2026 Critical Access Hospital National Performance Goals (NPGs)

Goal 1	The critical access hospital ensures that the correct patient receives the correct care at the correct time.
Goal 2	The governing body and leadership team foster a culture of safety.
Goal 3	The critical access hospital has an emergency management program.
Goal 4	The critical access hospital prioritizes excellent health outcomes for all.
Goal 5	The critical access hospital prioritizes infection prevention and control.
Goal 6	The critical access hospital prioritizes pain management and safe prescribing practices.
Goal 7	The critical access hospital respects the patient's right to safe, informed care.
Goal 8	The critical access hospital reduces the risk for suicide.
Goal 9	The critical access hospital develops and implements safe transplant practices.
Goal 10	The critical access hospital performs waived testing in a safe and consistent manner. *Note: Waived tests are categorized by CLIA as "simple laboratory examinations and procedures that have an insignificant risk of an erroneous result." The Food and Drug Administration (FDA) determines which tests meet these criteria when it reviews a manufacturer's application for test system waiver. The list of FDA-approved waived tests can be accessed at the following link: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfClia/analyteswaived.cfm.*
Goal 11	The critical access hospital maintains workplace and patient safety.
Goal 12	The critical access hospital is staffed to meet the needs of the patients it serves, and staff are competent to provide safe, quality care.
Goal 13	The critical access hospital safely performs imaging services.
Goal 14	The critical access hospital has a medication management program that focuses on safety.

2026 Hospital National Performance Goals (NPGs)

Goal 1	The hospital ensures that the correct patient receives the correct care at the correct time.
Goal 2	The governing body and leadership team foster a culture of safety.
Goal 3	The hospital has an emergency management program.
Goal 4	The hospital prioritizes excellent health outcomes for all.
Goal 5	The hospital prioritizes infection prevention and control.
Goal 6	The hospital prioritizes pain management and safe prescribing practices.
Goal 7	The hospital respects the patient's right to safe, informed care.
Goal 8	The hospital reduces the risk for suicide.
Goal 9	The hospital develops and implements safe transplant practices.
Goal 10	The hospital performs waived testing in a safe and consistent manner. *Note: Waived tests are categorized by CLIA as "simple laboratory examinations and procedures that have an insignificant risk of an erroneous result." The Food and Drug Administration (FDA) determines which tests meet these criteria when it reviews a manufacturer's application for test system waiver. The list of FDA-approved waived tests can be accessed at the following link: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfClia/analyteswaived.cfm.*
Goal 11	The hospital maintains workplace and patient safety.
Goal 12	The hospital is staffed to meet the needs of the patients it serves, and staff are competent to provide safe, quality care.
Goal 13	The hospital safely performs imaging services.
Goal 14	The hospital has a medication management program that focuses on safety.

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Right Patient, Right Care

Ensuring that the correct patient receives the correct care at the correct time is foundational to patient safety and the responsibility of everyone who works in healthcare.

Background

Since 2003, Joint Commission—accredited hospitals are required to have patient care protocols and systems in place to ensure the correct patient receives the correct care at all times. The Universal Protocol for Safe Surgical Practices (including verification, site marking, and time-outs) has been required for two decades,[i] and Joint Commission elevated three additional components to National Patient Safety Goals in 2009: correct use of patient identifiers, hand-off communications, and timely critical test reporting requirements. This *2025 National Performance Goal™* adds the management of patient flow, monitoring changes in a patient's condition, and the availability of resuscitation services in this suite of requirements, recognizing that these key elements work together.

Standards

Joint Commission *National Performance Goal* for correct care, correct time focuses on longstanding quality and patient safety issues and ensures (1) the patient is reliably identified as the person for whom service is recommended, and (2) services and treatment are matched to that individual to reduce medical errors. Hospitals must:

- Have a process in place to correctly identify patients when providing care, treatment, and services
- Report critical results of tests and diagnostic procedures in a timely manner (same)
- Manage the flow of patients throughout the hospital
- Have a process for hand-off communications
- Recognize and respond to changes in a patient's condition
- Ensure resuscitative services are available throughout the hospital
- Develop and implement processes for post-resuscitation care
- Review resuscitative care services to identify opportunities for improvement
- Conduct a preprocedural verification process
- Mark the procedure site
- Perform a time-out before the procedure.

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Rationale

- The standards under this goal include interventions to reduce the most common medical errors — surgical errors, diagnostic errors, medication errors, equipment failures, patient falls, hospital-acquired infections, and communication failures.[ii]
- Despite being categorized as "never events," recent literature demonstrates wrong site surgeries are still happening.[iii,iv] Events resulting from wrong site surgeries can include death or lifelong physical consequences for the patient; clinicians involved may face disciplinary and malpractice litigation, reputational damage, and emotional fallout; and hospitals risk liability, loss of accreditation and regulatory sanctions, and financial losses.[v,vi] The Centers for Medicare & Medicaid Services (CMS) have not reimbursed for any costs associated with these errors since 2009.[vi] One of the most commonly identified causes of wrong site surgery is an inability to follow established safety protocols.[vii] Joint Commission standards provide a framework for those protocols.
- Handoffs occur frequently in hospitals and are associated with up to 80% of medical errors. Effective handoffs ensure that each caregiver has the necessary information to continue care seamlessly, reducing the risk of duplicated tests or conflicting treatment.[viii]
- Evidence shows that effectively managing patient flow facilitates safer and timely care.[ix,x]

Related Activities

The Joint Commission "Speak Up" campaign includes a poster and educational materials on The Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person.

i Norton E. Implementing the universal protocol hospital-wide. *AORN J*. 2007;85(6):1187–1197. doi: 10.1016/j.aorn.2007.03.002 **ii** Ahsani-Estahbanati E, Sergeevich Gordeev V, Doshmangir L. Interventions to reduce the incidence of medical error and its financial burden in health care systems: A systematic review of systematic reviews. *Front Med* (Lausanne). 2022;9:875426 **iii** Tan J, Ross JM, Wright D, et al. A contemporary analysis of closed claims related to wrong-site surgery. *Jt Comm J Qual Patient Saf*. 2023;49(5):265–273 **iv** Robinson TP, Bilimoria KY, Yang AD. Understanding a surgeon's worst nightmare: Wrong site surgery. *Jt Comm J Qual Patient Saf*. 2023;49(5):237–238 **v** ECRI. Health System Risk Management. Wrong-site Surgery. December 14, 2020 **vi** Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery. The Joint Commission **vii** Stahel PF, Sabel AL, Victoroff MS, et al. Wrong-Site and Wrong-Patient Procedures in the Universal Protocol Era: Analysis of a Prospective Database of Physician Self-reported Occurrences. *Arch Surg*. 2010;145(10):978—984. doi:10.1001/archsurg.2010.185 **viii** Webster, Kristen LW. et al. Handoffs and Teamwork: A Framework for Care Transition Communication. *Jt Comm J Qual Patient Saf*. 2022;48(6): 343—35. **ix** Fleischman RJ, Kaji AH, Diaz VM, et al. A Simple Intervention to Improve Hospital Flow From Emergency Department to Inpatient Units. *JAMA Intern Med*. 2015;175(2):289–290. doi:10.1001/jamainternmed.2014.6689 **x** Roussel M, Teissandier D, Yordanov Y, et al. Overnight Stay in the Emergency Department and Mortality in Older Patients. *JAMA Intern Med*. 2023;183(12):1378—1385. doi:10.1001/jamainternmed.2023.5961

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Culture of Safety

Fostering a shared commitment to safety at every level — where proactive risk prevention, open communication, and accountability are embedded in daily practices and decision-making — is essential for healthcare organizations to reduce medical errors, prevent staff burnout, and promote greater job satisfaction. However, persistent challenges continue to hinder effective collaboration, which can undermine these efforts. Establishing and adhering to clear quality standards plays a vital role in aligning teams, guiding consistent practices, and reinforcing a unified approach to patient safety and care excellence.

Background

Joint Commission culture of safety standards, launched in 2010, aim to foster a robust, positive culture of safety in healthcare settings. Evidence shows that active leadership involvement in structured safety processes significantly improves both patient outcomes and workforce well-being. To support this, Joint Commission's standards emphasize strong, visible leadership commitment as essential to overcoming persistent challenges that compromise patient care and safety.

Standards

The Culture of *Safety National Performance Goal*™, developed with broad healthcare stakeholder input, helps leadership foster and maintain a culture of safety that improves patient and workforce safety and quality. Specifically, Joint Commission standards require hospital leaders to:

- Regularly measure and evaluate safety culture using valid and reliable tools
- Develop and communicate the hospital's mission, vision, and goals to staff to guide actions
- Ensure the medical staff are represented in the hospital's governing body
- Address conflicts of interest and ethics
- Design a comprehensive safety program and work processes to focus individuals on safety and quality issues

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Joint Commission's Workplace Violence Prevention standards,* added in 2022, work synergistically with the other culture of safety standards and address the recent rise of workplace violence.

*requirements outlined in Workplace Violence addendum

- Develop and enforce a code of conduct applicable to both patients and staff that defines unacceptable behavior, including intimidating behaviors, and take actions to prevent/mitigate such behaviors
- Maintain a workplace violence program (see call out box)

Rationale

- A poor safety culture in hospitals can create conditions that lead to negative patient outcomes, such as increased medical errors, adverse patient events, higher rates of patient injuries, staff burnout, decreased staff morale, reduced quality of care, legal issues, and reputational damage that can ultimately risk patient death.[i,ii]
- The Agency for Healthcare Research and Quality's research demonstrates that organizations with better safety cultures significantly improve multiple patient outcomes,[iii] including fewer hospital-acquired pressure ulcers,[iv] fewer patient falls,[v] lower surgical infection rates,[vi] and fewer medication errors.[vii]
- Safety culture also benefits workers, resulting in fewer sharp-related and other injuries, better job satisfaction, improved staff retention, better reporting of safety events, and reduced burnout[viii]— contributing to greater healthcare worker retention and patient well-being.[ix]

Related Activities

- Joint Commission has partnered with OSHA through the Alliance Program Ambassador relationship since 2004.[x] This collaborative working relationship enables the dissemination of consistent and accurate resources available to protect the safety and health of the workforce.[xi] See: OSHA and Joint Commission Alliance
- The 2021 updated *Sentinel Event Alert* from Joint Commission identifies behaviors that can undermine safety culture, such as verbal outbursts, physical threats, refusal to perform assigned tasks, and others.[xii]
- A workforce safety and well-being resource center by Joint Commission provides curated educational resources and specific strategies, tools, and best practices to support healthcare organizations.
- Joint Commission's Chief Medical Officer participates in the national patient safety and harm reduction dialogue through her participation in the Institute of Healthcare Improvement (IHI) National Steering Committee for Patient Safety.

i Layne DM, Nemeth LS, Mueller M, Martin M. Negative Behaviors among Healthcare Professionals: Relationship with Patient Safety Culture. Healthcare (Basel). 2019 Feb 1;7(1):23. doi: 10.3390/healthcare7010023. PMID: 30717313; PMCID: PMC6473815 **ii** Mistri IU, Badge A, Shahu S. Enhancing Patient Safety Culture in Hospitals. Cureus. 2023 Dec 27;15(12): e51159. doi: 10.7759/cureus.51159. PMID: 38283419; PMCID: PMC10811440 **iii** Murray J, Sorra J, Gale B, et al. Ensuring Patient and Workforce Safety Culture in Healthcare. PSNet [internet]. Rockville (MD): Agency for Healthcare Research and Quality, US Department of Health and Human Services 2024 **iv** Alanazi FK, Lapkin S, Molloy L, Sim J. Safety culture, quality of care, missed care, nurse staffing and their impact on pressure injuries: A cross-sectional multi-source study. Int J Nurs Stud Adv. 2023; 5:100125. doi: 10.1016/j.ijnsa.2023.100125 **v** Brown DS, Wolosin R. Safety culture relationships with hospital nursing sensitive metrics. J Healthc Qual. 2013 JulAug;35(4):61–74. doi: 10.1111/jhq.12016 **vi** Fan CJ, Pawlik TM, Daniels T, Vernon N, Banks K, Westby P, Wick EC, Sexton JB, Makary MA. Association of safety culture with surgical site infection outcomes. J Am Coll Surg. 2016 Feb;222(2):122–8. https://pubmed.ncbi.nlm.nih.gov/26712245/ **vii** Alanazi FK, Sim J, Lapkin S. Systematic review: Nurses' safety attitudes and their impact on patient outcomes in acute-care hospitals. Nurs Open. 2022;9(1):30-43. doi: 10.1002/nop2.1063 **viii** Hessels AJ, Wurmser T. Relationship among safety culture, nursing care, and Standard Precautions adherence. Does J Infect Control. 2020;48(3):340–341. doi: 10.1016/j.ajic.2019.11.008 **ix** ECRI's top 10 patient safety concerns for 2024. (March 2024). https://home.ecri.org/blogs/ecri-blog/ecri-s-top-10-patient-safety-concerns-for-2024 **x** US Department of Labor. Occupational Safety and Health Administration. Active National Alliances and Ambassadors. The Joint Commission (TJC) and Joint Commission Resources (JCR). Renewed November 9, 2022. https://www.osha.gov/alliances/jcaho/jcaho **xi** The Joint Commission (TJC) and Joint Commission Resources, Inc. (JCR) | OSHA.gov | Occupational Safety and Health Administration **xii** The Joint Commission Sentinel Event Alert. Issue 40, original publication July 9, 2008, updated June 2018. Behaviors that undermine a culture of safety. https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea-40-intimidating-disruptive-behaviors-final2.pdf

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Preventing Workplace Violence

According to the U.S. Occupational Safety and Health Administration (OSHA) healthcare workers are 4–5 times more likely to suffer workplace violence injuries than workers in private industry overall.[i,ii] This violence poses a serious threat to both patient and staff safety, disrupting care delivery and contributing to workforce shortages. As incidents continue to rise, it is essential for hospitals to implement comprehensive prevention strategies. In response to the growing incidence of workplace violence, as well as requests from key stakeholders, Joint Commission led discussions in the field to define "workplace violence" and the components of a strong prevention program.

Background

In 2022, Joint Commission issued new and revised consensus-based standards that implement a framework for effective hospital workplace violence prevention systems, including leadership oversight, policies and procedures, reporting systems, data collection and analysis, post-incident strategies, training, and education, extending these workplace violence prevention requirements across all of its accreditation programs.

Standards

Workplace violence is defined by Joint Commission as "an act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors." The Workplace Violence Prevention standards require that hospitals:

- Have a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team
- As part of its workplace violence prevention program, provide training, education, and resources to staff and leadership at time of hire and regularly[iii,iv,v]
- Establish policies and processes to:
  - Prevent and respond to violence
  - Report incidents to analyze incidents and trends
  - Follow up and support victims and witnesses
  - Report workplace violence to the governing body
- Complete a worksite analysis and take actions to mitigate or resolve the workplace safety and security risks based upon findings[vi,vii,viii]

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Rationale

- Workplace violence adversely impacts employee morale, increases staff turnover and absenteeism, reduces productivity, creates a fearful organization culture, and compromises patient care.[ix] Due to these risks, Joint Commission added workplace violence prevention to its well-established safety standards.
- From 2019–2020, the incidence of workplace violence in hospitals increased, resulting in:
  - An increase in incidence rates of nonfatal occupational injuries and illnesses involving days away from work due to intentional injury by another person in the private healthcare and social assistance industry from 10.4 per 10,000 full-time workers in 2018 to 15.2 per 10,000 workers in 2020.[x]
- Joint Commission launched a comprehensive review of evidence-based actions to address this trend and ultimately led the consensus on a broader definition of workplace violence that fully encompasses the range of incidents: *violent behavior is not limited to acts of physical violence and includes many other "covert" forms of workplace violence (intimidation, harassment, bullying, and sabotage).*
- This definition is consistent with those from national stakeholders such as Institute for Healthcare Improvement (IHI) and the Occupational Safety and Health Administration (OSHA)[xi,xii] and includes a wide range of potentially harmful behaviors that, when monitored, help hospitals understand the types of violent acts to which their staff are subjected.[xiii]
- In 2022, Joint Commission expanded its standards to better address this more complete definition and require evidence-based actions to reduce risk.

Related Activities

- Since January 2022, Joint Commission has cited hospitals on more than one hundred requirements for improvement related to workplace violence standards during survey activities and required correction within 60 days.
- Joint Commission published several *Sentinel Event Alerts* to raise awareness about workplace violence.
- At OSHA's request, Joint Commission provided technical assistance to inform policy to address workplace violence across multiple healthcare settings — providing a framework for state-level OSHA reporting requirements.
- Joint Commission maintains a Workforce Safety and Well-Being Resource Center with dedicated resources, tools, and tips to assist organizations on their workforce wellness journey.

i Fricke J, Siddique SM, Douma C, et al. Workplace Violence in Healthcare Settings: A Scoping Review of Guidelines and Systematic Reviews. *Trauma Violence Abuse.* 2023;24(5):3363–3383. doi: 10.1177/15248380221126476 **ii** Arnetz J, Hamblin LE, Sudan S, Arnetz B. Organizational determinants of workplace violence against hospital workers. *J Occup Environ Med.* 2018;60(8):693–699. doi: 10.1097/JOM.0000000000001345 **iii** Ming JL, Huang HM, Hung SP, Chang CI, Hsu YS, Tzeng YM, Huang HY, Hsu TF. Using Simulation Training to Promote Nurses' Effective Handling of Workplace Violence: A Quasi-Experimental Study. *Int J Environ Res Public Health.* 2019 Sep 28;16(19):3648. doi: 10.3390/ijerph16193648. PMID: 31569382; PMCID: PMC6801794 **iv** Occupational Safety and Health Administration, 2016. https://www.osha.gov/sites/default/files/publications/osha3148.pdf. Accessed December 2024 **v** Workplace violence training and prevention in hospital-based healthcare: Implications for Nursing and the Interdisciplinary team in the hospital. International Association for Healthcare Security and Safety (IAHSS) Foundation. 2022. https://iahssf.org/assets/Workplace-Violence-Training-and-Prevention-in-Hospital-Based-Healthcare.pdf **vi** Hill AK, Lind MA, Tucker D, Nelly P, & Daraiseh N. Measurable results: Reducing staff injuries on a specialty psychiatric unit for patients with developmental disabilities. *Work.* 2015;51(1) :99–111. https://doi.org/10.3233/wor-152014 **vii** Ramalisa RJ, du Plessis E, & Koen MP. Increasing coping and strengthening resilience in nurses providing mental health care: Empirical qualitative research. *Health SA Gesondheid.* 2018;23:Article a1094. https://doi.org/10.4102/hsag.v23i0.1094 **viii** Rogerson M, Haines-Delmont A, McCabe R, Brown A, & Whittington R The relationship between inpatient mental health ward design and aggression. *Journal of Environmental Psychology.* 2021;77 : Article 101670. https://doi.org/10.1016/j.jenvp.2021.101670 **ix** Arnetz JE. The Joint Commission's New and Revised Workplace Violence Prevention Standards for Hospitals: A Major Step Forward Toward Improved Quality and Safety. *Jt Comm J Qual Patient Saf.* 2022 Apr;48(4):241–245. doi: 10.1016/j.jcjq.2022.02.001. Epub 2022 Feb 5. PMID: 35193809; PMCID: PMC8816837 **x** Bureau of Labor Statistics. (2018). Workplace violence in healthcare, 2018 (Chart 2 Data). Available at: https://www.bls.gov/iif/factsheets/workplace-violence-healthcare-2018-chart2-data.htm. Accessed on December 30, 2024 **xi** Butkowski O, Duncan J, Martinez N. Preventing Verbal and Physical Violence across the Health Care Workforce. *IHI Toolkit.* Boston: Institute for Healthcare Improvement; 2022. (Available at www.ihi.org) **xii** Occupational Safety and Health Administration (OSHA). Workplace Violence. Available at: https://www.osha.gov/workplace-violence. Accessed December 30, 2024 **xiii** Arnetz JE. The Joint Commission's New and Revised Workplace Violence Prevention Standards for Hospitals: A Major Step Forward Toward Improved Quality and Safety. *Jt Comm J Qual Patient Saf.* 2022 Apr;48(4):241—245. doi: 10.1016/j.jcjq.2022.02.001. Epub 2022 Feb 5. PMID: 35193809; PMCID: PMC8816837

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Emergency Readiness: Facing Crises with Resilience

A hospital's ability to respond and recover from emergencies and disaster incidents is a safety imperative. Hospital emergency management programs ensure hospitals can effectively respond to a wide range of emergencies and disasters. Joint Commission emergency management standards provide a comprehensive approach for improving resiliency to all types of disasters and are essential for protecting patients, staff, and infrastructure and for maintaining continuity of care.

Background

Joint Commission has included accreditation standards for emergency management since 2009 and has evolved the requirements based on best practices. The standards leverage the National Fire Protection Agency (NFPA®) (2012)-defined functions of an emergency management program (consisting of responsibilities, education, exercises, etc.) and provide a framework for ensuring effective operations during all phases of a disaster (mitigation, preparedness, response, and recovery).[i] Hospitals must be able to meet increased demand and provide uninterrupted health care services (continuity planning), be self-sustaining for up to ninety-six hours[i] (resource management), and prioritize use of critical resources (staffing, space, supplies). Since 2014, concepts of "disaster resiliency"[ii,iii] have appeared in hospital emergency management programs. Disaster resiliency in hospitals is about the "capacity of hospitals to withstand, assimilate, and respond to impacts of critical situations, all while ensuring the uninterrupted delivery of essential healthcare services."[ii,iii] Joint Commission standards prioritize "efficient resource allocation, information technology infrastructure, in-service training, waste management, and a proactive organizational framework to build resilience."[iii]

Standards

The emergency management *National Performance Goal*™ provides a framework for disaster resiliency and outlines critical components of an emergency management program. Rather than focusing on specific types of disasters, Joint Commission standards promote a comprehensive, all-hazards approach for a broad spectrum of emergencies — natural, technological, biological, or human-caused. Hospitals must:

- Ensure leadership provides oversight and support of the emergency management program
- Develop an emergency operations plan based on an all-hazards approach
- Have a communications plan that addresses how it will initiate and maintain communications during an emergency
- Maintain a staffing plan for managing all staff and volunteers during an emergency or disaster incident

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- Maintain a plan for providing patient care and clinical support during an emergency or disaster incident
- Maintain a comprehensive plan that includes:
  - Safety and security measures to implement during an emergency or disaster incident
  - Managing resources and assets during an emergency or disaster incident, including plans for sustaining needs for up to 96 hours
  - Disaster recovery, including strategies for damage assessments, restoring critical systems and essential services, returning to full operations, and family reunification.
- Provide emergency management education and training based on prioritized hazards identified in the hazard vulnerability analysis
- Plan and conduct exercises to test its emergency operations plan and response procedures
- Evaluate its emergency management program, emergency operations plan, and continuity of operations plans.

Rationale

Having an effective emergency management program in place is a functional component of disaster resiliency marked by the hospital's resource utilization, redundant systems, and its ability to rapidly respond to and recover from disasters. In addition to potential loss of life and disruptions in patient care, the economic impact of disasters on hospitals are devasting: As of 2023, the average cost of a cybersecurity incident in a hospital was approximately $10.93 million per breach.[iv] The 2025 California wildfires are projected to result in costs of hundreds of millions to low billions of dollars to US hospitals. Hurricanes Sandy (2012) and Harvey (2017) cost hundreds of millions of dollars in hospital damage in New York City and Houston. Hospital resiliency "plays a crucial role in mitigating the societal repercussions of disasters."[iii] Therefore, a comprehensive emergency management program "mitigates the impacts and minimizes mortality rates associated with such circumstances."[iii]

Related Activities

- Joint Commission hosts an annual Emergency Management conference
- Joint Commission produces a bimonthly publication, *Emergency Management Leader*, specific to emergency management through our digital subscription service.
- *Emergency Management in Health Care: An All-Hazards Approach, 5th ed* publication is also available for purchase

i National Fire Protection Agency (NFPA®) 99: *Health Care Facilities Code*, 2012 edition. Chapter 12: Emergency Management. **ii** Zhong S, Clark M, Hou XY, Zang Y, FitzGerald G. Validation of a framework for measuring hospital disaster resilience using factor analysis. *Int J Environ Res Public Health.* 2014 Jun 18;11(6):6335–53. doi: 10.3390/ijerph110606335. **iii** Seyghalani Talab F, Ahadinezhad B, Khosravizadeh O, et al. A model of the organizational resilience of hospitals in emergencies and disasters. *BMC Emerg Med.* 2024;24:105 . https://doi.org/10.1186/s12873-024-01026-6 **iv** World Economic Forum. Healthcare pays the highest price of any sector for cyberattacks, that's why cyber resilience is key. Why the healthcare industry must prioritize cyber resilience | World Economic Forum. February 1, 2024.

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High Quality, Safe Care for All

Improving healthcare quality and safety means understanding and addressing the differences in health outcomes experienced by various patient groups within healthcare settings. This requires using insights gained through experience and observation to better meet patient needs and consistently deliver excellent care. Quality standards from Joint Commission help healthcare organizations identify gaps in care, track progress, and implement focused strategies to ensure every patient receives effective, timely, and personalized treatment.

Background

A key strategy for improving healthcare quality and safety is addressing the differences in outcomes across various patient groups. In January 2023, Joint Commission introduced a *National Performance Goal (NPG)™* focused on improving health outcomes for all. New performance standards now require accredited organizations to evaluate and take action to close outcome gaps for all.

Standards

Joint Commission's Excellent Health Outcomes for All NPG, developed with broad stakeholder input, directs organizations to:

- Designate an individual(s) to lead activities to improve health outcomes for all patients
- Assess patients' health-related social needs (HRSNs) and inform patients about community resources and support services
- Identify differences in the care provided across patient populations by stratifying quality and safety data using the socio-demographic characteristics of their patients
- Take action to improve health outcomes for all, monitor and report progress

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Rationale

- Hospitalized patients of color, women, veterans, people living in poverty, people with a disability, and other communities often experience worse health outcomes and may face barriers to high quality care. For example:
  - The maternal mortality rate for Black women is four times higher than that of non-Hispanic white women.
  - Black, Hispanic, and female patients with pulmonary embolism have longer hospital lengths of stay, are less likely to undergo catheter-directed thrombolysis, and have higher odds of mortality and major bleeding compared to white male patients with the same condition.
  - Research shows that women diagnosed with cardiovascular disease receive less intensive screening and treatment and are less frequently scheduled for cardiac procedures compared to men. Diagnostic accuracy is also lower in women than in men.
- Data collected by Joint Commission show organizations are meeting this NPG through a broad range of activities, often through community partnerships, enhanced resources and services, training and education, referrals, and follow up care to address differences in healthcare outcomes.

Related Activities

- In 2024, Joint Commission released the demographic data quality report to help accredited organizations evaluate the quality of the race, ethnicity, and payer data submitted for electronic clinical quality measures (eCQMs).
- In 2023, Joint Commission added the excellent health outcomes for all requirements to its Behavioral Health Care and Human Services and Ambulatory Health Care accreditation programs.

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Preventing and Controlling Infection

Infection prevention and control (IPC) practices are essential in protecting patients, healthcare workers, and organizations from risk; enable early detection and intervention; reduce human error; and promote a culture of accountability. Quality standards introduced by Joint Commission help hospitals prepare and implement IPC processes that support ongoing, comprehensive risk assessments and targeted interventions.

Background

Implementing infection prevention and control (IPC) practices protects patients and health workers from avoidable infections. IPC is practiced at all levels—facility managers, leadership, staff, patients, and visitors—and all play a role.

For over 50 years, Joint Commission has emphasized the importance of hospital infection control programs, by developing standards that set the bar for expectations that organizations must follow, establishing this requirement over ten years in advance of similar standards introduced by the Centers for Medicare & Medicaid Services (CMS). In 2024, Joint Commission streamlined its IPC standards to focus on the structures needed to support quality and safety and to align closer with laws and regulations, CMS Conditions of Participation (CoPs), and the CDC Core Infection Prevention and Control Core IPC practices.[i] The 2025 *National Performance Goals™* are further distilled.

Standards

The infection prevention and control practices focus on three critical IPC activities: infection risk assessment, preparedness for high-consequence infectious diseases, and hand hygiene. Hospitals must:

- Implement an IPC program with surveillance, prevention, and control activities that can:
  - Annually identify and prioritize risks for infection, contamination, and exposure that pose risks to patients and staff.
  - Locate risks specific to the geographic location, community, populations served, and services provided.
- Implement processes to support preparedness for high-consequence infectious diseases or special pathogens. Protocols must:
  - Follow the "identify, isolate, and inform" approach.
  - Require PPE and appropriate donning and doffing techniques.
  - Support care of patients while in isolation.
  - Address procedures for handling waste, including cleaning and disinfection of patient care spaces, surfaces, and equipment.
  - Ensure training and competencies for staff who implement high-consequence diseases or special pathogens.
- Comply with either the Centers for Disease Control and Prevention (CDC) hand hygiene guidelines and/or the World Health Organization (WHO) hand hygiene guidelines and set goals for improvement.

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Rationale

- Proactive risk assessment specific to each hospital is crucial for effective IPC practices. Without a comprehensive risk assessment, there is no way to determine potential harms and target interventions accordingly.
- Hospitals are the epicenter of outbreaks and pandemics. Preparing for high-consequence infectious diseases or special pathogens is highly variable and currently, hospitals are not required to implement training or competency assessments for special pathogens.[ii] Implementing a standardized approach will strengthen IPC practices to mobilize quickly when needed.
- Previous outbreaks, such as severe acute respiratory syndrome (SARS), H1N1 influenza, Middle East respiratory syndrome (MERS), Ebola, clade I mpox, Marburg virus, and COVID 19, have clearly demonstrated that emerging infectious diseases pose a real threat to human health and can cause significant disruptions in healthcare delivery systems at a local, national, and global scale.
- Hand hygiene is the foundation of prevention and a well-established mechanism to prevent avoidable infections in hospitals. It is a SHEA/IDSA/APIC Practice Recommendation, with evidence that hospitals performing hand hygiene as indicated by CDC or WHO graded HIGH.[iii] Hand hygiene has been a National Patient Safety Goal since 2004 and was elevated to a *National Performance Goal* in 2025.
- Compliance with IPC standards and CMS CoPs have been impactful. From 2005–2019, risk-adjusted rates of seven HAIs tracked systematically by the Medicare Patient Safety Monitoring System (MPSMS) of hospital healthcare-acquired infections (HAIs) declined significantly across patient groups.[iv,v]
- Continuous monitoring and oversight by Joint Commission is necessary to ensure hospitals remain vigilant in their IPC practices.
  - In 2023–2024, Joint Commission cited hospitals with a Request for Improvement (RFI) on average more than two times per hospital surveyed. In 2023, over 77% of the hospitals surveyed had at least one IPC RFI.
  - Over the past decade, IPC citations remain among Joint Commission's most frequently cited findings of non-compliance.

Related Activities

- Joint Commission collaborates and engages regularly with key players such as the Association for Professionals in Infection Control and Epidemiology (APIC), the Society for Healthcare Epidemiology (SHEA), the Infectious Disease Society of America (IDSA), the Centers for Disease Control and Prevention (CDC), and other stakeholders to gain their input on standards development.
- In 2023, Joint Commission convened a panel of technical experts from HHS Administration for Strategic Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE), non-profit organizations such as The National Emerging Special Pathogens Training and Education Center (NETEC), and other preparedness professionals to develop a standardized definition and approach to prepare for high-consequence infectious diseases or special pathogens. Its standards are highlighted in training provided by these emergency preparedness agencies.
- Joint Commission provides education via webinars, educational seminars, publications, and FAQ articles.

i Centers for Medicare & Medicaid Services. (2022, July 6). Infection prevention and control and antibiotic stewardship program interpretive guidance update (QSO-22-20-Hospitals). U.S. Department of Health & Human Services. https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/infection-prevention-and-control-and-antibiotic-stewardship-program-interpretive-guidance-update **ii** Joint Commission. R3: New and revised requirements for infection prevention and control. January 2024. https://www.jointcommission.org/standards/r3-report/r3-report-issue-41-new-and-revised-requirements-for-infection-prevention-and-control-for/ **iii** Yokoe DS, Advani SD, Anderson DJ, et al. Executive Summary: A Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute-Care Hospitals: 2022 Updates. *Infection Control & Hospital Epidemiology*. 2023;44(10):1540–1554. doi:10.1017/ice.2023.138 **iv** Wang, Yun et al., National Trends in Patient Safety for Four Common Conditions, 2005-2011. *NEJM*. 2014;370(4): 342-35 **v** Eldridge, Noel et al, Trends in Adverse Event Rates in Hospitalized Patients, 2010-2019. *JAMA*. 2022:328(2):173-183

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Pain Management

Effective pain management for patients with acute and chronic pain is a critical part of medical care, which includes safe prescribing practices to prevent misuse, addiction, and diversion. Providers must carefully navigate regulatory and public health guidelines without undermining patient access to necessary treatments.

Background and Rationale

Joint Commission included pain management standards as part of its accreditation process in 2001. In response to revised clinical practice guidelines from the Centers for Disease Control and Prevention (CDC)[i] and increasing regulation,[ii] Joint Commission and other stakeholders reevaluated existing approaches to pain management and prescribing practices to ensure the safe use of opioids and to optimize other pharmacologic and non-pharmacologic approaches to pain management. Joint Commission pain standards emphasize multimodal pain management strategies, require organizations to identify and monitor patients at high risk for opioid-related harm, and encourage non-pharmacologic and non-opioid pain treatments.[iii]

Standards

The 2025 Joint Commission standards reflect consensus-based practices and guiding principles to ensure hospitals prioritize pain management and safe prescribing practices.[iv]

As healthcare organizations are held accountable to regulatory and public health guidelines, Joint Commission standards establish a framework to help navigate the delicate balance of safe and effective patient care, guideline adherence, and community health.

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The pain management and safe prescribing *National Performance Goal*™ requires:

- Hospital leadership and clinical staff to work together to establish pain management and assessment, including safe opioid prescribing, as an organizational priority, including:
  - Leadership accountability
  - Monitoring
  - Staff education
  - Access to the Prescription Drug Monitoring databases
- Hospitals provide nonpharmacologic pain treatment modalities
- Hospitals assess and manage the patient's pain and minimize risk associated with treatment through:
  - Using defined criteria to screen, assess, and reassess
  - Identifying treatment strategies and treatment plans based on evidence-based practices that involve the patient
  - Monitoring patients identified as high risk for adverse outcomes and involving family in discharge planning and risks
  - Identifying opioid treatment programs and providing referrals where appropriate
- Hospitals collect and analyze data on pain assessment and management to increase safety and quality for patients

i Centers for Disease Control and Prevention (CDC). Guideline Recommendations and Guiding Principles, https://www.cdc.gov/overdose-prevention/hcp/clinical-guidance/recommendations-and-principles.html. May 6, 2024. **ii** US Department of Justice. Drug Enforcement Administration. Practitioner's Manual. An informational outline of the controlled substances Act. https://deadiversion.usdoj.gov/GDP/(DEA-DC-071)(EO-DEA226)_Practitioner's_Manual_(final).pdf. Revised 2022. **iii** Joint Commission. R3 Report | Requirement, Rationale, Reference. Issue 11, August 29, 2017. https://www.jointcommission.org/-/media/tjc/documents/resources/pain-management/r3_report_issue_11_pain_assessment_2_11_19_rev.pdf **iv** Centers for Disease Control and Prevention (CDC). Guideline Recommendations and Guiding Principles, https://www.cdc.gov/overdose-prevention/hcp/clinical-guidance/recommendations-and-principles.html. May 6, 2024.

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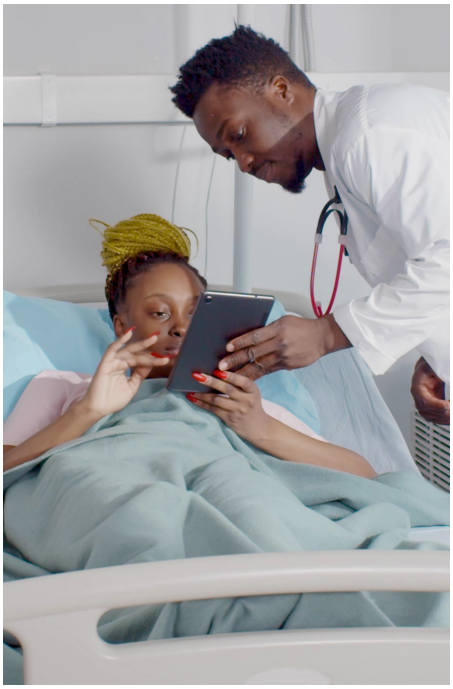
Safe Informed Care

Providing safe and informed care to all patients is a fundamental responsibility of any healthcare system. Ensuring patients are informed, active participants in their care improves health outcomes. The provision of safe care can go beyond the walls of a hospital, and by following standards that assess patients' safety outside of the healthcare setting, hospitals can further optimize outcomes. Joint Commission's quality standards go beyond those required by the Centers for Medicare & Medicaid Services (CMS) to specify and require best practices for patient-informed and safe care.

Background

For over two decades, Joint Commission standards have helped to foster effective communication between patient and physician by outlining specific details and criteria for fully engaging patients in their care and obtaining informed consent. Joint Commission requires hospitals to communicate in a way patients can understand and sets standards for the informed consent process. Since 2004, Joint Commission has also required organizations to use written criteria to identify those patients who may be victims of physical assault, sexual assault, sexual molestation, domestic abuse, or elder or child abuse and neglect, including considering the risk and resources needed to support patients who are potentially at risk post-discharge.



Standards

Joint Commission patients' rights standards enhance patient protection and engagement in their care by requiring hospitals to:

- Ensure patients receive information in a way they understand (e.g., interpretation and translation, adaptations for patients with vision, hearing, speech, or cognitive impairment) and are treated with dignity and respect
- Respect the patient's right to give or withhold informed consent (defined by written policy and following a defined process)
- Evaluate at entry to the hospital and on an on-going basis whether patients may be victims of abuse, neglect, or exploitation using defined criteria and:
  - Maintaining of list of community agencies to provide care and support for referrals
  - Educating staff on recognizing and acting on possible abuse and neglect
  - Reporting internal cases of possible abuse, neglect, or exploitation
  - Providing resources to patient populations that need protective services

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Rationale

- Miscommunication can lead to medical errors, reduced adherence to treatment, and poor health outcomes.[i]
- When patients understand their treatment options and engage in decision-making, they are more likely to adhere to care plans and experience better outcomes.
- Respecting a patient's cultural, spiritual, and personal values throughout the care process is foundational to enhance trust, communication, and patient engagement.
- Informed consent — a formal process of communication between a clinician and patient that results in authorization or agreement to undergo medical interventions — is a legal and ethical cornerstone of this communication process, ensuring patients understand the risks, benefits, and alternatives to treatment.[ii]

Hospitals are often the first point of contact for individuals experiencing abuse and neglect, making it critical to identify these potential victims. The lack of a thorough and robust process to identify trauma puts the organization at risk for missing essential information that could guide treatment decisions and impact individual outcomes. Joint Commission standards:

- Promote early screening to identify at-risk individuals and intervene before harm escalates
- Focus on getting patients, who may be potential victims, access to needed community services and resources

Related Activities

Joint Commission publishes information about informed consent in FAQ publications: Informed Consent — Other Practitioners or Students Performing Tasks Related to Surgery, or Examinations or Invasive Procedures.

i Kwame, A, Petrucka, PM A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward. *BMC Nurs* 2021;20: 158. https://doi.org/10.1186/s12912-021-00684-2 **ii** Patient Safety Action Network (PSAN). Patient rights and informed consent. 2025. https://www.patientsafetyaction.org/resources/informed-consent/

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Reducing the Risk for Suicide

Suicide is a significant public health issue that impacts many patient populations. Many people experiencing suicidal thoughts or behaviors first seek help in healthcare settings, making these environments critical for early identification and intervention. By requiring evidence-based and compassionate care, Joint Commission guides hospitals to play a vital role in early identification of suicide risk and interventions to reduce harm.

Background

In response to a persistent lack of improvement in suicide rates, and since suicide is the 11th leading cause of death in the United States,[i] Joint Commission held five technical expert panel meetings between June 2017 and March 2018 to explore and reevaluate current hospital practices related to suicide prevention.[ii] In 2019, Joint Commission implemented new safety goal requirements designed to improve the quality and safety of care for patients who are being treated for behavioral health conditions and those who are identified as high risk for suicide.

Standards

The new *2025 National Performance Goals*™ align with Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoPs). These standards and the CoPs together provide the framework for reducing patients' risk of suicide during their hospitalization and transition back to the community. Hospitals must:

- (For psychiatric units in hospitals) Assess features in the physical environment that could be used to attempt suicide and take necessary action to minimize the risks
- Screen all patients being treated primarily for a behavioral health condition for suicide ideation using a validated screening tool
- Use an evidence-based process to assess patients who screen positive
- Document patients' overall level of risk for suicide and the plan to mitigate, and follow written policies and procedures addressing the care of patients identified as at risk (training for staff, guidelines for reassessment, monitoring)
- Plan counselling and follow up care at discharge
- Monitor implementation and effectiveness of policies and procedures for screening, assessment, and management of patients at risk and take action to mitigate

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Rationale

Suicide is a significant public health issue that affects individuals across all demographics, regardless of age, gender, ethnicity, or background.[iii] Since people experiencing suicidal thoughts or behaviors often first seek help in healthcare settings, it is essential healthcare providers follow current guidelines and provide compassionate care. In doing so, healthcare organizations can prevent suicide deaths and promote recovery and resilience among individuals and their families. To further assist healthcare organizations, Joint Commission maintains a comprehensive Suicide Risk Reduction information center. This resource center is publicly available and offers collections of curated resources with actionable strategies and tools to support organizations' suicide risk prevention initiatives.

i Center for Disease Control and Prevention (CDC). SAVE retrieves national suicide statistics from the. Web-based Injury Statistics Query and Reporting System (WISQARS). https://save.org/about-suicide/suicide-statistics
ii Joint Commission R3 Report | Requirement, Rationale, Reference. Issue 18, November 27, 2018, updated November 20, 2019. https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3_18_suicide_prevention_hap_bhc_cah_11_4_19_final1.pdf **iii** National Institute of Mental Health: Transforming the understanding and treatment of mental illnesses. Suicide. https://www.nimh.nih.gov/health/statistics/suicide. Accessed June 6, 2025

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Tissue Transplant Safety

Although rare, complications from tissue transplants due to mishandling or improper donor screening can lead to serious health consequences, such as infections, graft failure, and immune response. Quality standards from Joint Commission provide guidelines to minimize the risk of adverse events from tissue transplants and ensure hospitals implement and follow the correct protocols for safe transplant practices.

Background

Since 2005, Joint Commission has elevated the profound consequences of tissue transplant-related adverse events through targeted standards that guide hospital prevention protocols. Complications from tissue transplants can lead to graft failure, immune response, and transmission of infections that affect patient health, such as viruses, bacteria, fungi, and others.[i] While rare, infections due to mishandling of tissues or improper donor screening and testing still occur. Joint Commission's tissue transplant safety standards, elevated to a *National Performance Goal™* in 2025, require hospitals to establish and follow safe tissue transplant procedures to minimize that risk.

Standards

Joint Commission tissue safety standards ensure the hospital develops and implements safe transplant practices. Hospitals must:

- Implement standardized procedures for managing tissues (acquisition, receipt, storage, and distribution of tissues) and confirm tissue suppliers are U.S. Food and Drug administration (FDA)-registered with required state licenses
- Trace all tissues bi-directionally from the donor or tissue supplier to the recipient(s) or other final disposition, including discard, and from the recipient(s) or other final disposition back to the donor or tissue supplier
- Using defined protocols, investigate adverse events related to tissue use or donor infections such as disease transmission or other complications suspected of being related to the use of the tissue

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Rationale

- The U.S. Food and Drug Administration (FDA) and key stakeholders such as the Centers for Disease Control (CDC), American Association of Peri Operative Nursing (AORN), the Organ Procurement and Transplantation Network (OPTN), and the American Association of Tissue Banks (AATB) require tissue transplant safety measures and reporting of suspected donor-derived disease transmissions.
- Despite this oversight, outbreaks continue to occur. In 2021, there was a tuberculosis (TB) outbreak involving 113 patients across eighteen states after surgical implantation of contaminated bone allographs. In 2023, a second nationwide TB outbreak was narrowly prevented after two patients died from contaminated bone allographs.[ii] This second outbreak of bone allograft-related TB underscored the urgent need to ensure tissue transplant safety protocols are implemented at hospitals.
- Joint Commission's tissue transplant safety standards are based in laws and regulations such as the FDA regulations for tissue management under 21 CFR Parts 1270 and 1271.[iii] In 2025, these standards were elevated to *National Performance Goals* to further protect patients and organizations from risk.
- The standards, developed with broad healthcare stakeholder input, align with those of key industry players such as the American Association of Tissue Banks, the premier standard setting body promoting safety and use of human tissue.[iv]

Related Activities

- Joint Commission continues to collaborate with the CDC to ensure our requirements enable prevention and management of outbreaks.
- Joint Commission sits on the Organ and Transplantation Alliance[v] Board of Directors, a national convening platform to identify emerging concepts and innovative practices and deliver relevant, targeted, and scalable learning solutions for the organ donation and transplantation community.

i CDC Transplant Safety: About transplant safety. February 28, 2024. About Transplant Safety | Transplant Safety | CDC **ii** Wortham JM, Haddad MB, Stewart RJ, et al. Second Nationwide Tuberculosis Outbreak Caused by Bone Allografts Containing Live Cells — United States, 2023. *MMWR Morb Mortal Wkly Rep.* 2024; 72:1385–1389. DOI: http://doi.org/10.15585/mmwr.mm7036a4 **iii** US Food & Drug Administration (FDA). Tissue and Tissue Products. Accessed 3/13/2025 https://www.fda.gov/vaccines-blood-biologics/tissue-tissue-products **iv** American Association of Tissue Banks. Accessed 5/13/2025. https://www.aatb.org/ **v** The Alliance. Accessed 3/21/2025. https://www.organdonationalliance.org/about/

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Waived Testing

Waived tests are categorized as "simple laboratory examinations and procedures that have an insignificant risk of an erroneous result."[i] Common examples include blood glucose tests, fecal occult blood tests, and rapid strep tests. While risk is minimal, Joint Commission standards ensure quality and safety while performing waived tests in hospital settings.

Background and Rationale

All facilities in the United States performing laboratory testing on human specimens for purposes of health assessment are regulated under the Clinical Laboratory Improvement Amendment (CLIA) requirements.[ii] However, certain tests are "waived" from the CLIA requirements due to their simplicity and minimal risk. The Food and Drug Administration (FDA) maintains a list of the tests which it has determined meet the waived criteria after reviewing a manufacturer's application for a test system waiver.[iii]

While waived tests are typically simple, they are not completely error proof. It is important that healthcare personnel perform these tests correctly and according to manufacturers' instructions to avoid errors or serious health impacts. Errors can lead to patient harm, including misdiagnosis, delayed or inappropriate treatment, and medication errors,[iv] as well as legal or regulatory risks. Joint Commission standards align with CLIA and go beyond regulatory requirements to ensure safety and quality while performing waived tests in hospital settings.

Standards

The 2025 waived testing *National Performance Goal*™ requires:

- Policies and procedures for waived tests are established, current, approved and readily available. Hospitals ensure:
  - The person from the hospital whose name appears on the CLIA certificate, or a qualified designee, establishes written policies and procedures for waived tests that include specific criteria.
  - Policies or procedures for each waived test are consistent with manufacturer's instructions for use and include specific operational policies (that is, detailed quality control protocols and any other institution-specific procedures regarding the test or instrument).

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- Staff performing waived tests are competent:
  - Staff who perform waived testing have been trained for each test that they are authorized to perform, and this training is documented.
  - Competence for waived testing is assessed and documented according to hospital policy at defined intervals, but at least at the time of orientation and annually thereafter. Competency is assessed using more than one method (e.g., performance of a test on a blind specimen, periodic observation of routine work, monitoring of quality control performance, written testing).

i Clinical Laboratory Improvement Amendments (CLIA) of 1988 provide the authority for certification and oversight. https://www.fda.gov/medical-devices/ivd-regulatory-assistance/clinical-laboratory-improvement-amendments-clia **ii** Centers for Disease Control and Prevention (CDC). Clinical Laboratory Improvement Amendments (CLIA). https://www.cdc.gov/clia/php/about/index.html **iii** US Food and Drug Administration Public Databases. Clinical Laboratory Improvement Amendments Current Waived Analytes. https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfClia/analyteswaived.cfm **iv** CDC Laboratory Quality. Waived Tests. https://www.cdc.gov/lab-quality/php/waived-tests/index.html. September 11, 2024.

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Creating a Secure and Safe Physical Environment

Safety and security risks are inherent in healthcare settings and can impact patients, visitors, and staff. It is important to have systems and processes in place to identify these risks in advance so the hospital can prevent or effectively respond to such incidents.

Background

Safety incidents are usually accidental — stemming from the structure of the physical environment, routine tasks, or uncontrollable events like weather. However, security incidents can be intentional, involving threats such as violence, theft, infant abduction, or unrestricted access to medication. These risks affect anyone within the hospital environment. Joint Commission's physical environment standards focus on systems and processes to address both patient safety and worker safety and are in alignment with the Conditions of Participation (CoPs) set forth by the Centers for Medicare & Medicaid Services (CMS). *National Performance Goals™* focus on key activities to prevent and mitigate safety and security risks.

Standards

Joint Commission standards augment CMS CoPs to address critical individual and environmental risks. Hospitals are required to:

- Manage security risks
  - Control access to and from areas identified as security sensitive
  - Develop and implement policies and procedures to follow in the event of a security incident, including infant and pediatric abductions
  - Develop and implement policies and procedures to monitor, internally report and investigate injuries; incidents of property damage; safety and security incidents; hazardous materials and waste spills and exposures; fire safety management problems, deficiencies, and failures; medical or laboratory equipment problems; and utility system management problems, systems, and errors.

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- Have written procedures for utility system disruptions and emergency back-up for essential medication dispensing equipment and essential refrigeration, which are not covered under CMS CoPs utility system requirements.
- Coordinate administrative and clinical decisions for incarcerated patients, regarding:
  - Use of seclusion and restraint for nonclinical purposes
  - Imposition of disciplinary restrictions
  - Restrictions of rights
  - Plan for discharge and continuing care
  - Length of stay
- Implement fall reduction interventions based on the patient population, setting, and individual patient's assessed risks

Rationale

Ensuring safety and security is fundamental to providing safe and effective care. Safety and security incidents can disrupt hospital operations, delay care, create legal liabilities, and cause severe harm to patients. The focus on systems failures, rather than individual errors, as the foundation for organizational safety is well-established in healthcare.[i,ii] As such, Joint Commission standards require implementation of hospital-wide policies and protocols to prevent, monitor, internally report, and investigate all security and safety incidents when they happen and ensure all staff know what to do in the event of a security breach, patient abduction, or accident.

Utility system management is governed by CMS under its Emergency Preparedness CoP, as well as the National Fire Protection Association (NFPA), and aligns with 2025 performance goals. However, standards ensuring emergency back-up for essential medication dispensing systems go beyond the CMS and NFPA requirements. Addressing this safety risk is crucial to ensure patients continue to receive medications and thus avoid delays or interruptions that could negatively impact care, and it is aligned with professional pharmacy association guidelines.[iii]

Caring for incarcerated patients can present security risks. Hospitals must ensure the provision of high-quality care for such patients, while also maintaining a secure environment for all patients, staff, and visitors. As such, requirements for coordination of administrative and clinical decisions for these patients are important in keeping this balance.

Patient falls are the most common cause of preventable injury and remain a significant safety risk in hospitals. In US hospitals, between 700,000 and 1 million patients fall each year, and roughly 30% of these falls result in injury.[iv] Joint Commission's requirement to implement fall risk reduction strategies tailored to population, setting, and individual risk aligns with research and key stakeholder best practice recommendations to reduce falls.[v,vi]

i Reason J. *Human Error.* New York: Cambridge University Press, 1990 **ii** Vincent C, Taylor-Adams S, Stanhope N. Framework for analyzing risk and safety in clinical medicine. *BMJ* 1998;316:1154–7. **iii** American Society of Health System Pharmacists (ASHP). ASHP guidelines on the safe use of automated dispensing cabinets. *American Journal of Health-system Pharmacy.* 2022;79: e71-e82. https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/safe-use-of-automated-dispensing-devices.ashx **iv** Agency for Healthcare Research and Quality (AHRQ), Department of Health and Human Services. Falls Dashboard. Accessed at: https://www.ahrq.gov/npsd/data/dashboard/falls.html **v** Rogers, S., Haddad Y.K., Legha J.K., Stannard D. Auerback A., Eckstrom E. CDC STEADI: *Best Practices for Developing an Inpatient Program to Prevent Older Adult Falls after Discharge.* Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. 2021. https://www.cdc.gov/steadi/pdf/STEADI-inpatient-guide-508.pdf **vi** Agency for Healthcare Research and Quality. Fall TIPS: A Patient-Centered Fall Prevention Toolkit. Content last reviewed February 2021. https://www.ahrq.gov/patient-safety/settings/hospital/fall-tips/index.html

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Health Professional Resource Management

An engaged, competent workforce that is well-planned with consideration to innovative models of care and correct skill mix is critically important to care provision. Joint Commission *National Performance Goals* (NPG) and standards underscore the importance of clinical team planning that reflects the needs of the patient population and the hospital services offered.

Background

Since the early 2000s, Joint Commission has provided specific standards for provision of care, as competent and safe clinical and ancillary staffing is crucial for optimal patient outcomes. Evidence demonstrate the importance of staffing to patient safety, delivery, and caregiver well-being.[i,ii,iii,iv] In July 2025, Joint Commission elevated its planning for provision of care standards to a *National Performance Goal™* to assure continued quality and safety of patient care.[v, vi]

Standards

Joint Commission standards supplement the Centers for Medicare & Medicaid Services (CMS) Conditions for Participation (CoPs) for staffing with additional expectations for verification, training, education, and ongoing performance improvement monitoring.[vii] The CoPs and Joint Commission and additional standards require:

- The leadership team ensures that there is adequate qualified staff to meet the needs of the population served and determines how staff function within the organization.
- The nurse executive directs the implementation of a nurse staffing plan(s).
- For psychiatric hospitals that use Joint Commission for accreditation for deemed purposes: The psychiatric hospital develops and implements staffing plans according to laws and regulations.
- Verification that staff complete all requirements for employment and practice within their scope of practice.
- Provision of education and training and evaluation of staff competence.
- Evaluation of staffing during performance improvement activities, such as adequacy of staffing that is included as a factor when undesirable trends, patterns, or variations exist.
- Leadership teams evaluate their defined care delivery models, including innovative models such as virtual nursing, etc. as part of the planning and implementation process.

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Rationale

- Joint Commission requirements are based on the CMS Conditions of Participation, with additional recommendations developed with broad stakeholder input.
- Joint Commission participated in two national projects that specifically informed these requirements: The Partners for Nurse Staffing Think Tank (January 2022) and the Nurse Staffing Task Force (initiated by American Association of Critical Care Nurses, the American Nurses Association, and thirty-eight member groups).
- In March of 2022, Joint Commission conducted twenty nurse executive interviews with fifty-eight participants to obtain feedback on key opportunities and challenges related to staffing.
  - The findings indicated Joint Commission's existing provision of care standards struck the right balance between requiring adequate staff without imposing an undue burden and emphasized focusing on dynamic staffing decision-making.
- The importance of these standards is reflected in Joint Commission's elevation to a *National Performance Goal*.

Related Activities

- Joint Commission CNE/CNO Advisory council meets regularly to stay abreast of current issues and to explore evolving care delivery models.
- Since 2004, Joint Commission has offered a Healthcare Staffing Services Certification program to ensure independent staffing agencies or firms provide the highest level of services.

i Nurse Staffing Task Force. Nurse Staffing Task Force Imperatives, Recommendations, and Actions. American Association of Critical-Care Nurses and American Nurses Association; 2023 **ii** Lake ET, Sanders J, Duan R, Riman KA, Schoenauer KM, Chen Y. A Meta-Analysis of the Associations Between the Nurse Work Environment in Hospitals and 4 Sets of Outcomes. *Med Care*. 2019;57(5):353–361. doi:10.1097/MLR.0000000000001109 **iii** Lasater KB, Aiken LH, Sloane DM, French R, Anusiewicz CV, Martin B, Reneau K, Alexander M, McHugh MD. Is hospital nurse staffing legislation in the public's interest? An observational study in New York State. *Med Care*. 2021 May 1;59(5):444–450 **iv** Griffiths P, Saville C, Ball J, et al. Nursing workload, nurse staffing methodologies, and tools: A systematic scoping review and discussion. *Int J Nurs Stud*. 2020;103:103487. doi:10.1016/j.ijnurstu.2019.103487 **v** Nurse Staffing Task Force. Nurse Staffing Task Force Imperatives, Recommendations, and Actions. American Association of Critical-Care Nurses and American Nurses Association; 2023. **vi** Joint Commission National Performance Goals (NPGs), 2025 National Performance Goals | Joint Commission **vii** CMS Conditions of Participation (§482.25(a)(2), §482.26, §482.26(a), §482.54(b)(2), §482.55(b)(2), §482.57(a)(2)) psychiatric hospitals (42 CFR 482.1 through 482.23, and 42 CFR 482.25 through 482.57)

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Protecting Patients and Providers in Imaging

Millions of people in the U.S. undergo radiology-based imaging tests like MRI, CT, and X-ray scans each year either for diagnostic or emergency use. Quality standards introduced by Joint Commission help to protect people from excessive radiation exposure and MRI-related injuries through requirements to support safe imaging practices.

Background

Since 2008, Joint Commission established specific accreditation standards to address MRI, CT, and fluoroscopy radiation safety.[i] In response to ongoing risks, such as MRI-related patient injuries, unnecessary or inappropriate fluoroscopy dosing, and excessive CT radiation,[ii,iii,iv] Joint Commission maintains specific requirements to promote consistent, evidence-informed protection of patients.

Standards

The imaging safety standards focus on actions to reduce MRI, CT and fluoroscopy radiation safety events. Hospitals must:

- Define and verify qualifications and education requirements for imaging services staff[v,vi]
- Have a designated leader and follow current safe imaging practices[vii,viii]
- Manage imaging safety risks through MRI environmental risk reduction, such as restriction of site access and screening of staff and patients, and adhering to best practices for CT operation, such as dosing as low as reasonably achievable (ALARA)[ix,x]
- Collect data and track and respond to incidents related to imaging safety

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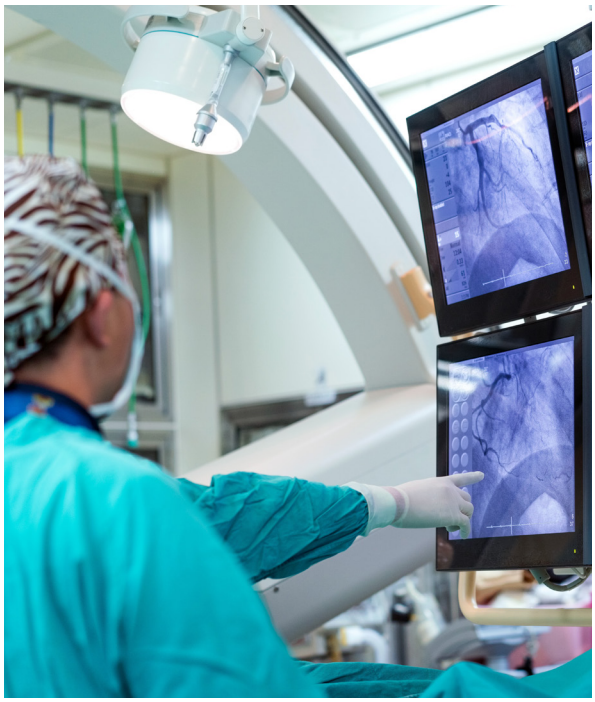
Rationale

- Published literature has documented the dangers of ionizing radiation exposure, CT radiation, and MRI safety risks. These included tissue reactions and alteration of cells and DNA that could lead to future cancers if exposure is prolonged (defined as >25% intended radiation dose), MRI-related injuries such as thermal injuries (burns), projectile events, and acoustic injuries.[xi]
- While Centers for Medicare & Medicaid Services (CMS) Conditions of Participation at 42 CFR 482.26 and 42 CFR 482.53, govern the provision of radiologic and nuclear medicine services, these *National Performance Goal™* standards go beyond the CoPs with requirements supported by multiple professional societies as essential for high-quality care given the continued occurrence of adverse events.[xii,xiii]
- As additional evidence of the continued need for emphasis on MRI pre-procedure screening, the American Medical Association recently added specific payment (CPT) codes for these activities.[xiv]



Related Activities

Joint Commission has defined Sentinel Events ("never events") that include fluoroscopy resulting in permanent tissue injury; delivery of radiotherapy to the wrong patient, wrong body region, unintended procedure, or >25% above planned dose; or patient or staff death or severe injury not related to the natural course of care (such as a burn). Accredited organizations voluntarily report these events so Joint Commission can track them and support organizations in efforts to assess and prevent them.[xv]

i Joint Commission published a sentinel event alert in 2008; however, it has since been retired and is no longer available on our website. Available on PubMed and other sites: https://radser.com/wp-content/uploads/Sen-Event-Alert-38-MRI-Safety.pdf **ii** Delfino JG, Krainak DM, Flesher SA, Miller DL. MRI-related FDA adverse event reports: A 10-yr review. *Med Phys*. 2019;46(12):5562–5571. doi: 10.1002/mp.13768 **iii** Akram S, Chowdhury YS. Radiation Exposure of Medical Imaging. [Updated 2022 Nov 14]. In: *StatPearls* [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan. Available from: https://www.ncbi.nlm.nih.gov/books/NBK565909/ **iv** Styan T, Hoff M. The Dangers of Fabric in MRI. *Curr Probl Diagn Radiol*. 2023;52(1):6–9. doi: 10.1067/j.cpradiol.2022.07.011 **v** American College of Radiology. *ACR Manual on MR Safety* (2024). https://edge.sitecorecloud.io/americancoldf5f-acrorgf92a-productioncb02-3650/media/ACR/Files/Clinical/Radiology-Safety/Manual-on-MR-Safety.pdf (revised edition) **vi** ASTRO. Safety is No Accident. 2019 https://www.astro.org/astro/media/astro/patient%20care%20and%20research/pdfs/safety_is_no_accident.pdf **vii** Calamante F, Ittermann B, Kanal E; Inter-Society Working Group on MR Safety, Norris D. Recommended responsibilities for management of MR safety. *J Magn Reson Imaging*. 2016;44(5):1067–1069. doi: 10.1002/jmri.25282 **viii** Institute of Physics and Engineering in Medicine (UK). Position statement: Scientific Safety Advice to Magnetic Resonance Imaging Units that Undertake Human Imaging (2023). https://www.ipem.ac.uk/media/0hyj1rrv/2023-position-statement-mri-units-that-undertake-human-imaging.pdf **ix** American College of Radiology. ACR Manual on MR safety (2024). https://edge.sitecorecloud.io/americancoldf5f-acrorgf92a-productioncb02-3650/media/ACR/Files/Clinical/Radiology-Safety/Manual-on-MR-Safety.pdf **x** Guidelines for ALARA — As Low As Reasonably Achievable **xi** Delfino JG, Krainak DM, Flesher SA, Miller DL. MRI-related FDA adverse event reports: A 10-yr review. *Med Phys*. 2019;46(12):5562–5571. doi: 10.1002/mp.13768 **xii** U.S Food & Drug Administration. MedWatch: The FDA Safety Information and Adverse Event Reporting Program. Available at: https://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program **xiii** Murphy, H. Yet another MRI 'freak accident' is making headlines months after it took place. Health Imaging, published September 6, 2024. Available at: https://healthimaging.com/topics/medical-imaging/magnetic-resonance-imaging-mri/yet-another-mri-freak-accident-making-headlines **xiv** American College of Radiology. ACR Coding Source: 2025 CPT Code Changes Relevant to Radiology. https://www.acr.org/News-and-Publications/ACR-Coding-Source-2025-CPT-Code-Changes-Relevant-to-Radiology **xv** Joint Commission Sentinel Event Policy. Accessible at: https://www.jointcommission.org/resources/sentinel-event/sentinel-event-policy-and-procedures/

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jointcommission.org/npgs

**National Patient Safety Goals are now a part of the National Performance Goals.*

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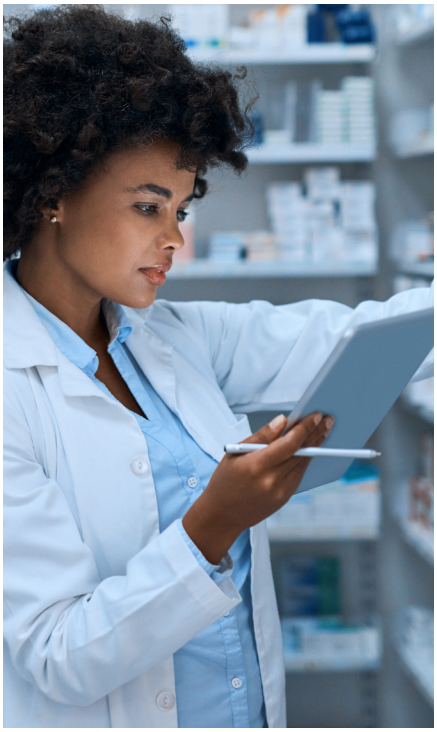
Effectively Managing Medications

Medication management plays a crucial role in treating various conditions but carries a high risk of error that can lead to potential patient harm. Following evidence-informed protocols can reduce these errors and improve safety.

Background

Poor medication management can lead to significant patient harm, as well as complications that require costly interventions. Common errors include administering the wrong drug, dose, or route or providing medication to the wrong patient. In 2010, Joint Commission added new standards for medication safety and elevated the topic to a National Patient Safety Goal; in 2017 Joint Commission updated the standards to address anticoagulant medication risk and foster antibiotic stewardship. Anticoagulant medications pose an increased risk of harm due to complex dosing, insufficient monitoring, and inconsistent patient compliance.



Standards

This *National Performance Goal*™ increases medication safety and reduces risk through the following requirements:

- When an onsite pharmacy is not open 24/7, a qualified healthcare professional reviews the medication order in a pharmacist's absence. In addition, a pharmacist conducts a retrospective review of all medication orders when the pharmacy opens.
- When automatic dispensing cabinets (ADCs) are used, the hospital implements a policy that describes the types of medications dispensed and reviews overrides for appropriateness at a frequency specified by the organization.
- The hospital selects and procures medications and
  - Standardizes and limits the number of drug concentrations available
  - Follows a process to communicate medication shortages and outages to staff
  - Follows written medication substitution protocols for medication shortages

continued on next page

- The hospital labels all medication, medication containers (including syringes, medicine cups, and basins), and other solutions on and off the sterile field in perioperative and other procedural settings.
  - The hospital labels all medications and solutions that are not immediately administered.
  - Labeling occurs when any medication or solution is transferred from original packaging to another container.
  - Medication labels include name, strength, amount of medication or solution, diluent name and volume, and expiration date and time.
  - The hospital labels each medication or solution as soon as it is prepared.
- The hospital reduces the likelihood of patient harm associated with the use of anticoagulant therapy.
- The hospital maintains and communicates accurate patient medication information.
- The hospital has an active antibiotic stewardship program.

Rationale

The reported incidence of medication errors in acute hospitals is approximately 6.5 per 100 admissions.[i] Joint Commission standards, in alignment with regulatory standards such as Centers for Medicare & Medicaid Services (CMS) Conditions of Participation and United States Pharmacopeia (USP), focus on safety risks inherent in medication storage, labeling, and dispensation of medications. Requirements are consistent with consensus-based guidelines, such as those set forth by ISMP Guidelines for safe medication use in perioperative and procedural settings.[ii] Antibiotic stewardship is a high priority given an estimated 2.8 million antibiotic-resistant infections and more than 35,000 related deaths each year.

Medication management continues to be a subject of intense scrutiny and complexity. The standards are consistently identified as opportunities for improvement on Joint Commission surveys and are referenced in over 50 Frequently Asked Questions (FAQ) publications. Given the intricacy and numerous risk points involved, many Joint Commission medication safety standards are included as *2025 National Performance Goals*.

Related Activities

Joint Commission medication management standards have evolved since first published:

- Joint Commission revised its antibiotic stewardship standards in 2023 to align with Centers for Disease Control (CDC) Core Elements[iii] of antibiotic safety to ensure safe prescribing practices and reduction of antibiotic resistance.
- As of 2023, 96% of acute care hospitals have implemented all 7 essential elements of antimicrobial stewardship programs, a significant increase from 41% in 2014, demonstrating the impact of these Joint Commission, CMS, and CDC combined efforts.

i Dai HJ, Su CH, Wu CS. Adverse drug event and medication extraction in electronic health records via a cascading architecture with different sequence labeling models and word embeddings. *J Am Med Inform Assoc.* 2020 Jan 01;27(1):47–55. **ii** Institute for Safe Medication Practices. ISMP Guidelines for Safe Medication Use in Perioperative and Procedural Settings. Plymouth Meeting, PA: Institute for Safe Medication Practices; August, 2022. **iii** CDC Antibiotic Prescribing and Use. Core Elements of Hospital Antibiotic Stewardship Programs. https://www.cdc.gov/antibiotic-use/hcp/core-elements/hospital.html. December 5, 2024.

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