Regulatory Compliance: Expert Video Analysis [Video Resource]

THE DIRECT ANSWER

The Joint Commission accredits hospitals and many other healthcare organizations through unannounced surveys against published standards that align with CMS Conditions of Participation, life safety codes, and infection control expectations. Facility managers prepare by keeping documentation current, running mock tracers, and closing gaps in the physical environment before surveyors arrive. This video walks through accreditation basics, survey prep, and how teams should embed standards in daily work—not just before a visit.

WHY THIS MATTERS

- Joint Commission accreditation remains a widely recognized mark of quality and safety for hospitals and many ambulatory programs. Surveys are unannounced and tracer-based: surveyors follow patients, staff, and equipment through your building and your paperwork.

KEY TAKEAWAYS

- Accreditation validates systems—not a binder you pull out once every three years
- Mock surveys and gap analysis should start months ahead of your anticipated survey period
- Physical environment, utilities, and infection prevention tie directly to NFPA 101 and NFPA 99 expectations on most Medicare-certified campuses
- Every department owns tracers: nursing, pharmacy, EVS, and engineering included
- Leadership rounds and visible corrective action matter as much as policy language
- After accreditation, keep the same cadence for environment of care rounds and documentation

FIELD QUESTION

Where does this come from?

This sheet distills the full Healthcare Facility Hub article linked below, which carries the complete text, references, and sourcing.

Video timestamps for major topics discussed:

Caution: codes, editions, and targets vary by facility and authority having jurisdiction (AHJ). Figures marked as common practice are facility targets, not code requirements. Confirm against your AHJ and the current code text before acting.