

# 2025 Hospital Compliance Assessment Workbook



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# Accreditation Participation Requirements (APR)

<b>Standard APR.01.01.01</b> ①		The hospital submits information to The Joint Commission as required.	
<b>EP 1</b> ②	③	Does the hospital meet all requirements for timely submissions of data and information to The Joint Commission?	④
<b>Evidence of Standards Compliance</b>			
⑤		<b>Compliant?</b> ⑥	
		Yes	No
		NA	ITHS


- Standard number and text.** This is the standard content from E-dition® or its counterpart, the *Comprehensive Accreditation Manual for Hospitals (CAMH)*. The 📄 icon will be added at the end of the standard text if it has any notes or cross-references; notes and cross-references may be reviewed on E-dition or in the *CAMH*.
- EP number.** Each EP is included in this book and corresponds to the same number on E-dition or in the *CAMH*.
- Icons.** This icon box will include icons as appropriate. If an EP requires documentation, the 📄 icon will be listed; if an EP is considered high risk, the ⚠ icon will be listed. These two icons will match the icons on E-dition and in the *CAMH*. Unique to this workbook, if an EP has any notes or cross-references, the 📄 icon will be listed. If an EP does not have any of these elements, the box will be empty.
- Compliance assessment question.** This content is the EP turned into a question for you to assess compliance.
- Evidence of Standards Compliance.** Use this section to record the information and documentation that supports your hospital's compliance with this EP. This section can also be used to record what is noncompliant with this EP, which can be used later when developing the Plan of Action.
- Compliance assessment.** Once you've determined your compliance with an EP, this section allows you to mark whether your organization is compliant ("Yes") or not compliant ("No"). If an EP is not applicable to your hospital, mark the "NA" box. If an immediate threat to health or safety (ITHS) is observed, mark the "ITHS" box and address the threat immediately as required.


## Overview



APRs represent the foundation of Joint Commission accreditation. Scoring these requirements is very straightforward—your hospital is either compliant or not compliant. Surveyors will assess compliance during an initial survey for hospitals seeking first-time accreditation. Thereafter, compliance with APRs for Joint Commission–accredited hospitals is assessed throughout the three-year accreditation cycle.


Note that refusal to permit performance of a survey (APR.02.01.01) will result in a Denial of Accreditation. In addition, falsification of information (APR.01.02.01) will result in a Preliminary Denial of Accreditation decision.




For additional information about the accreditation process, review “The Accreditation Process” (ACC) chapter on E-dition or its counterpart, the *Comprehensive Accreditation Manual for Hospitals (CAMH)*, or contact your account executive.

<b>Standard APR.01.01.01</b>		The hospital submits information to The Joint Commission as required.		
<b>EP 1</b>		Does the hospital meet all requirements for timely submissions of data and information to The Joint Commission?		
<b>Evidence of Standards Compliance</b>				
			<b>Compliant?</b>	
			Yes	No
			NA	ITHS

<b>Standard APR.01.02.01</b>		The hospital provides accurate information throughout the accreditation process.		
<b>EP 1</b>		Does the hospital provide accurate information throughout the accreditation process?		
<b>Evidence of Standards Compliance</b>				
			<b>Compliant?</b>	
			Yes	No
			NA	ITHS

<b>Standard APR.01.03.01</b>		The hospital reports any changes in the information provided in the application for accreditation and any changes made between surveys.		
<b>EP 1</b>	 	Does the hospital notify The Joint Commission in writing within 30 days of a change in ownership, control, location, capacity, or services offered?		
<b>Evidence of Standards Compliance</b>				
			<b>Compliant?</b>	
			Yes	No
			NA	ITHS

<b>EP 2</b>		<b>For hospitals that use Joint Commission accreditation for deemed status purposes</b> Does the hospital notify The Joint Commission immediately upon receiving notice from the Centers for Medicare & Medicaid Services (CMS) that its deemed status has been removed due to Medicare condition-level noncompliance identified during a recent CMS complaint or validation survey?		
<b>Evidence of Standards Compliance</b>				
			<b>Compliant?</b>	
			Yes	No
			NA	ITHS

KEY:  = documentation required;  = identified risk;  = support notes and cross-references available on E-dition® or in the Comprehensive Accreditation Manual for Hospitals; NA = not applicable; ITHS = Immediate Threat to Health or Safety