

TJC Accreditation 360

What providers need to know

Six notable changes

- 1. Survey expansion to outpatient spaces:** Life Safety Code (LSC) compliance evaluation now applies to hospitals' outpatient/ambulatory programs. Any outpatient sites that are listed on the hospital's accreditation application and have services billed to the hospital's Centers for Medicare & Medicaid Services Certification Number (CCN) are subject to have an LSC surveyor in addition to a clinical surveyor from The Joint Commission (TJC). As a result, the number of surveyor days for both clinical and LSC surveyors to be on site could significantly increase.
- 2. Survey eligibility:** The survey will not start until the surveyors determine that the hospital is eligible. TJC has a list of documents hospitals need to present for review within the first 15 minutes of the surveyors arriving on site. If a hospital does not immediately provide all of these elements, the surveyors could stop activity and leave the grounds. Review the details of these documents in the [Survey Process Guide](#).
- 3. Survey Process Guide:** The original Survey Activity Guide consisted of one document for accredited organizations and a separate document for the surveyors. To better align with Centers for Medicare & Medicaid Services (CMS) requirements of hospitals, the new Survey Process Guide is now a single document so both hospitals and surveyors are working off the same information. This provides greater transparency about the activities TJC will cover when reviewing the hospital.
- 4. Revised accreditation manual:** TJC removed more than 700 standards. However, they were mostly relocated to the reminding standards. The Environment of Care and Life Safety chapters have been combined into a single Physical Environment chapter. National Patient Safety Goals have been revised into National Performance Goals, with 14 requirements. The Waive Testing chapter was removed, with all of these requirements shifted into the National Performance Goals chapter.
- 5. Continuous engagement model:** There are now two options for engagement. One is a series of virtual consultations, and the other is a midcycle on-site assessment. In the previous model, this was known as the "periodic performance review" or "intracycle monitoring process." These touch points can be used to discuss challenges your organization is facing or to get a baseline assessment of your continuous compliance journey.
- 6. Survey Analysis For Evaluating STrengths (SAFEST):** Surveys historically have focused on non-compliance or deficiencies. As part of TJC's overhaul, surveyors have a new opportunity to highlight exemplary practices through SAFEST. In years past, a database highlighted examples that other organizations could adapt for their own use. Items cited in the new SAFEST section of survey reports can be nominated for inclusion in the TJC database. The SAFER matrix is not going away. It remains a valuable tool to help organizations prioritize and focus their corrective actions.

What this means for provider organizations

- **Prepare your survey eligibility documentation:** Consult the Survey Process Guide. Every item needs to be available for review immediately when the surveyors present to your organization.
- **Maintain a robust continuous compliance program:** Although the accreditation manual is shorter, the expectations remain. Healthcare organizations still need to ensure a robust compliance program is in place.
- **Anticipate more surveyor days:** LSC engineers will visit outpatient/ambulatory spaces as well, adding days to the survey.

What provider organizations need to do now

1. Make sure you have **all** of your survey eligibility documents in place.
2. Assess your organization's ability to provide all the required eligibility documents immediately to TJC surveyors when they present on site.
3. Review the standards crosswalk against the CMS Conditions of Participation for compliance.
4. Distribute the different program review modules outlined in the Survey Process Guide to those programs' stakeholders and business owners. They need to know precisely how they will be evaluated.
5. Optimize your continuous compliance program by conducting focused assessments or full mock surveys to determine readiness and compliance.
6. Engage experts for high-risk or problem-prone areas that are frequently cited findings during survey.
7. Discuss the best method to participate in the Continuous Engagement program with your leadership, risk management, and legal teams.
8. Promote the accreditation initiative as a proactive risk management, patient safety, and high reliability program to improve quality of care.

Read up on TJC resources for additional details. January 1, 2026, is around the corner.

Are you ready?

Learn more how your organization can prepare for the Accreditation 360 changes coming in 2026. Contact us to:

- Conduct focused program assessments or full mock surveys
- Set up documentation preparation and management
- Respond to an adverse decision after your accreditation survey

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