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The Joint Commission Staffing Readiness

A Healthcare Leader's Guide to National
Performance Goal 12 (NPG 12) Defensibility



Featuring expert guidance from
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The Purpose of This Guide

The Joint Commission is undergoing one of the most significant evolutions in its modern history.

Two initiatives: ***NPG 12 and Accreditation 360***, are reshaping how hospitals govern, document, and demonstrate their staffing decisions.

This guide equips **healthcare leaders** with the regulatory knowledge and clinical context needed to **understand what is coming, where most organizations fall short, and how to build a governance posture** that holds up under surveyor scrutiny.

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Dr. Sarah Inman, DHA, MHA, SHRM-CP

Look for these three callout types throughout:

ACUTE CARE: Hospital-specific context and implications for accredited facilities

NON-ACUTE: Ambulatory, clinic, and post-acute context and considerations

EXPERT INSIGHT: Guidance from Dr. Sarah Inman, DHA, MHA, SHRM-CP, with cited research



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The Regulatory Landscape: What's Changing and Why it Matters Now

The Joint Commission, the accreditation body for thousands of hospitals and healthcare organizations across the United States, is undergoing one of the most significant evolutions in its modern history.¹

Two initiatives are reshaping how hospitals and healthcare systems govern, document, and demonstrate their staffing decisions: *National Performance Goal 12 (NPG 12)* and *Accreditation 360*.

¹ The Joint Commission. (2026). National Performance Goal #12. [jointcommission.org](https://www.jointcommission.org)

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INITIATIVE #1

National Performance Goal 12 (NPG 12)

Health Professional Resource Management

NPG 12 became effective January 1, 2026 for accredited hospitals.

Under NPG 12, hospitals must demonstrate:

- Staffing decisions are based on patient needs, not just census or budget
- A process exists to assess and respond to staffing adequacy in real time
- Registered Nurse supervision and competency-based deployment are documented
- Executive leadership has defined accountability for staffing governance
- Staffing data is integrated into performance improvement and safety reporting

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What This Means in Practice: Under NPG 12, a surveyor can ask a charge nurse, a CNO, or a CFO the same question, and inconsistent answers, or the absence of a documented process, are exactly the gap NPG 12 is designed to address.

ACUTE CARE: NPG 12 applies directly to accredited hospitals and is subject to on-site survey evaluation; responses must be consistent across all levels of leadership.

NON-ACUTE: Ambulatory surgery centers, behavioral health, and post-acute organizations are subject to related staffing standards, and The Joint Commission's direction under Accreditation 360 signals governance expectations will continue to rise across all program types.

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INITIATIVE #2

Accreditation 360

The New Continuous Compliance Framework

Launched in parallel with NPG 12, Accreditation 360 moves organizations from periodic survey readiness to continuous, embedded compliance. Key elements include:

- Continuous survey-readiness as an organizational expectation, not a pre-survey sprint
- Greater emphasis on leadership accountability and board-level oversight
- Expanded use of performance data and improvement evidence as survey inputs
- Closer alignment between accreditation standards and CMS Conditions of Participation
- Increased scrutiny of organizational culture and sustainability of compliance practices

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Accreditation 360 signals that The Joint Commission is moving toward a model where surveyors are evaluating systems and governance, not just individual policies or outcomes. For staffing, this means the question shifts from “did you fill every shift?” to “do you have a governance system that ensures staffing decisions are made well, documented consistently, and improved over time?”



EXPERT INSIGHT

"The convergence of NPG 12 and Accreditation 360 creates an inflection point for healthcare organizations. Staffing has historically been treated as a cost management function. What

The Joint Commission is now requiring is a fundamental reclassification: staffing governance must be treated with the same rigor as medication safety or infection control. Most organizations have significant room to grow in this area, and the gap is typically widest at the governance and documentation layer." - *Inman, S. E. (2023). Assessing the Impact of Workforce Management Solutions on Rising Nurse Labor Costs.*

The Five Compliance Gaps

Know Where You Stand. Lead with Confidence.

Organizations that struggle with NPG 12 readiness tend to face the same five structural gaps. Understanding where your governance infrastructure needs strengthening is the first step toward building a posture that holds up under surveyor scrutiny.

- No Defensible Staffing Decision Process
- Absent or Inconsistent Executive Accountability
- Disconnected Competency and Staffing Data
- Staffing Data Siloed from Safety and Quality
- No Audit-Ready Documentation Trail

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GAP 1: No Defensible Staffing Decision Process

Most hospitals can tell you how many nurses were on a unit. Few can document why that number was selected, how it was evaluated against patient acuity, or what happened when it fell short.

ACUTE CARE: CNOs and charge nurses must articulate the same process with the same language. Inconsistent answers across leadership levels are precisely what surveyors are trained to find.

NON-ACUTE: The "why this person on this shift?" question applies equally in ambulatory and surgical settings, competency-based deployment must be documented.

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GAP 2: Absent or Inconsistent Executive Accountability

NPG 12 explicitly requires that executive leadership have defined roles in staffing governance. CFOs are often involved through a budget lens only, not a patient safety lens. The absence of a documented executive accountability structure is a direct compliance gap.



EXPERT INSIGHT

"The governance structure is not administrative overhead. It is patient safety and financial infrastructure." — Dr. Sarah Inman³

³ Needleman et al. (2011). NEJM, 364(11). Kane et al. (2007). Medical Care, 45(12). Inman, S.E. (2023). Capella University.

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GAP 3: Disconnected Competency and Staffing Data

In most organizations, competency data lives in the LMS or HR system, entirely disconnected from the scheduling platform.

ACUTE CARE: Float pools and agency staff carry the highest competency-documentation risk. Deployment without verified competency is both a clinical and accreditation concern.

NON-ACUTE: Procedure-specific credentialing and moderate sedation certification must be current and demonstrable at the point of scheduling.

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GAP 4: Staffing Data Siloed from Safety and Quality

Most organizations cannot produce a report that shows the relationship between staffing and outcomes. Under Accreditation 360, that connection is the evidence of governance.

What This Means in Practice: Most organizations can produce staffing and quality reports. Very few can produce a report that shows the relationship between the two.

Under Accreditation 360, that connection is the evidence of governance. It is what distinguishes organizations that are genuinely safe from those that are compliant only on paper.

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GAP 5: No Audit-Ready Documentation Trail

Even when processes exist, most organizations cannot produce staffing decision documentation in a surveyor-ready format on demand. Surveyors ask for the rationale, escalation, and resolution behind decisions going back 90 days or more, and manual logs leave no traceable record.

NON-ACUTE: Ambulatory organizations often underestimate the documentation burden. Accreditation 360 reflects the Joint Commission's commitment to consistent governance excellence across all program types.

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Five Domains. One Clear Readiness Picture.

The Inman STAR Framework

The framework scores you across five domains of staffing governance. Together, they tell you exactly where your organization stands and what it will take to reach a defensible posture.

Each domain is scored 1.0–5.0 using a validated assessment instrument. Domain scores combine into your overall STAR level, a diagnostic that tells you plainly where your organization stands and what Level 4 requires.

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Staffing Decision Process

Are staffing decisions documented, consistent, and tied to patient acuity rather than individual judgment or static matrices? Evaluates the reliability and traceability of how decisions are made at the point of care.



Executive Accountability

Does leadership at every level, from charge nurse to CEO, have clearly defined, actively exercised roles in staffing governance? Examines whether accountability is real or just documented.



Competency Integration

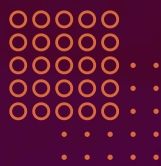
Is staff competency verified and visible at the point of scheduling, not stored separately in the LMS or HR system? Measures whether competency data actively informs staffing decisions.

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Quality and Safety Alignment

Is staffing data systematically connected to performance improvement and safety reporting? Evaluates whether staffing is treated as a patient safety metric or an operational variable in isolation.



Documentation and Audit Readiness

Can your organization produce a traceable record of staffing decisions, escalations, and resolutions on demand? Tests the completeness, accessibility, and surveyor-readiness of your documentation posture.

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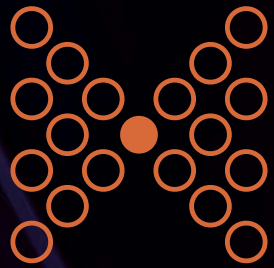
Five Levels of Staffing Governance Readiness

The Inman STAR Framework

Each organization that is assessed through the STAR Framework receives a scored level based on the current state of their staffing governance across all five domains. The level determines the risk posture, the likely surveyor experience, and the work required to reach readiness.

The STAR Framework is not about achieving a perfect score. It is about reaching a level (typically Level 4 or 5) where your organization can demonstrate to a Joint Commission surveyor that your staffing decisions are made well, documented consistently, and governed by accountable leadership. That is what defensibility means in practice.

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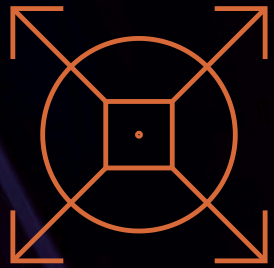
Level 1: Reactive

Staffing decisions are informal, undocumented, and driven by individual judgment. No executive governance structure. No audit trail. NPG 12 requirements are not met in any systematic way.

Score 1.0–1.9

ACCREDITATION RISK: SEVERE

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Level 2: Emerging

Policies exist but are inconsistently followed. Executives are aware of staffing as a patient safety issue but lack formal oversight structures. Documentation is sporadic and not survey-ready.

Score 2.0–2.9

ACCREDITATION RISK: HIGH

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Level 3: Defined

Documented processes exist and roles are defined, but execution is inconsistent. Documentation does not yet meet survey-level standards. Leadership answers may vary under surveyor questioning.

Score 3.0–3.9

ACCREDITATION RISK: MODERATE

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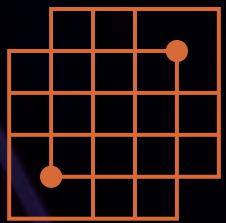
Level 4: Aligned

Clear executive ownership. Staffing is integrated into safety governance. Documentation is generally adequate. The organization can answer surveyor questions with consistency and supporting evidence.

Score 4.0–4.5

ACCREDITATION RISK: LOW

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Level 5: Defensible

Staffing governance is an enterprise system. Board-level visibility. Continuous improvement is embedded. The organization is audit-ready at any time and can defend every decision with confidence.

Score 4.6–5.0

ACCREDITATION RISK: MINIMAL

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From Assessment to Sustained Defensibility

The Inman Healthcare STAR Framework is not just a diagnostic tool. It is a foundation-building engagement designed to move your organization from its current level to a sustained Level 4 or 5 posture. The engagement is built in four phases, each with defined activities, client involvement, deliverables, and a clear outcome.

- ① **Phase 1** — Staffing Governance Assessment (Weeks 1–2)
- ✦ **Phase 2** — Governance and Policy Alignment (Weeks 3–4)
- 🌐 **Phase 3** — Operational Standardization and Adoption (Weeks 5–6)
- 🌀 **Phase 4** — Mock Survey and Readiness Validation (Weeks 7–8)

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Governance Infrastructure That Sustains Itself

The goal of the STAR engagement is not to make your organization dependent on outside support. When the four phases are complete, the governance infrastructure remains in your organization, built for the long term.

- ✦ Ratified Governance Structure
- ⊙ Trained Leadership Culture
- ⊙ NPG 12-Aligned Policies
- ⊙ Adoption Metrics Dashboard
- ⊙ Escalation Framework
- ✦ Board Reporting Template
- ⊙ Unit-Level SOPs
- ⊙ Confirmed STAR Level Designation

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About the Expert

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Dr. Inman is a former clinical staffing leader and nationally recognized expert in healthcare workforce management and Joint Commission compliance, leading Improv's healthcare practice across WFM implementations, staffing governance, and regulatory readiness.

She developed the Inman STAR Framework practical tool for translating the complexity of NPG 12 compliance into a structured, leadership-ready diagnostic. Her consulting engagements have supported hospitals, health systems, and ambulatory organizations across the country.

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Keep Exploring

These resources will help you go deeper on the regulatory landscape, the STAR Framework, and what Joint Commission readiness looks like in practice.

Take the next step — request your STAR Framework discovery assessment: improvizations.com/solutions/healthcare-star-framework-for-joint-commission-compliance

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