

Joint Commission Perspectives®

THE OFFICIAL NEWSLETTER OF JOINT COMMISSION

2 **ACCREDITATION 360: Continuous Engagement Option**

Joint Commission's new optional approach to accreditation, Continuous Engagement, will begin January 1, 2026, for hospitals and critical access hospitals.

3 **E-dition Updated with Standards Effective January 1, 2026**

E-dition® now includes the requirements effective January 1, 2026, for all accreditation, certification, and verification programs. The updates include the hospital and critical access hospital standards and elements of performance as part of Accreditation 360.

4 **NEW: Off-Site Review Option for Advanced DSC Cardiac and Stroke and Comprehensive Cardiac Center Certification Programs**

Effective January 1, 2026, an off-site review option will be available for cardiac and stroke certification programs.

5 **REQUIRED** **UPDATED: 2026 ORYX Performance Measure Reporting Requirements**

The 2026 ORYX® performance measure reporting requirements, effective January 1, 2026, are now available. The requirements have been streamlined to focus on maternal health, patient safety, and psychiatric hospital care.

7 **Joint Commission and CHAI Release Guidance to Support Responsible AI**

Joint Commission and the Coalition for Health AI (CHAI) have released "Guidance on Responsible Use of AI in Healthcare" to help health systems safely and effectively implement artificial intelligence at scale.

8 **ACCREDITATION 360: More Webinars Now Available**

The next webinars in Joint Commission's series of free, on-demand webinars about Accreditation 360 focus on the "Medication Management" (MM), "Information Management" (IM), "Nursing" (NR), and "Medical Staff" (MS) chapters.

9 ***The Joint Commission Journal on Quality and Patient Safety***

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Accreditation 360: Continuous Engagement Option

Joint Commission recently announced [Accreditation 360: The New Standard](#)—a transformative approach to healthcare accreditation and certification. Accreditation 360 is designed to reduce burden by streamlining and simplifying processes, providing better support to healthcare organizations, and more efficiently sharing best practices across the healthcare ecosystem.

As part of Accreditation 360, Joint Commission is offering its accredited **hospitals** and **critical access hospitals** optional, flexible support between surveys to strengthen performance and improve patient care. This is not intended to monitor performance or compliance but instead to foster collaboration in elevating care.

Beginning January 1, 2026, the new optional approach, [Continuous Engagement](#), will support hospitals and critical access hospitals in their ongoing performance improvement and patient safety efforts. Hospitals that choose Continuous Engagement receive check-in(s) between surveys, guided by their needs and voluntary participation.

Hospitals can choose a virtual touchpoint(s) or an on-site touchpoint. The touchpoints offer hospital leaders the opportunity to seek clarity, explore areas for improvement, and collaborate on real solutions for quality and safety with a Joint Commission survey specialist.

Touchpoint discussions may include:

- Key strengths and opportunities identified by the organization or from prior survey events
- Challenging standards selected by the organization
- Performance strengths and real-world solutions
- Support with administrative elements in the accreditation process

Continuous Engagement was designed with flexibility in mind—allowing organizations to choose timing, format, and focus topics. Developed based on feedback from Joint Commission–accredited organizations, it fosters a more collaborative and consistent relationship between surveys, supporting hospitals on their journey toward sustained excellence.


For questions regarding Continuous Engagement, please complete this [form](#). 

E-dition Updated with Standards Effective January 1, 2026

On September 29, 2025, Joint Commission updated E-dition® to include requirements effective January 1, 2026, for all accreditation, certification, and verification programs. This update includes **hospital** and **critical access hospital** standards and elements of performance (EPs) that were revised as part of Accreditation 360.

The January 1, 2026, standards and EPs serve as a “look-ahead” for accredited organizations or those seeking accreditation. Organizations will not be surveyed to these requirements until their effective date.

E-dition is a web-based and fully searchable electronic manual accessible through your organization’s secure *Joint Commission Connect*® extranet site. The [public version](#) of the standards on Joint Commission’s website posts only the standards currently in effect (effective July 1, 2025). Tracers with AMP® users can view the January 1, 2026, standards and EPs but cannot use them for self-assessment until early January.

For those who purchase them, 2026 print manuals and update services have mailed. Manuals in an e-book format, also available for purchase, have also been fulfilled. If you wish to purchase a print or e-book manual, visit Joint Commission’s [webstore](#). 

New: Off-Site Review Option for Advanced DSC Cardiac and Stroke and Comprehensive Cardiac Center Certification Programs

Effective January 1, 2026, Joint Commission will offer an off-site (virtual) option for the **advanced disease-specific care certification programs for cardiac and stroke** and the **Comprehensive Cardiac Center** certification program offered in collaboration with the American Heart Association (AHA).

Joint Commission recognizes that an off-site review offers minimal disruption in the most cost-effective way while still evaluating the quality and safety of care provided by the organization. The following advanced certification programs will have an off-site review option:

- Acute Heart Attack Ready
- Acute Stroke Ready Hospital
- Comprehensive Cardiac Center
- Comprehensive Heart Attack Center
- Comprehensive Stroke Center
- Heart Failure
- Primary Heart Attack Center
- Primary Stroke Center
- Thrombectomy-Capable Stroke Center

AHA supports the new off-site review option for these programs. It offers flexibility, reduces disruption, and maintains high standards of care. This is a meaningful step forward in modernizing care evaluation and supporting organizations in delivering exceptional patient outcomes.

Organizations seeking certification or recertification through these programs will select either an on-site or off-site review—whichever option suits them best. Off-site reviews will be conducted in one or two days, depending on the program. All intracycle calls will continue to be conducted virtually at the one-year midpoint of the certification cycle.

Organizations are not required to participate in the virtual review process and may continue using the on-site option. State-specific requirements may affect an organization's ability to choose the off-site review option.

[Learn more](#) about certification or contact your Joint Commission account executive for assistance. 

REQUIRED



Updated: 2026 ORYX Performance Measure Reporting Requirements

Joint Commission has finalized the 2026 ORYX® performance measure reporting requirements, effective January 1, 2026, for Joint Commission–accredited **hospitals** and **critical access hospitals**.

In response to feedback from accredited organizations, Joint Commission has reduced the number of measures to focus on three critical patient safety areas: maternal health, patient safety, and psychiatric hospital care. The measures closely align with what hospitals already report to the Centers for Medicare & Medicaid Services (CMS) and other agencies.

The updated ORYX reporting requirements will allow hospitals and surveyors to learn from a more robust, representative dataset. The measures have strong scientific backing and are either outcome measures or process measures for which evidence clearly links care processes to better patient outcomes. Joint Commission has also reduced options in the measure set, with fewer reporting requirements overall, and is enhancing its data infrastructure to update its data submission platform and analytics products, among other improvements.

Key Calendar Year 2026 Updates to Submission Requirements

- Large Hospitals with ≥ 26 Licensed Beds OR ≥ 50,000 Outpatient Visits AND Provide Obstetrical Services
 - Required Measures
 - Hospital Harm: Severe Hypoglycemia (HH-HYPO)
 - Hospital Harm: Severe Hyperglycemia (HH-HYPER)
 - Cesarean Birth (PC-02)
 - Unexpected Complications in Term Newborns* (PC-06)
 - Severe Obstetric Complications (PC-07)
 - Optional Electronic Clinical Quality Measure (eCQM)
 - Timely Treatment of Severe Hypertension (PC-08)
- Large Hospitals with ≥ 26 Licensed Beds OR ≥ 50,000 Outpatient Visits AND Do NOT Provide Obstetrical Services
 - Required eCQMs
 - Hospital Harm: Severe Hypoglycemia (HH-HYPO)
 - Hospital Harm: Severe Hyperglycemia (HH-HYPER)

- Small Hospitals with < 26 Licensed Beds and < 50,000 Outpatient Visits and Critical Access Hospitals

- Required eQMs
 - Hospital Harm: Severe Hypoglycemia (HH-HYPO)
 - Hospital Harm: Severe Hyperglycemia (HH-HYPER)
- Optional Measures
 - Cesarean Birth (PC-02)
 - Unexpected Complications in Term Newborns* (PC-06)
 - Severe Obstetric Complications (PC-07)
 - Timely Treatment of Severe Hypertension (PC-08)


- Freestanding Psychiatric Hospitals

- Required Measures
 - Hours of Physical Restraint Use (HBIPS-2)
 - Hours of Seclusion Use (HBIPS-3)

* Organizations can submit PC-06 as a chart-abstracted measure or eCQM.

Joint Commission will add one new eCQM as an optional reporting measure, Perinatal Care: Timely Treatment of Severe Hypertension. Specifications will become available in 2026.

In addition, Joint Commission–accredited organizations will not need to participate in the Joint Commission National Healthcare Safety Network (NHSN) group in 2026. NHSN is a valuable data source, and Joint Commission will consider these data for future program requirements.

For a complete list of all requirements and measures for critical access hospitals and hospitals—including which measures were removed—visit Joint Commission’s [2026 ORYX Performance Measurement Reporting Requirements](#). Direct any questions regarding these updates and requirements to the [ORYX Help Inbox](#). Include your healthcare organization ID number in the subject line of all inquiries. 

Additional ORYX Resources

- Now available: [Accreditation 360: 2026 ORYX Performance Measurement Requirements Webinar](#) on-demand webinar
- [ORYX Performance Measurement Timeline](#) for data submission
- [ORYX FAQs](#)
- Chart-abstracted [Specifications](#) for Joint Commission measures
- eCQM Specifications:
 - [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#)
 - eCQM [Specification](#) section of Joint Commission’s website (for Unexpected Complications in Term Newborns specification)

Joint Commission and CHAI Release Guidance to Support Responsible AI

In September 2025 Joint Commission and the Coalition for Health AI (CHAI) released the first installment of their work together—Guidance on Responsible Use of AI in Healthcare—which serves as internal governance to help US health systems safely and effectively implement artificial intelligence (AI) at scale. This guidance represents the first of many milestones from this strategic partnership, launched in June 2025.

“We understand how quickly AI is changing healthcare—and at a scale I’ve never seen in my time as a leader,” says Jonathan Perlin, MD, PhD, president and CEO, Joint Commission. “From the moment we announced our partnership with CHAI, we knew we wanted our partnership to reflect that fast-paced dynamic, while still delivering thoughtful and streamlined guidance for healthcare organizations to self-govern with AI.”

The guidance outlines seven key elements of responsible use of AI in healthcare:

1. AI policies and governance structure
2. Patient privacy and transparency
3. Data security and data use protections
4. Ongoing quality monitoring
5. Voluntary, blinded reporting of AI safety-related events
6. Risk and bias assessment
7. Education and training

The guidance is meant to provide transparency into the Joint Commission-CHAI process, and community feedback will be incorporated into future outputs.

“The need is immediate, and we are eager to respond,” says Brian Anderson, MD, CEO of CHAI. “This guidance and all subsequent playbooks are about keeping pace with the evolving field, not just by defining responsible AI, but by making it usable in hospitals and health systems across the country—no matter their resource level.”

A series of products are slated to launch later this year and into 2026, including governance playbooks and a voluntary AI certification based on the final set of playbooks.

To learn more, read the [press release](#) and [guidance](#). 

Accreditation 360: More Webinars Now Available

Joint Commission has released two more free on-demand webinars in its series about *Accreditation 360: The New Standard*, Joint Commission's transformational approach to accreditation and certification.

The latest webinars in the series focus on the "Medication Management" (MM) and "Information Management" (IM) chapters and the "Nursing" (NR) and "Medical Staff" (MS) chapters of the *Comprehensive Accreditation Manual for Hospitals* and *Comprehensive Accreditation Manual for Critical Access Hospitals* or their E-dition® counterparts.


The webinars delve into the MM, IM, NR, and MS standards and elements of performance; offer examples on how they will be applied; and highlight resources to help organizations understand the revised requirements. Each webinar in the series aims to:

- Discuss the rationale for the standards rewrite/reorganization of the featured chapter(s)
- Define the structure, organization, and requirements of the new chapter(s)
- Offer guidance and resources to inform implementation

There is no fee to attend the webinars, and there is no limit to the number of viewers or views. Participants are advised to have the relevant standards accessible as they watch the webinar, which are now available on E-dition and in the print and e-book versions of the manuals.

Click on the following links for more details on the webinars currently available, including how to register and continuing education credit information:

- [NR and MS chapters](#)
- [MM and IM chapters](#)
- [National Performance Goals™](#) (This webinar was scheduled to end on October 1, 2025, but it is now available for CE credit until January 31, 2026.)
- ["Human Resources" \(HR\) and "Leadership" \(LD\) chapters](#)
- ["Physical Environment" \(PE\) chapter](#)

Learn about future Accreditation 360 webinars in the [Knowledge Library](#) on Joint Commission's website. 

Journal on Quality and Patient Safety®

INNOVATION • IMPLEMENTATION • IMPACT

Following is the **October 2025** Table of Contents for *The Joint Commission Journal on Quality and Patient Safety (JQPS)*. Joint Commission works closely with JQPS (published by Elsevier) to make it a key component in helping healthcare organizations improve patient safety and quality of care.

To purchase a subscription or site license to JQPS, please visit [The Joint Commission Journal on Quality and Patient Safety](#) website.

Tell your performance improvement story! Consider submitting an article to *The Joint Commission Journal on Quality and Patient Safety*. See website for [author guidelines](#).

Did you know? Select **JQPS** articles are available free for you to read. Look for the "Open Access" sunburst and link to the article.

Original Articles

Process Improvement

609 Simulation for Targeted Education, Process Improvement, and Systems Integration (STEPS): A Novel Approach to Healthcare Quality Improvement Using In Situ Simulation

J.C. Schoen; J.M. Klipfel; S.M. Wolfe; V.D. Willis; V.E. Torbenson; J.J. DeWitt; J.L. Fang; R.N. Theiler

To meet Joint Commission maternal safety standards and facilitate the implementation of acute care obstetrics telemedicine (TeleOB) consultation services, Schoen and colleagues developed STEPS (Simulation for Targeted Education, Process improvement, and Systems integration). This framework was used to design and implement multidisciplinary in situ simulations in six emergency departments and four labor and delivery units within a single system.

Antimicrobial Stewardship

621 [Super-Facilitators for Implementation of Leading Antimicrobial Stewardship Practices in Hospitals: A Qualitative Study](#)

S.O. Chitavi; M. Kohut; B.I. Braun; D.Y. Hyun

As many as 50% of hospital-administered antimicrobials are prescribed inappropriately. Chitavi and colleagues interviewed a sample of antimicrobial stewardship program leaders in Joint Commission-accredited hospitals across the United States to explore challenges and facilitators for effective implementation of leading practices (LPs), identifying factors that were critical for implementing multiple LPs across hospitals with different characteristics as super-facilitators.

Telehealth

632 Telehealth for Pediatric Patients: Facilitators, Barriers, and Impact on Disparities

C. Sump; H. Sauers-Ford; S.Toraman Turk; K. Denker; C. Casillas; J. Thomson

Telehealth has the potential to improve access to care, but it also may result in disparate access for certain populations. In this qualitative study, Sump and colleagues interviewed key personnel across a large quaternary care children's hospital to gain an in-depth understanding of telehealth access.



Improvement Briefs

642 [Enhancing Clinical Guideline Adherence in Diabetic Foot Ulcer Prevention: A Case Study on Quality Improvement Interventions](#)

M. Ahlberg; U.Hellstrand Tang; C. Petersson

Early identification of risk factors is essential for preventing diabetic foot ulcers, but structured foot assessment leading to appropriate risk classification is often lacking in clinical practice. Ahlberg and colleagues aimed to identify barriers and facilitators to guideline adherence in diabetic care and to increase the proportion of diabetic patients who receive a foot risk classification.

652 [Improving the Treatment of Preoperative Anemia in Colorectal and Hepato-Pancreato-Biliary Patients: A Quality Improvement Initiative](#)

H.J. Jin; T.-H. Tung; S. Selznick; C. Cotton; M. Lemke; L.J. Park; C.C. Harle; B. Moffat; P. Colquhoun; T.M. Zwiap

Preoperative anemia for patients undergoing major surgery is associated with increased postoperative morbidity and mortality. In this quality improvement initiative, Jin and colleagues implemented measures to promote preoperative anemia screening rates and increase uptake in hemoglobin optimizing interventions with a goal of decreasing perioperative blood transfusion rates.

659 [Improving Screening for Alpha-1 Antitrypsin Deficiency in Adults with COPD](#)

M.D. Smith; K.A. Couch

Alpha-1 antitrypsin deficiency (AATD) affects approximately 2% of patients with chronic obstructive pulmonary disease (COPD) in the United States, and studies show a correlation between AATD and COPD progression. After noting that only 2.0% of patients diagnosed with COPD at their institution were tested for AATD, Smith and Couch implemented a project to increase AATD testing for adult patients with COPD in the primary care setting to 75% in an eight-week timeframe.

Innovation Report

666 [The DRIP Criteria: Reducing the Frequency of Peripheral Intravenous Catheter Insertion in Hospitalized Patients](#)

N. May; L. Gillman

Around 18% to 54% of all catheter-related hospital-acquired bloodstream infections are attributable to peripheral intravenous cannulas (PIVCs), but many PIVCs are inserted “just in case” and are not used. May and Gillman developed the DRIP mnemonic (Deterioration, Rehydration, Intravenous medications, Procedure) to guide clinicians’ decision-making related to PIVC insertion and to support the daily review of existing cannulas to confirm ongoing need.

Commentary

673 [Generating Value Through Structural Investment: Rebalancing Value-Based Payment, Pay for Transformation, and Fee-for-Service](#)

J.J. Geppert; P.M.A. Alexander; N. Brennan; K.S. Mate; K.J. Jenkins

Value-based payment (VBP) is generally accepted as a useful concept, but the theory has not been easy to translate effectively into healthcare practice, resulting in a perception of burden rather than benefit. In this commentary, Geppert and colleagues propose a parallel finance mode—Pay for Transformation (P4T), a set of principles and practices based on the belief that finance is a tool to enable and sustain transformation in care delivery.

Corrigendum

679 [Corrigendum to: “Leveraging approaches and tools of implementation science and configurational comparative methods in quality improvement” \[The Joint Commission Journal on Quality and Patient Safety Volume 51, Issue 4 \(2025\) Pages 239–240\]](#)

G. Matias; N.R. Nadig; R. Huang

New Edition Now Available!

Fundamentals of Health Care Improvement: A Guide to Improving Your Patients' Care

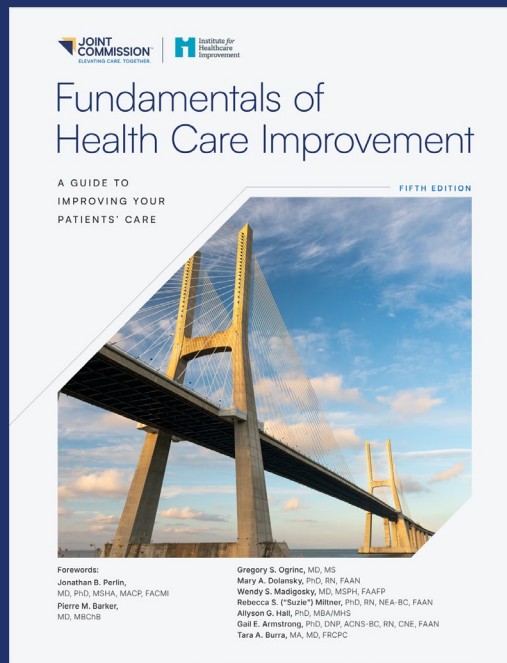
The new fifth edition of *Fundamentals of Health Care Improvement*, co-published by Joint Commission and the Institute for Healthcare Improvement (IHI), helps health professional learners identify, measure, analyze, change, and lead improvements in healthcare.

Authored by a team of healthcare quality improvement experts and clinicians, the new edition addresses performance improvement principles and how to apply them in a healthcare setting.

Key features include:

- A new chapter on how quality improvement can lead to and support optimal health outcomes for all patients.
- An expanded discussion of effective teamwork and the importance of creating multidisciplinary healthcare teams that partner with patients, families, and communities.

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Subscription Information:

Individual online license—\$419

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Perspectives (ISSN 1044-4017) is
published monthly by Joint Commission
Resources, One Renaissance Boulevard,
Suite 401, Oakbrook Terrace, IL 60181.

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