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Accreditation 360: How The Joint Commission's overhaul affects hospitals and health systems

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The Buzz This Week

On June 30, The Joint Commission announced Accreditation 360: The New Standard, its most significant accreditation update since Medicare's establishment in 1965. The revision is poised to reshape compliance workflows and operational planning for hospitals and health systems.

Among other changes, The Joint Commission plans to remove 714 hospital requirements and consolidate roughly 50% of total standards and performance elements.

The Joint Commission intends to publish its updated standards online in a searchable format beginning this month. According to the organization, the revised Accreditation Manual will merge legacy requirements and National Patient Safety Goals into 14 National Performance Goals to clarify expectations and reduce administrative complexity.

To support implementation, The Joint Commission is offering an optional Continuous Engagement Model designed to provide ongoing guidance and help maintain survey readiness between onsite evaluations.

Alongside Accreditation 360, The Joint Commission has announced two collaborations aimed at exploring digital enhancements. The first with the Coalition for Health AI will produce AI playbooks, implementation guidance and a certification program designed for healthcare organizations to adopt and govern AI responsibly. Initial guidance is expected this fall.

The second collaboration will leverage Palantir Technologies' data analytics platform within The Joint Commission's accreditation process. They intend to streamline survey workflows and generate benchmarking insights for providers while the commission retains data ownership.

Why It Matters

The consolidation of legacy requirements under Accreditation 360 aims to eliminate redundant compliance tasks, freeing hospitals' clinical and administrative staff for direct patient care.

Excessive administrative workload is a key driver of physician burnout. In a recent [Medscape survey](#), 62% of physicians cited charting and paperwork as primary contributors to stress. By reducing duplicative standards, hospitals can redeploy those hours toward clinical duties, potentially leading to lower turnover, higher staff engagement, and improved patient satisfaction.

By publishing standards online in a searchable format and introducing an optional Continuous Engagement Model, The Joint Commission will bring greater transparency and ongoing support to accreditation. When criteria are readily accessible, quality teams can retrieve requirements in real time, shortening audit cycles and reducing the risk of last-minute corrective actions.

Meanwhile, continuous guidance helps organizations identify and address performance gaps proactively, smoothing preparation for onsite surveys and mitigating the operational disruptions and cost spikes that often accompany annual reviews.

The Joint Commission's partnerships with the Coalition for Health AI and Palantir also signal new technology-driven enhancements to the accreditation process.

Taken together, The Joint Commission's reforms offer hospitals an opportunity to transform accreditation from a resource-intensive obligation into a strategic enabler of operational efficiency and patient-centered care. This evolution reflects the broader federal policy trends toward streamlined regulation and greater reliance on technology.

Hospitals and health systems will need to implement rigorous governance, robust privacy safeguards, and phased rollouts of new processes to maintain safety and equity. They should also prepare processes for integrating external benchmark data into their quality improvement initiatives. Success will depend on cross-functional planning, change management, and aligning digital tools with organizational priorities to ensure these advances reinforce and streamline operations.

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