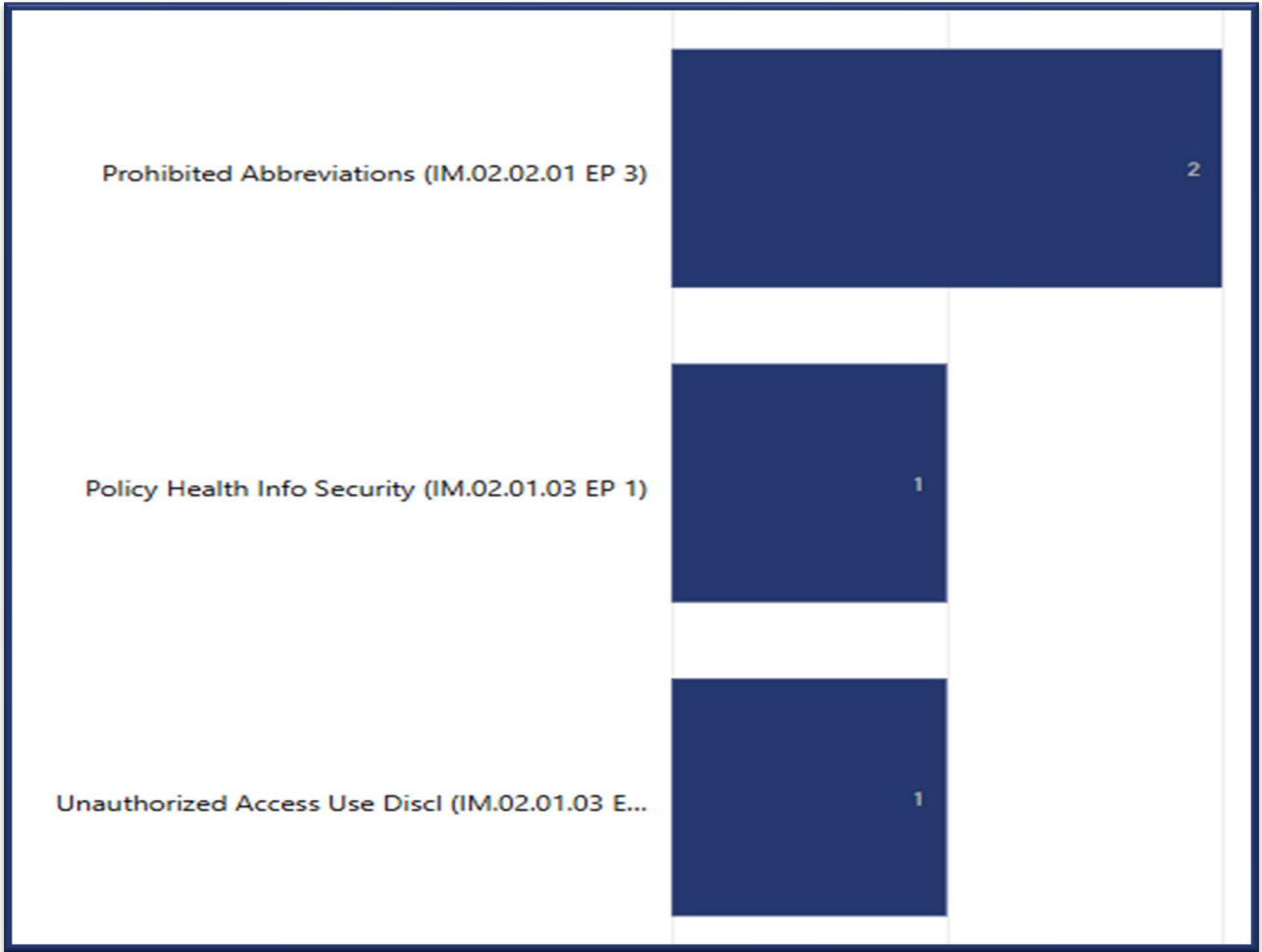


*Data from 05/01/2024 – 05/31/2025*

# New Standard Location – Hospital

Current Standard/EP – 2025	New Standard/EP – January 2026
Prohibited Abbreviations IM.02.02.01 EP 3	Standardized Terminology IM.13.01.01, EP 1
Health Information Privacy Policy IM.02.01.01 EP 1	Health Info Privacy Policy IM.12.01.01, EP 1
Info Loss Damage Alteration IM.02.01.03 EP 6	Health Info Integrity Policy IM.12.01.03, EP 1
Unauthorized Access, Use, Disclosure of Info IM.02.01.03 EP 5	Health Info Integrity Policy IM.12.01.03, EP 1
Standardized Terminology IM.02.02.01 EP 2	Standardized Terminology IM.13.01.01 EP 1

# Top 3 IM Opportunities – Critical Access Hospital



Data from 05/01/2024 – 05/31/2025

# Questions



If you have any questions associated with the MM or IM 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



#### Continuous Customer

# Continuing Education Survey and Certificate

Also see the separate handout detailing the CE requirements.



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## Survey open for 6 weeks

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