



FINAL ISSUE

Joint Commission Perspectives®

THE OFFICIAL NEWSLETTER OF JOINT COMMISSION

- REQUIRED
- 2** **APPROVED: Revised Requirements Related to NFPA Codes and CMS CoPs for Most Accredited Programs**

Joint Commission has approved new and revised requirements, effective March 1, 2026, for elements of performance based on National Fire Protection Association requirements and Centers for Medicare & Medicaid Services Conditions of Participation for ambulatory care centers, assisted living communities, behavioral health care and human services organizations, critical access hospitals, home care organizations, hospitals, and nursing care centers.
 - 3** **NOW AVAILABLE: Continuous Engagement**

Joint Commission–accredited hospitals and critical access hospitals can now choose Continuous Engagement, an optional touchpoint that offers support to strengthen performance and improve patient care.
 - 4** **New Communications Channel—*Joint Commission News*—to Replace *Perspectives***

In March 2026 Joint Commission will launch a new and improved official communications channel for accredited, certified, and verified organizations to receive all the Joint Commission news they need in one place. That means this is the LAST issue of *Perspectives*.
 - 5** **NAHQ and Joint Commission Launch Professional Learning Program**

The National Association for Healthcare Quality (NAHQ) and Joint Commission have launched the Regulatory & Accreditation Micro-Credential learning program for healthcare quality professionals.
 - 6** **Share Feedback on ORYX Performance Measures**

Joint Commission and National Quality Forum are asking for feedback on performance measures recently removed from the ORYX® program to assess how the measures are used outside of accreditation.
 - 7** **NOW OPEN: 2026 Eisenberg and Tyson Awards Applications**

Joint Commission is accepting applications for the John M. Eisenberg Patient Safety and Quality Awards and the Bernard J. Tyson Award for Pursuit of Healthcare Equity until March 9, 2026.
 - 8** ***The Joint Commission Journal on Quality and Patient Safety***

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REQUIRED



Approved: Revised Requirements Related to NFPA Codes and CMS CoPs for Most Accredited Programs

Joint Commission has approved new and revised requirements for **ambulatory care organizations, assisted living communities, behavioral health care and human services organizations, critical access hospitals, home care organizations, hospitals, and nursing care centers**. The revisions clarify elements of performance (EPs) based on National Fire Protection Association (NFPA) requirements and further convey alignment with Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoPs). The new and revised EPs, effective March 1, 2026, are detailed in the chart below.

Revised Requirement	Status	Applicable Programs
EC.02.03.03, EP 3	Revised	AHC, ALC, BHC, NCC, OME
LS.02.01.10, EP 9	Revised	ALC, BHC, NCC, OME
LS.02.01.30, EP 20	New	ALC
LS.03.01.10, EP 6	Revised	AHC
MM.11.01.01, EP 1	Removed mapping to CoP §485.635(d)(3)	CAH
MM.16.01.01, EP 1	Revised and added mapping to CoP §482.23(c)(2) [CAH and HAP] and §485.635(d)(3) [CAH only]	CAH, HAP
MM.16.01.01, EP 2	Deleted (combined into EP 1)	CAH, HAP
PE.04.01.01, EP 1	Revised	CAH, HAP
PE.04.01.01, EP 2	Revised	CAH, HAP
PE.04.01.03, EP 3	Revised	CAH, HAP
RC.11.01.01, EP 6	Revised	HAP

Key: Ambulatory Care (AHC), Assisted Living Community (ALC), Behavioral Health Care and Human Services (BHC), Critical Access Hospital (CAH), Hospital (HAP), Home Care (OME), and Nursing Care Center (NCC).

A complete listing of the new and revised requirements are available on the [Prepublication Standards](#) page of Joint Commission's website and will be published online in the spring 2026 interim E-edition® update on March 1, 2026.

For any questions, please contact Joint Commission's [Department of Standards and Survey Methods](#). 

Now Available: Continuous Engagement

Joint Commission–accredited hospitals and critical access hospitals can now choose Continuous Engagement, an optional touchpoint that offers support to strengthen performance and improve patient care. This initiative was developed based on feedback from accredited organizations to create a more consistent, supportive relationship from Joint Commission between surveys.

Continuous Engagement is designed for flexibility. Hospitals may choose one of the following touchpoint options:

1. Virtual touchpoints between full survey cycles:

- One, two, or three virtual touchpoints, each up to four hours in length, per full survey cycle
- Each virtual touchpoint will include discussion of the corrective action and sustainment plans and/or focused topics based on standards chosen by the hospital
- Standards and survey specialists and hospital leaders will discuss performance strengths, leading practices, and resources

2. Onsite touchpoint between full survey cycles:

- One 8-hour onsite touchpoint per full survey cycle (with a virtual prep call)
- Onsite touchpoint will include discussion of the corrective action and sustainment plans and/or focused topics based on standards chosen by the hospital
- Standards and survey specialists and hospital leaders will discuss performance strengths, leading practices, and resources

If your hospital is 6 to 24 months past its last triennial survey, you may request Continuous Engagement on your organization's Joint Commission Connect® extranet site under "What's Due."

Learn more about Continuous Engagement or ask a question on Joint Commission's [website](#). 


New Communications Channel—*Joint Commission News*—to Replace *Perspectives*

In March 2026 Joint Commission will launch a completely new and improved official communications channel, *Joint Commission News*, exclusively for our accredited, certified, and verified organizations to receive all the Joint Commission news they need in one place. *JC News* will replace *Joint Commission Perspectives* as the **single, official** source for critical announcements of changes to requirements, policies, and procedures. Organizations will now be required to stay on top of changes to Joint Commission requirements via *Joint Commission News* instead of *Perspectives*.

JC News features include the following:

- **Official Notifications:** Serves as the new official news source on Joint Commission accreditation, certification, and verification requirements, policies, and procedures. This is where any changes will be posted, similar to what *Perspectives* publishes.
- **News Roundup:** Includes the latest happenings from Joint Commission and our partner organizations
- **Spotlight Series:** Highlights quality and patient safety achievements of leaders and accredited healthcare organizations
- **MythBusters:** Debunks some of the false narratives or confusion about Joint Commission requirements
- **FAQs:** Addresses trending questions from our accredited organizations
- **Upcoming Events:** Lists upcoming events from Joint Commission and our partner organizations, with links to learn more or register

JC News will publish the first Wednesday of every month, with the inaugural issue posting on March 4, 2026. *JC News* will be free to all Joint Commission–accredited, –certified, and –verified organizations. It will be sent monthly via e-mail to the individuals who currently have access to your organization’s *Joint Commission Connect*® extranet site. Organizations will also be able to access *JC News* (and past issues of *Perspectives*) on *Joint Commission Connect* and Joint Commission’s [website](#). Anyone in an organization will be able to access *JC News* on Joint Commission’s website, even if they are not a registered user of *Joint Commission Connect*. This ensures that everyone in an accredited, certified, or verified organization has access to this official communication from Joint Commission.

Note: The last issue of *Perspectives* is this February 2026 issue. Because *Perspectives* is being discontinued, Joint Commission will be contacting any paid subscribers. 

NAHQ and Joint Commission Launch Professional Learning Program


The National Association for Healthcare Quality (NAHQ) and Joint Commission recently announced the launch of the Regulatory & Accreditation (R&A) Micro-Credential, a new professional learning program for healthcare quality professionals. The R&A Micro-Credential focuses on developing the skills, best practices, and processes needed to:

- Identify applicable regulations and accreditation standards for an organization
- Guide organizations through each step of the survey process, from preparation to onsite activities
- Develop, implement, and sustain corrective action plans that drive continuous readiness

The program combines NAHQ's leadership in defining healthcare quality competencies and workforce credentialing with Joint Commission's regulatory and accreditation expertise as the largest accrediting organization in healthcare.

"Accreditation and regulatory readiness are essential to delivering safe, high-quality care," said James Merlino, MD, executive vice president and chief operating officer, Joint Commission. "The new Regulatory & Accreditation Micro-Credential equips healthcare quality professionals with comprehensive knowledge of the survey process. By earning this micro-credential, healthcare professionals, together with Joint Commission and NAHQ, will help enable and affirm the highest standards of quality and safety for every patient."

The R&A Micro-Credential joins NAHQ's growing portfolio of Micro-Credentials, which includes offerings in health data analytics and performance process improvement.

Read the [news release](#) for more information or visit [NAHQ's website](#) to sign up for the learning program. 



Share Feedback on ORYX Performance Measures

Joint Commission and the National Quality Forum (NQF) are asking for feedback from critical access hospitals and hospitals on performance measures recently removed from Joint Commission's ORYX® program. Joint Commission reduced the number of measures for 2026 and prioritized measures to focus on three critical patient safety areas: maternal health, patient safety, and psychiatric hospital care. The changes went into effect January 1, 2026.

Joint Commission and NQF are seeking comments on how the removed measures are used outside accreditation. Feedback will inform decisions about maintaining the measures for broader uses, such as for insurer reporting, state or national recognition programs, or collaborative initiatives.

The ORYX program integrates performance measurement data into the accreditation process. Joint Commission–accredited hospitals, critical access hospitals, and assisted living communities are required to submit performance measurement data to ORYX, which analyzes it and provides feedback to guide organizations' patient safety and care quality improvement efforts. Some Joint Commission certification programs are required to submit performance measurement data, but they are not part of the ORYX program.

Comments will be collected via this [official survey](#) until February 15, 2026. 

Now Open: 2026 Eisenberg and Tyson Awards Applications

Joint Commission is now accepting applications for its 2026 award programs to recognize excellence in healthcare quality and patient safety:

- John M. Eisenberg Patient Safety and Quality Awards, presented in partnership with the National Quality Forum
- Bernard J. Tyson Award for Pursuit of Healthcare Equity, presented in partnership with Kaiser Permanente

Recipients of both award programs will be honored at UNIFY™, Joint Commission's annual thought leadership conference. UNIFY 2026 will take place September 30 through October 1, 2026, in Washington, D.C.

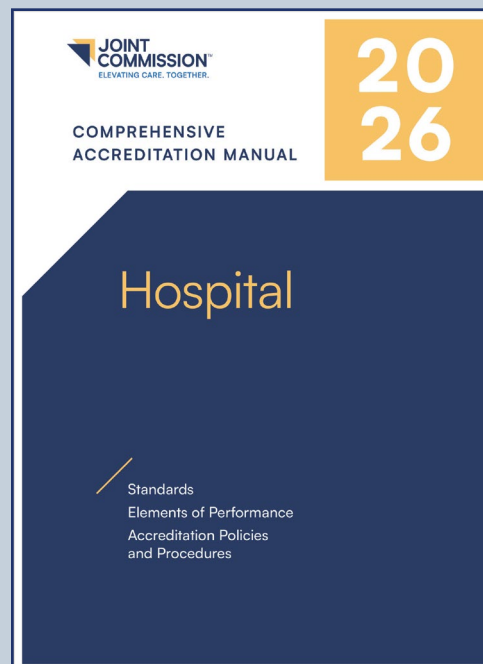
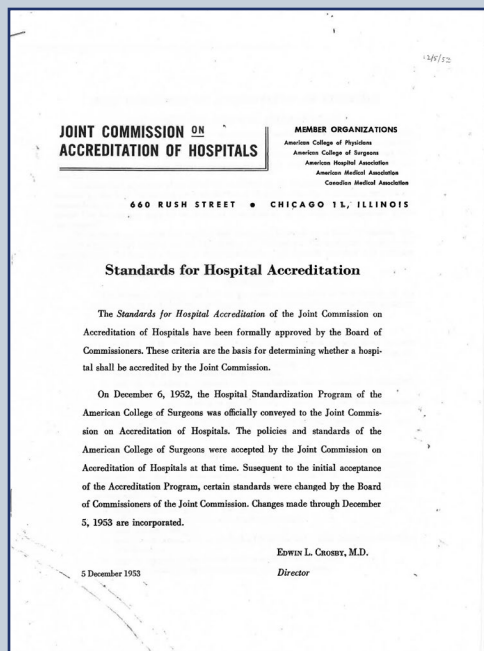
The deadline for applications is March 9, 2026, and there is no cost to apply.

Learn more about the [Eisenberg](#) and [Tyson](#) awards on Joint Commission's website. 



JC 75th Anniversary: First Standards Manual

Did you know that the first hospital standards manual from the American College of Surgeons in 1926 was just 18 pages? This manual would become the *Standards for Hospital Accreditation* and eventually the *Comprehensive Accreditation Manual for Hospitals (CAMH)*. The CAMH is a bit longer than that first manual, totaling 590 pages in 2026!



Journal on Quality and Patient Safety®

INNOVATION • IMPLEMENTATION • IMPACT

Following is the January 2026 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](https://www.jointcommission.org/jqps) 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

1 Reducing Delays in Post-Operative Gynecologic Evaluations Through Automated Electronic Alerts

B. Geng, N. Pondugula, L. Lundsberg, H. Zurich, R.B. Sangal, L. Fan

Geng and colleagues added an electronic health record (EHR) alert to decrease the time to gynecologic evaluation for patients presenting to the emergency department (ED) within 30 days of gynecologic surgery. After implementing the alert, the time from ED arrival to gynecology evaluation dropped by about two hours, and the process became more consistent and predictable. The time for a gynecologist to start reviewing the chart also improved, showing the alert was effective.

9 Enhancing Code Blue, Rapid Response, and Emergency Response Safety in the Veterans Health Administration: Using a Combined Proactive Risk Assessment (CPRA) Approach to Detect Failure Modes and Identify Improvement Actions

J.A. Bender, P.D. Mills, S.F. Kulji, J.R. Turner

This study by Bender and colleagues examines failure modes in Code Blue, Rapid Response, and medical emergency processes across Veterans Health Administration hospitals using proactive and reactive risk assessments. Analysis of failures revealed frequent issues during initial evaluation, team activation, and response, primarily due to safeguard disruptions, equipment problems, and communication breakdowns. The findings highlight actionable strategies to mitigate risks and improve patient safety during critical events.

26 Long-Term Sustainability of QI Interventions: Outcomes in Opioid Prescribing for Postoperative Care

A. Khomiak, J.D. Billings, V. Huynh, L.D. Leonard, V.L. Abud, T.L. Jones, S. Rodriguez Franco, I.A. Ziogas, K. Bata, N. Christian, M. Del Chiaro, E. Cumbler, S.E. Tevis

This quality improvement study at an academic medical center evaluated the sustainability of improved opioid prescribing practices after implementing educational interventions and feedback reports in postoperative care. Across opioid-naïve patients, compliance with prescribing guidelines rose from 45% pre-implementation to 80% during the sustainability phase, with no decline after performance reminders ceased. Findings demonstrate that structured QI initiatives can achieve lasting institutional change in opioid stewardship.

Improvement Brief

33 Reducing Labeling Errors in Histopathology Specimens: A Quality Improvement Initiative on Endometrial versus Endocervical Specimens to Promote Patient Safety in KK Women's and Children's Hospital

Y.B. Boricha, J. Zhao, F.Y. Ang, K.T. Tan

A quality improvement initiative at a tertiary obstetrics and gynecology center in Singapore reduced mislabeling of endometrial versus endocervical specimens by almost 97% through education, feedback, process redesign, and electronic interface enhancements. Boricha and colleagues show that this improvement has been sustained, making this multifaceted approach effective and transferable to mitigate other Look-Alike, Sound-Alike (LASA) errors.

Research Letter

42 Evaluating a Disease-Specific Look-Back Trigger Methodology vs. Traditional Screening for Diagnostic Errors in the Emergency Department

S.K. Pavuluri, R.B. Sangal, C. Rothenberg, A. Venkatesh, R.A. Taylor, J. Sather

This letter from Pavuluri and colleagues highlights limitations of traditional 72-hour emergency department return metrics for detecting diagnostic errors and evaluates a disease-specific "look-back" trigger methodology for appendicitis and traumatic intracranial hemorrhage. Compared to standard quality assurance, the look-back approach identified more missed diagnoses, offering a pragmatic, scalable tool to enhance diagnostic safety while e-trigger systems mature.

Research Note

44 [Impact of Note-Extracted Blood Pressures on Measured Hypertension Control Performance](#)

J.A. Handler, T. Jackson, K. Espejo, J. McGarvey, E.C. Handler, M.A. Meeker

This study by Handler and colleagues evaluated whether incorporating blood pressures documented in free-text notes ("embedded encounter BPs") would significantly alter hypertension control metrics based on structured electronic health record (EHR) data. Manual review and imputation across encounters showed that including these values would change reported control rates by less than 0.5%, supporting the reliability of structured-data metrics and offering guidance for designing trusted performance dashboards.

Commentary

49 Myth Busters: A Discussion of the Misconceptions Surrounding Patient Handoffs

E.H. Lazzara, S.M. Patel, S. Tannenbaum, R. Fernandez, E. Salas, J.R. Keebler

Lazzara and colleagues identify and seek to dispel seven common myths about patient care handoffs in hospitals and offer practical recommendations to improve their effectiveness. By addressing misconceptions and providing actionable guidance, they aim to support healthcare providers in refining handoff practices and enhancing patient safety.

Corrigendum

54 [Corrigendum to: "Physician Task Load and the Risk of Burnout among US Physicians in a National Survey"](#) [*The Joint Commission Journal on Quality and Patient Safety* Volume 47, Issue 2 (2021) Pages 76-85]



New! 2026 PolicySource™: P&Ps for Compliance with Joint Commission Requirements

Are you struggling with ensuring your policies and procedures comply with Joint Commission standards? *PolicySource* makes it easy. Available for multiple care settings, this essential resource offers:

- Dozens of standardized, downloadable, adaptable policies, procedures, protocols, and plans organized by and correlated to Joint Commission standards
- Revised P&Ps for hospitals and critical access hospitals that reflect the new 2026 streamlined requirements and National Performance Goals
- A table that correlates sample P&Ps to current Joint Commission requirements
- Guidance on the basics of P&P development and management

Learn more!



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