



Regulatory risks in the new year

November 2025

Forecasting regulatory pain points for 2026 and beyond



**The webinar will start
at the top of the hour.**

MONTHLY
INSIGHTS

Webinar schedule & topics

LIVE WEBINAR START TIMES

10AM Pacific, 1PM Eastern

NOVEMBER 20, 2025

Looking forward to 2026:
Forecasting regulatory pain points

JANUARY 15, 2026

From bottleneck to catalyst: Transforming credentialing
and enrollment to drive access, efficiency, and growth

Navigating the Zoom interface

Handouts:

Check the chat function for copies of the slides for note taking and any other handouts.

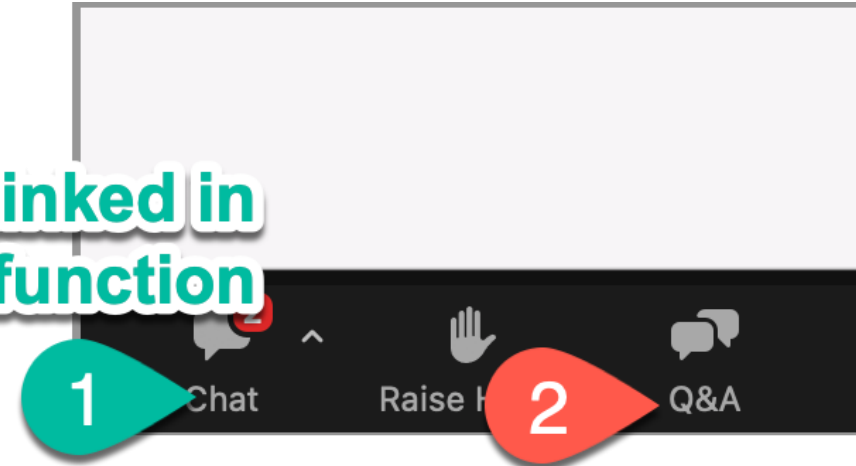
Questions and comments:

Please participate in the discussion by asking question through the Q&A function during the webinar.

There will also be a survey you will receive immediately after the webinar that will give you an opportunity to ask additional questions or make comments.

Any questions not answered during the webinar will be addressed in a follow-up email or posting.

Handouts are linked in the “chat” function



Please ask questions by clicking on “Q&A”

Past webinars available for streaming



Insights

Search

Filter

BY TOPIC

☐

 Clinical Quality

☐

 High Reliability

☐

 Infection Control

☐

 Medical Staff☐**MORE** **BY EXPERTISE**

☐

 Bylaws and Rules & Regulations☐☐☐☐**MORE** **BY TYPE**

☐

 Article☐☐☐

38 RESULTS

Webinar

CLEAR ALL

From bottleneck to catalyst: Transforming credentialing and enrollment to drive access, efficiency, and growth

Dive into how organizations can accelerate revenue realization, reduce administrative burden, and enhance the provider and patient experience.

Regulatory risks in the new year: Forecasting regulatory pain points for 2026 and beyond

Dive into how organizations can accelerate revenue realization, reduce administrative burden, and enhance the provider and patient experience.

A systematic approach to addressing and preventing burnout

Join our Burnout Solutions expert Dan Shapiro as he explores effects of burnout, and how organizations can begin to address it.

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November 2025

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Past webinars available for streaming...*a sample*

Regulatory, Accreditation

- Coping with CMS/State-Agency Surveys
- EMTALA
- TJC's Accreditation 360
- Artificial Intelligence and Compliance
- Workplace Violence
- Survey Management

Quality, Safety, and Reliability

- Translating Clinical Indicators for the Board
- Preventing Burnout
- Scorecard Indicators ... Rankings
- Patient Safety Structural Measures

- Coping with Survey Hotspots
- New QAPI Interpretive Guidelines
- Challenges in the Physical Environment
- Infection Prevention
- Responding to CMS/State Citations
- Suicide Prevention

- QAPI Tips
- Clinical Documentation Integrity (CDI)
- Preventing Adverse Events

Medical Staff

- Peer review
- Practitioner Performance
- Medical Staff 101
- System-wide Medical Staff Office Functions

Healthcare challenges are not siloed.

Neither are we.

Chartis has **six lines of business** that together craft **singular solutions**.

- 1000+ Professionals
- Mission: to materially improve healthcare
- Ranked Best Overall Management Consulting Firm by KLAS
- Chartis acquires Greeley in 2019, became Chartis Clinical Quality Solutions in 2022
- Greeley brand brought back in 2024 to cover Medical Staff Services Related Offerings and now part of Clinical Transformation



High Reliability Care

UNPARALLELED BREADTH AND DEPTH

Our clients are all striving toward the same goal of providing safe, high-quality care—something that's becoming even more important with the many distractions and disruptions in healthcare today. We help clients achieve their organizational reliability, quality, and safety goals, leading to results in areas that matter most—improved care outcomes, staff engagement, operational stability, and total cost of care, enhanced reputation, and better patient experience.

High Reliability Organization (HRO)

- High reliability organizational design and infrastructure
- Quality, Value, and Performance Improvement
- Quality ratings and rankings optimization
- Patient safety / harm reduction / safety and reliability culture
- Adverse event response and remediation / RCA
- High fidelity measurement / Clinical Documentation Integrity (CDI)
- Care facilitation

Clinical Compliance, Regulatory, and Physical Environment Solutions

- Adverse event response
- Adverse action regulatory response and remediation
- Accrediting body readiness assessment
- Regulatory readiness rehearsal / mock surveys
- Life safety and environment of care assessment
- Policy simplification
- Infection prevention program

Bylaws, Rules and Regulations, and Peer Review

- Bylaws and rules and regulations assessment and redesign
- Peer review assessment and redesign
- Medical staff / medical director structure and governance
- Credentialing, OPPE

External Peer Review

- Physician/advanced practice professional external peer review
- Focused Professional Practice Evaluation (FPPE)
- Ongoing case review in support of OPPE/FPPE
- Medical necessity reviews
- Case reviews for quality of care the patient safety

MEMBERSHIP AND PROFESSIONAL EDUCATION SERVICES

Today's *discussion*

Leveraging scarce resources to cope
with 2026 and the years beyond.



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Bud Pate

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“

Not just the ‘what’
But the ‘how?’

Today's *agenda*

Projecting 2026 regulatory risk points

- **Looking Backward**
 - **Recent Trends and Changes**
-

Creating and sustaining compliance

Planning chartis webinars in the new year

*Questions should be posted in the webinar interface throughout the presentation.
We will respond to any unanswered questions in writing following the webinar.*

PLANNING FUTURE WEBINARS

Where should we focus in 2026?

Compliance

**The Joint Commission/DNV
CMS CoPs, EMTALA**

Patient Safety

**Root Cause Analysis
Apparent Cause Analysis
Failure Mode Effects Analysis**

Medical Staff

**Enrollment and Credentialing
Professional Practice Evaluation
Bylaws**

QAPI

**Governing Body Oversight
Metrics, Events, Improvement**

High Reliability

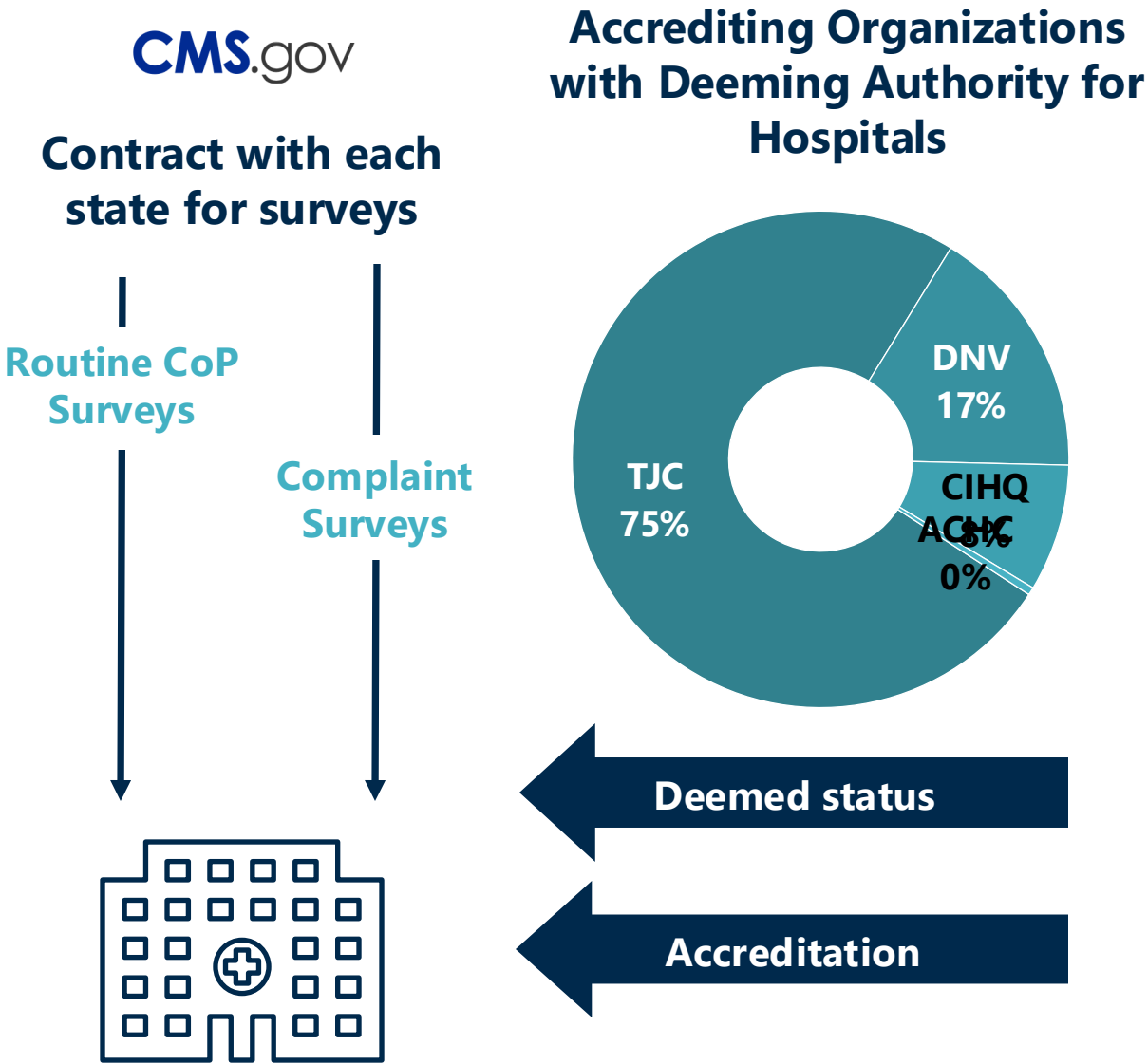
Patient Safety Programs

Environment of Care

**Fire and Life Safety
Utilities, Equipment
Security, Emergency Mgmt.**

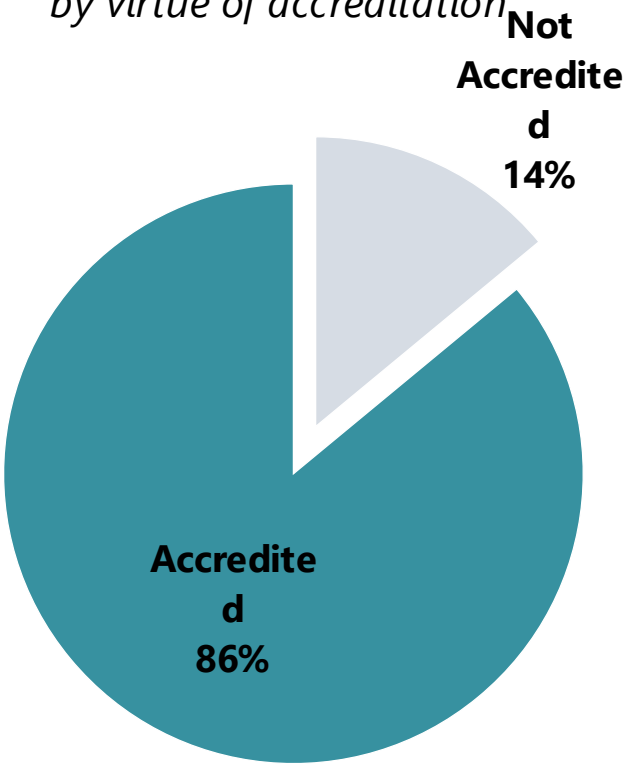
Past risk points

The impact of accreditation



86%

of 4000+ Medicare-certified hospitals have Deemed Status by virtue of accreditation

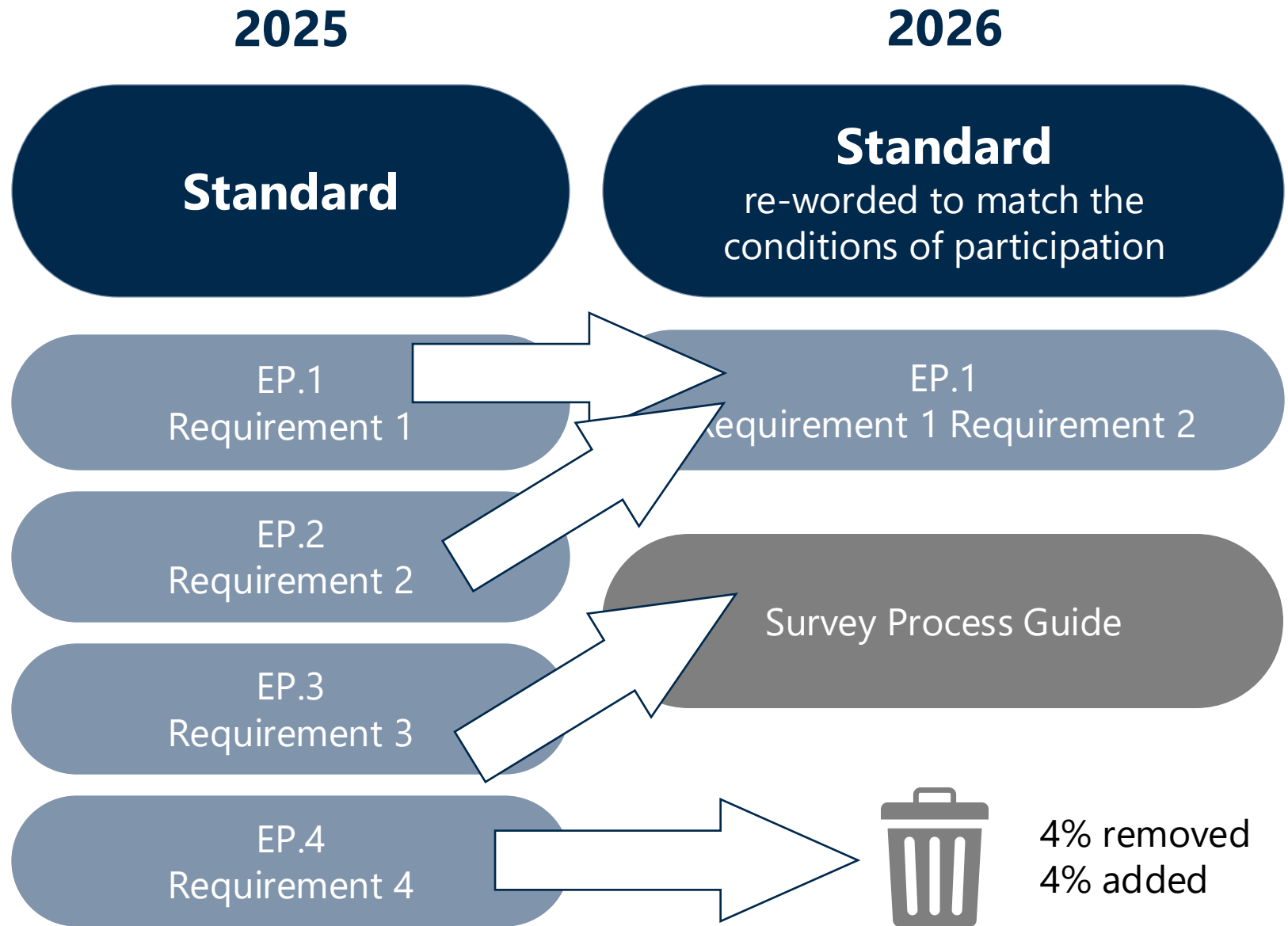


Other provider/suppliers types eligible for “deemed status”

- Ambulatory Surgical Centers
- Critical Access Hospitals
- ESRD Suppliers
- Home Health Agencies
- Hospices
- Outpatient Physical Therapy and Speech-Language Pathology Services
- Rural Health Clinics

Incorporating recent changes

JOINT COMMISSION
Accreditation
360 Net Effect:
Same Requirements,
New Location



CAMH Chapters

2025

- Accreditation Participation Requirements (APR)
- Environment of Care (EC)
- Emergency Management (EM)
- Human Resources (HR)
- Infection Prevention and Control (IC)
- Information Management (IM)
- Leadership (LD)
- Life Safety (LS)
- Medication Management (MM)

2026

- Accreditation Participation Requirements (APR)
- Emergency Management (EM)
- Human Resources (HR)
- Infection Prevention and Control (IC)
- Information Management (IM)
- Leadership (LD)
- Medication Management (MM)
- Medical Staff (MS)

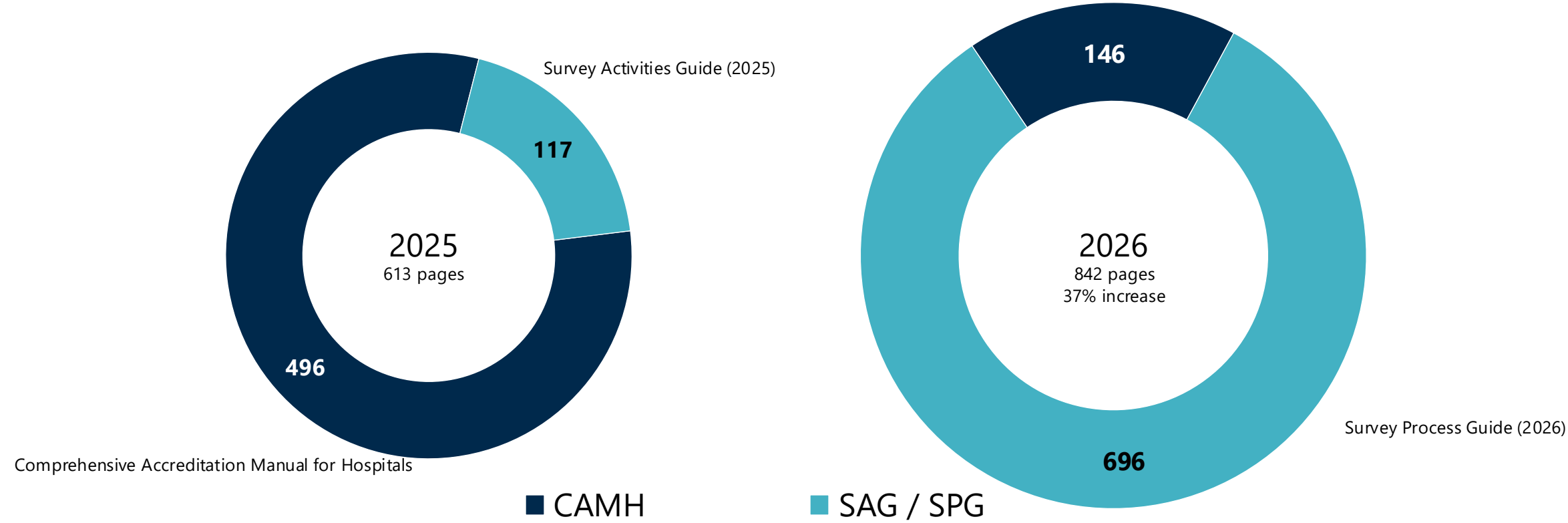
- National Patient Safety Goals (NPSG)
- Nursing (NR)
- Provision of Care, Treatment and Services (PC)
- Performance Improvement (PI)
- Record of Care, Treatment and Services (RC)
- Rights and Responsibilities of the Individual (RI)
- Transplant Safety (TS)
- Universal Protocol (UP)
- Waived Testing (WT)

- National Performance Goals (NPG)
- Nursing (NR)
- Physical Environment (PE)
- Provision of Care, Treatment and Services (PC)
- Performance Improvement (PI)
- Record of Care, Treatment and Services (RC)
- Rights and Responsibilities of the Individual (RI)
- Transplant Safety (TS)

National Performance Goals

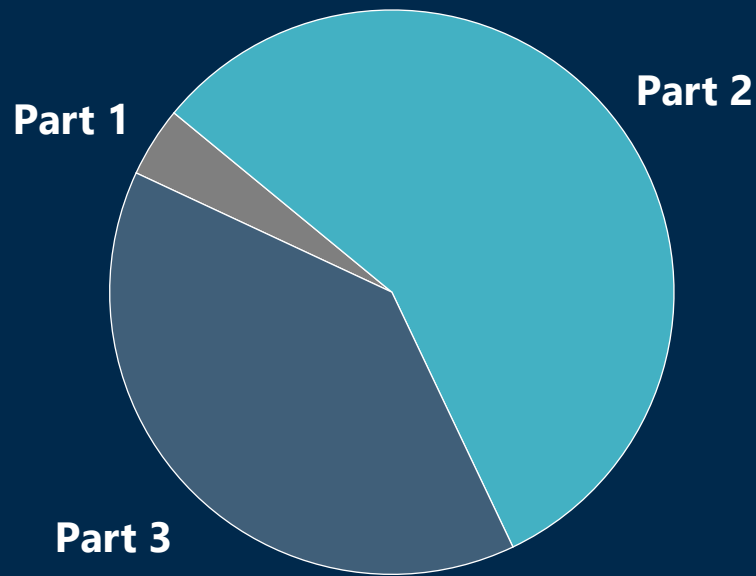
- **Patient ID (NPG.01.01 ...)**
- **Critical Results (NPG.01.02 ...)**
- **Handoff Communication (NPG.01.04 ...)**
- **Clinical Alarms (NPG.01.05.01)**
- **Healthcare Equity (NGP.04.01.01)**
- **Solutions Labeling (NPG.14.03.01 EP 03)**
- **Hand Hygiene (NPG.05.03 ...)**
- **Suicide Prevention (NPG.08.01.01)**
- **Universal Protocol (NPG.01.06)**
- Patient Flow (NPG.01.03 ...)
- Rescue/Resuscitation (NPG.01.05.02/03/04/05)
- Mission, Vision Goals (NPG.02.01.01)
- Ethics (NPG.02.02.01)
- Patient Safety (NPG.02.03.01)
- Workplace Violence
- Pain (NPG.06 ...)
- Communication (NPG.07.01.01)
- Consent (NPG.07.02.01)
- Abuse, Neglect, Exploitation (NPG.07.03.01)
- Respect for Culture/Religion (NPG.07.04.01)
- Tissue Management (NPG.09)
- Waived Testing (NPG.10 ...)
- Security (NPG.11.01.01)
- Falls (NPG.11.02.01)
- Utility Systems (NGP.11.03.01)
- Misc Staffing (NPG.12/01.01)
 - Staff Mix
 - Medical Record
 - Dietetic Service
 - Pharmacy
 - Infection Preventionist
 - Surgical Service
- Nurse Staffing (NPG.12.02.01)
- Competence (NPG.12.05.01)
- Evaluation of Staffing (NPG.12.06.01)
- Imaging (NPG.13 ...)
- Pharmaceutical Services (NPG.14 ...)

Were the standards really reduced?



*number of pages

What is the Survey Process Guide?



1

Hospital accreditation survey activities and documents list (21 Pages...down from 117 Pages)

2

CMS Conditions of Participation Evaluation Modules (398 Pages)

3

Compliance Evaluation Tools (204 Pages)

(Caution ... some expectations in the evaluation tools are mentioned nowhere else)

Compliance evaluation tools

204 Pages

Not all elements of the survey covered

May or may not be used in the actual survey

- Medical Records per CoPs (No TJC Reference)
- Ambulatory Health Care Occupancy by K-Tag with references to TJC standards
- Physical Environment Documents by TJC standard (No CoP reference)
- Health Care Occupancies by K-Tag with references to TJC standard
- Kitchen Review Tool by Subject with both CMS and TJC references
- Infection Prevention Tools by Subject with TJC standards (No CoP reference) ... overlap with other tools (e.g. Kitchen)
- Imaging Document Review Guide with TJC standards (No CoP reference)
- QAPI Tool with by subject with CMS and TJC references
- Performance Improvement Project Tool with TJC references (No CoP references)
- Emergency Management Documents with CMS and TJC references
- Workplace Violence Tool with TJC references (No CoP references)
- Healthcare Equity Evaluation Tool TJC references (No CoP references)
- Antibiotic Stewardship Evaluation Tool TJC references (No CoP references)
- National Performance Goals Tool TJC references (No CoP references) ... many subject areas repeat in this tool (Emergency Management)
- Primary Care Home

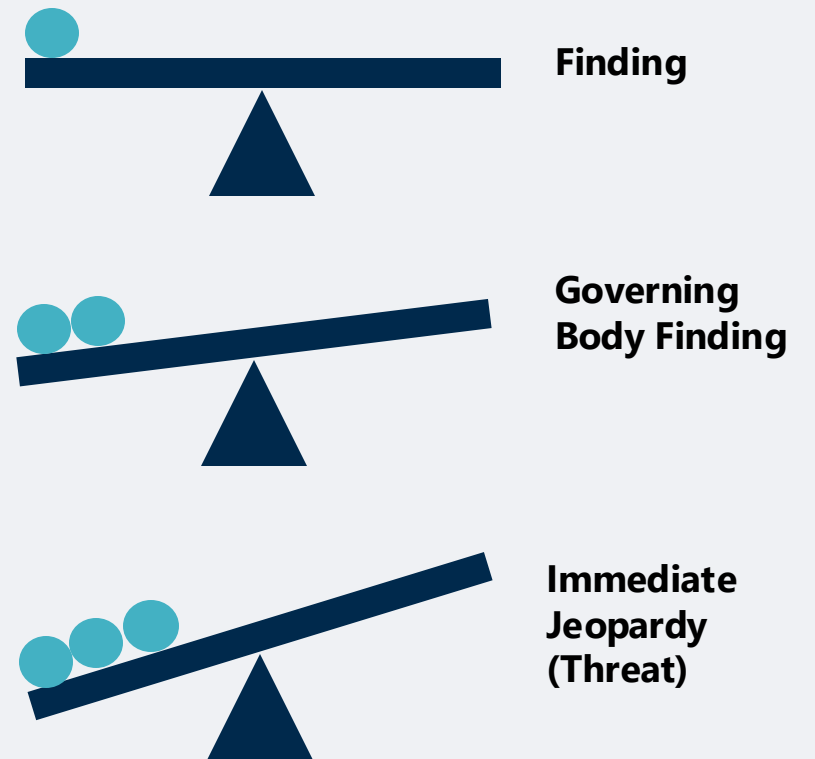
Many subjects within survey scope are not covered in “Compliance Evaluation Tools.”

Risk points

It could happen to you...

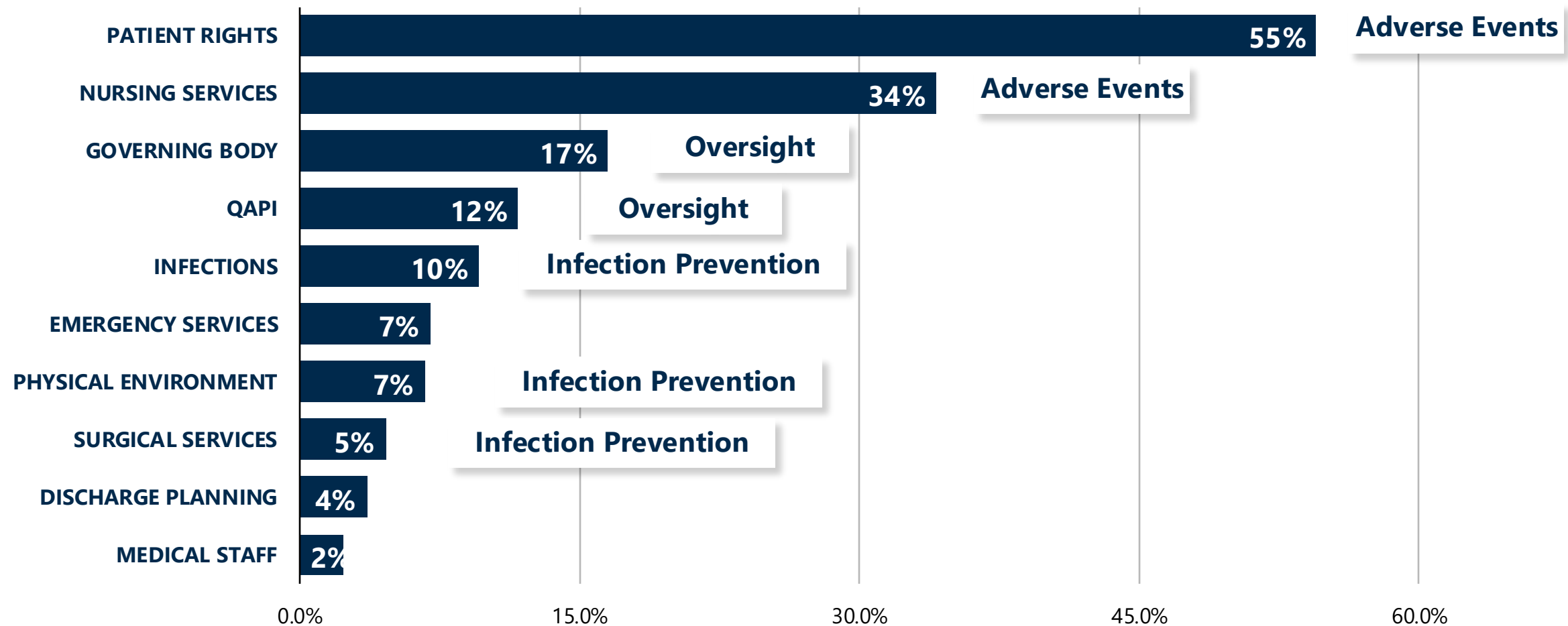
- High Profile academic medical center with world-wide reputation
- Known issue
 - Old kitchen
 - Significant sanitation challenges
 - Was not escalated
- Add on observations
 - Furniture
 - Flaws in Environment
- Immediate Threat to Health and Safety
 - Preliminary Denial of Accreditation
 - Next triennial survey move to 18 months (vs 36 months)

More observations, more jeopardy



Frequency of condition-level findings for CMS Hospital Surveys

(EXCLUDING EMTALA)

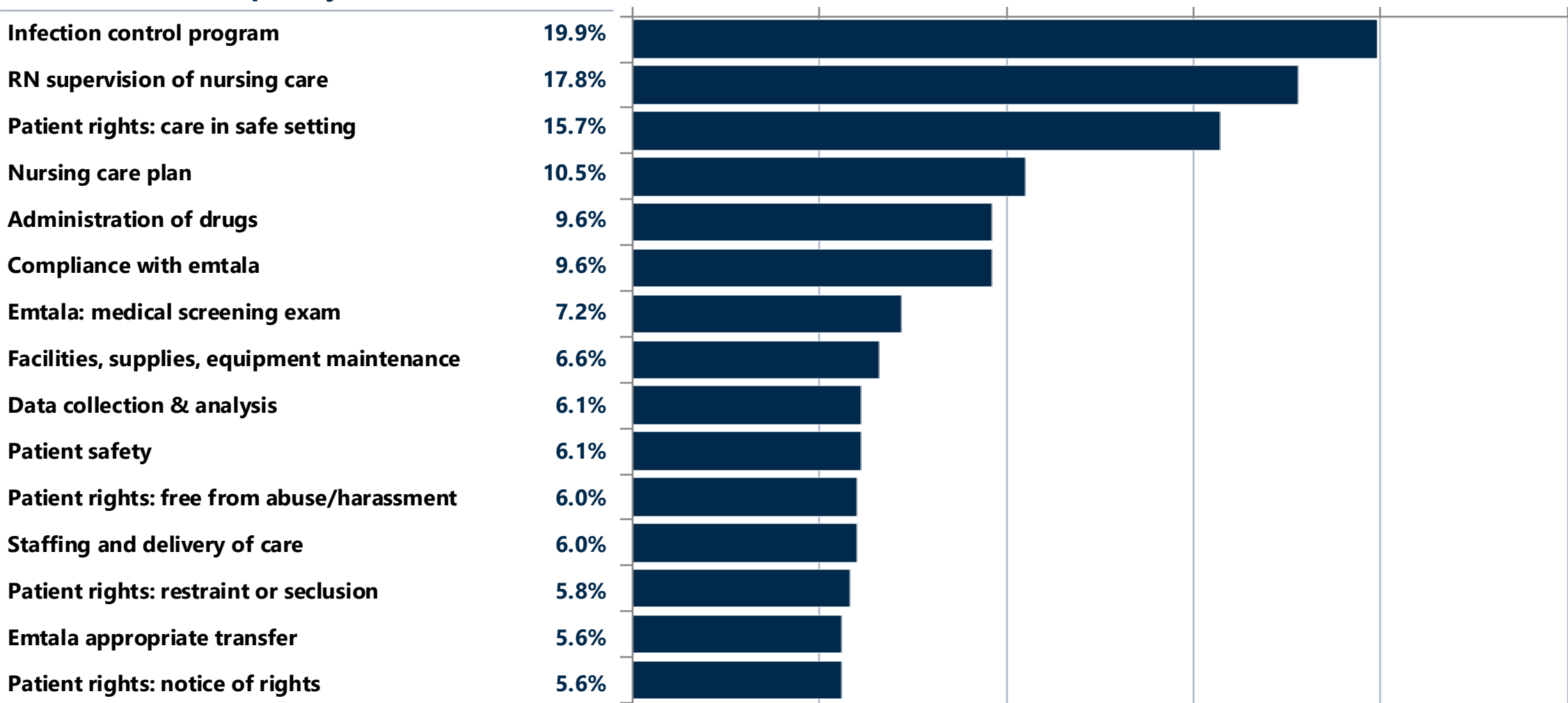


Source: CMS CQOR 2024/5

Frequency of standard-level clinical findings by state survey agencies

2015 TO 2025

CMS Citation Frequency



TOP 10 DNV VULNERABILITIES...

very similar to findings on state “full book” surveys

1. Patient Rights (care in a safe setting)
2. Anesthesia Services (pre- and post-operative documentation)
3. Restraint (1-hour face-to-face note for restraint applied for violent or self-destructive behavior)
4. Physical Environment (lack of emergency-powered egress lighting)
5. Patient Rights (Important Message from Medicare)
6. Quality Management System (follow-up for non-conformities)
7. Patient Rights (grievances)
8. Medical Staff (specialty-specific performance data for practitioners)
9. Nursing (plan of care)
10. Physical Environment (environmental safety)



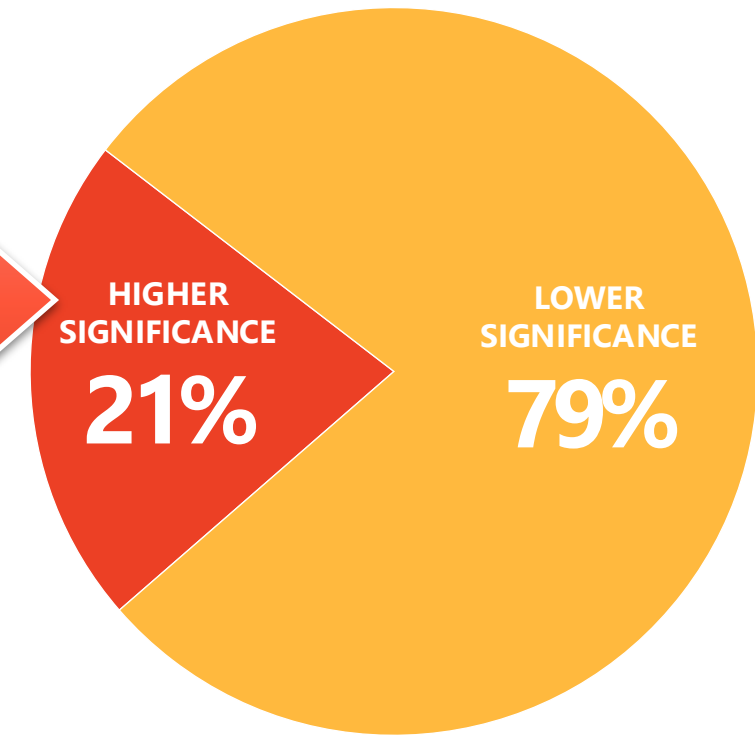
(... old data)

**Infection Prevention
probably appears
under #1 and #10**

Significant Joint Commission findings

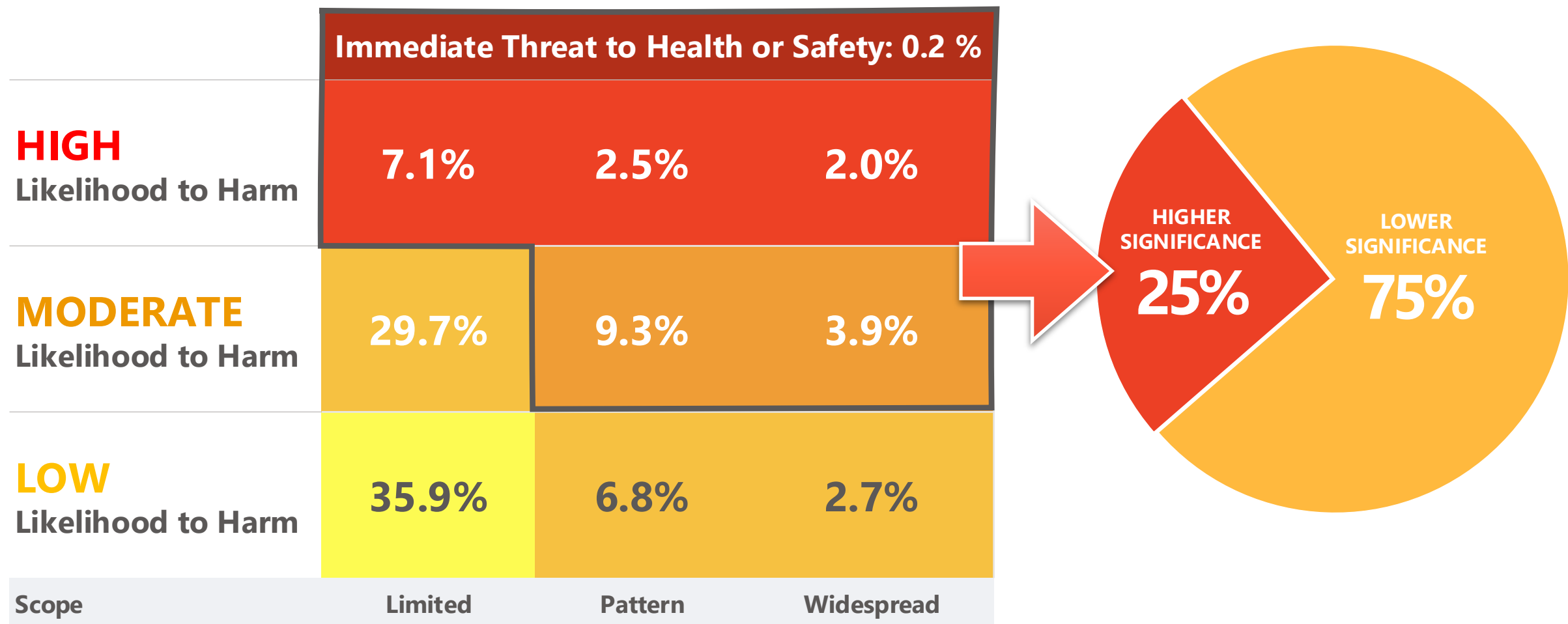
2023

	Immediate Threat to Health or Safety: 0.2%		
	Limited	Pattern	Widespread
HIGH Likelihood to Harm	6.5%	2.2%	1.3%
MODERATE Likelihood to Harm	29.6%	8.4%	2.8%
LOW Likelihood to Harm	40.8%	6.3%	2.0%
Scope	Limited	Pattern	Widespread



2024

Significant joint commission findings



Environment of Care Related RFIs

- Infection Prevention Related

- ä EC.02.06.01 EP01: Safe and Suitable Spaces (67%) **27% High**
- ä EC.02.06.01 EP20: Cleanliness / Sanitation (48%) **21% High**
- ä EC.02.06.01 EP26: Condition of Equipment / Furnishings (42%)

Percent of 2024 Surveys with This EP Cited.

- EC.02.05.01 EP09: Labeling of Utilities
- LS.02.01.35 EP04: Cables etc. Suspended
- EC.02.05.05 EP06: Utility Systems
- EC.02.01.01 EP05: Eyewash Stations
- LS.02.01.10 EP14: Improperly Sealed
- LS.02.01.35 EP14: Fire Sprinklers: Not Working
- LS.02.01.10 EP11: Positive Door Latching, Gaps, Door Stops (46%)

Percent of Findings for This EP that were

- High Likelihood to Harm or
- Moderate Likelihood / Widespread or
- Moderate Likelihood / Pattern

Only values greater than 20% are shown

tc. (47%)

1. MM.06.01.01 EP03: Pharmacist Review of Medication Orders (59%) (**41% High**)
2. IC.02.02.01 EP02: Sterilization and High-Level Disinfection (55%) (**81% High**)
3. IC.02.02.01 EP04: Device and Supply Storage (38%) (**33% High**) **AAMI/ANSI ST79**
4. PC.02.02.03 EP11: Food Storage (36%) (**25% High**) **FDA Model Food Code**
5. PC.02.01.11 EP02: Crash Charts (36%) (**41% High**)
6. IC.02.02.01 EP01: Low-Level Disinfection (35%) (**41% High**)
7. PC.01.03.01 EP01: Care Plan Based on Patient Needs (32%) (**28% High**)
8. RI.01.03.01 EP01: Documentation of Informed Consent (32%)
9. PC.01.02.01 EP01: Assessment According to Hospital Policy (31%) (**43% High**)
10. PC.01.02.07 EP07: Pain Reassessment (31%) (**20% High**)

Strategies for sustained compliance

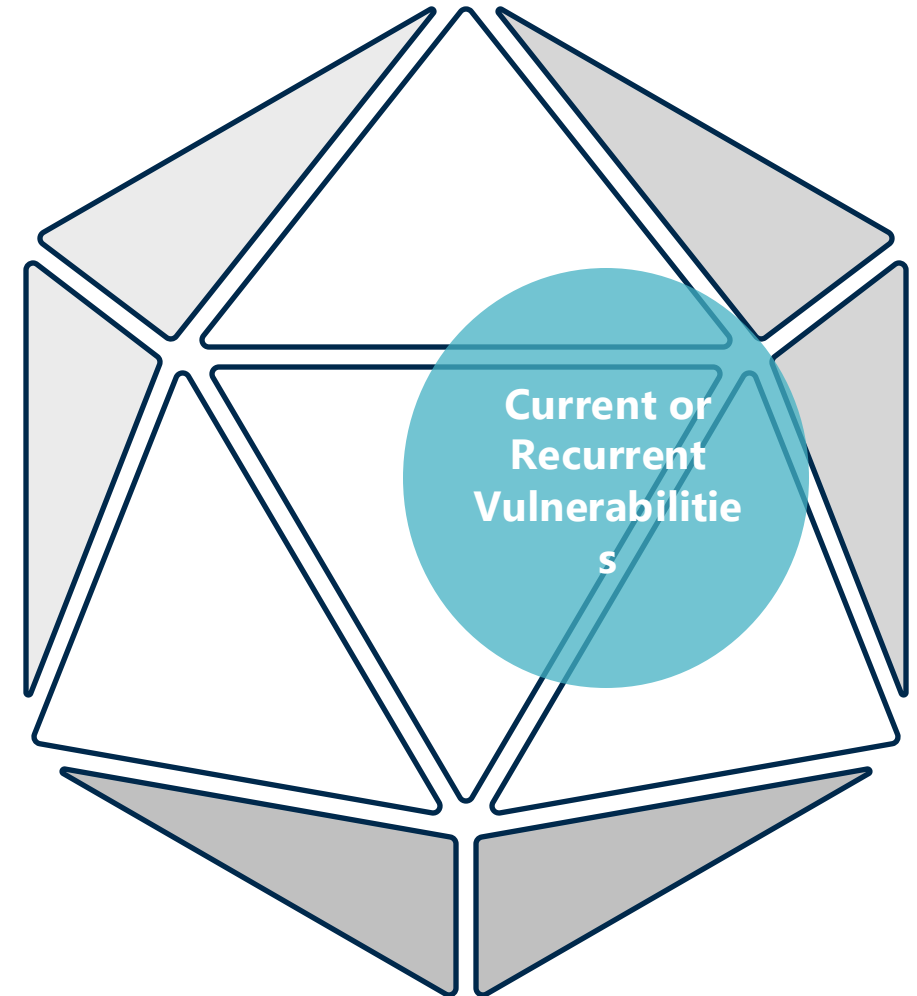
Processing “*too much information*”

THERE ARE MANY THOUSANDS OF HOSPITAL REQUIREMENTS:

- Federal: Conditions of Participation, EMTALA, CLIA, OSHA, NRC, etc.
- State: Hospital Licensing, Practitioners Licensing and Certification, Environmental Regulations, etc.
- Accreditation: TJC, DNV, ACHC, CIHQ, AAHC, CARF, etc.
- Guidelines: CDC, USP, FGI, NFPA 101, NFPA 99, NFPA 56, AAMI/ANSI ST79, etc.
- Manufacturer’s Instructions for Use
- And on and on and on ...

The **Good News**: hospitals naturally comply with the vast majority of the requirements ... they are not a problem.

The **Bad News**: The “few” that remain will overwhelm even the most mature and well-staffed internal survey readiness program.



New and high *risk issues*

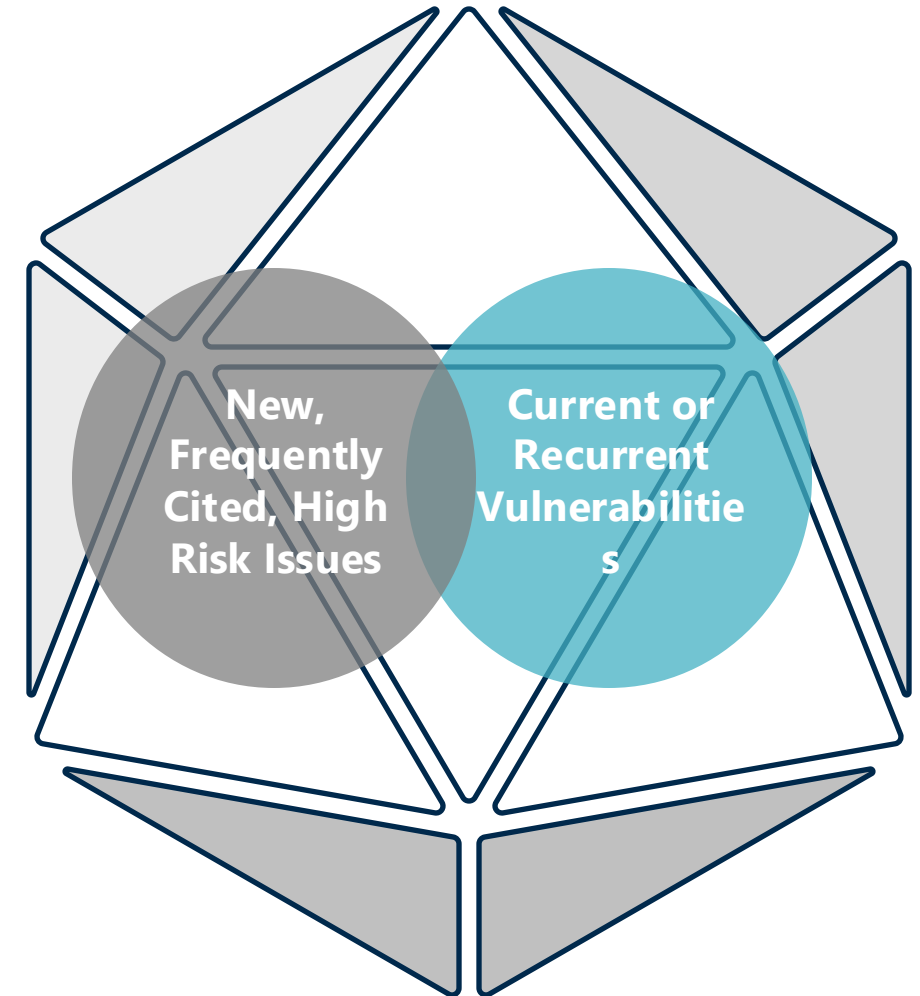
WHERE TO LEARN:

Today and Other Recent Webinars by Chartis (available for streaming)

- Environment of Care (February 2024)
- Life Safety Code (February 2024)
- Infection Prevention (March 2024, April 2024)
- QAPI (August 2023)
- Behavioral Health (July 2023)
- Clinical and Miscellaneous (June 2024)

From **other sources**:

- Accreditors, Associations, and Agencies
- Other Consultants
- List Serves
- Etc.



High priority issues whose time has come

FOCUS:

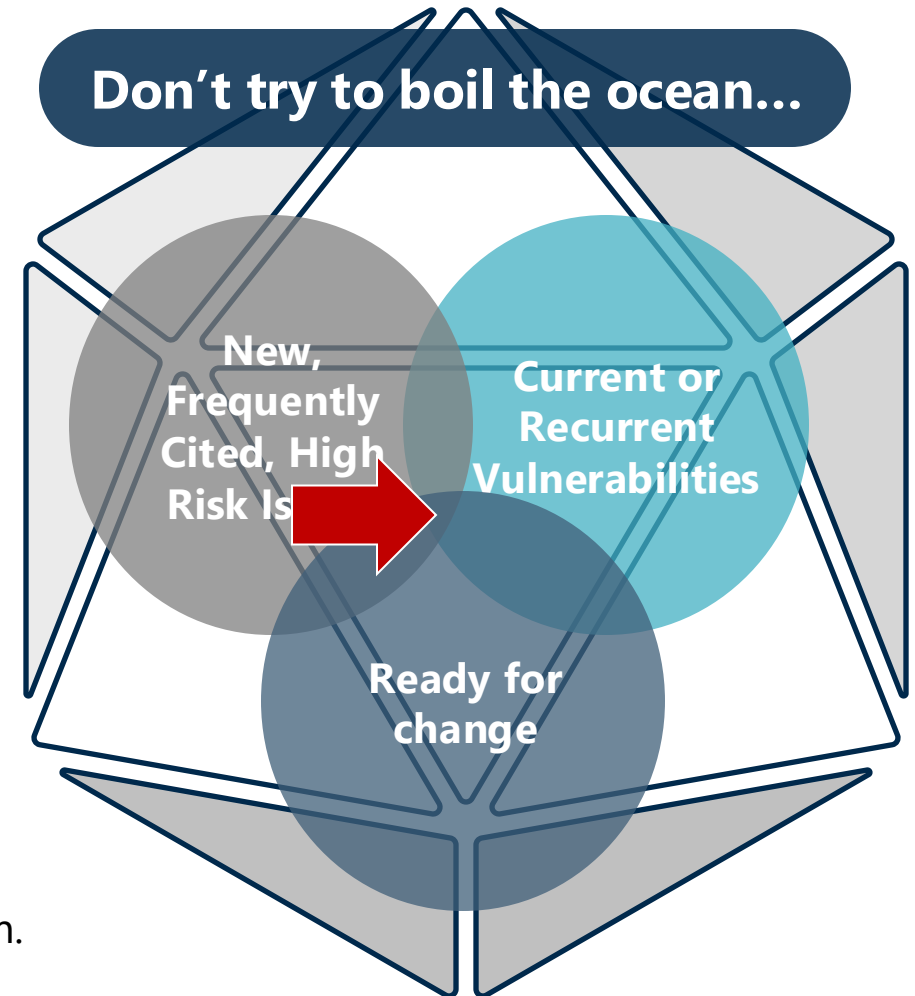
Issues that are ripe for change

- Relate to known significant **adverse events** or other patient safety issues
- Synergy with strategic or quality goals
- Executive team sponsorship
- Clear, well-defined, narrow goals (not “while we’re at it”)

SIMPLIFY:

Think of the New Associate on their first independent day on the job.

- Make expected processes natural and efficient.
- Focus on training to the **new** process.
- Reinforce concurrently at the point of care and service.
- Maintain oversight ... identify “fixes” that are not working and change them.



4 stages of improvement

METRICS

Scorecard indicators

Department specific indicators

Rate (numerator/denominator)

Stay the course? Or change course?

ISSUES

Developed from Metrics and Events

FOCUS ... don't try to boil the ocean

EVENTS

Harm leveling

Root cause analysis

Apparent cause analysis

Common cause apparent cause analysis

IMPROVEMENT

Make sure the improvement effort actually addresses the underlying issue(s)

DEFINE



PLANNING FUTURE WEBINARS

Where should we focus in 2026? Where do YOU struggle?

Compliance

**The Joint Commission/DNV
CMS CoPs, EMTALA**

Patient Safety

**Root Cause Analysis
Apparent Cause Analysis
Failure Mode Effects Analysis**

Medical Staff

**Enrollment and Credentialing
Professional Practice Evaluation
Bylaws**

QAPI

**Governing Body Oversight
Metrics, Events, Improvement**

High Reliability

Patient Safety Programs

Environment of Care

**Fire and Life Safety
Utilities, Equipment
Security, Emergency Mgmt.**

Thank *you*

STAY TUNED!

Bulletins as the situation evolves

