Standards Crosswalk
Accreditation Requirements for Acute Care Hospitals, 2025 edition to 2026 edition_v1

FOR PROVIDERS. BY PROVIDERS.

Acute Care Hospital Standards are being revised to reflect CMS regulatory updates with varying effective dates. In Chapter **33** | **PPS EXCLUDED AND DISTINCT PART UNIT: PHYSICAL REHABILITATION**, we inadvertently overlooked communicating a change at 33.01.05 that allows additional flexibility for qualified non-physician providers to perform some face-to-face patient assessments. This is effective immediately.

New regulations related to obstetric services are becoming effective on a staggered schedule. We have incorporated all of these in the new Chapter **28** | **OBSTETRIC SERVICES** with the effective dates noted within each standard. Some of these are effective January 1, 2026, and others will be surveyed beginning in January 2027.

You can review the full text from the Federal Register here.

The impact of these regulatory changes is such that ACHC is releasing ***Accreditation Requirements for Acute Care Hospitals, 2026*** in a v1 edition in early 2026. The crosswalk below presents an overview of the new standards in Chapter 28, and the change in Chapter 33. In the coming months, a few additional changes that clarify informed consent, reduce the hospital's responsibility for dental care of swing bed residents, and correct minor typographical errors will be released as v2.

In the overview below, new standards appear in **bold, blue font**. Other additions are bolded. Text deleted from the prior edition of the manual appears with ~~strikethrough.~~ Language taken directly from CMS is italicized.

Existing text that is unchanged or changed from the prior edition only to improve clarity (e.g., grammar, eliminating redundancy, outdated references, etc.) is not included.

Please refer to individual chapters to review the complete standard, required elements, and scoring procedures. As always, contact us at customerservice@achc.org with questions or comments.

28 | OBSTETRIC SERVICES	
28.00.00 CONDITION OF PARTICIPATION: Obstetric services	
▪ **NEW**	***Effective January 1, 2026, if the hospital offers obstetrical services, the services must be well organized and provided in accordance with acceptable standards of practice (including physical and behavioral health) of pregnant, birthing, and postpartum patients.*** ***If outpatient obstetrical services are offered, the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.*** **§482.59**
28.00.01 Organization and staffing	
▪ **NEW**	STANDARD ***Effective January 1, 2026, the organization of the obstetrical services must be appropriate to the scope of the services offered. As applicable, the services must be integrated with other departments of the hospital.*** ***Labor and delivery rooms/suites, including labor rooms, delivery rooms (including rooms for operative delivery), and post-partum/recovery rooms whether combined or separate must be supervised by an experienced registered nurse, certified nurse midwife, nurse practitioner, physician assistant, or a doctor of medicine or osteopathy.*** ***Obstetrical privileges must be delineated for all practitioners providing obstetrical care in accordance with the competencies of each practitioner in accordance with §482.22(c).*** **§482.59(a)** **§482.59(a)(1)** **§482.59 (a)(2)**
28.00.02 Delivery of service	
▪ **NEW**	STANDARD ***Effective January 1, 2026, obstetrical services must be consistent with needs and resources of the facility. Policies governing obstetrical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care and safety.*** ***The following equipment must be kept at the hospital and be readily available for treating obstetrical cases to meet the needs of patients in accordance with the scope, volume, and complexity of services offered: call-in-system, cardiac monitor, and fetal doppler or monitor.*** ***There must be adequate provisions and protocols, consistent with nationally recognized and evidence-based guidelines, for obstetrical emergencies, complications, immediate post-delivery care, and other patient health and safety events as identified as part of the QAPI program (§482.21).*** ***Provisions include equipment, supplies, and medication used in treating emergency cases. Such provisions must be kept in the hospital and be readily available for treating emergency cases.***

	§482.59 (b) §482.59 (b)(1) §482.59 (b)(2)
28.00.03 Staff Training	
▪ **NEW**	STANDARD ***Effective January 1, 2027, the hospital must develop policies and procedures to ensure that relevant staff are trained on select topics for improving the delivery of maternal care.*** ***Training concepts must reflect the scope and complexity of services offered within the facility, including but not limited to:*** ▪ ***Facility-identified evidence-based best practices and protocols to improve the delivery of maternal care within the facility.*** □ ***The hospital must use findings from its QAPI program, as required at §482.21, to inform staff training needs and any additions, revisions, or updates to training topics on an ongoing basis.*** ▪ ***The hospital must provide relevant new staff with initial training.*** ▪ ***The governing body must identify and document which staff must complete initial training and subsequent biannual training on the topics that reflect the scope and complexity of services offered.*** ▪ ***The hospital must document in the staff personnel records that the training was successfully completed.*** ▪ ***The hospital must be able to demonstrate staff knowledge on the identified training topics.*** §482.59(c) §482.59(c)(1) §482.59(c)(1)(i-ii) §482.59(c)(2) §482.59(c)(3) §482.59(c)(4) §482.59(c)(5)
28.00.04 Maternal health QAPI activities	
▪ **NEW**	STANDARD ***Effective January 1, 2027, the hospital must utilize its quality assessment and performance improvement (QAPI) program to assess and improve health outcomes and disparities among obstetrical patients on an ongoing basis. At a minimum, the hospital must:*** ▪ ***Analyze data and quality indicators collected for the QAPI Program by diverse subpopulations as identified by the hospital among obstetrical patients*** ▪ ***Measure, analyze, and track data, measures, and quality indicators on patient outcomes and disparities in processes of care, services, and operations among obstetrical patients.*** ▪ ***Analyze and prioritize patient health outcomes and disparities, develop and implement actions to improve patient health outcomes and disparities, measure results, and track performance to ensure improvements are sustained among obstetrical patients.***

	▪ ***Conduct at least one measurable performance improvement project focused on improving health outcomes and disparities among the hospital's population(s) of obstetrical patients annually.*** ***Obstetrical services leadership must engage in QAPI for obstetrical services, including but not limited to participating in data collection and monitoring consistent with needs and resources of the facility.*** **§482.21 (b)(4)(i-iv)** **§482.21 (e)(1)**
28.00.05 Maternal mortality review committee	
▪ **NEW**	STANDARD ***If a maternal mortality review committee (MMRC) is available at the state, tribal, or local jurisdiction in which the hospital is located, the facility leadership, obstetrical services leadership, or their designate(s) must further have a process for incorporating publicly available MMRC(s) data and recommendations into the hospital QAPI Program consistent with the needs and resources of the facility.*** ***§482.21(E)(2)***
33 | PPS EXCLUDED AND DISTINCT PART UNIT: PHYSICAL REHABILITATION	
33.01.05 Medical Supervision	
▪ Revised Standard ▪ Revised Scoring Procedure	STANDARD *An inpatient rehabilitation unit must:* ▪ *Have in effect a procedure to ensure that patients receive close medical supervision, as evidenced by at least 3 face-to-face visits per week by a licensed physician with specialized training and experience in inpatient rehabilitation to assess the patient both medically and functionally, as well as to modify the course of treatment as needed to maximize the patient's capacity to benefit from the rehabilitation process.* ▪ ***Beginning with the second week, as defined in §412.622, of admission to the IRF, a non-physician practitioner who is determined by the IRF to have specialized training and experience in inpatient rehabilitation may conduct 1 of the 3 required face-to-face visits with the patient per week, provided that such duties are within the non-physician practitioner's scope of practice under applicable state law.*** §412.29(e) SCORING PROCEDURE Interview and Document Review Review five patient records from the unit to verify: ▪ Each record contains documentation of a minimum of three face-to-face visits per week. **In week 1, these are by** a licensed physician with specialized training and experience in inpatient rehabilitation. **Beginning the second week, a qualified non-physician practitioner (NPP) may perform one of the three required assessments, consistent with state scope-of-practice law.** ▪ The facility policy addresses the required elements.