

Accreditation 360 - Updated Accreditation Manual: Nursing and Medical Staff Chapters

On Demand Webinar Transcript
October 2025

Slide 1 – 00:00

Hello and welcome! This is your introduction to the Nursing and Medical Staff Chapter updates as part of the Accreditation 360 initiative, effective January 1st, 2026. CE credit is available for this on demand webinar for 6 weeks following its release. 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 – 00:32

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 – 01:02

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 this 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 – 01:40

Many attending this webinar will wish to receive continuing education credit or qualifying education hours. All relevant information about continuing education credit is available within a handout we've included with this webinar and has also been communicated within the webinar registration information. The attachment includes the list of entities that will provide credit, the requirements for participants to earn credit, and information about how to complete the survey and obtain a certificate. So be sure to download that attachment to learn more. Credit is available for this webinar for 6 weeks following its release. For information on Joint Commission's continuing education policies, visit the link provided on the bottom of this slide.

Slide 5 – 02:20

The participant learning objectives are:

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

Slide 6 – 02:38

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

Slide 7 – 02:57

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

The Nursing and Medical Staff chapters will be covered in this webinar.

We will begin with a brief, high level overview of the structural changes in the Nursing and Medical Staff chapters, including new numbering and changes in chapter locations. After discussing standards revisions, we will switch focus on the survey process. We will introduce the Survey Process Guide or SPG document and provide a brief orientation to the modules in the Survey Process Guide. 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 Nursing and Medical Staff requirements.

Just a couple notes before we proceed with the webinar content – the information presented in this webinar is 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 – 04:16

Let's get started. First, we will discuss how the Nursing chapter requirements have been restructured for 2026.

Slide 9 – 04:23

All standards and EPs have been renumbered in the Nursing (or NR) 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, nursing-related requirements will be located in 3 chapters. The new standard numbers and chapter locations are displayed on the right side of the screen. The bulk of the requirements will reside in the NR and NPG chapter, and one requirement in the leadership chapter. The next slides discuss how the various nursing-related concepts will be distributed among these locations.

Slide 10 – 05:02

Now let's examine the concepts remaining in the NR chapter. The new NR chapter has 1 standard NR.11.01.01 that contains four elements of performance or EPs.

EP 1 requires a registered nurse to assign the nursing care for each patient in accordance with the patient's needs and the specialized qualifications and competence of the nursing staff available.

EP 2 requires all licensed nurses who provide services to adhere to hospital policies and procedures.

EP 3 requires the nurse executive to provide supervision and evaluation of the clinical activities of all nursing staff in accordance with nursing policies and procedures.

Finally, EP 4 requires a registered nurse to supervise and evaluate the nursing care for each patient. The important point to emphasize is that regardless of the changes in the format and numbering, the key nursing concepts remain the same.

Slide 11 – 05:58

Next, as was mentioned previously, some of the nursing-related requirements have been moved from the NR chapter to the new National Performance Goal or NPG chapter. The new NPG chapter was created to include critical areas designed to prevent patient harm, improve outcomes, and create a safer environment. NPG 12.02.01 contains 7 EPs that cover nursing-related concepts.

We'll now highlight these 7 EPs:

NPG.12.02.01, EP 1 addresses nurse executive responsibilities, which include responsibility for the operation of nursing services and determination of nursing policies and procedures and the types and numbers of nursing and other staff necessary to provide nursing care to all areas of the hospital.

NPG 12.02.01, EP 2 addresses nurse executive role in the hospital's decision-making structure and process; under this requirement, the nurse executive assumes an active role in decision-making with the hospital's governing body, senior leadership, medical staff, and other clinical leaders.

Other concepts addressed in NPG.12.02.01 include:

A requirement for Critical Access Hospitals in EP 3 that a registered nurse, clinical nurse specialist, or licensed practical nurse is on duty whenever the Critical Access Hospital has one or more inpatients.

A requirement in EP 4 that nursing services be provided to patients 24 hours a day, 7 days a week unless it is a rural hospital with a granted 24-hour nursing waiver.

EP 5 requiring that there must be an adequate number of licensed registered nurses, licensed practical nurses, and other staff to provide nursing care to all patients, as needed.

EP 6 on the director of psychiatric nursing role, which is a unique requirement for psychiatric distinct part units in critical access hospitals.

Lastly, EP 7 that requires policies and procedures that address in which outpatient departments a registered nurse is not required to be present, as well as establish criteria that such departments need to meet, and describe alternative staffing plans.

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

Slide 12 – 08:22

This slide highlights a requirement that, while it relates to nursing, is located in the Leadership chapter. Standard LD.13.03.01, EP 2, formerly LD 04.03.01, EP 2, requires hospitals to have an organized nursing service, with a plan of administrative authority and delineation of responsibility for patient care, that provides 24-hour nursing services.

Slide 13 – 08:46

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

Slide 14 – 08:56

All standards and EPs have been renumbered in the Medical Staff (or MS) chapter.

The box on the left lists the current numbering of the standards. This numbering will continue throughout 2025. The box on the right provides the new standards numbering that takes effect in January 2026. The chapter underwent revisions and consolidations of elements of performance, however, major medical staff concepts remain the same and will be located in the 23 medical staff standards listed on the right.

In the following slides, we will provide a high level overview of the revised Medical Staff chapter.

Slide 15 – 09:28

It is important to point out that no new concepts have been introduced in the Medical Staff Chapter. Expectations remain unchanged.

As required in the current requirements, the expectations broadly fall into four domains.

First, Medical Staff Bylaws. The organized medical staff must create and maintain a set of bylaws, law and regulations that define its role and create a framework within which medical staff members can act.

Second, Medical Staff Structure and Roles and Responsibilities. The organized medical staff must be structured such that it has the ability to function in guiding and governing its members. The roles of medical staff also must be clearly defined, such as providing leadership in performance improvement activities within the organization.

Third, Credentialing and Privileging. The self-governing organized medical staff provides oversight of the quality of care, treatment, and services delivered by physicians or other licensed practitioners who must be credentialed and privileged through the medical staff process. The organized medical staff is also responsible for the ongoing evaluation of the competency of the practitioners who are privileged, delineating the scope of privileges that will be granted to them.

Lastly, the medical staff must define Processes for Investigation of Concerns regarding a privileged practitioner's practice, a fair hearing and appeal process to address adverse decisions, and processes to manage matter of individual health for physicians and licensed practitioners.

Slide 16 – 10:56

Now let's examine each standard domain at a high level.

Requirements on Medical Staff Bylaws have been consolidated and will be presented in a more streamlined format under the standard MS.14.01.01.

The standard MS 14.02.01 addresses the processes for adoption or amendments of medical staff bylaws, rules, regulations, or policies.

Slide 17 – 11:21

Requirements that address the Medical Staff Structure and the various medical staff roles and responsibilities are captured in the seven standards listed on this slide.

Standard MS.14.03.01 is applicable to deemed multihospital systems that choose to establish a unified and integrated medical staff.

Standard MS.15.01.01 addresses the medical staff executive committee composition and functions.

Standard MS.16.01.01 covers a range of requirements on medical staff oversight, requirements for medical

history and physical examination and assessment, policies and procedures to govern emergency medical care, and qualifications of the radiology staff, nuclear medicine director and staff, and primary care clinicians. Standard MS.16.01.03 is on individual practitioner responsibilities regarding patient admission and ongoing care.

Standard MS.16.02.01 is applicable to hospitals participating in professional graduate education programs and addresses processes for supervision, roles and responsibilities of graduate practitioners and other procedures to facilitate institutional educational mission.

As before, the organized medical staff is expected to participate in organization wide performance improvement activities to promote quality of care and patient safety. These responsibilities are outlined in the standard MS.16.03.01.

The last standard in the medical staff structure, roles and responsibilities domain is MS.19.01.01, which covers medical staff participation in continuing education.

Slide 18 – 12:56

The next domain of standards for medical staff are the standards on Medical Staff Credentialing and Privileging.

The development and maintenance of a credible process to determine competency requires not only diligent data collection and evaluation, but also the actions by both the governing body and organized medical staff. The requirements surrounding these processes remain the same. As before, the standards outline credentialing and privileging process as a series of activities. Let's review these activities, including the new standard references:

Requirements are under the standard MS.17.01.01 address provision of necessary resources to support credentialing and privileging process, including space, equipment, staffing, and financial resources.

Standard MS.17.01.03 is on collecting information regarding credentials, licenses, training and competence for each requesting physician or other licensed practitioner.

Standard MS.17.02.01 is on planning and implementing a privileging process. This entails implementing criteria, based on which it can be determined that a practitioner can be allowed to provide patient care, treatment, and services with the scope of the privileges requested. Other procedural requirements are also covered under this standard.

Standard MS.17.02.03 covers the clinical privileges decision process that must be clinical care-centered, timely, and free of bias.

Standard MS.17.03.01 addresses expedited process for granting privileges, including criteria and eligibility.

Standard MS.17.04.01 covers requirements for granting temporary privileges for a limited period of time.

Standard MS.18.01.01 addresses the inclusion of peer recommendations in initial granting, renewal, revision, or revocation of privileges process.

The last two standards in the credentialing and privileging domain are standards addressing monitoring and evaluation of a physician's or other licensed practitioner's professional performance.

MS.18.02.01 addresses criteria and triggers for evaluating performance, including focused professional practice evaluation or FPPE.

MS.18.02.03 addresses ongoing professional practice evaluation or OPPE.

Slide 19 – 15:19

The last major domain of medical staff standards covers Management of Concerns and Individual Health.

Standard MS.18.03.01 requires a process for collecting, investigating and addressing clinical practice concerns.

Standard MS.18.04.01 requires mechanisms for a fair hearing and appeal process to address adverse decisions regarding reappointment, denial, reduction, suspension, or revocation of privileges.

Lastly, standard MS.18.05.01 requires a process to identify and manage matters of individual health for physicians and other licensed practitioners which is separate from actions taken for disciplinary purposes.

Slide 20 – 16:01

The remaining block of four medical staff standards address Telemedicine services or services provided via a telemedical link.

The three standards contained in gold rectangles pertain to credentialing and privileging for physicians or other licensed practitioners who provide clinical care and services through a telemedical link.

If this type of service applies to your organization, please review these requirements and know that despite numbering changes they remain largely unchanged.

To review, these are standards MS.20.01. 01, EP 1, LD.13.03.03, EP 3 and LD.13.03.03, EP 6.

The standard MS.20.01.03 in the blue rectangle contains two requirements: a requirement that the medical staff recommends which clinical services are appropriately delivered through the telemedical link medium and a requirement that clinical services offered via a telemedical link are consistent with commonly accepted quality standards.

Slide 21 – 16:58

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

Slide 22 – 17:06

One important resource for understanding the Joint Commission survey process is the new Survey Process Guide or SPG. This document explains the survey process in great detail and replaces the Survey Activity Guide that you are currently using. 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.

One thing to note, the expectations for compliance with the elements of performance and the CoPs has not changed. If your organization is compliant today, you can be confident that you will be compliant on January 1st, 2026 .

Slide 23 – 17:56

As we will highlight in the next slides, SPG is organized into modules based on the CMS CoP structure. There is a separate module for the NPG chapter.

The SPG also provides a series of compliance evaluation tools to assist organizations in meeting compliance with the elements of performance evaluated during surveys.

Slide 24 – 18:16

It is important to emphasize that the survey process and structure remain unchanged. Medical staff concepts will continue to be assessed during Medical Staff Credentialing & Privileging discussion and review of credential files. In Individual Tracers, surveyors will continue to evaluate standards related to the care, treatment, and services provided to patients, including standards on nursing care, assessments, history and physicals, provider orders, and others.

Slide 25 – 18:43

As mentioned previously, the Survey Process Guide is organized into modules based on the CMS Conditions of Participation or CoP structure. Let's examine an example module from the Survey Process Guide.

As you can see on the slide, the red box at the top shows the CoPs that will be addressed in the module. In this case, it the CoP 482.22 on hospital medical staff and CoP 482.62 (b) on psychiatric special staff requirements

The information is presented in a 3-column table:

The column on the left identifies the Joint Commission standards and EPs. The standard MS.16.01.01, EP 1 on organized medical staff is included in the left column.

The middle column provides the full text of the Nursing Service CoP that the standard and EP is mapped to.

The column on the right side of the slide contains the survey process information and activities that surveyors will carry out to evaluate compliance. These activities may include Interview, Document Review, and Observation following our current tracer methodology.

Slide 26 – 19:54

Please note that requirements can appear in several modules throughout the document. Therefore, to fully understand requirements and how they will be evaluated, we encourage you to review the entire survey process guidance document. Also, one single CoP module can contain requirements from different chapters, as shown on the screen here. The module for CoP 482.23 on nursing services includes a Leadership standard and an NPG standard related to nursing services. The control-find function is a useful tool to find all references to the NR or MS standards and EPs. First hold down control button on your keyboard while also clicking on the "F" button. In the box that appears, you can type in the EP that you are looking for, and the document will be searched for that EP. You can also search for terms as well.

Slide 27 – 20:43

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

Slide 28 – 20:51

There are several resources available on our pre-publication webpage that you may find useful as you navigate through restructured accreditation standards. From this webpage, you will be able to access the reports containing Accreditation Requirements, as well as Hospital and Critical Access Hospital Crosswalks,

Crosswalk Compare Reports, Survey Process Guides, and Disposition Reports.

All of these resources are available to download from the link displayed onscreen. If you've downloaded the slides, this link will be clickable and will take you to the prepublication website.

Slide 29 – 21:25

To track standard revisions, we have developed a Disposition Report to help accredited organizations easily 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 see new language. This is because that EP language was revised to convey alignment with the language in the Conditions of Participation. The overall concept is not new, but now the EP text matches the CoP language more closely. There are also situations where an EP has been deleted. Either the requirement is no longer necessary because it no longer addresses current patient or safety concerns, or it is now redundant to a more direct EP that matches CMS language. In some cases, a requirement is deleted, and the concept is moved to the Survey Process Guide or SPG. The phrase “moved to guidance within SPG” means that the details behind a requirement and the information on how this requirement will be evaluated will now be found in the SPG document.

For the requirements that were retained, the new locations and EP text are provided on the right side of the table.

Slide 30 – 22:57

The Crosswalk Compare reports are another resource available on the pre-publication page. 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 31 – 23:26

This slide shows an example of the Crosswalk with the hospital CoP listed on the left, the current EP mapping in the middle, and the future mapping on the right. The CoP 482.23 (b) that is highlighted on the slide currently has 4 requirements mapped to it, and in the future will only have one mapped. This example demonstrates a streamlined approach in which Joint Commission requirements more directly identify the US Centers for Medicare & Medicaid Services (CMS) Conditions of Participation.

Slide 32 – 23:59

This portion of the presentation will highlight trending opportunities for nursing and medical staff in both Hospital and Critical Access Hospital programs between May 2025 and May 2025. We will also demonstrate new standard locations for these commonly identified opportunities for improvement.

Slide 33 – 24:17

As listed on the slide, the top opportunity related to Nursing in the Hospital program is standard NR.02.03.01, EP 2, which addresses implementation of nursing policies and procedures. The same standard was also the top opportunity for Critical Access Hospitals between May 2024 and May 2025.

Slide 34 – 24:39

This slide provides the new standard location for this top opportunity. Implementation or adherence to nursing policies and procedures will become standard NR.11.01.01, EP 2 for both Hospitals and Critical Access Hospitals.

Slide 35 – 24:53

Let's consider the most frequent opportunities from the MS chapter for the Hospital program. These include compliance with medical staff bylaws with 355 opportunities between May 2024 and May 2025, items related to ongoing professional practice evaluation, or OPPE, with over 200 opportunities, and lastly, opportunities related to implementation of focused professional practice evaluation, or FPPE, and practicing within the scope of privileges.

Slide 36 – 25:25

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

For example, compliance with bylaws is moving to the new MS.16.01.01, EP 1.

Additional information about the survey process for these requirements is available in the Survey Process Guide (or SPG) and could help organizations address these opportunities for improvement.

Slide 37 – 25:51

This slide provides the top scored Medical Staff EPs for the Critical Access Hospital program. These include compliance with medical staff by laws, items related to ongoing professional practice evaluation, or OPPE, implementation of focused professional practice evaluation, or FPPE and verification of credentials for applicants.

Slide 38 – 26:13

Provided on this slide is an overview of the new locations for most frequent opportunities for critical access hospitals.

Once again, information about the survey process for these requirements is included in the Survey Process Guide.

All requirement concepts have been retained and have been renumbered.

Slide 39 – 26:31

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

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

Slide 40 – 27:09

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Slide 41 – 27:29

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 is provided 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 42 – 28:10

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