

Prepublication Requirements

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Requirement Revisions Related to NFPA Codes and CMS CoPs

Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

APPLICABLE TO THE HOSPITAL ACCREDITATION PROGRAM
March 1, 2026

Medication Management (MM) Chapter

MM.16.01.01

The hospital safely administers medications.

Element(s) of performance for MM.16.01.01

- Current EP 1 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: Drugs and biologicals may be prepared and administered as follows:
- On the orders of other practitioners not specified under 42 CFR 482.12(c) only if such practitioners are acting in accordance with state law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations.
 - On the orders contained within preprinted and electronic standing orders, order sets, and protocols for patient orders only if such orders meet the requirements of 42 CFR 482.24(c)(3).

- Revised EP 1 Drugs and biologicals are prepared and administered in accordance with the following:
- Federal and state laws
 - The orders of the licensed practitioner or practitioners responsible for the patient's care
 - Accepted standards of practice

Note 1: Drugs and biologicals are administered by, or under supervision of, nursing or other personnel when permitted by Federal and State laws and regulations (including applicable licensing requirements) and with the approved medical staff policies and procedures.

Note 2: For hospitals that use Joint Commission Accreditation for deemed status purposes: Drugs and biologicals may be prepared and administered as follows:

- On the orders of other practitioners not specified under 42 CFR 482.12(c) only if such practitioners are acting in accordance with state law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations.
- On the orders contained within preprinted and electronic standing orders, order sets, and protocols for patient orders only if such orders meet the requirements of 42 CFR 482.24(c)(3).

Edit: Revised and added mapping to CoP §482.23(c)(2)

Deleted EP 2 ~~Drugs and biologicals are administered by, or under supervision of, nursing or other staff in accordance with federal and state laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.~~

Edit: Consolidated and moved to MM.16.01.01, EP 1.

Physical Environment (PE) Chapter

PE.04.01.01

The hospital addresses building safety and facility management.

Element(s) of performance for PE.04.01.01

Current EP 1 The hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6).

Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.

Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the hospital, the Centers for Medicare & Medicaid Services may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.

~~Note 3: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.~~

Revised EP 1 The hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6).

Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.

Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the hospital, the Centers for Medicare & Medicaid Services may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.

Current EP 2 The hospital maintains essential equipment in safe operating condition.

Revised EP 2 The hospital maintains essential equipment in safe operating condition.

Note 1: For fire/smoke detection, alarm, and extinguishing system testing: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.

Note 2: For all other equipment: Inspection, testing, and maintenance activities are documented in accordance with manufacturer's recommendations or established alternative equipment maintenance (AEM) activities and frequencies defined in the AEM program.

PE.04.01.03

The hospital manages utility systems.

Element(s) of performance for PE.04.01.03

Current EP 3 The hospital meets the emergency power system and generator requirements found in NFPA 99-2012 Health Care Facilities Code, NFPA 110-2010 Standard for Emergency and Standby Power Systems, and NFPA 101-2012 Life Safety Code requirements.

Revised EP 3 The hospital meets the emergency power system and generator requirements found in NFPA 99-2012 Health Care Facilities Code, NFPA 110-2010 Standard for Emergency and Standby Power Systems, and NFPA 101-2012 Life Safety Code requirements.

Note: The hospital implements the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.

Record of Care, Treatment, and Services (RC) Chapter

RC.11.01.01

The hospital maintains complete and accurate medical records for each individual patient.

Element(s) of performance for RC.11.01.01

Current EP 6 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The medical record contains the following information:

- History of findings and treatment provided for the psychiatric condition for which the patient is hospitalized
- Identification data, including the patient's legal status
- Provisional or admitting diagnosis for the patient at the time of admission that includes the diagnoses of intercurrent diseases as well as the psychiatric diagnoses
- Reasons for admission, as stated by the patient and/or others significantly involved
- Social service records, including reports of interviews with patients, family members, and others; an assessment of home plans, family attitudes, and community resource contacts; and a social history
- When indicated, record of a complete neurological examination, recorded at the time of the admission physical examination
- Documentation of treatment received, including all active therapeutic efforts

- Discharge summary of the patient's hospitalization that includes recommendations from appropriate services concerning follow-up or aftercare, ~~as well as~~ a brief summary of the patient's condition on discharge

Revised EP 6

For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The medical record contains the following information:

- History of findings and treatment provided for the psychiatric condition for which the patient is hospitalized
- Identification data, including the patient's legal status
- Provisional or admitting diagnosis for the patient at the time of admission that includes the diagnoses of intercurrent diseases as well as the psychiatric diagnoses
- Reasons for admission, as stated by the patient and/or others significantly involved
- Social service records, including reports of interviews with patients, family members, and others; an assessment of home plans, family attitudes, and community resource contacts; and a social history
- When indicated, record of a complete neurological examination, recorded at the time of the admission physical examination
- Documentation of treatment received, including all active therapeutic efforts
- Discharge summary of the patient's hospitalization that includes a recapitulation of the patient's hospitalization, recommendations from appropriate services concerning follow-up or aftercare, and a brief summary of the patient's condition on discharge