



Updated Accreditation Manual: Record of Care and Performance Improvement Chapters

Accreditation 360
Hospitals and Critical Access Hospitals

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January 31, 2026

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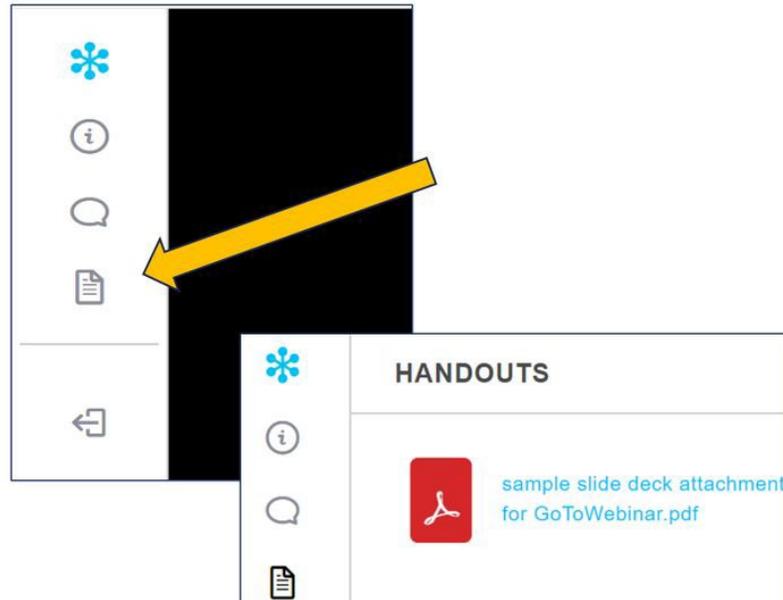
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Participant Learning Objectives



Discuss the rationale for the Record of Care and Performance Improvement standards rewrite/reorganization

Define the structure, organization, and requirements of the new Record of Care and Performance Improvement chapters

Apply guidance and resources to inform implementation

Disclosure Statement

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 this webinar content.



Content Outline

<https://www.jointcommission.org/en-us/standards/prepublication-standards/critical-access-hospital-and-hospital-requirements-streamlined-to-reduce-burden>

Record of Care and Performance Improvement chapters

- New Numbering

- New Chapter and Requirement Locations

Survey Process

- Orientation to Survey Process Guide (SPG)

- SPG Modules

Resources to Navigate Revisions

- Disposition Report

- Crosswalk Compare Report

Commonly Identified Opportunities for Improvement

Part 1 — Record of Care (RC) Updates

Numbering and Location Changes

Current Standard Numbering
RC.01.01.01
RC.01.02.01
RC.01.03.01
RC.01.04.01
RC.01.05.01
RC.02.01.01
RC.02.01.03
RC.02.03.07
RC.02.04.01



Future Standard Numbering
RC.11.01.01
RC.11.02.01
RC.11.03.01
RC.12.01.01
RC.12.01.03
RC.12.02.01
RC.12.03.01 <i>Swing beds</i>
Future Standard Numbering
IM.12.01.01 EP 3

Concepts Remaining in the RC Chapter

- Complete and accurate medical record **RC.11.01.01**
- Records are authenticated **RC.11.02.01**
- Records retention **RC.11.03.01**
- Record reflects patient care, treatment, and services. **RC.12.01.01**
- Documentation on operative or high-risk procedures **RC.12.01.03**
- Accepting and recording verbal orders **RC.12.02.01**
- Discharge information **RC.12.03.01** *For deemed with swing beds*

Discharge Summary RC.02.04.01 EP 3: New Locations HAP

General hospital

- RC.12.01.01 EP 2 §482.24(c)(4)(vii)

Deemed psychiatric hospitals

- RC.11.01.01 EP 6 §482.61(e)

Deemed hospital that have swing beds

- RC.12.03.01 EP 5 §482.58(b)(5)

Discharge Summary RC.02.04.01 EP 3: New Locations CAH

General

- RC.12.01.01 EP 2 §485.638(a)(4)(i)

For psychiatric distinct part units

- RC.11.01.01 EP 6 §412.27(c)(5)

Swing beds

- RC.12.03.01 EP 5 §483.21(c)(2)(i-iv)

Verbal Orders: New Locations HAP

MM.14.01.01 EP 2
§482.23(c)(3)(i)



- The hospital minimizes the use of verbal medication orders

RC.12.02.01 EP 1
§482.23(c)(3)(ii)



- Only staff authorized by hospital policies and procedures consistent with federal and state law accept and record verbal orders.

RC.11.02.01 EP 1
§482.24(c)(2)



- All orders, including verbal orders, are dated, timed, and authenticated by the ordering physician or other licensed practitioner who is responsible for the patient's care and who is authorized to write orders

Verbal Orders: New Locations CAH

MM.14.01.01 EP 2 **DPU**s

RC.12.02.01 EP 1

RC.11.02.01 EP 1



- For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital minimizes the use of verbal and telephone medication orders.

- Only staff authorized by hospital policies and procedures consistent with federal and state law accept and record verbal orders.

- All orders, including verbal orders, are dated, timed, and authenticated by the ordering physician or other licensed practitioner who is responsible for the patient's care and who is authorized to write orders

New Location: Medical Record Release

Before: RC.01.05.01 EP 8 Original medical records are not released unless the hospital is responding to law and regulation.

January 1, 2026: IM.12.01.01 EP 3 The hospital develops and implements *policies and procedures* for the release of medical records. The policies and procedures are in accordance with law and regulation, court orders, or subpoenas. Note: Information from or copies of records may be released only to authorized individuals, and the hospital makes certain that unauthorized individuals cannot gain access to or alter patient records. CoP(s): §482.24(b)(3)

For CAH: IM.12.01.01 EP 3 §485.638(b)(2)

New Locations Other RC Concepts

Concept and Current Location	New Location
RC.01.04.01, EP 1 An ongoing review of medical records at the point of care	RC.11.01.01 EP 4 HAP: MS.16.03.01, EP 4
RC.02.01.03 EP 9 Discharged from the post-sedation or postanesthesia care area by the practitioner or according to discharge criteria	PC.13.01.03, EP 6
HAP RC.02.01.03 EP 10 Documentation of the use of approved discharge criteria on readiness for discharge	PC.13.01.03, EP 6
CAH Documentation of operative or high-risk procedures	CAH: LD.13.03.01 EP 1 §485.639

Part 2 — Performance Improvement (PI)

Chapter Updates

Numbering and Location Changes

Current Standard Numbering

Multiple LD standards/EPs



Future Standard Numbering

PI.11.01.01

PI.12.01.01

PI.13.01.01

PI.14.01.01

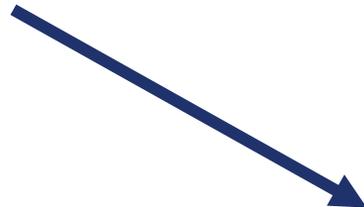
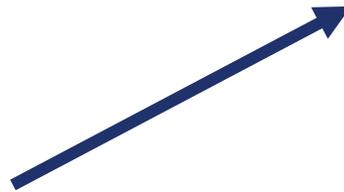
Current Standard Numbering

PI.01.01.01

PI.02.01.01

PI.03.01.01

PI.04.01.01



Future Standard Numbering

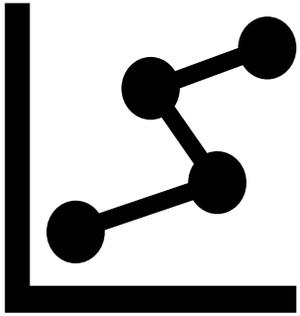
NPG.01.05.05

NPG.06.03.01

NPG.12.06.01

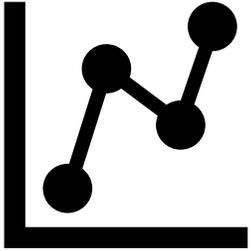
NPG.13.04.01

Streamlined Requirements for PI



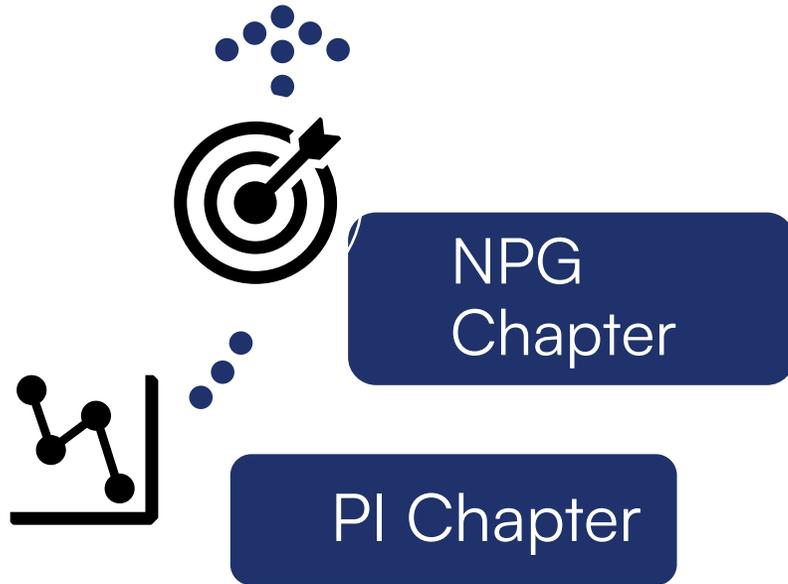
- **Shift from a performance improvement plan (PI.02.01.01) to an ongoing quality assessment and performance improvement program**
LD.12.01.01(HAP and CAH)
PI.11.01.01 (HAP and CAH)
- **Closer alignment to CoP §482.21**
Elements of performance on crosswalk to CoP §482.21
Current: over 120 EPs ➡ January 1, 2026: 30 EPs

Concepts Remaining in the PI Chapter



- Data Collection **PI.12.01.01**
- Compiling, analyzing, and use of data **PI.13.01.01**
- Performance Improvement actions **PI.14.01.01**

PI Topics Moved to the NPG Chapter



Resuscitation Cases Review

NPG.01.05.05 EP 1

Pain Assessment and Management

NPG.06.03.01 EP 1

Adequacy of Staffing Analysis

NPG.12.06.01 EPs 1-4

Monitoring Imaging Safety

NPG.13.04.01 EPs 1,2

Survey Process

Survey Process Guide (SPG) — Overview

- Replaces Survey Activity Guide (SAG)
- Better reflects State Operations Manual (SOM) related to survey process for the CoPs
- Same version shared between surveyors and accredited organizations



Hospital Accreditation

Survey Process Guide

Survey Process Guide (SPG) — Overview (2)

- Organized into modules based on the CMS CoP structure
- Contains separate module for NPG Chapter
- Includes updated Compliance Evaluation Tools



Hospital Accreditation

Survey Process Guide

Survey Process Remains the Same

Surveyors will continue to conduct usual activities, for example:

- Individual Tracers
- Organization Quality and Performance Improvement



Hospital Accreditation

Survey Process Guide

Survey Process Guidance- Modules

Hospital Quality Assessment and Performance Improvement Evaluation Module (482.21)

Joint Commission Standards / EPs	Hospital CoP	Hospital Survey Process
<p>required to participate in a quality improvement organization cooperative project, but its own projects are required to be of comparable effort.</p> <p>PI.12.01.01, EP 2: The hospital documents what quality improvement projects it is conducting, the reasons for conducting these projects, and the measurable progress achieved on these projects.</p> <p>PI.14.01.01, EP 1: The hospital acts on improvement priorities.</p>	<p>measurable improvement in indicators related to health outcomes.</p> <p>(3) The hospital must document what quality improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects.</p> <p>(4) A hospital is not required to participate in a QIO cooperative project, but its own projects are required to be of comparable effort.</p>	<p>Document Review</p> <p>General</p> <ul style="list-style-type: none"> □ Ask QAPI leader and staff to provide a list of distinct performance improvement projects it is currently conducting and has conducted within the last three years to verify that the hospital is conducting annual QAPI projects. □ Ask to see documentation showing why each project was conducted and evidence to support the progress being made on each project. <p>Interview</p> <ul style="list-style-type: none"> □ Ask the governing body or responsible leaders to explain how the selection (number and scope) of the

New Standard/EP

CoP

**Survey Process Guidance
(Interview, Document Review,
Observation)**

Survey Process Guidance — Modules (2)

Hospital Medical Record Services Evaluation Module (482.24)

Joint Commission Standards / EPs	Hospital CoP	Hospital Survey Process
<p data-bbox="61 368 682 449">promptly completed, properly filed and retained, and readily accessible.</p> <p data-bbox="61 486 733 706">RC.11.02.01, EP 2 The hospital uses a system of author identification and record maintenance that ensures the integrity of the authentication and protects the security of all record entries.</p>		<ul style="list-style-type: none"> <li data-bbox="1574 372 2458 532">☐ Determine the location(s) where health records are stored and maintained and verify that they are secure and protected from damage, flood, fire, and so on; and that access is limited to only authorized individuals <li data-bbox="1574 582 2423 701">☐ Verify that the hospital’s procedures ensure the integrity of authentication and protect the security of patient records.

Hospital Nursing Services Evaluation Module (482.23)

<p data-bbox="86 825 779 982">RC.12.02.01, EP 1: Only staff authorized by hospital policies and procedures consistent with federal and state law accept and record verbal orders.</p>	<p data-bbox="817 825 1536 1025">§482.23(c)(3)(ii) When verbal orders are used, they must only be accepted by persons who are authorized to do so by hospital policy and procedures consistent with Federal and State law.</p>	<p data-bbox="1574 825 1722 858">Interview</p> <ul style="list-style-type: none"> <li data-bbox="1633 872 2474 1032">☐ Interview several direct care staff to determine if they are permitted to take verbal orders for drugs and biologicals and if they have been authorized to do so in accordance with hospital policy. <p data-bbox="1574 1039 1862 1072">Document Review</p> <p data-bbox="1574 1079 1702 1112">General</p> <ul style="list-style-type: none"> <li data-bbox="1633 1125 2461 1158">☐ Determine whether the hospital has policies and
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Compliance Evaluation Tools

- Compliance Evaluation Tools:
 - CMS A-Tag Summary Review Sheet (*for deemed hospitals*)
 - Performance Improvement Evaluation Tool

CMS A-Tag Summary Review Sheet – Deemed Hospital Medical Record Review

Introduction to Medical Record Reviews

- Review a **sample of active and closed** medical records for completeness and accuracy in accordance with Federal and State laws and regulations and hospital policy.
- The sample should be 10 percent of the average daily census and be no less than 30 records.
- Within the sample, select **at least one patient from each nursing unit** (e.g., med/surg, ICU, OB, pediatrics, specialty units, etc.). In addition to the inpatient sample, **select a sample of outpatients** in order to determine compliance in outpatient departments, services, and locations. The **sample size may be expanded as needed to assess the hospital's compliance with the CoPs**.
- **Request patient care policies** and other supporting documents **prior** to reviewing medical records.

Reference	Admission - Registration - Patient Rights
482.13(a)(1)	➤ Records of Medicare beneficiaries contain a signed and dated standardized notice, "An Important Message from Medicare" (IM) provided to inpatients within 2 days of the admission. For patients whose discharge occurred more than 2 days after the initial IM notice was issued, determine whether the hospital provided another copy of the IM to the patient prior to discharge in a timely manner.
482.13(b)(3)	➤ Advanced directives - record contains documentation that notice of the hospital's advance directives policy was provided at the time of admission or registration; document in a prominent part of the patient's medical record whether or not the patient has executed an advance directive; if yes, a copy of the patient's advance directive is in the medical record.
482.13(b)(4)	➤ Patient asked (unless incapacitated) about notifying family and physician about inpatient admission; if the patient was incapacitated at the time of admission record documents what steps were taken to identify a family member or representative and the patient's physician.
482.13(h)(1)	➤ Patient informed of visitation rights ; records contain documentation that the required notice was provided
482.24(c)(4)(v)	Informed Consent: ➤ Properly executed informed consent forms for procedures and treatments specified by the medical staff, or by Federal or State law if applicable, to require written patient consent. (The medical record must contain a document recording the patient's informed consent for those procedures and treatments that have been specified as requiring informed consent). A properly executed informed consent form contains the following minimum elements: Name of the hospital..., Name of the specific procedure..., Name of the responsible practitioner..., Statement that the procedure or treatment, including the anticipated benefits, material risks, and alternative therapies, was explained to the patient..., Signature of the patient..., Date and time the informed consent form is signed by the patient...

Resources

Pre-Publication Webpage Resources

<https://www.jointcommission.org/en-us/standards/prepublication-standards/critical-access-hospital-and-hospital-requirements-streamlined-to-reduce-burden>

Accreditation Requirements

These documents contain all requirements for the accreditation programs, along with the regulations displayed below the EP.

- [Accreditation Requirements for Critical Access Hospitals](#)
- [Accreditation Requirements for Hospitals](#)

Crosswalks

These documents display the CoPs for each deemed program and the equivalent Joint Commission EP.

- [Critical Access Hospital Crosswalk](#)
- [Critical Access Hospital DPU Crosswalk](#)
- [Hospital Crosswalk](#)
- [Psychiatric Hospital Crosswalk](#)

Survey Process Guides (SPGs)

These guides replace the Survey Activity Guides previously used. This guide will be used by both organizations and surveyors. The SPGs closely follow CMS's interpretive guidelines and survey procedures, providing a direct correlation between the survey process and the associated EPs and CoPs.

- [SPG for Critical Access Hospitals](#)
- [SPG for Hospitals](#)

Disposition Reports

These documents contain information regarding where concepts have moved from their previous EP location to their new location (such as

Crosswalk Compare Reports

These documents display the CoPs for each deemed program, the previous equivalent Joint Commission EPs, and the revised equivalent Joint Commission EPs.

- [Critical Access Hospital Crosswalk Compare](#)
- [Critical Access Hospital DPU Crosswalk Compare](#)
- [Hospital Crosswalk Compare](#)

Tracking Revisions: Disposition Report

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
HR.01.01.01, EP 1	<p>The hospital defines staff qualifications specific to their job responsibilities.</p> <p>Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).</p> <p>Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at https://www.ecfr.gov/cgi-bin/text-idx?SID=0854acca5427c69e771e5beb52b0b986&mc=true&node=sp42.5.493.m&rgn=div6.</p> <p>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are</p>	Moved and Revised	HR.11.02.01, EP 1	<p>The hospital defines staff qualifications specific to their job responsibilities.</p> <p>Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).</p> <p>Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments (CLIA), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at https://www.ecfr.gov/cgi-bin/text-idx?SID=0854acca5427c69e771e5beb52b0b986&mc=true&node=sp42.5.493.m&rgn=div6.</p> <p>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists, as defined in 42 CFR 484, provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are</p>

Current Standard/EP

Examples of Disposition:

- Moved/Revised
- Split or Consolidated
- Deleted EP/Replaced w/more Direct EP/
Moved to Guidance within SPG

New Standard/EP

Current State to Future State Organized by CoP

Crosswalk Compare Reports

These documents display the CoPs for each deemed program, the previous equivalent Joint Commission EPs, and the revised equivalent Joint Commission EPs.

- [Critical Access Hospital Crosswalk Compare](#)
- [Critical Access Hospital DPU Crosswalk Compare](#)
- [Hospital Crosswalk Compare](#)
- [Psychiatric Hospital Crosswalk Compare](#)

Prepublication standards: effective January 1, 2026

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Current State Compared to Future State

<p>§482.21(a)(2)</p>	<p>(2) The hospital must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital service and operations.</p>	<p>risk assessments.</p> <p>LD.03.07.01, EP 2 As part of performance improvement, leaders (including the governing body) do the following:</p> <ul style="list-style-type: none"> - Set priorities for performance improvement activities and patient health outcomes - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities - Identify the frequency of data collection for performance improvement activities - Reprioritize performance improvement activities in response to changes in the internal or external environment <p>LD.03.09.01, EP 5 The hospital conducts thorough and credible comprehensive systematic analyses (for example, root</p>	<p>PI.12.01.01, EP 3 The hospital measures, analyzes, and tracks quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital service, and operations.</p>
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Commonly Identified Opportunities for Improvement

Record of Care (RC) and Performance Improvement (PI)

HAP — RC Top Five Opportunities New Locations

Old Location	New Location
RC.02.01.01 EP 2 (248) Med Record Care Provided	RC.12.01.01 EP 2 Medical Record- Care Provided
RC.01.01.01 EP 5 (168) Med Record Complete and Accurate	RC.11.01.01 EP 2 Medical Record- Complete/Accur
RC.02.01.03 EP 7 (151) Req Element Brief Post-Op Note	RC.12.01.03 EP 2 PostOp Document Requirements
RC.02.04.01 EP 3 (138) Complete Discharge Summary	RC.12.01.01 EP 2 Psych (Medical Record- Care Provided): RC.11.01.01 EP 6 ; Swing beds (DPU: DC Summary Reflect Trtmnt): RC.12.03.01, EP 5 (Discharge Summary Elements)
RC.01.01.01 EP 13 (93) All Med Record Entries Timed	RC.11.01.01 EP 4 Med Record P&P

**The number of opportunities is shown in red bold font and in parentheses.
 Date Range: 05/01/2024 — 05/31/2025**

CAH — RC Top Opportunities New Locations

Old Location	New Location
RC.02.01.01 EP 2 (23) Med Record Care Provided	RC.12.01.01 EP 2 Medical Record- Care Provided
RC.01.01.01 EP 5 (9) Med Record Complete and Accurate	RC.11.01.01 EP 2 Medical Record- Complete/Accur
RC.02.03.07 EP 4 (3) Timely Verbal Order Authentication	MM.11.01.01 EP 1 See Nursing Services Evaluation Module 485.635(d) in SPG
RC.02.01.01 EP 4 (2) Advance directives; informed consent in medical record	RC.12.01.01 EP Informed Consent RI.12.01.01, EP 5/Patient Rights Evaluation Module (485.614) for advance directives documentation

Date Range: 05/01/2024 — 05/31/2025

HAP — PI Top Five Opportunities New Locations

Old Location	New Location
PI.01.01.01 EP 40 (43) Pain Management Data	NPG.06.03.01 EP 1 Pain Management Data Analysis
PI.01.01.01 EP 4 (17) Unexpected Diagnosis Data	PI.12.01.01 EP 1 Tracking Medical Errors
PI.01.01.01 EP 10 (9) Collect Cardiac Arrest Data	NPG.01.05.05 EP 1 Review Resuscitation Performance
PI.03.01.01 EP 4 (8) Internal Perf Analysis	PI.13.01.01, EP 1 Internal Perf Analysis
PI.03.01.01 EP 18 (7) Pain Management Data Analysis	NPG.06.03.01 EP 1 Pain Management Data Analysis

**The number of opportunities is shown in red bold font and in parentheses.
 Date Range: 05/01/2024 — 05/31/2025**

CAH — PI Top Opportunities New Locations

Old Location	New Location
PI.01.01.01 EP 10 (1) Collect Cardiac Arrest Data	NPG.01.05.05 EP 1 Review Resuscitation Performance
PI.01.01.01 EP 35 (1) MRI Incidents/Injury Data	NPG.13.04.01 EP 1 MRI Incidents/Injury Data
PI.01.01.01 EP 40 (1) Pain Management Data	NPG.06.03.01 EP 1 Pain Management Data
PI.01.01.01 EP 4 (1) Unexpected Diagnosis Data	PI.12.01.01 EP 1 For rehabilitation and psychiatric distinct part units in critical access hospitals

****Date Range: 05/01/2024 — 05/31/2025****

Questions



If you have any questions associated with the RC or PI Chapter requirements, please submit your inquiry on our website:

<https://web.jointcommission.org/sigsubmission/sigquestionform.aspx>

Frequently Asked Questions regarding the Accreditation 360 model:

<https://www.jointcommission.org/en-us/accreditation/accreditation-360/faqs>

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Webinars & Videos

The Joint Commission offers a variety of educational measurement-related webinars (live and on-demand), and other recorded video content. Topics include specific performance measures, reporting requirements, and topics that are clinically-, technically-, or statistically-focused. Webinars and videos address electronic clinical quality measures (eCQMs) and chart-abstracted measures used for accreditation and certification purposes. For additional information on each webinar or video series, see below.



Webinar Series



Pioneers in Quality General Sessions

Pioneers in Quality General Sessions provide information such as measurement requirements, changes in reporting, opportunities for engagement and/or recognition, and insights regarding data analysis of national clinical quality measurement data received. This generalized content is meant as education for hospitals and health systems to assist them in meeting current and future requirements.



eCQM Expert to Expert Series

Expert to Expert Webinar Series provides a deep-dive into measure intent, logic, and other clinical/technical aspects of electronic clinical quality measures (eCQMs) to assist hospitals and health systems in their efforts to improve eCQM data use for quality improvement. This series incorporates expertise from Joint Commission and other key stakeholders.



Video Shorts

Joint Commission produces a series of on-demand educational video shorts about electronic Clinical Quality Measures (eCQMs). Episodes are approximately 2-3 minutes in length and offer an engaging and contemporary approach to teach these complex and comprehensive topics. The eCQM video shorts lead the viewer to understand application of eCQM resources, eCQM constructs and Logic expression language concepts (CQL, FHIR).



Measure-Specific Webinars



Continuous Customer

Continuing Education Survey and Certificate

Also see the separate handout detailing the CE requirements.



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Access survey via link in email

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Survey

CEs are available until January 31, 2026. Promptly complete the survey.



Obtain Certificate

After completing survey, print or download PDF CE Certificate. Certificate link also provided via email.



Scan QR code
to access CE
Attestation and
Evaluation
Survey

Thank you for attending!



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Subject Matter Experts, Content Creators, and Editorial Staff

The principal authors of the content of these modules include Joint Commission professionals.

- * Kathryn Petrovic, MSN, RN
- * Jennifer Anderson, DNP, APRN,CNS
- * Maura Naddy, MSN, RN
- * Lauren Lentine, MBA, MSMIS
- * Robert Campbell, PharmD, BCSCP
- * Christina L. Cordero, PhD, MPH
- * Paul Daka, MBA, MHA, RN
- * Angela Murray, MSN, RN
- * Stacey Paul, MSN, RN, APN/PMHNP-BC
- * Allison Reese, BA
- * Natalya Rosenberg, PhD, RN
- * Laura Smith, MA
- * Susan Streit, MSN, RN, CPHQ
- * Thomas Strukl, MBA, MLS(ASCP)
- * Tiffany Wiksten, DNP, RN, CIC

Editorial and/or approvals:

- Amanda Hewitt, MPA
- Angela Mansfield, BS
- Concetta Phillipps, MBA, MPM
- William Winslow, MAT
- Susan Funk, MPH
- Jessica Woodruff, MPH
- Susan Yendro, MSN, RN
- Michelle Dardis, RN
- Elizabeth Drye, MD