

## **Accreditation 360 - Updated Accreditation Manual: Physical Environment Chapter**

On Demand Webinar Transcript

September 2025

### **Slide 1 – 00:00**

Hello and welcome! This webinar is the introduction to the Physical Environment Chapter updates as part of the Accreditation 360. These requirements will be effective January 1, 2026. We are excited to walk you through the key changes and what they mean for your organization.

### **Slide 2 – 00:17**

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 – 00:45**

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 now, 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 – 01:22**

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 how to complete the survey and obtain a certificate. So be sure to download that attachment to learn more. Credit is available for this webinar for 6 weeks following its release. For information on Joint Commission's continuing education policies, visit the link provided on the bottom of this slide.

### **Slide 5 – 02:02**

The participant learning objectives are:

Discuss the rationale for the Physical Environment standards rewrite/reorganization.

Define the structure, organization, and requirements of the new Physical Environment chapter and

Apply guidance and resources to inform implementation.

### **Slide 6 – 02:21**

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 – 02:39**

Here's a quick overview of what we'll cover today:

The Physical Environment chapter will be covered in this webinar. We will begin with a brief, high level overview of the structural changes in the physical environment chapter, including new numbering and changes in chapter locations. After discussing standards revisions, we will switch 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. We will also mention a few compliance tools within the survey process guide that include physical environment requirements. 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 identified from recent hospital and critical access hospital surveys, focusing on physical environment requirements.

## **Slide 8 – 03:32**

Let's dive in. First, we will discuss how the Physical Environment or PE chapter requirements have been restructured for 2026.

## **Slide 9 – 03:40**

All standards and elements of performance or EPs have been renumbered and moved from the Environment of Care or EC chapter to the new Physical Environment or PE chapter. The box on the left displays the current numbering of the EC standards. This numbering will continue throughout 2025. As of January 2026, Environment of Care-related requirements will be located in two chapters. The box in the upper right corner includes the new numbering of the standards that will move to the PE chapter. The box in the lower right corner has the requirements that have moved from the EC chapter to the new National Performance Goals or NPG chapter. There is a separate webinar about the NPG chapter. We encourage you to view that webinar to better understand NPG requirements.

## **Slide 10 – 04:27**

All standards and EPs have been renumbered and moved from the Life Safety or LS chapter to the new PE chapter. The box on the left provides the current numbering of the LS standards. This numbering will continue throughout 2025. As of January 2026, Life Safety-related requirements will be located in the PE chapter. The box in the upper right corner of this slide includes the new numbering of the standards that will move to the PE chapter.

## **Slide 11 – 04:55**

Now let's examine the concepts moving to the PE chapter. As noted on this slide, the new PE chapter has 8 standards. Standard PE 01.01.01 addresses the hospital having a safe, adequate environment. Standard PE 02.01.01 on managing risks related to hazardous materials and waste. Standard PE 03.01.01 requires the hospital to design and manage the physical environment to comply with the Life Safety Code. Standard PE 03.02.01 relates to protecting occupants during periods when the Life Safety Code is not met or during periods of construction. This is also referred to as Interim Life Safety Measures. Standard PE 04.01.01 addresses building safety and facility management. Standard PE 04.01.03 focuses on managing utility systems. Standard PE 04.01.05 requires the hospital to have a water management program that addresses waterborne pathogens, and Standard PE 05.01.01 requires hospitals to manage imaging safety risks.

The important thing to emphasize is that regardless of the changes in the format and numbering, the key physical environment concepts remain the same.

## **Slide 12 – 06:07**

Next, as was mentioned previously, some of the physical environment-related requirements have been moved from the EC chapter to the new National Performance Goal or NPG chapter. The new NPG chapter was created to include Joint Commission-specific requirements for critical areas designed to prevent patient harm, improve outcomes, and create a safer environment.

Let us examine physical environment-related topics that have been relocated to the new NPG chapter. These topics are: Workplace Violence Worksite Analysis, Managing Security Risks, Managing Utility Systems, and Managing Imaging Safety Risks.

To reiterate, while these requirements have been relocated from the EC to the NPG chapter, no new concepts have been introduced. As another reminder, additional information about the new National Performance Goal chapter is provided in a separate webinar.

## **Slide 13 – 07:00**

This slide provides an example of a requirement that has been retained as is but is now located in the new PE chapter. Standard PE 04.01.05, EP 1 requires hospitals to have an individual or team responsible for oversight and implementation of the water management program.

## **Slide 14 – 07:18**

Here is an example of a requirement that moved to the NPG chapter. NPG standard 02.04.01 EP 2 is about workplace violence training, education, and resources to leaders, staff, and licensed practitioners. To summarize, the PE concepts remain the same, and if your organization is currently meeting requirements related to these concepts, in the new Joint Commission Accreditation 360 model, you will be meeting compliance as well.

## **Slide 15 – 07:45**

Two notable changes to the PE chapter requirements are the elimination of the detailed EPs related to Health Care Facilities Code and Life Safety Code. The K-tag tools and the Physical Environment Evaluation Module 482.41 in the Survey Process Guide or SPG includes many of these Code requirements. The SPG will be further discussed in the next several slides.

## **Slide 16 – 08:08**

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

## **Slide 17 – 08:16**

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. Some new features to mention: First, the SPG closely follows CMS's interpretive guidelines and survey procedures, including guidance with the "must" directive. Second, accredited organizations will receive the same detailed SPG used by surveyors, which would promote greater transparency and consistency throughout the survey process.

## **Slide 18 – 08:49**

As we will discuss in the next few 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 19 – 09:09**

It is important to emphasize that the survey process and structure remain unchanged. PE concepts will still be reviewed and discussed during the document review session, and Code compliance will continue to be evaluated during the building assessment. It is important to reiterate that expectations have not changed.

### **Slide 20 – 09:27**

As mentioned previously, the Survey Process Guide is organized into modules based on the CMS Conditions of Participation or CoP structure. Let's look at an example module from the survey process guide. Included on this slide, the red box at the top displays the CoP that will be addressed in the module. In this case, it is the CoP 482.41 on physical environment. The information is presented in a 3-column table:

The column on the left identifies the Joint Commission standards and EPs. The standard PE 01.01.01 EP 1 on the construction, arrangement, and maintenance of the hospital's building appears in this left column. The middle column provides the full text of the Physical Environment 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 21 – 10:31**

Please note that the PE requirements will appear in several modules throughout the document. Therefore, to fully understand the PE requirements and how they will be evaluated, we encourage you to review the entire survey process guidance document. On this slide, we've included an example of a PE requirement that is included in the Radiologic Services module and a PE requirement that is housed in the Nuclear Medicine Services module. The "control-find function" is a useful tool that organizations can use to find all references to the PE standards and EPs. First hold down the control button on your keyboard while also clicking on the "F" button. In the box that opens, 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 22 – 11:15**

The Survey Process Guide also includes a collection of compliance evaluation tools to help surveyors and organizations evaluate compliance with the standards. Physical environment-related standards are referenced in several of these tools. For example, the CMS K-Tag Evaluation Tools, the Kitchen Tracer Survey Tool, the Fire Drill Matrix, and the Document List and Review Tool.

### **Slide 23 – 11:40**

Now we are going to talk about the resources that are available to you as you transition to Joint Commission's Accreditation 360 model.

### **Slide 24 – 11:47**

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 included on this slide. If you've downloaded the slides, this link will be clickable and take you to the prepublication website.

### **Slide 25 – 12:17**

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

### **Slide 26 – 13:46**

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 – 14:14**

This slide provides 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. The CoP featured on the slide previously had two EC requirements mapped to it, and in the future will just have one mapped. This example demonstrates a streamlined approach in which Joint Commission requirements more directly identify the US Centers for Medicare & Medicaid Services Conditions of Participation.

### **Slide 28 – 14:41**

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

### **Slide 29 – 14:56**

Let's examine the five most frequent opportunities from the EC chapter for the Hospital program. This graph lists the top opportunities, which include interior space safety and suitability with 865 opportunities documented between May 2024 and May 2025. Utility system control labelling had 785 opportunities and utility system testing

had 684 opportunities. Cleanliness of the environment had 615 opportunities. Lastly, we have the handling and storage of hazardous chemicals with 611 opportunities.

### **Slide 30 – 15:33**

This slide provides an easy reference for the new locations for the top five trended opportunities in the PE chapter. For example, EC 02.06.01 EP 20 is moving to the new PE 01.01.01 EP 3. Additional information about the survey process for these requirements is available in the Survey Process Guide (or SPG) and could help organizations address these opportunities for improvement.

### **Slide 31 – 15:57**

Now let's review the most frequent opportunities from the PE chapter for the Critical Access Hospital program between May 2024 and May 2025. This graph lists the top opportunities, which include utility system control labeling with 51 opportunities documented between May 2024 and May 2025. Utility system testing had 42 opportunities. Handling and storage of hazardous chemicals had 33 opportunities. Interior space safety and suitability had 29 opportunities. Lastly, we have the timing of fire drills with 28 opportunities.

### **Slide 32 – 16:33**

Here is an overview of the new locations for most frequent opportunities for critical access hospitals. Once again, information about the survey process for these requirements is included in the Survey Process Guide.

### **Slide 33 – 16:45**

Let's now examine the top scored Life Safety EPs for the Hospital program. These include compliance with sprinkler/sprinkler system requirements, fire-rated doors, and fire barrier penetrations. Each of these will be mapped to new scoring locations starting January 2026, and we provide those scoring locations on the next slide.

### **Slide 34 – 17:04**

This slide conveys that all of these LS EP requirements which are currently in the LS.02 section for health care occupancy, are now covered by the Life Safety Code standard PE 03.01.01 EP 3.

### **Slide 35 – 17:18**

Now we'll review the top scored Life Safety EPs for the Critical Access Hospital program. These include compliance with sprinkler/sprinkler system requirements, fire-rated doors, fire barrier penetrations, and ceiling membranes. Each of these will be mapped to new scoring locations starting January 2026, and we've provided those scoring locations on the next slide.

### **Slide 36 – 17:39**

This slide provides a summary of the depth of changes in the Life Safety chapter in the Critical Access Hospital manual. As depicted on the hospital version of this slide, all of these LS EP requirements which are currently in the LS.02 section for health care occupancy, are now covered by the Life Safety Code standard PE 03.01.01 EP 3.

### **Slide 37 – 18:00**

After reviewing standards, resources, and this webinar, you may still have remaining questions. The revisions were significant, and Joint Commission is prepared to assist you through the transition. If you have any questions about the 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. If you have questions about webinar operations or obtaining Continuing Education credit, please submit them via email to: [tjcwebinarnotifications@jointcommission.org](mailto:tjcwebinarnotifications@jointcommission.org).

### **Slide 38 – 18:33**

All Accreditation 360 webinar recording links, slides, and transcripts can be accessed on the Joint Commission's webpage via the link displayed 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 39 – 18:51**

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 40 – 19:31**

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 your participation on this webinar on the Accreditation 360 revisions to the Physical Environment chapter. Have a wonderful day.

### **Slide 41 – 19:51**

[NO AUDIO]