

## **Accreditation 360 - Updated Accreditation Manual: Rights and Responsibilities of the Individual and Transplant Safety Chapters**

On Demand Webinar Transcript  
November 2025

### **Slide 1 – 00:01**

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

### **Slide 2 – 00:36**

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

### **Slide 3 – 01:06**

The slides are available now. There are many links provided throughout this webinar, but they are not clickable on screen. By downloading the slides, you'll be able to access links and also take notes. To access the slides 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 – 01:46**

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 until January 31<sup>st</sup>, 2026. For information on Joint Commission's continuing education policies, visit the link provided on the bottom of this slide.

### **Slide 5 – 02:29**

The participant learning objectives are:

- Discuss the rationale for the Rights and Responsibilities of the Individual and Transplant Safety standards rewrite/reorganization; Define the structure, organization, and requirements of the new Rights and Responsibilities of the Individual and Transplant Safety chapters; and Apply guidance and resources to inform implementation.

### **Slide 6 – 02:51**

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

## Slide 7 – 03:09

Here's a quick overview of what we'll cover today:

The Rights and Responsibilities of the Individual and Transplant Safety chapters will be covered in this webinar. We will begin with a brief, high level overview of the structural changes in the Rights and Responsibilities of the Individual and Transplant Safety chapters, including new numbering and changes in chapter locations. After discussing the standards revisions, we will switch focus to address the survey process. We will introduce the Survey Process Guide, or SPG, document and provide a brief orientation to the modules in the survey process guide. Next, we will highlight the Accreditation 360 Resource documents that are available to help you as you navigate through the new manual. Finally, we will provide an overview of the most frequent opportunities for improvement from recent hospital and critical access hospital surveys, focusing on the Rights and Responsibilities of the Individual and Transplant Safety requirements.

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

## Slide 8 – 04:43

Let's get started! First, we will discuss how the Rights and Responsibilities of the Individual, or RI, chapter requirements have been restructured for 2026.

## Slide 9 – 04:45

As of January 2026, the RI chapter standards will be renumbered, as shown in the box on the right. The current chapter standard numbers range from RI.01.01.01 through RI.02.01.01. The new RI chapter numbering will begin with RI.11.01.01 and end with 15.01.01. The standards in the chapter align with regulation, such as CMS Conditions of Participation, or CoPs. In the new chapter format, the reference to the appropriate CMS Condition of Participation will appear below the element of performance statement.

## Slide 10 – 05:22

This slide shows the Rights of the Individual concepts that moved to the new National Performance Goal, or NPG chapter. The new NPG chapter was created to include critical areas designed to prevent patient harm, improve outcomes, and create a safer environment.

Let us review the topics that moved. These topics are:

The right to effective communication in NPG.07.01.01.

Requirements related to informed consent policies and procedures and process under NPG.07.02.01.

Requirements related to reporting of possible abuse, neglect, and exploitation, and provision of resources to assist patients who may be victims of possible abuse, neglect, and exploitation or who may need protective services. These topics are addressed in NPG.07.03.01.

Finally, NPG.07.04.01 will contain requirements to respect the patient's cultural and personal values, beliefs, and preferences and to accommodate the patient's right to religious and other spiritual services.

To reiterate, while these requirements have been relocated from the RI to the NPG chapter, no new concepts have been introduced. Additional information about the new National Performance Goal chapter is provided in a separate webinar and we encourage you to also attend that webinar.

## Slide 11 – 06:41

Now we will focus on how the Transplant Safety or TS chapter requirements have been restructured in the new accreditation manual for 2026.

## Slide 12 – 06:50

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

The box on the left lists the current numbering of the Standards and Elements of Performance (or EPs). This numbering will continue throughout 2025. As of January 2026, transplant safety-related requirements will be located in two chapters. The box in the upper right corner provides the new numbering for the two standards in the TS chapter. These standards will focus on the processes surrounding donation of organ and tissues. The box in the lower right corner lists the requirements that have moved from the TS chapter to the new National Performance Goals, or NPG chapter. These requirements concern the various aspects of safe tissue management.

## Slide 13 – 07:33

Let's review the two standards remaining in the TS chapter more closely. The concepts under the Standard TS.11.01.01 focus on the processes surrounding donation of organ and tissues and align to the CMS Condition of Participation on Organ, Tissue, and Eye Procurement. No new concepts have been introduced.

Let's review the concepts:

A written agreement with an organ procurement organization, or OPO, and timely notification of the OPO of patient death or imminent patient death.

A written agreement with at least one tissue and eye bank.

Designating an organ procurement representative or a trained designated requestor to notify the family regarding the option to donate or decline to donate organs, tissues, or eyes.

Procedures for informing the family of each potential donor, in collaboration with the designated organ procurement organization.

Education and training of staff on the use of discretion and sensitivity.

Policies and procedures for working with the organ procurement organization and tissue and eye banks, addressing review of death records, maintaining potential donors to maximize the viability of donor organs, and staff education.

Lastly, documentation.

## Slide 14 – 08:47

The standard TS.12.01.01 addresses compliance with organ transplantation and applicable to hospitals.

Hospital responsibilities include compliance with:

The rules of the Organ Procurement and Transplantation Network.

Provision of data, if requested, to the Organ Procurement and Transplantation Network, the Scientific Registry of Transplant Recipients, the hospital's designated organ procurement organization, and, when requested by the Office of the Secretary, directly to the United States Department of Health and Human Services.

## Slide 15 – 09:18

This slide lists the major Transplant Safety concepts that moved to the new National Performance Goal, or NPG, chapter. The new NPG chapter was created to include critical areas designed to prevent patient harm, improve outcomes, and create a safer environment.

Let us review the topics that moved. These topics are:

Standardized procedures for managing tissues at NPG.09.01.01.

Bi-directional tissue tracing procedures to enable tracking tissues from the donor or tissue supplier to the recipient or other final disposition at NPG.09.02.01.

And, finally, a requirement to have a written procedure on investigating adverse events related to tissue use or

donor infections at NPG.09.03.01. To reiterate, while these requirements have been relocated from the TS to the NPG chapter, no new concepts have been introduced.

### **Slide 16 – 10:12**

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

### **Slide 17 – 10:21**

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

### **Slide 18 – 11:10**

As we will explain in the next few slides, the SPG is organized into modules based on the CMS CoP structure. There is a separate module for the NPG chapter. The SPG also provides a series of compliance evaluation tools to assist organizations in meeting compliance with the elements of performance evaluated during surveys.

### **Slide 19 – 11:31**

It is important to emphasize that the survey process methodology and structure remain unchanged. In Individual Tracers, surveyors will continue to evaluate standards related to the care, treatment, and services provided to patients, including standards on patient rights, tissue management, and compliance with organ donation policies and procedures. As before, surveyors will evaluate hospital performance through Document Review, Open and Closed Medical Record Review, and Staff Interviews.

### **Slide 20 – 12:00**

As mentioned previously, the Survey Process Guide is organized into modules based on the CMS Conditions of Participation, or CoP, structure. Let's consider an example module from the Survey Process Guide. As provided on the slide, the red box at the top highlights the CoP that will be addressed in the module. In this case, it is the CoP 482.45 on organ, tissue, and eye procurement. The information is presented in a 3-column table:

The column on the left identifies the Joint Commission Standards and EPs. In this example, it is the Standard TS.11.01.01, EP 1 on the hospital's written policies and procedures for donating and procuring organs, tissues, and eyes. The middle column provides the full text of the CoP that the Standard and EP are 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 21 – 13:06**

Here is another example. The title highlighted in the red box at the top of this slide shows the CoP title, which is the CoP 482.13 on patient rights. Let's first locate the Standard RI.11.01.01, EP 2 in the left column. The middle column next to it provides the full text of the CoP that this Standard and EP are mapped to, in this case, the CoP 482.12(a)(1). The column on the right side of the slide contains the survey process information and activities that surveyors will carry out to evaluate compliance with this requirement.

## Slide 22 – 13:43

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

## Slide 23 – 13:52

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 provided onscreen. If you’ve downloaded the slides, this link will be clickable and take you to the prepublication website.

## Slide 24 – 14:25

To track standard revisions, we have developed a Disposition Report to help accredited organizations readily identify what revisions were made. The report contains information about where concepts have moved from their previous EP locations, and there is a disposition column to describe the type of revision that occurred. For each of the current standards and EPs listed on the left side of the table, the disposition column identifies what has happened to the requirement. Examples of options that may appear in the disposition column are: Moved to a new location, Moved and revised, EP split into multiple EPs, or a Consolidation of several requirements into one. In some cases, you will notice new language used. This is because that EP language was revised to convey alignment with the language in the Conditions of Participation. The overall concept is not new, but now the EP text matches the CoP language more closely. There are also situations where an EP has been deleted. Either the requirement is no longer necessary because it no longer addresses current patient or safety concerns, or it is now redundant to a more direct EP that matches CMS language. In some cases, a requirement is deleted, and the concept is moved to the Survey Process Guide, or SPG. The phrase “Moved to guidance within SPG” means that the details behind a requirement and the information on how this requirement will be evaluated will now be found in the SPG document. For the requirements that were retained, the new locations and EP text are shown on the right side of the table.

## Slide 25 – 15:59

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 26 – 16:26

This slide provides an example of the crosswalk with the hospital C oh P listed on the left, the current EP mapping in the middle, and the future mapping on the right.

For CoP four eight two point four five A, shown on the left, the new requirement crosswalked to it is the standard TS 11 01 01 EP 1 as shown in the right column.

## Slide 27 – 16:48

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

## Slide 28 – 17:03

Let's review the top opportunities from the Patient Rights, or RI chapter that were identified for the Hospital program between May 2024 and May 2025. As depicted on the graph on this slide, the top three opportunities include following informed consent policy at RI.01.03.01, EP 1 with 420 opportunities. The Standard RI.01.01.03, EP 2 on providing language interpreting and translation services had 144 opportunities. The Standard RI.01.03.01, EP 2 on the required elements of the informed consent discussion had 72 opportunities during this timeframe. You can pause the presentation to examine all the listed opportunities on this slide or review them within the PDF of the slides.

## Slide 29 – 17:53

Let's review the new locations for the top trending opportunities for Hospitals. In the table included on this slide, the left column lists the old Standard and Element of Performance and the topic of the requirement identified by surveyors between May 2024 and May 2025. The right column provides the new Standard number and Element of Performance effective in 2026.

Let's consider one example together. As depicted in the table, the top opportunity for patient rights for hospitals was at Standard RI.01.03.01, EP 1 on following informed consent policy. This requirement moved to NPG.07.02.01, EP 1 as of 2026.

Other notable requirements include:

Providing interpreting and translation services , which is now located at NPG.07.01.01, EP 2.

Documentation of advanced directives moved to RI.12.01.01, EP 5. For details on the survey process, please see the Survey Process Guide, or SPG Hospital Patient Rights Evaluation Module 482.13. You can pause the presentation to examine all the listed opportunities on this slide or review them within the PDF of the slides.

## Slide 30 – 19:09

Let's now review the top three opportunities from the RI chapter that were identified for the Critical Access Hospital program between May 2024 and May 2025. For following informed consent policy at RI.01.03.01, EP 1, 17 opportunities were identified. Resolution of complaints and a written notice provided to the individual at RI.01.07.01, EP 18 had 7 opportunities. And the Standard RI.01.01.03, EP 2 on providing language interpreting and translation services had 6 opportunities.

## Slide 31 – 19:45

The new locations for the top trending opportunities for Critical Access Hospitals are shown on this slide. Similar to the Hospital program, the top opportunity was at Standard RI.01.03.01, EP 1 on following informed consent policy. This requirement will move to NPG.07.02.01, EP 1. A requirement to provide the patient with a written notice of decision after resolution of a grievance or complaint will move to RI.14.01.01, EP 3. And Providing interpreting and translation services will be located in NPG.07.01.01, EP 2.

## Slide 32 – 20:23

Let's review the top opportunities from the TS chapter that were identified for the Hospital program between May 2024 and May 2025. As depicted on the graph on this slide, the top five opportunities included: Identifying the materials and related instructions used to prepare or process tissues at TS.03.02.01, EP 2 with 79 opportunities. Notification of the organ procurement organization, or OPO, of patients who have died and of mechanically ventilated patients whose death is imminent at TS.01.01.01, EP 9 with 77 opportunities. Retaining tissue records on storage temperatures, outdated procedures, manuals, and publications for a minimum of 10 years at TS.03.02.01, EP 5 with 52 opportunities. Documented verification that at the time of receipt that package integrity was met and transport temperature range was controlled and acceptable for tissues requiring a controlled environment at TS.03.01.01, EP 7 with 39 opportunities. And, following the tissue suppliers' or

manufacturers' written directions for transporting, handling, storing, and using tissue at TS.03.01.01, EP 5 with 22 opportunities.

### **Slide 33 – 21:41**

The new locations for these top topics in the Hospital program are provided in the table on this slide: Identifying the materials and related instructions used to prepare or process tissues at TS.03.02.01, EP 2 will move to NPG.09.02.01, EP 2. Notification of the organ procurement organization, or OPO, of patients who have died and of mechanically ventilated patients whose death is imminent will move to TS.11.01.01, EP 1. For survey process details, refer to the SPG Organ, Tissue, and Eye Procurement Evaluation Module 482.45. Retaining tissue records on storage temperatures, outdated procedures, manuals, and publications for a minimum of 10 years will be evaluated based on compliance with existing law and regulation at LD.13.01.01, EP 1. Documented verification that at the time of receipt that package integrity was met and transport temperature range was controlled and acceptable for tissues requiring a controlled environment will move to NPG.09.01.01, EP 1. For survey process details, refer to the SPG National Performance Goals Evaluation Module. Finally, following the tissue suppliers' or manufacturers' written directions for transporting, handling, storing, and using tissue will move to NPG.09.01.01, EP 3.

### **Slide 34 – 23:05**

The profile of opportunities for Critical Access Hospitals during the period between May 2024 and May 2025 were similar to hospitals and the top three are provided here: Identifying the materials and related instructions used to prepare or process tissues at TS.03.02.01, EP 2 with 5 opportunities. Notification of the organ procurement organization, or OPO, of patients who have died and of mechanically ventilated patients whose death is imminent at TS.01.01.01, EP 9 with 4 opportunities. And documented verification that at the time of receipt that package integrity was met and transport temperature range was controlled and acceptable for tissues requiring a controlled environment at TS.03.01.01, EP 7 with 3 opportunities.

### **Slide 35 – 23:57**

The new locations for the top topics in the Critical Access Hospital program are provided in the table: Identifying the materials and related instructions used to prepare or process tissues at TS.03.02.01, EP 2 will move to NPG.09.02.01, EP 2. Notification of the organ procurement organization, or OPO, of patients who have died and of mechanically ventilated patients whose death is imminent will move to TS.11.01.01, EP 1. For survey process details, refer to the SPG Organ, Tissue, and Eye Procurement Evaluation Module 485.64 (3)(a). Documented verification that at the time of receipt that package integrity was met and transport temperature range was controlled and acceptable for tissues requiring a controlled environment will move to NPG.09.01.01, EP 1. For survey process details, refer to the SPG National Performance Goals Evaluation Module.

### **Slide 36 – 24:54**

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

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

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

### **Slide 37 – 25:37**

All Accreditation 360 webinar recording links, slides, and transcripts can be accessed on the Joint Commission's webpage via the link provided at the bottom of this slide. After this webinar is no longer available for continuing education credit, the recording and materials will remain accessible at that link on Joint Commission's website.

### **Slide 38 – 25:57**

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 39 – 26:37**

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