



Updated Accreditation Manual: Physical Environment Chapter

Accreditation 360
Hospitals and Critical Access Hospitals

On Demand Webinar
September 2025 release
CE Credit Available for 6 weeks
after release

On Demand Webinar Platform – Functionality

Computer speakers or headphones required

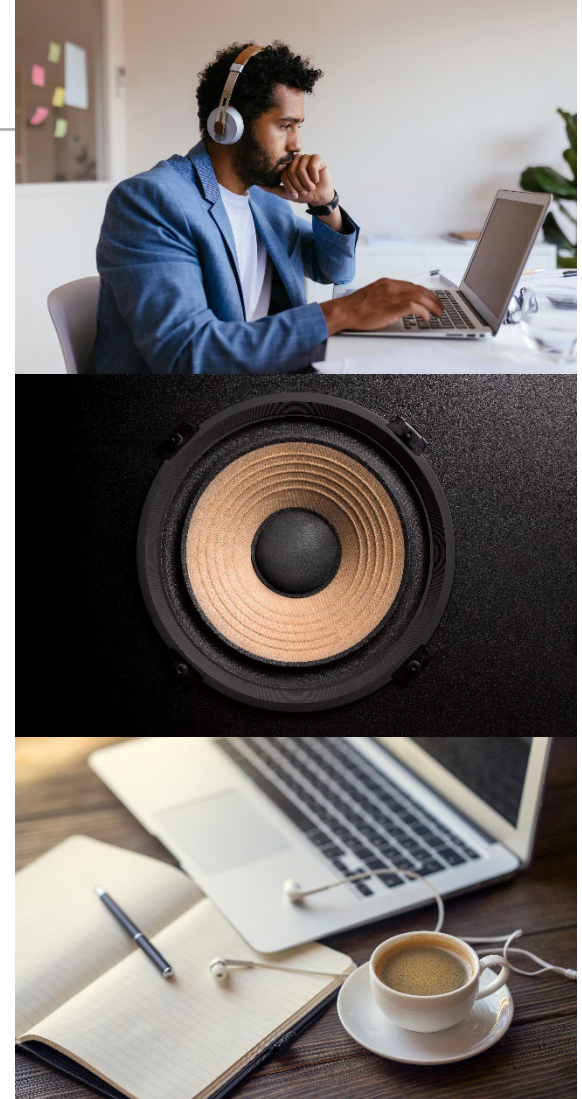
Feedback or dropped audio are common for streaming video. Tip: refresh your screen.

You can pause the play back.

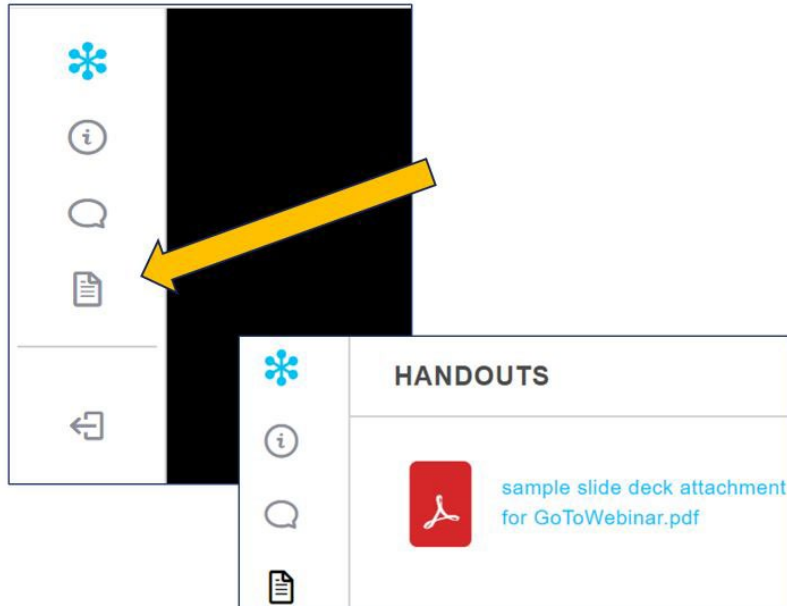
You can return and replay the video; use the access link from registration confirmation email

Recording is captioned

Slides designed to follow Americans with Disabilities Act rules



Access the Slides



Click document icon in the navigation pane

Select file name

Document will open in a new window

Print or download

After CE period expires, slides remain accessible here:

www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos

Continuing Education Information

All relevant information about Continuing Education Credit can be found in attachment provided:

- Entities providing credit
- Requirements to earn credit
- Survey/attestation and certificate



Credit available for this On Demand webinar for 6 weeks following release.

Joint Commission maintains a participant's privacy and confidentiality per organizational policy. For information on Joint Commission's continuing education policies, visit this link

<https://www.jointcommission.org/en-us/products-and-services/continuing-education/continuing-education-credit-information>

Participant Learning Objectives



Discuss the rationale for the Physical Environment standards rewrite/reorganization

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

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

Physical Environment (PE) Updates

- New Numbering
- New Chapter Locations

Survey Process

- Orientation to Survey Process Guide (SPG)
- SPG Modules
- Compliance Evaluation Tools

Resources to Navigate Revisions

- Disposition Report
- Crosswalk Compare Report

Commonly Identified Opportunities for Improvement

Physical Environment (PE) Updates

Numbering and Location Changes

| Current Standard Numbering |
|----------------------------|
| EC.01.01.01 |
| EC.02.01.01 |
| EC.02.01.03 |
| EC.02.02.01 |
| EC.02.03.01 |
| EC.02.03.03 |
| EC.02.03.05 |
| EC.02.04.01 |
| EC.02.04.03 |
| EC.02.05.01 |
| EC.02.05.02 |

| Current Standard Numbering |
|----------------------------|
| EC.02.05.03 |
| EC.02.05.05 |
| EC.02.05.07 |
| EC.02.05.09 |
| EC.02.06.01 |
| EC.02.06.05 |
| EC.03.01.01 |
| EC.04.01.01 |
| EC.04.01.03 |
| EC.04.01.05 |

| Future Standard Numbering |
|---------------------------|
| PE.01.01.01 |
| PE.02.01.01 |
| PE.04.01.01 |
| PE.04.01.03 |
| PE.04.01.05 |
| PE.05.01.01 |

| Future Standard Numbering |
|---------------------------|
| NPG.02.04.01 |
| NPG.11.01.01 |
| NPG.11.03.01 |
| NPG.13.03.01 |

Numbering and Location Changes

| Current Standard Numbering |
|----------------------------|
| LS.01.01.01 |
| LS.01.02.01 |
| LS.02.01.10 |
| LS.02.01.20 |
| LS.02.01.30 |
| LS.02.01.34 |
| LS.02.01.35 |
| LS.02.01.40 |
| LS.02.01.50 |
| LS.02.01.70 |
| LS.03.01.10 |
| LS.03.01.20 |

| Current Standard Numbering |
|----------------------------|
| LS.03.01.30 |
| LS.03.01.34 |
| LS.03.01.35 |
| LS.03.01.40 |
| LS.03.01.50 |
| LS.03.01.70 |
| LS.05.01.10 |
| LS.05.01.20 |
| LS.05.01.30 |
| LS.05.01.34 |
| LS.05.01.35 |



| Future Standard Numbering |
|---------------------------|
| PE.03.01.01 |
| PE.03.02.01 |
| PE.04.01.01 |

Concepts in the PE Chapter

**Safe, Adequate
Environment**
PE.01.01.01

**Hazardous
Materials &
Waste**
PE.02.01.01

**Comply with
Life Safety
Code**
PE.03.01.01

**Interim Life
Safety Measures**
PE.03.02.01

**Building Safety
& Facility
Management**
PE.04.01.01

Utility Systems
PE.04.01.03

**Water
Management**
PE.04.01.05

Imaging Safety
PE.05.01.01

PE Concepts in the NPG Chapter

**Workplace
Violence Worksite
Analysis**
NPG.02.04.01

Security Risks
NPG.11.01.01

Utility Systems
NPG.11.03.01

Imaging Safety
NPG.13.03.01

PE Chapter Standard Example

**Water
Management**
PE.04.01.05

Standard, EP and HR chapter example

PE.04.01.05, EP 1

The water management program has an individual or a team responsible for the oversight and implementation of the program, including but not limited to development, management, and maintenance activities.

NPG Chapter Standard Example

**Workplace
Violence
Training**
NPG.02.04.01

Standard, EP and NPG chapter example

NPG.02.04.01, EP 2

As part of its workplace violence prevention program, the hospital provides training, education, and resources (at time of hire, annually, and whenever changes occur regarding the workplace violence prevention program) to leaders, staff, and licensed practitioners...etc.

Notable Changes in the New PE Requirements

Deleted

- Detailed EC standards related to equipment inspection, testing, and maintenance

Deleted

- Detailed LS standards related to health care, ambulatory health care, and business occupancies

Survey Process

Survey Process Guide (SPG) – Overview

- Replaces Survey Activity Guide (SAG)
- Closely follows CMS's interpretive guidelines and survey procedures
- 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 the following activities:

- Document Review
- Life Safety Code Building Assessment



Hospital Accreditation

Survey Process Guide

Survey Process Guidance - Modules

| Hospital Physical Environment Evaluation Module (482.41) | | |
|---|--|---|
| Joint Commission Standards / EPs | Hospital CoP | Hospital Survey Process |
| <p>PE.01.01.01, EP 1: The hospital's building is constructed, arranged, and maintained to allow safe access and to protect the safety and well-being of patients.</p> <p>Note 1: Diagnostic and therapeutic facilities are located in areas appropriate for the services provided.</p> <p>Note 2: When planning for new, altered, or renovated space, the hospital uses state rules and regulations, or the current Guidelines for Design and Construction of Hospitals published by the Facility Guidelines Institute. If the state rules and regulations or the Guidelines do not address the design needs of the hospital, then it uses other reputable standards and guidelines that provide equivalent design criteria.</p> | <p>§482.41 Condition of Participation: Physical Environment</p> <p>The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.</p> | <p>Observation:</p> <ul style="list-style-type: none"><input type="checkbox"/> Verify that all locations of the hospital, including all campuses, satellites, provider-based activities, and inpatient and outpatient locations meet this CoP. |

New Standard/EP

CoP

Survey Process Guidance
(Interview, Document Review, Observation)

Survey Process Guidance - Modules (2)

Hospital Radiologic Services Evaluation Module (482.26)

| | | |
|--|---|--|
| <p>PE.02.01.01, EP 4: The hospital develops and implements policies and procedures to protect patients and staff from exposure to hazardous materials. The policies and procedures address the following:</p> | <p>§482.26(b) Standard: Safety for Patients and Personnel The radiologic services, particularly ionizing radiology procedures, must be free from hazards for patients and personnel.</p> | <p>Interview</p> <ul style="list-style-type: none"> <input type="checkbox"/> Radiologic services staff to determine: <ul style="list-style-type: none"> ○ Familiarity with policies and procedures related to safety in general and to specific clinical protocols. ○ Training at appropriate intervals to on |
|--|---|--|

Hospital Nuclear Medicine Services Evaluation Module (482.53)

| | | |
|---|---|---|
| <p>LD.13.03.01, EP 9: For hospitals that use the Joint Commission for deemed status purposes: If the hospital provides nuclear medicine services, and nuclear medicine staff perform laboratory tests, the services meet the applicable requirements for laboratory services specified in 42 CFR 482.27.</p> <p>MM.15.01.01, EP 7: For hospitals that use Joint Commission accreditation for deemed status purposes: An appropriately trained registered pharmacist or doctor of medicine or osteopathy performs or supervises in-house preparation of radiopharmaceuticals.</p> <p>PE.02.01.01, EP 4: The hospital develops and implements policies and procedures to protect patients and staff from exposure to</p> | <p>§482.53(b) Standard: Delivery of Service Radioactive materials must be prepared, labeled, used, transported, stored, and disposed of in accordance with acceptable standards of practice.</p> <p>§482.53(b)(1) In-house preparation of radiopharmaceuticals is by, or under the supervision of, an appropriately trained registered pharmacist or a doctor of medicine or osteopathy.</p> <p>§482.53(b)(2) There is proper storage and disposal of radioactive material.</p> | <p>Interview</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ask the hospital to demonstrate how it limits access to radioactive materials at all times. <input type="checkbox"/> Determine if staff use their dosimeters according to manufacturer's instructions, particularly in the appropriate placement of the dosimeter on the body, as indicated on the dosimeter. <input type="checkbox"/> Ask responsible staff to demonstrate how they ensure the safe transport of radioactive materials in the hospital. <input type="checkbox"/> Ask responsible staff to determine whether the appropriate container for protection devices (for example, lead for gamma emitters) are being used for storage and administration of radioactive materials. <input type="checkbox"/> Ask staff to show the policy for disposal methods for radioactive waste or unused material and to explain how they ensure that these procedures are followed. <input type="checkbox"/> If radiopharmaceuticals are prepared in-house, determine that the preparation is performed by, or supervised by, a registered pharmacist or MD/DO. <input type="checkbox"/> Ask the supervising pharmacist or MD/DO how technicians |
|---|---|---|

Compliance Evaluation Tools

- Compliance Evaluation Tools:
 - CMS K-Tag tools for ambulatory and health care occupancies
 - Kitchen Tracer Survey Tool
 - Fire Drill Matrix
 - Document List and Review Tool

Health Care Occupancy LSC and HCFC Evaluation Tool

The Health Care Occupancy LSC and HCFC Evaluation Tool reflects the Centers for Medicare & Medicaid Services (CMS) K-tag Safety Code and NFPA 99 Health Care Facilities Code requirements that are evaluated for compliance to determine if hospital Conditions of Participation. Hospitals and critical access hospitals and surveyors must refer to the tool for the content of Codes that appear in individual elements of performance under the new, streamlined Joint Commission Physical Environment (PE) standards.

The tool will assist both organizations and surveyors in identifying the hospital and critical access hospital Conditions of Participation requirements that relate to the new, streamlined Joint Commission Physical Environment (PE) standards.

| K-tag | Code |
|---------------------|---------|
| SECTION 1 - GENERAL | |
| K100 | General |

Hospital Physical Environment Document List & Review Tool

Revised - Effective: 4/20/2024

The following pages present documentation required by the Hospital Accreditation program Physical Environment (PE) standards. The surveyor should review these documents soon after arrival for the on-site survey. Surveyors may request other documents, as needed, throughout the survey. Elements of performance that do not require documentation but appear as reminders to both organizations and surveyors of these elements are marked with a "Y" in the "Yes" column.

Please conduct during Facility Orientation.

Legend: C=Compliant; NC=Not compliant; NA=Not applicable; IOU=Surveyor awaiting documentation

| STANDARD - EPs | See Legend | | | | Document / Requirement | Yes | No |
|----------------|------------|----|----|-----|--|-----|----|
| | C | NC | NA | IOU | | | |
| PE.03.01.01 | | | | | Buildings serving patients comply w/ NFPA 101 (2012) | | |
| | | | | | Current and accurate drawings w/ fire safety features & related square footage | | |

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 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

- [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 new locations (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 |
|--------------------|--|-------------------|-------------------|--|
| EC.02.02.01, EP 18 | For hospitals that use Joint Commission accreditation for deemed status purposes: Radiation workers are checked periodically, by the use of exposure meters or badge tests, for the amount of radiation exposure. CoPs: §482.26(b)(3) | Moved and Revised | PE.02.01.01, EP 5 | Radiation workers are checked periodically, using exposure meters or badge tests, for the amount of radiation exposure. CoPs: §482.26(b)(3) |
| EC.02.02.01, EP 19 | The hospital has procedures for the proper routine storage and prompt disposal of trash and regulated medical waste. CoPs: §482.41(b)(4) | Moved | PE.02.01.01, EP 6 | The hospital has procedures for the proper routine storage and prompt disposal of trash and regulated medical waste. CoPs: §482.41(b)(4) |

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

| | | | |
|--|----------------------------------|-----------------------------|-----------------------------|
|  | | | |
| | Resources | About Us | Need Help? |
| | Joint Commission | Newsletters | Support Cen |

Current State Compared to Future State

Hospital Crosswalk – Current State Compared to Future State

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|--|---|---|
| §482.41(b) | <p>§482.41(b) Standard: Life Safety from Fire</p> <p>The hospital must ensure that the life safety from fire requirements are met.</p> | <p>EC.02.03.01, EP 1</p> <p>The hospital minimizes the potential for harm from fire, smoke, and other products of combustion.</p> <p>EC.02.03.01, EP 4</p> <p>The hospital maintains free and unobstructed access to all exits.</p> <p>Note: This requirement applies to all buildings classified as business occupancy. The "Life Safety" (LS) chapter addresses the requirements for all other occupancy types.</p> | <p>PE.03.01.01, EP 3</p> <p>The hospital meets the applicable provisions of the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).</p> <p>Note 1: Outpatient surgical departments meet the provisions applicable to ambulatory health care occupancies, regardless of the number of patients served.</p> <p>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The provisions of the Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid Services (CMS) finds that a fire and safety code imposed by state law adequately protects patients in hospitals.</p> |

Commonly Identified Opportunities for Improvement Physical Environment (PE)

Top 5 EC Opportunities – Hospital

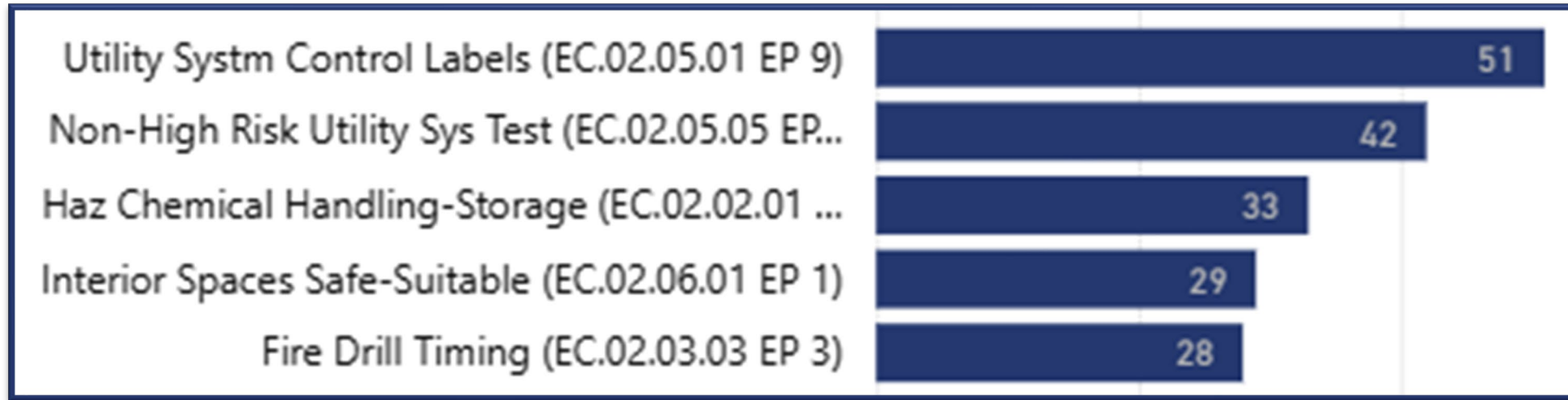


Data from 05/01/2024 – 05/31/2025

New Standard Location – Hospital

| Current Standard/EP – 2025 | New Standard/EP– January 2026 |
|---|---|
| Interior Space Safe-Suitable EC.02.06.01 EP 1 | Interior Space Safe-Suitable PE.01.01.01 EP 1, EP 2 |
| Utility System Control Labels EC.02.05.01 EP 9 | Health Care Facilities Code PE.04.01.01, EP 1 |
| Non-High Risk Utility System Test EC.02.05.05 EP 6 | Maintenance of Essential Equipment PE.04.01.01, EP 2 |
| Clean Environment-No Odors EC.02.06.01 EP 20 | Clean Environment PE.01.01.01 EP 3 |
| Haz Chemical Handling-Storage EC.02.02.01 EP 5 | Haz Chemical Handling-Storage PE.02.01.01 EP 4 |

Top 5 EC Opportunities – Critical Access Hospital



Data from 05/01/2024 – 05/31/2025

New Standard Location – Critical Access Hospital

| Current Standard/EP – 2025 | New Standard/EP – January 2026 |
|---|---|
| Utility System Control Labels EC.02.05.01 EP 9 | Health Care Facilities Code PE.04.01.01, EP 1 |
| Non-Hish Risk Utility Sys Test EC.02.05.05 EP 6 | Maintenance of Essential Equipment PE.04.01.01, EP 2 |
| Hazardous Chemical Handling- Storage EC.02.02.01 EP 5 | Hazardous Chemical Handling-Storage PE.02.01.01 EP 4 |
| Interior Spaces Safe-Suitable EC.02.06.01 EP 1 | Interior Space Safe-Suitable PE.01.01.01 EP 1, EP 2 |
| Fire Drill Timing EC.02.03.03 EP 3 | Life Safety Code PE.03.01.01, EP 3 |

Top 5 LS Opportunities – Hospital

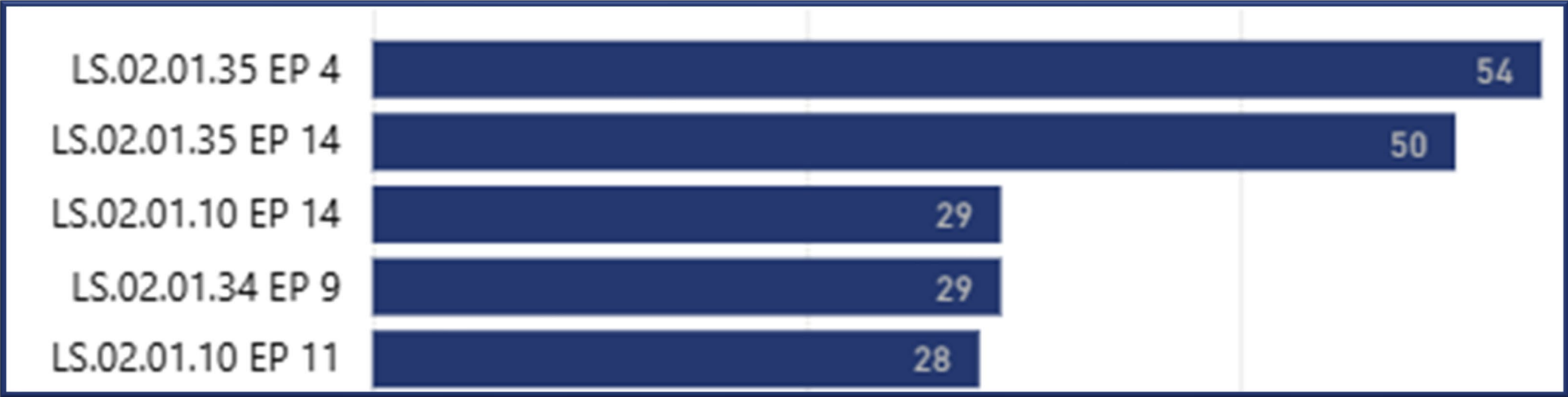


Data from 05/01/2024 – 05/31/2025

New Standard Location - Hospital

| Current Standard/EP – 2025 | New Standard/EP – January 2026 |
|--|--------------------------------------|
| Dedicated Sprinkler Piping LS.02.01.35 EP 4 | Life Safety Code PE.03.01.01 EP 3 |
| NFPA Automatic Extinguishing LS.02.01.35 EP 14 | Life Safety Code PE.03.01.01 EP 3 |
| Fire Barrier Penetration Seal LS.02.01.10 EP 14 | Life Safety Code PE.03.01.01 EP 3 |
| Sprinkler Maintenance LS.02.01.35 EP 5 | Life Safety Code PE.03.01.01 EP 3 |
| Fire Rated Door Requirements LS.02.01.10 EP 11 | Life Safety Code PE.03.01.01 EP 3 |

Top 5 LS Opportunities – Critical Access Hospital



Data from 05/01/2024 – 05/31/2025

New Standard Location – Critical Access Hospital

| Current Scoring Location – 2025 | New Scoring Location – January 2026 |
|--|--------------------------------------|
| Dedicated Sprinkler Piping LS.02.01.35 EP 4 | Life Safety Code PE.03.01.01 EP 3 |
| NFPA Auto Extinguish LS.02.01.35 EP 14 | Life Safety Code PE.03.01.01 EP 3 |
| Fire Barrier Penetration Seal LS.02.01.10 EP 14 | Life Safety Code PE.03.01.01 EP 3 |
| Ceiling Membrane Integrity LS.02.01.34 EP 9 | Life Safety Code PE.03.01.01 EP 3 |
| Fire Rated Door Requirements LS.02.01.10 EP 11 | Life Safety Code PE.03.01.01 EP 3 |

Questions



If you have any questions associated with the Physical Environment Chapter requirements, please submit your inquiry on our website:

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

Regarding On Demand webinar operations and Continuing Education inquiries:

tjcwebinarnotifications@jointcommission.org

Accreditation 360 Webinar Series

To access Accreditation 360 webinar recording links, slides, and transcripts, visit this landing page and scroll down:

www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos

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 access the separate handout detailing the CE requirements.



Access survey via QR code

Use your mobile device to scan the QR code on the next slide. You can pause the presentation.



Access survey via link in email

An automated email sent after you finish the recording also directs you to the evaluation survey.



Survey open for 6 weeks

CEs are available for 6 weeks after webinar release. 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!



tjcwebinarnotifications@jointcommission.org



<http://www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos>

Disclaimer

- These slides are current as of **8/15/2025**. The Joint Commission and the original presenters reserve the right to change the content of the information, as appropriate.
- The Joint Commission reserves the right to review and retire content that is not current, has been made redundant, or has technical issues.
- *These slides are only meant to be cue points, which were expounded upon within the original presentation and are not meant to be comprehensive statements of standards interpretation or represent all the content of the presentation. Thus, care should be exercised in interpreting Joint Commission requirements based solely on the content of these slides.*
- These slides are copyrighted and may not be further used, shared, or distributed without permission of the original presenter and The Joint Commission.
- **The Joint Commission does not endorse or promote any company's products or services.**

Subject Matter Experts, Content Creators, and Editorial Staff

The principal authors of the content of these modules include these 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