Accreditation 360 - Updated Accreditation Manual: Provision of Care Chapter

On Demand Webinar Transcript
October 2025

Slide 1 – 00:01

Hello and welcome! This is your introduction to the Provision of Care 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 – 00:34

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 – 01:03

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 within the webinar 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 completing the survey and obtaining a certificate. So be sure to download that attachment to learn more. As a reminder, credit is available for this webinar for 6 weeks following its release so be sure to complete the survey in time to receive credit. For information on Joint Commission's continuing education policies, visit the link provided on the bottom of this slide.

Slide 5 – 02:28

The participant learning objectives are:
Discuss the rationale for the Provision of Care standards rewrite/reorganization,

Define the structure, organization, and requirements of the new Provision of Care chapter, and
Apply guidance and resources to inform implementation.

Slide 6 – 02:46

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 – 03:03

Here's a quick overview of what we'll cover today:
The Provision of Care chapter will be covered in this webinar.
We will begin with a brief, high level overview of the structural changes in the Provision of Care chapter, including new numbering and changes in chapter locations.
After discussing standards revisions, we will switch to 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 the Provision of Care 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 chapter accessible and open as you proceed through the presentation. The revised manual chapter is posted on pre-publication page, and we've provided the link on this slide. You can follow along in the new chapter. The webinar platform permits pausing the recording, should you need time to access the relevant chapter now, and as you reference the chapter throughout the webinar.

Slide 8 – 04:19

Let's get started. First, we will discuss how the Provision of Care (or PC) chapter requirements have been restructured for 2026.

Slide 9 – 04:27

As of January 2026, PC standards will be renumbered, as displayed in the box on the right.
The new PC chapter numbering begins with 11.01.01 and ends with 15.01.01.

Please note that Joint Commission standards PC.06.01.01and PC.06.03.01 on maternal hemorrhage and severe hypertension are no longer being surveyed to as of July 1, 2025 to convey alignment with the CMS final rule on emergency and obstetric care published on November 27th, 2024. New and revised requirements have been introduced by Joint Commission to reflect the updated Conditions of Participation and were announced in August 2025 Perspectives article. Please refer to this article for details on the requirements and implementation timeline.

Slide 10 – 05:18

In the next two slides we will examine requirements that have been moved from the PC chapter to other locations in the manual. This slide lists the major PC 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:
Hand-off communication.
Patient deterioration or a requirement to implement written criteria describing early warning signs of a change or deterioration in a patient's condition and the appropriate action to take.
Next, resuscitative services, post-resuscitation care, and resuscitation case review topics will each have a new NPG standard.
Pain management and data collection.
Identification of patients who may be victims of assault, abuse, neglect or exploitation. This NPG will also cover maintaining a list of agencies to assist with referrals of victims and related staff education, reporting, and protective services.
Fall risk reduction and requirements on CT Imaging protocols also moved to NPG chapter.

To reiterate, while these requirements have been relocated from the PC 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 as we encourage you to attend that webinar as well to learn about the NPG requirements.

Slide 11 – 06:47

Continuing with this slide, we list the other provision of care-related concepts that moved including: Correct patient verification before blood administration. Previously located under PC.02.01.01, EP 10 this topic was merged with NPSG on patient identification and moved to NPG.01.01.01, EP 1. Regarding correct blood administration per order, see standard MM.16.01.01, EP 1.

Other topics that moved to NPG are RN Supervision and Circulating Duties in the OR and administrative and clinical management of patients under legal or correctional restrictions.

Next, the nursing services or NR chapter will cover the concept of supervision of patient care by a registered nurse.

A requirement to maintain hospital records of the source and disposition of all units of blood and blood components is moving to Leadership or LD chapter.

Finally, a requirement applicable to hospitals with swing beds on reporting any knowledge of court action to the state nurse aide registry or licensing authorities will move to the Rights and Responsibilities of the Individual or the RI chapter.

To reiterate, while these requirements have been relocated from the PC chapter to other chapters, no new concepts have been introduced. There is a separate webinar about the NPG chapter and other chapters. We encourage you to view these webinars.

Slide 12 – 08:12

In the next few slides, we will examine the concepts remaining in the PC chapter.
This slide lists the first six fundamental PC standards that should seem familiar to you:
Standard PC.11.01.01 on a written process for accepting a patient that addresses admission criteria and procedures for accepting referrals.

Standard PC.11.02.01 on assessment and reassessment of the patient and the patient's condition according to defined time frames.
Standard PC.11.02.03 on assessing the needs of patients who receive treatment for emotional and behavioral disorders.
Standard PC.11.02.05 related to assessing the needs of patients who receive psychosocial services to treat alcoholism or other substance use disorders.
Standard PC.11.02.07 on assessing the patient's communication needs, and
Standard PC.11.03.01 on plan of care.
The important thing to emphasize is that regardless of the changes in the format and numbering, the key provision of care concepts remain the same.

Slide 13 – 09:16

Also remaining in the PC chapter are the requirements on the following topics:
Standard PC.12.01.01 on providing patient care in accordance with orders, and law and regulation.
Standard PC.12.01.05 on resuscitative equipment in operating rooms.
Standard PC.12.01.09 on meeting nutritional needs of patients.
Standard PC.12.02.01 related to patient education.
Standard PC.12.03.01 to PC.12.03.05 for hospitals that elect Joint Commission's Primary Care Medical Home option.
Standard PC.13. 01.01 to PC.13.01.05 related to operative & high-risk procedures.

Slide 14 – 10:01

The next set of requirements retained in the PC chapter includes:
Standard PC.14.01.01 on discharge planning.
Standard PC.14.01.03 to PC.14.02.01 for deemed hospitals that have swing beds.
Standard PC.14.02.03 on provision of necessary medical Information upon discharge or transfer and
Standard PC.15.01.01 on processes addressing potentially infectious blood or blood components.

Slide 15 -10:31

Lastly, let's examine the concepts remaining in the PC chapter which pertain to restraints and seclusion.
The new PC chapter has 10 standards specific to restraints and seclusion, including:
Restraint and seclusion use, orders, and policies and procedures.
The standards also address evaluation and re-evaluation of restraint and seclusion, documentation, staff training, and reporting deaths.

All of the key concepts related to restraints and seclusion remain the same and align directly with the CMS conditions of participation.

Slide 16 – 11:04

We conclude the segment on structural changes in the PC chapter by mentioning the PC requirements that have been deleted.
Two areas that have become established standards of practice are documenting and testing obstetric patients for specific communicable diseases and performing nursing assessment within 24 hours. Given that these are established practices, Joint Commission deleted these requirements.

Slide 17 -11:28

Now that we have discussed new standards numbering and locations for PC chapter requirements, let's switch focus to the survey process.

Slide 18 – 11:36

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.
The new features to highlight:
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.
Please note, the expectations for compliance with the elements of performance and the CoPs have not changed. If your organizations is compliant today, you can be confident that you will be compliant on January 1st, 2026.

Slide 19 – 12:25

As we will explain in the next 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 20 – 12:46

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 nursing care, assessments, history and physicals, provider orders, discharge process, and others. As before, surveyors will evaluate food and dietetic services during the Kitchen Tracer, and so on.

Slide 21 – 13:14

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. On the slide, the red box at the top denotes the CoP that will be addressed in the module. In this case, it is the CoP 482.23 on nursing services. The information is presented in a 3-column table:
The column on the left identifies the Joint Commission standards and EPs. In this example, this is the standard HR.11.01.03, EP 3 on the hospital's procedure to verify staff credentials appears in this 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 22 – 14:19

Please note that PC requirements will appear in several modules throughout the document. Therefore, to fully understand PC requirements and how they will be evaluated, we encourage you to review the entire Survey Process Guidance document. On this slide we included PC requirements that are found in the Hospital Surgical Services module and in the Hospital Nursing Services module.

The control find function is a useful tool that organizations can utilize to find all references for PC 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 23 – 15:02

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 24 – 15:10

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 take you to the prepublication website.

Slide 25 15:41

To track standard revisions, we have developed a Disposition Report to help accredited organizations easily determine 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 there is 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 denoted on the right side of the table.

Slide 26 – 17:14

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 27 – 17:41

This slide includes 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. This example demonstrates the current and future version of a PC standard that is cross-walked to the CMS condition participation 482.13 (e)(4).

Slide 28 – 18:00

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

Slide 29 – 18:15

Let's review the top ten opportunities from the PC chapter that were identified for the hospital program between May 2024 and May 2025. As included on the graph on this slide, the top three opportunities include proper food storage with 516 opportunities. Compliance with resuscitation equipment and supplies had 496 opportunities, while reassessment and response to pain had 455 opportunities during this timeframe. You can pause the presentation or review the PDF handout to examine all the listed opportunities.

Slide 30 – 18:48

This slide provides an easy reference for the new locations for the top 10 trended opportunities in the PC chapter.

The top opportunity in the PC chapter was on proper food storage, which is now part of NPG.12.01.01, EP 8 and addressed in the SPG in the food and dietetics module. Let's pick another example, surveys frequently observe opportunities related to documentation of reassessment and response to pain treatment or an intervention. Note that this requirement is now NPG.06.02.01, EP 7. Another opportunity we would like to point out relates to defining, in writing, the scope and content of screening, assessment, and reassessment. The current standard PC.01.02.01, EP 1 requires that patient information is collected according to these defined hospital requirements. This EP moved to PC.11.02.01, EP 9.

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

Slide 31 – 19:57

Now let's review the top ten opportunities from the PC chapter for the Critical Access Hospital program between May 2024 and May 2025.

The most frequently identified opportunity related to pre-anesthesia assessment with 22 opportunities documented. Pain reassessment had 19 opportunities and proper food storage had 12.

Slide 32 – 20:20

Here is an overview of the new locations for top 10 trended opportunities in the PC chapter for critical access hospitals.

The top opportunities in the PC chapter include:
Pre-anesthesia assessment, which has been renumbered to PC.13.01.03, EP 1.
Pain reassessment has moved from the PC chapter to NPG.06.02.01, EP 7.
Proper food storage has also moved from PC to the NPG chapter at NPG.11.04.01, EP 1.

Information about the survey process for these requirements is included in the Survey Process Guide for critical access hospitals.

Slide 33 – 20:59

After reviewing the standards, resources, and completing this webinar, you may still have remaining questions. The revisions were significant, and Joint Commission is prepared to assist you through the transition. We have published some frequently asked questions on Joint Commission's website and provided the link to that resource on this slide. If you have any questions about the PC 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. Finally, if you have questions about webinar operations or obtaining Continuing Education credit, please submit them via email to: tjcwebinarnotifications@jointcommission.org.

Slide 34 – 21:41

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 35 – 22:00

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 36 – 22:41

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 Provision of Care chapter. Have a wonderful day.