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Steven Hirsch & Associates

This issue offers important updates on licensing issues that may impact your successful accreditation.

Since 1987, Steven Hirsch and Associates has been one of the foremost authorities on successful accreditation, licensure, and Medicare certification. Feel free to contact us with your most pressing regulatory questions and concerns.

OUR MISSION

Our mission is to provide dynamic integrated expertise that supports healthcare organizations in meeting and exceeding patient care standards as mandated by the regulatory environment.

OUR VISION

To provide a positive and supportive environment that fosters professionalism while providing the highest quality client centric consulting expertise in the healthcare industry.

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- EXPERT • INTEGRITY
- PROFESSIONAL • RESPONSIVE

ACCREDITATION NEWS

Joint Commission 2026 Standards

by Steve Hirsch, MPA, FACHE, and David Woodard, MSc, CIC, FSHEA

The Joint Commission Standards for 2026 have been significantly modified to more closely correlate with the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation for Hospitals and for Critical Access Hospitals. While the Standards have been re-numbered, more importantly, many have moved into different chapters of the Comprehensive Accreditation Manual.

A new set of Standards, “Physical Environment” has been developed as a result of the combining of the Environment of Care Chapter with the Life Safety Chapter thus reflecting the approach that CMS is applying to those requirements. Several Emergency Management standards have been relocated into the “NPG” chapter. An additional new chapter entitled “National Performance Goals” (NPG) has been developed.

In this chapter, one can find what previously had been the “National Patient Safety Goals” as well as standards related to the establishment or presence of a “Culture of Safety” and “Healthcare Equity”, and other expectations were previously contained in the “Leadership” chapter.

The NPG chapter also contains standards relocated from Infection Prevention and Control, Patient’s Rights and Responsibilities, Suicide Risk Assessment, Transplant Safety, Waived Testing, Workplace Violence, Staffing and Competency, Medication Management, and Imaging Safety.

While it is reasonable for accreditation standards to be revised so they more closely align with the CMS Conditions of Participation—as other accrediting organizations have done—the recent reorganization of standards by The Joint Commission represents primarily a structural realignment rather than a substantive shift. The reorganized format may streamline navigation and improve conceptual grouping of requirements, but it has **not** altered the underlying performance expectations that surveyors will evaluate during accreditation visits. In practice, organizations will be held to the same operational requirements, clinical practices, and compliance outcomes as before. Thus, while the new format may offer improved clarity, it does not reduce, expand, or materially change the standards against which hospitals and other accredited entities will be assessed.

For a successful accreditation survey, the accredited organization will need to review and implement policies, procedures, and practices based on the subject matter standards and elements of performance contained in the specific subject chapter as well as the National Performance Goals chapter. To assist in the process, the Joint Commission has developed a “*Survey Process Guide*” which contains a variety of compliance assessment tools that reflect the performance expectations that come with successful compliance to the standards.

Given the redistribution of standards across the Accreditation Manuals and the “*Survey Process Guide*,” organizations should adopt a more structured and proactive approach to maintaining compliance. Clear internal processes, coordinated oversight, and improved document management will be essential to ensure that no expectations are overlooked. To support this effort, several strategies can help streamline compliance activities and reduce the risk of gaps during survey preparation:

Recommended Strategies

- **Establish a Centralized Standards Repository**
Create a shared digital location where all standards, relocated requirements, and “*Survey Process Guide*” tools are stored, indexed, and updated regularly.
- **Cross-Train Chapter Leads and Compliance Teams**
Ensure that chapter leads are trained not only in their assigned content areas but also in how to navigate the reorganized standards and locate performance expectations across multiple documents.
- **Conduct Regular Crosswalk Reviews**
Map old standards to their new manual or “*Survey Process Guide*” location to identify shifts, ensure nothing has been missed, and clarify overlaps in responsibility.
- **Develop an Interdisciplinary Compliance Council**
Bring together chapter leaders, quality staff, regulatory specialists, and operational managers to coordinate interpretation, documentation, and evidence-of-compliance planning.
- **Use Mock Surveys and Tracer Activities**
Practice internal surveys that mimic Joint Commission tracers, ensuring the organization can demonstrate compliance regardless of where a standard now resides.
- **Maintain Competency in Interpretive Resources**
Encourage leaders to become proficient in using The Joint Commission’s digital standards tools, FAQs, BoosterPaks™, and guidance materials that clarify relocated requirements.
- **Update Policies and Procedures Continuously**
Review policies to ensure alignment with the reorganized standards, updating references and embedded citations to reflect new locations and formats.
- **Identify High-Risk Areas for Enhanced Monitoring**
Prioritize surveillance of departments or processes most affected by the redistribution of standards, such as Infection Prevention, Environment of Care, Medication Management, and Emergency Management.

Nurse Practitioners Licensed In California – Regulation Updates

by Margo Smith, edited by Steven Hirsch, MPA, FACHE

Credentialing of Nurse Practitioners in California has some new twists!

The Board of Registered Nursing introduced new continuing education requirements for Nurse Practitioners, effective in January 2025. Beginning January 1, 2025, Nurse Practitioners who provide primary care to patients of which 25% are over the age of 65 must complete 6 of their 30 continuing education hours to renew their Registered Nurse License, in a course focused on the field of Gerontology, the special care needs of patients with

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dementia, or the care of older patients. Compliance with these new requirements will be verified as part of the Nurse Practitioner's certificate renewal process. Evidence of the required continuing education must be reviewed as part of the credentialing process for Nurse Practitioners.

"805 Reports" may be submitted to the Board of Registered Nurses. Just as physicians are subject to having an "805 Report" filed due to a medical-disciplinary cause or reason, Nurse Practitioners may also have an "805 Report" filed if a peer review body has taken action against the provider. This is consistent with requirements of the Business and Professions Code Section 805. Such action may involve denial or rejection of a request for practice privileges or membership, revocation or suspension (over 14 days) or restriction (exceeding 30 days in a 12 month period) of privileges, membership, or employment, or voluntary resignation or abandonment of privileges/employment after an investigation for a disciplinary-cause or reason.

New Categories Of Nurse Practitioners

Assembly Bill 890 was signed into law by Governor Newsom in September of 2020, creating two new categories of Nurse Practitioners who can function within a defined scope of practice without standardized procedures. Certain provisions of the Bill were later amended by the passage of SB 1451, in 2024.

A new category of Nurse Practitioner includes the "103 NP." This category of Nurse Practitioner works under the provisions outlined in the Business and Professions Code §2837.103. The Nurse Practitioner must work in a group setting with at least one physician and surgeon.

Provisions of the Business and Professions Code as revised allow a Nurse Practitioner to perform a number of functions without standardized procedures, in accordance with their education and training, to include provision of advanced assessment and order, perform and interpret diagnostic procedures. The Code further states that for radiologic procedures, the Nurse Practitioner may order diagnostic procedures and utilize the findings or results as interpreted by appropriate staff, such as a radiologist, in treating the patient. The Nurse Practitioner may perform or interpret clinical laboratory procedures that they are permitted to conduct under guidelines contained within the Clinical Laboratory Improvement Act (CLIA).

The Nurse Practitioner may establish primary and differential diagnoses, as well as prescribe, order, administer, dispense, procure, and furnish therapeutic measures, including but not limited to:

- Diagnose, prescribe, and institute therapy or referrals of patients to healthcare agencies, healthcare providers, and community resources.
- Prescribe, administer, dispense, and furnish pharmacological agents, including over the counter, legend, and controlled substances.
- Plan and initiate and therapeutic regimens that include ordering and prescribing non-pharmacological interventions, including but not limited to, durable medical equipment, medical devices, nutrition, blood and blood products, and diagnostic and supportive services, including home healthcare, hospice, and physical and occupational therapy.

The Business and Professions Code allows the Nurse Practitioner, under this revision, to certify disability in accordance with Section 2708 of the Unemployment Insurance Code, following completion of a physical examination.

The other change to Nurse Practitioners' scope of practice (104 NP) is under Business and Professions Code Section 2837.104, which allows the Nurse Practitioner to practice independently within the population focus of their national certification.

The Business and Professions Code as revised, allows the Nurse Practitioner to be eligible for membership on an organized medical staff. This however should be clarified through the California Department of Public Health, as hospital licensing regulations under Title 22, §70703(a) limit membership on the medical staff to physicians, dentists, and podiatrists, and where psychological services are provided, to clinical psychologists. Additionally, the revised Business and Professions Code at 2837.104 allows Nurse Practitioners who have been appointed to

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departmental or functional committees within the medical staff structure to vote at meetings of the department to which the Nurse Practitioner has been assigned. This may require modification of the medical staff bylaws of your organization.

Provisions within the Business and Professions Code allow the independent practice by a Nurse Practitioner, provided that they do not practice beyond the scope of their clinical and professional education and training, including any specific areas of concentration, and that they practice within the limitations of their knowledge and experience and national certification. The Nurse Practitioner will be expected to consult and collaborate with other healing arts providers based on the clinical condition of the patient to whom healthcare is being provided. Physician consultation under the Business and Professions Code is required, as specified in the individual protocols and under the following circumstances:

- Emergent conditions requiring prompt medical intervention after initial stabilization has commenced.
- Acute decompensation of a patient's condition.
- Problem which is not resolving as anticipated.
- History, physical, or laboratory findings that are inconsistent with the clinical presentation.
- Upon request of the patient.

The Nurse Practitioner is expected to verbally inform all new patients that they are not a physician, in a manner that is understandable by the patient or their representative. Additionally, the Nurse Practitioner is required to establish a plan for referral of complex medical conditions and emergencies to a physician or other appropriate provider. This referral plan should be specific to the practice area and include specific criteria for referral. The referral plan must include the following:

- Whenever situations arise which go beyond the competence, scope of practice, or experience of the Nurse Practitioner.
- Whenever the patient's condition fails to respond to the management plan as anticipated.
- Any patient with a rare condition or acute decompensation.
- Any patient conditions that do not fit the community accepted diagnostic pattern for a disease or disorder.
- All emergency situations after initial stabilizing care has been initiated.

A more detailed description and process for these two new categories of Nurse Practitioners can be accessed on the California Board of Registered Nursing website (www.rn.ca.gov).

Reducing The Risk Of Healthcare Associated Infections During Construction

by Marietta Hickman, BSN, CIC

Construction in healthcare facilities is necessary and inevitable. The dust generated by construction can carry respiratory irritants, allergens and potential pathogens which can be harmful to vulnerable populations. Disruption of HVAC systems, and stagnant or standing water present in construction sites may harbor organisms that can cause illness. Mold and bacterial particles commonly present during construction include *Aspergillus* and *Legionella*. Both can cause serious disease and mortality in immunocompromised patients, leading to prolonged hospital stays and increased healthcare costs. Additional risks to patients can include sleep deprivation, excessive noise, loss of patient privacy, schedule disruptions, and potential safety hazards.

In acute care settings immunocompromised patients are at an increased risk of harmful effects of exposure to construction dust and airborne pathogens. Severe illness, invasive devices or open wounds leave patients vulnerable to increased mortality when exposed to construction hazards. In behavioral health settings, the congregate living environment creates increased challenges with safety and containment.

Safety risks during construction include disruption of essential services such as medical gases, power and water supplies. Noises and vibrations caused by work can impact patient treatment, healing and communication between staff. Introduction of construction equipment can create physical safety hazards such as trips and falls. Normal

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egress pathways may be obstructed, which can disrupt workflow and impact emergency evacuation. Unauthorized access to construction zones can put staff and patients at risk. Exposure to hazardous materials such as asbestos or chemicals used in construction is another risk to consider during construction and renovation. Demolition and transportation of debris bring the greatest risk of exposure to pathogens that may be contained within the dust generated by these activities.

How to mitigate:

Pre-construction planning is instrumental in minimizing safety and exposure risks. Conduct a pre-construction Infection Control Risk Assessment (ICRA) as part of the Pre-Construction Risk Assessment process to determine the type and scope of work, the patient risk level and the necessary practices during construction to mitigate risk. Acute-care and Skilled Nursing Facility ICRA will have a higher level of infection control precautions than Behavioral Health settings, but the process of evaluating for all potential risks will ensure precautions are being taken to protect all staff and patients in various settings.

Planning should consider the potential for disruption to the ventilation systems that may compromise negative pressure or sterile environments. Evaluate potential for disruptions in electrical power, medical gases, water supplies, or electronic communications that could compromise patient care and safety. Construction activities must adhere to guidelines of established life safety codes (such as NFPA, ASHRAE, TJC, FGI). These agencies also offer recommendations and guidance for risk mitigation.

Engineering controls are necessary. These include containment barriers that create an air-tight, negative-pressure environment to prevent dust spread. Blocking off the HVAC system and using HEPA-filtration prevents dust from moving through the rest of the environment. Covering waste containers during transportation reduces exposure to construction debris.

Administrative controls include scheduling work during low patient occupancy times. Access to the work zone must be closely monitored and restricted to authorized personnel only. A walk-through of the environment with all members of the project management team can help devise an appropriate workflow during construction. Increased foot traffic due to construction crews can disrupt patient privacy and safety. Staff should be educated in advance about changes to traffic patterns and workflow to prevent disruption in patient care activities, as well as to any potential safety issues that may be introduced during construction and emergency procedures.

Ensure work-site cleaning is done each shift and that waste is disposed of according to the requirements on the ICRA and through designated pathways. Administration and the Infection Prevention team should conduct routine inspections of the work site to ensure safety precautions are appropriately followed. The work site will need terminal cleaning at the end of the project and approval by the designated person should be received prior to opening the site for use post-construction. Lastly, consider air and surface sampling to validate efficacy of environmental controls.



About Steven Hirsch & Associates

Steven Hirsch & Associates has been providing healthcare management consulting services including accreditation preparation services to hospitals and other healthcare related organizations throughout the United States since 1987. Beyond accreditation and licensure survey preparedness, our healthcare consulting team can provide assistance in a number of areas including Medicare certification, performance improvement, nursing management, infection prevention and control, Life Safety Code compliance, medical staff services (including credentialing and independent peer review), clinical lab management and compliance with HIPAA.