

The Joint Commission 2009 Requirements Related to the Provision of Culturally Competent Resident-Centered Care Long Term Care Accreditation Program (LTC)

The Joint Commission views effective communication, cultural competence, and resident-centered care as important elements of providing safe quality care. The individual's involvement in care decisions is not only an identified right, but is a necessary source of accurate assessment and treatment information. The Joint Commission has a number of standards that support the provision of care, treatment, and services in a manner that is conducive to the cultural, language, health literacy, disability, and learning needs of individuals:

- Advance Directives (Standard **RI.2.80**)
- Complaint/grievance resolution (Standard **RI.2.120**)
- Contracted services (Standard: **LD.04.03.09**)
- Documentation of needs and data collection of data (Standard **PI.1.10, IM.6.20, IM.6.60**)
- Effective communication including interpreter and translation services (Standard **RI.2.100, PC.15.20**)
- Effective communication throughout organization (Standard **LD.02.01.01, LD.03.04.01**)
- Environmental appropriateness (Standard **EC.8.10**)
- Ethics/equal standard of care provision (Standard **LD.04.02.03, LD.04.03.07**)
- Informed consent (Standard **RI.2.40**)
- Law and regulation compliance (Standard **LD.04.01.01**)
- Orientation of staff (Standard **HR.2.10**)
- Resident assessment (Standard **PC.1.10, PC.2.20, PC.2.130**)
- Resident education (Standard **PC.6.10, PC.6.30**)
- Resident/family involvement in care (Standard **RI.2.30**)
- Performance improvement opportunities (Standard **LD.03.02.01, LD.03.05.01, LD.04.04.01, PI.3.10**)
- Planning for services to meet resident needs (Standard **LD.03.03.01, LD.04.03.01, LD.04.04.03, PC.4.10, PC.5.60**)
- Resource provision (Standard **LD.04.01.05, LD.04.01.07, LD.04.01.11, LD.04.04.03, LD.04.04.05**)
- Staff competence (Standard, **HR.2.30, HR.3.10, HR.3.25, LD.03.06.01**)
- Staff qualifications (Standard **HR.1.20, HR.3.10, HR.3.20, HR.3.40**)
- Values, beliefs, preferences respected (Standard **PC.7.10, RI.2.10, RI.2.20, RI.2.210, RI.2.220, RI.2.240**)
- Visitation rights (Standard **RI.2.110**)

This document identifies Joint Commission standards and elements of performance (EPs) that are related to the provision of care that support effective communication, cultural competence, and resident-centered care. Some of the standards listed directly address issues related to the language, cultural, disability, or learning needs of residents, while other standards serve as organizational supports for the provision of culturally competent resident-centered care. Standards are organized by chapter. Please note that the standards listed in this document are not always listed in their entirety; many elements of performance for these standards are not included. Please refer to the 2009 Standards to see the full text of these standards and elements of performance.

Management of Environment of Care (EC)

Overview

The goal of this function is to provide a safe, functional, supportive, and effective environment for residents, staff members, and other individuals in the organization. This is crucial to providing quality resident care, achieving good outcomes, and improving resident safety. Achieving this goal depends on performing the following processes:

- Performing strategic and ongoing master planning by organization leaders for the space, clear circulation of occupants, equipment, supportive environment, and resources needed to safely and effectively support the services provided. Planning and designing of the environment is consistent with the organization's mission and vision and the resident's physical condition/health, cultural background, age, and cognitive abilities.
- Educating staff about the role of the environment in safely, sensitively, and effectively supporting resident care. The organization educates staff about the physical characteristics necessary for attaining such an environment and the processes for monitoring, maintaining, and reporting on the organization's environment of care.
- Developing standards to measure staff and organization performance in managing and improving the environment of care.
- Implementing plans to create and manage the organization's environment of care. An Information Collection and Evaluation System (ICES) is developed and used to continuously measure, assess, and improve the status of the environment of care.

The "environment of care" consists of three basic components: building(s), equipment, and people. A variety of key elements and issues can contribute to creating the way the space feels and works for residents, families, staff, and others experiencing the health care delivery system. In addition, the key elements and issues can be significant in their ability to positively influence resident outcomes and satisfaction and improve resident safety. These elements include the following:

- Light (both natural and artificial)
- Privacy (visual and auditory)
- Space size and configuration that are appropriate and consistent with the clinical philosophy
- Security
- Orientation and access to nature and the outside
- Clarity of access (both exterior and interior circulation)
- Color
- Efficient layouts that support staffing and overall functional operation

When appropriately designed into and managed as part of the physical environment, these elements create safe, welcoming, and comfortable environments that support and maintain resident dignity and personhood, allow ease of interaction, reduce stressors, and encourage family participation in the delivery of care.

Effective management of the environment of care includes using processes and activities to do the following:

- Reduce and control environmental hazards and risks
- Prevent accidents and injuries
- Maintain safe conditions for residents, staff, and others coming to the organization's facilities
- Maintain an environment that is sensitive to resident needs for comfort, social interaction, and positive distraction
- Maintain an environment that minimizes unnecessary environmental stresses for residents, staff, and others coming to the organization's facilities

Standard EC.8.10

The organization establishes and maintains an appropriate environment.

Rationale for EC.8.10

It is important that the physical environment is functional and promotes caring. It should contribute to relieving loneliness, boredom, and hopelessness.* The environment should also encourage independence and promote quality of life.

* A powerful tool for improving the quality of life for the elderly is “The Eden Alternative™”. Part of its mission statement is to relieve loneliness, boredom, and hopelessness. Additional information about its concepts can be found at www.edenalt.com.

EP 1. Interior spaces should be the following:

- Appropriate to the care, treatment, and services provided and the needs of the residents related to age and other characteristics
- Include closet and drawer space provided for storing personal property and other items provided for use by residents. Lockers, drawers, or closet space is provided for residents who are in charge of their own personal grooming and who wear street clothes (for example, behavioral health care residents who wear street clothes and are expected to meet their personal grooming needs)
- Allow for good recreational interchange, consider personal preferences when feasible, and accommodate equipment, such as wheelchairs, that are necessary to activities of daily living
- Have equipment for rehabilitation and activities adequate to accomplish goals without compromising the environment’s safety

EP 2. Furnishings and equipment should:

- Be maintained to be safe and in good repair
- Reflect the resident's level of ability and needs

EP 3. Outside areas are:

- Appropriate and safe considering the care, treatment, and services provided and the needs of the residents related to age and other characteristics
- Used during appropriate seasons

EP 4. Areas used by the residents are safe, clean, functional, and comfortable.

Management of Human Resources (HR)

Overview

The goal of the human resources function is to ensure that the organization determines the qualifications and competencies for staff* positions based on its mission, population(s), and care, treatment, and services. Organizations must also provide the right number of competent staff to meet residents’ needs. To meet this goal, the organization carries out the following processes and activities:

- **Planning.** The planning process defines the qualifications, competencies, and staffing necessary to provide for the organization’s care, treatment, and services.
- **Providing competent staff.** The organization provides for competent staff either through traditional employer-employee arrangements or through contractual arrangements with other entities or persons.
- **Orienting, training, and educating staff.** The organization provides ongoing in-service and other education and training to increase staff knowledge of specific work-related issues.
- **Assessing, maintaining, and improving staff competence.** Ongoing, periodic competence assessment evaluates staff members’ continuing abilities to perform throughout their association with the organization.
- **Promoting self-development and learning.** Staff is encouraged to pursue ongoing professional development goals and provide feedback about the work environment.

* Staff As appropriate to their roles and responsibilities, all people who provide care, treatment, and services in the organization, including those receiving pay (e.g., permanent, temporary, and part-time personnel, as well as contract employees), volunteers, and health profession students. The definition of staff does not include licensed independent practitioners who are not paid staff or who are not contract employees.

Standard HR.1.20

Staff qualifications are consistent with his or her job responsibilities.

- EP 1.** The organization defines the required competence and qualifications of staff in each program(s) or service(s).
- EP 2.** When the organization requires current licensure, certification, or registration, but these credentials are not required by law or regulation, the organization verifies these credentials at the time of hire and upon expiration of the credentials.
- EP 3.** When current licensure, certification, or registration are required by law or regulation to practice a profession*, the organization verifies these credentials with the primary source at the time of hire and upon expiration of the credentials.
Note: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented. For additional information, see “primary source” in the Glossary.
Note: A primary source of information may designate another agency to communicate credentials information. The designated agency then can be used as a primary source.
Note: An external organization [for example, a credentials verification organization (CVO)] may be used to collect credentials information. A CVO must meet the CVO guidelines listed in the Glossary.
*Profession is a specialized work function within society, generally performed by a professional. It often refers specifically to fields that require extensive study and mastery of specialized knowledge and skills.
- EP 4.** The organization also verifies the education, experience, and competence appropriate for assigned responsibilities.
- EP 11.** Prior to the provision of care, treatment or services, the qualifications and competence of a non-employee individual, brought into the organization by a licensed independent practitioner to provide care, treatment or services within the scope of the organization’s services are assessed by the organization and determined to be commensurate with the qualifications and competence required if the individual were to be employed by the organization to perform the same or similar services.
Note: When the service to be provided by the individual is not currently performed by anyone employed by the organization, it is leadership’s responsibility to consult the appropriate professional organization guidelines with respect to expectations for credentials and competence.
- EP 12.** The organization reviews the qualifications, performance, and competence of each non-employee individual brought into the organization by a licensed independent practitioner to provide care, treatment, or services at the same frequency as individuals employed by the organization.

Standard HR.2.10

The organization provides initial orientation.

- EP 1.** The organization determines what key elements of orientation should occur before staff and licensed independent practitioners provide care, treatment, and services.

- EP 2.** The organization orients staff and licensed independent practitioners to the identified key elements prior to the provision of care, treatment, and services.
- EP 3.** As appropriate, staff and licensed independent practitioner orientation addresses the organization's mission and goals.
- EP 7.** As appropriate, staff and licensed independent practitioner orientation addresses cultural diversity and sensitivity.
- EP 8.** Staff orientation includes education about the rights of residents and ethical aspects of care, treatment, and services and the process used to address ethical issues.

Standard HR.2.30

Ongoing education, including in-services, training, and other activities, maintains and improves staff competence.

- EP 1.** Staff training occurs when job responsibilities or duties change.
- EP 2.** Staff participate in ongoing in-services, training, or other activities to increase knowledge of work-related issues.
- EP 3.** Ongoing in-services and other education and training of staff are appropriate to the needs of the population(s) served and comply with law and regulation.
- EP 8.** Ongoing staff education is documented.

Standard HR.3.10

Staff competence to perform job responsibilities is assessed, demonstrated, and maintained.

- EP 1.** The competence assessment process for staff is based on the population(s) served.
- EP 2.** The competence assessment process for staff is based on the defined competencies to be required.
- EP 3.** The competence assessment process for staff is based on the defined competencies to be assessed during orientation.
- EP 8.** The organization assesses and documents staff's ability to carry out assigned responsibilities safely, competently, and in a timely manner upon completion of orientation.

Standard HR.3.20

The organization periodically conducts performance evaluations.

- EP 2.** Performance is evaluated based on the performance expectations described in job descriptions or defined in delineated clinical responsibilities.
- EP 4.** Performance evaluations are documented.

Standard HR.3.25

Peers providing support services to residents receive education and training to facilitate their role and participation.

- EP 2.** Peers providing support services receive orientation, in-service training, and ongoing education from the organization related to: Communication techniques
- EP 3.** Peers providing support services receive orientation, in-service training, and ongoing education from the organization related to: Methods to provide support for the resident
- EP 4.** Peers providing support services receive orientation, in-service training, and ongoing education from the organization related to: Consumer advocacy

Standard HR.3.40

The agency has a sufficient number of qualified staff.

EP 3. Staff demonstrates cultural competence and age-specific competence.

Management of Information (IM)

Overview

The goal of the information management function is to support decision making to improve resident outcomes, improve health care documentation, improve resident safety, and improve performance in resident care, treatment, and services, governance, management, and support processes. While efficiency, effectiveness, resident safety, and the quality of resident care can be improved by computerization and other technologies, the principles of good information management apply to paper-based or electronic methods. The standards in this chapter are designed to be equally compatible with paper-based systems, electronic systems, or hybrid systems.

An organization's provision of care, treatment, and services is a complex endeavor that is highly dependent on information. Furthermore, when many individuals and areas throughout the organization are involved in the provision of care, treatment, and services, their work is coordinated and integrated. As a result, organizations treat information as an important resource to be managed effectively and efficiently. Managing information is an active, planned activity. The organization's leaders have overall responsibility for managing information, just as they do for managing the organization's human, material, and financial resources.

The quality of care, treatment, and services is affected by the many transitions in information management that are currently in progress in health care, such as the transition from handwriting and traditional paper-based documentation to electronic information management, as well as the transition from free text to structured and interactive text.

To achieve the goals of this function, the following processes are performed:

- Identifying information needs
- Designing the structure of the information management system
- Capturing, organizing, storing, retrieving, processing, and analyzing data and information
- Transmitting, reporting, displaying, integrating, and using data and information
- Safeguarding data and information

The standards in this chapter focus on organization-wide information planning and management processes to meet the organization's internal and external information needs. The standards describe a vision for effectively and continuously improving information management in health care organizations. Achieving this vision involves the following:

- Providing for timely and easy access to complete information throughout the organization
- Providing for data accuracy
- Balancing requirements of security and ease of access
- Producing and using aggregate data to pursue opportunities for improvement
- Providing for data comparability within and among organizations, where possible, by following national, state, and other recognized standards and guidelines on form and content
- Accessing and using external knowledge bases and comparative data to pursue opportunities for improvement
- Redesigning information-related processes to improve efficiency and effectiveness, as well as resident safety and quality of resident care, treatment and services
- Increasing collaboration and information sharing to enhance resident care

Standard IM.6.20

Records contain resident-specific information, as appropriate to the care, treatment, and services provided.

- EP 2.** Clinical/case records contain, as applicable, the following demographic information:
- Resident's name, address, date of birth, sex, race or ethnic origin, next of kin, education, marital status, employment, and the name and phone number of any legally authorized representative
 - Legal status of residents
 - The resident's language and communication needs.
- EP 3.** Clinical/case records contain, as applicable, the following information:
- Evidence of known advance directives when indicated
 - Evidence of informed consent
 - Documentation of protective services when provided
 - Documentation of resident and, as appropriate, family involvement in the care, treatment, and services
 - When more than one member of the family is receiving care, treatment, and services, a separate record is maintained on each family member involved
 - Information on unusual occurrences, such as care, treatment, and service complications, accidents or injuries to the resident, procedures that place the resident at risk or cause pain, other illnesses or conditions that affect care, treatment, and services, and the resident's death
 - Documentation of resident, family, or guardian consent for admission, care, treatment, services, evaluation, continuing care, or research
 - Indications for and episodes of special procedures
 - Referrals or communications made to external or internal care providers and community agencies
 - Records of communication with the resident regarding care, treatment, and services, for example, telephone calls or email
 - Resident-generated information (for example, information entered into the record over the Web or in previsit computer systems)

Standard IM.6.60

The organization provides access to relevant information from a resident's record as needed for use in resident care, treatment, and services.

- EP 1.** The organization has a process to track the location of all components of the clinical/case record.
- EP 2.** The organization uses a system to assemble required information or make available a summary of information relative for resident care, treatment, and services provided.

Leadership (LD)

Overview

The safety and quality of care, treatment, or services depend on many factors including the following:

- A culture that fosters safety as a priority for everyone who works in the organization
- The planning and provision of services that meet the needs of residents
- The availability of resources—human, financial, and physical—for providing care, treatment, or services
- The existence of competent staff and other care providers

- Ongoing evaluation of and improvement in performance

Management of these important functions is the direct responsibility of leaders; they are, in effect, responsible for the care, treatment, or services that the organization provides to its residents. In organizations with a governing body, governance has ultimate responsibility for this oversight. In larger organizations, different individuals or groups may be assigned different responsibilities, and they bring with them different skills, experience, and perspectives. In these situations, the way the leaders interact with each other and manage their assigned accountabilities can affect overall organization performance. In smaller organizations, these responsibilities may be handled by just one or two individuals. This chapter addresses the role of leaders in managing their diverse and, at times, complex responsibilities.

Leaders shape the organization's culture, and the culture, in turn, affects how the organization accomplishes its work. A healthy, thriving culture is built around the organization's mission and vision, which reflect the core values and principles that the organization finds important. Leaders must ask some basic questions in order to provide this focus: How does the organization plan to meet the needs of its population? By what ethical standards will the organization operate? What does the organization want to accomplish through its work? Once leaders answer these questions, the culture of the organization will begin to take shape. Leaders also have an obligation to set an example of how to work together to fulfill the organization's mission.

On a more practical level, leaders oversee operations and guide the organization on a day-to-day basis. They keep operations running smoothly so that the important work of the organization—serving its residents—can continue.

To meet their obligations effectively, leaders must collaborate, which means working together in a spirit of collegiality to achieve a common end. In smaller organizations, this may mean that a single leader or small group of leaders works closely with staff in order to meet the organization's managerial needs. In this case, key staff members share governance and decision-making with senior leadership in order to direct the day-to-day operations, assess needs, secure resources, and plan for the future. Senior managers direct the day-to-day operations of the organization; governance determines what resources the organization needs and then secures those resources.

Standard LD.02.01.01

The mission, vision, and goals of the organization support the safety and quality of care, treatment, or services.

Rationale for LD.02.01.01

The primary responsibility of leaders is to provide for the safety and quality of care, treatment or services. The purpose of the organization's mission, vision, and goals, is to define how the organization will achieve safety and quality. The leaders are more likely to be aligned with the mission, vision, and goals when they create them together. The common purpose of the organization is most likely achieved when it is understood by all who work in or are served by the organization.

EP 3. Leaders communicate the mission, vision, and goals to staff and the population(s) the organization serves.

Standard LD.03.02.01

The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.

Rationale for LD.03.02.01

Data help organizations make the right decisions. When decisions are supported by data, organizations are more likely to move in directions that help them achieve their goals. Successful

organizations measure and analyze their performance. When data are analyzed and turned into information, this process helps organizations see patterns and trends and understand the reasons for their performance. Many types of data are used to evaluate performance, including data on outcomes of care, performance on safety and quality initiatives, resident satisfaction, process variation, and staff perceptions.

- EP 1.** Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services.
- EP 3.** The organization uses processes to support systematic data and information use.
- EP 4.** Leaders provide the resources needed for data and information use, including staff, equipment, and information systems.
- EP 5.** The organization uses data and information in decision-making that supports the safety and quality of care, treatment, or services.
- EP 6.** The organization uses data and information to identify and respond to internal and external changes in the environment.
- EP 7.** Leaders evaluate how effectively data and information are used throughout the organization.

Standard LD.03.03.01

Leaders use organization-wide planning to establish structures and processes that focus on safety and quality.

Rationale for LD.03.03.01

Planning is essential to the following:

- The achievement of short- and long-term goals
- Meeting the challenge of external changes
- The design of services and work processes
- The creation of communication channels
- The improvement of performance
- The introduction of innovation

Planning includes contributions from the populations served, from those who work for the organization, and from other interested groups or individuals.

- EP 6.** Planning activities adapt to changes in the environment.

Standard LD.03.04.01

The organization communicates information related to safety and quality to those who need it, including staff, residents, families, and external interested parties.

Rationale for LD.03.04.01

Effective communication is essential among individuals and groups within the organization, and between the organization and external parties. Poor communication often contributes to adverse events and can compromise safety and quality of care, treatment or services. Effective communication is timely, accurate, and usable by the audience.

- EP 1.** Communication processes foster the safety of the resident and the quality of care.
- EP 3.** Communication is designed to meet the needs of internal and external users.
- EP 5.** Communication supports safety and quality throughout the organization. (See also LD.04.04.05, EP 12)
- EP 6.** When changes in the environment occur, the organization communicates those changes effectively.

EP 7. Leaders evaluate the effectiveness of communication methods.

Standard LD.03.05.01

Leaders implement changes in existing processes to improve the performance of the organization.

Rationale for LD.03.05.01

Change is inevitable, and agile organizations are able to manage change and rapidly execute new plans. The ability of leaders to manage change is necessary for performance improvement, for successful innovation, and to meet environmental challenges. The organization integrates change into all relevant processes so that its effectiveness can be sustained, assessed, and measured.

EP 6. The organization's internal structures can adapt to changes in the environment.

Standard LD.03.06.01

Those who work in the organization are focused on improving safety and quality.

Rationale for LD.03.06.01

The safety and quality of care, treatment or services are highly dependent on the people who work in the organization. The mission, scope, and complexity of services define the design of work processes and the skills and number of individuals needed. In a successful organization, work processes and the environment make safety and quality paramount. This standard, therefore, applies to all those who work in or for the organization, including staff and licensed independent practitioners.

EP 3. Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, or services.

EP 4. Those who work in the organization are competent to complete their assigned responsibilities.

Standard LD.04.01.01

The organization complies with law and regulation.

EP 2. The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations.

Standard LD.04.01.05

The organization effectively manages its programs or services.

Rationale for LD.04.01.05

Leaders at the program or service level create a culture that enables the organization to fulfill its mission and meet its goals. They support staff and instill in them a sense of ownership of their work processes. Leaders may delegate work to qualified staff, but the leaders are responsible for the care, treatment, or services provided in their areas.

EP 1. Leaders of the program or service oversee operations.

EP 2. Programs or services providing resident care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical responsibilities.

EP 3. The organization defines in writing the responsibility of those with administrative and clinical direction of its programs or services.

EP 4. Staff are held accountable for their responsibilities.

EP 5. Leaders provide for the coordination of care, treatment, or services among the organization's different programs or services.

Standard LD.04.01.07

The organization has policies and procedures that guide and support resident care, treatment, and services.

- EP 1.** Leaders review and approve policies and procedures that guide and support resident care, treatment, and services.
- EP 2.** The organization manages the implementation of policies and procedures.

Standard LD.04.01.11

The organization makes space and equipment available as needed for the provision of care, treatment, and services.

Rationale for LD.04.01.11

The resources allocated to services provided by the organization have a direct effect on resident outcomes. Leaders should place highest priority on high-risk or problem-prone processes that can affect resident safety. Examples include infection control, medication management, use of anesthesia, and others defined by the organization.

- EP 3.** The interior and exterior space provided for care, treatment, or services meets the needs of residents.
- EP 4.** The grounds, equipment, and special activity areas are safe, maintained, and supervised.
- EP 5.** The leaders provide for equipment, supplies, and other resources.

Standard LD.04.02.03

Ethical principles guide the organization's business practices.

- EP 5.** Care, treatment, and services are provided based on resident needs, regardless of compensation or financial risk-sharing with those who work in the organization, including staff and licensed independent practitioners.
- EP 6.** When leaders excuse staff members from a job responsibility, care, treatment, and services are not affected in a negative way.

Standard LD.04.03.01

The organization provides services that meet resident needs.

- EP 1.** The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements.

Standard LD.04.03.07

Residents with comparable needs receive the same standard of care, treatment, and services throughout the organization.

Rationale for LD.04.03.07

Comparable standards of care means that the organization can provide the services that residents need within established time frames and that those providing care, treatment, and services have the required competence. Organizations may provide different services to residents with similar needs as long as the resident's outcome is not affected. For example, some residents may receive equipment with enhanced features because of insurance situations. This does not ordinarily lead to different outcomes. Different settings, processes, or payment sources should not result in different standards of care.

- EP 1.** Variances in staff, setting, or payment source do not affect outcomes of care, treatment, and services in a negative way.
- EP 2.** Care, treatment, and services are consistent with the organization's mission, vision, and goals.

Standard LD.04.03.09

Care, treatment, and services provided through contractual agreement are provided safely and effectively.

- EP 4.** Leaders monitor contracted services by establishing expectations for the performance of the contracted services.

Note: When the organization contracts with another accredited organization for resident care, treatment, and services to be provided off-site, it can do the following:

- Verify that all licensed independent practitioners who will be providing resident care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges.
- Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their privileges.

- EP 6.** Leaders monitor contracted services by evaluating these services in relation to the organization's expectations.

Standard LD.04.04.01

Leaders establish priorities for performance improvement. (See also the "Performance Improvement" (PI) chapter.)

- EP 1.** Leaders set priorities for performance improvement activities and resident health outcomes.
- EP 3.** Leaders reprioritize performance improvement activities in response to changes in the internal or external environment.

Standard LD.04.04.03

New or modified services or processes are well-designed.

- EP 1.** The organization's design of new or modified services or processes incorporates: The needs of residents, staff, and others.
- EP 3.** The organization's design of new or modified services or processes incorporates: Information about potential risks to residents.
- EP 4.** The organization's design of new or modified services or processes incorporates: Evidence-based information in the decision-making process.
Note: For example, evidence-based information could include practice guidelines, successful practices, information from current literature, and clinical standards.
- EP 7.** The leaders involve staff and residents in the design of new or modified services or processes.

Standard LD.04.04.05

The organization has an organization-wide, integrated resident safety program.

- EP 3.** The scope of the safety program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as near misses, close calls, or good catches) to hazardous conditions and sentinel events.

- EP 4.** All departments, programs, and services within the organization participate in the safety program.
- EP 5.** As part of the safety program, the organization creates procedures for responding to system or process failures.
Note: Responses might include continuing to provide care, treatment, and services to those affected, containing the risk to others, and preserving factual information for subsequent analysis.
- EP 10.** At least every 12 months, the organization selects one high risk process and conducts a proactive risk assessment.
- EP 12.** The organization disseminates lessons learned from root cause analyses, system or process failures, and the results of proactive risk assessments to all staff who provide services for the specific situation. (See also LD.03.04.01, EP 5)
- EP 13.** At least once a year, the organization provides governance with written reports on the following:
- All system or process failures
 - The number and type of sentinel events
 - Whether the organization and the families were informed of the event
 - All actions taken to improve safety, both proactively and in response to actual occurrences
- EP 14.** The organization encourages external reporting of significant adverse events, including voluntary reporting programs in addition to mandatory programs.
Note: Examples of voluntary programs include The Joint Commission Sentinel Event Database and the Food and Drug Administration (FDA) MedWatch. Mandatory programs are often state-initiated.

Provision of Care, Treatment, and Services (PC)

Overview

Care, treatment, and services are provided through the successful coordination and completion of a series of processes that include appropriate initial assessment of needs; development of a plan for care, treatment, and services; the provision of care, treatment, and services; ongoing assessment of whether the care, treatment, and services provided are meeting the resident's needs; and either the successful discharge of the resident or referral or transfer of the resident for continuing care, treatment, and services.

The provision of care, treatment, and services to residents consists of four core processes or elements:

1. Assessing resident needs
2. Planning care, treatment, and services
3. Providing the care, treatment, and services the resident needs
4. Coordinating care, treatment, and services

These core elements may also include the following activities:

- Providing access to the appropriate levels of care and/or disciplines for residents
- Providing interventions based on the plan for care, treatment, and services
- Teaching residents what they need to know about their care, treatment, and services
- Coordinating care, treatment, and services, if needed, when the resident is referred, transferred, or discharged

The elements that make up the provision of care, treatment, and services are related to each other through an integrated and cyclical process that may occur over minutes, hours, days, weeks, months, or years, depending on the setting and the needs of the resident. This cyclical process may occur among multiple organizations or within a single organization. The standards in this chapter address the processes in this cycle, including those provided for resident populations with unique needs or residents who are receiving interventions or services that are problem prone.

The core processes or elements of the provision of care, treatment, and services should not be seen as separate steps, rather as interrelated activities in an integrated and ongoing care process. The activities related to the provision of care, treatment, and services should be capable of moving easily between elements as required to meet residents' needs and maintain the continuity of care, treatment, and services.

Standard PC.1.10

The organization accepts for care, treatment, and services only those residents whose identified care, treatment, and service needs it can meet.

- EP 1.** The organization has a defined written process that includes the following:
- The information to be gathered to determine eligibility for entrance into the organization
 - The populations of residents accepted or not accepted by the organization (for example, programs designed to treat adults that do not treat young children)
 - The criteria to determine eligibility for entry into the system
 - The procedures for accepting referrals
- EP 7.** When warranted by need, separate specialized screening, assessment and reassessment processes are identified for the various populations served.
- EP 9.** The organization accepts residents for care, treatment, and services according to established processes.

Standard PC.2.20

The organization defines in writing the data and information gathered during assessment and reassessment.

- EP 14.** The information defined by the organization to be gathered during the initial assessment(s) also includes the resident's communication status, including the following:
- Ability to hear
 - Ability to speak
 - Predominant language(s)
 - Modes of expression
- EP 15.** The information defined by the organization to be gathered during the initial assessment(s) also includes the resident's functional status, including the following:
- Ability to perform activities of daily living
 - Mobility, balance, and strength
 - Ability to swallow
 - Physical limitations and precautions
 - Rehabilitation status, needs, and potential
 - Orientation
- EP 16.** The information defined by the organization to be gathered during the initial assessment(s) also includes the resident's activity status, needs, and potential, including the following:
- Personal preferences regarding schedules and grooming
 - The resident's activity and recreational skills, based on his or her cognitive abilities and the limitations of his or her illness or treatment

- Hobbies, recreational interests, associated needs, and potential
- Ability to participate in structured and group activities

EP 17. The information defined by the organization to be gathered during the initial assessment(s) also includes the resident's nutritional* and hydration status and needs, including the following:

- Potential nutritional risk, deficiencies, and needs
- Cultural, religious, or ethnic food preferences
- Nutrient-intake patterns and special dietary requirements
- Dietary/food allergies
- Food and fluid consumption
- Bowel and urinary output
- Skin integrity
- Swallowing problems
- Appropriate laboratory tests
- Weight (at least monthly)
- Criteria used to evaluate weight gain and loss to determine the need for further assessment

*The content of the nutritional screening criteria that the organization develops (which may include the Minimum Data Set [MDS]), is at the discretion of the organization, but should be contained in an approved policy. The standards also reflect that, based on the results of the nutrition screen, further nutrition assessment is completed when indicated and the resident is reassessed at determined intervals.

EP 20. The information defined by the organization to be gathered during the initial assessment(s) also includes the resident's psychosocial and spiritual status, including the following:

- Cultural and ethnic factors which influence care, treatment, and services
- Current emotional status
- Social skills
- Current living situation
- Family relationships and circumstances
- Relevant past history of roles
- Response to stress caused by the illness and required treatment
- Spiritual orientation, status, and needs
- The dying resident's concerns related to hope, despair, guilt, or forgiveness

EP 21. In addition, when the bereavement process is a significant factor, the psychosocial assessment includes the social, spiritual, and cultural variables that influence the perceptions and expressions of grief by the resident or family.

Standard PC.2.130

Initial assessments are performed as defined by the organization.

EP 2. Each resident's initial assessment is conducted within the time frame specified by the needs of the resident, organization policy, and law and regulation.

Standard PC.4.10

Development of a plan for care, treatment, and services is individualized and appropriate to the resident's needs, strengths, limitations, and goals.

EP 1. Care, treatment, and services are planned to ensure that they are individualized to the resident's needs.

Standard PC.5.60

The organization coordinates the care, treatment, and services provided to a resident as part of the plan for care, treatment, and services and consistent with the organization's scope of care, treatment, and services.

- EP 1.** The organization coordinates the care, treatment, and services provided through internal resources to a resident.
 - EP 2.** When external resources are needed, the organization participates in coordinating care, treatment, and services with these resources.
 - EP 3.** The organization has a process to receive or share relevant resident information to facilitate appropriate coordination and continuity when residents are referred to other care, treatment, and service providers.
 - EP 5.** The activities detailed in the plan of care, treatment, and services is designed to occur in a time frame that meets the resident's health needs.
 - EP 7.** Services are made available directly or through arrangement to meet the following resident needs:
 - 24-hour emergency dental services
 - Spiritual services
 - Behavioral health services,* including counseling on a continuing basis in individual, family, and group services, as appropriate
 - Activity services for ambulatory and non-ambulatory residents at various functional levels as well as those who are unable to attend group activities
 - Assistance with guardianship and conservatorship, when indicated
 - Services to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge
- * These services may be provided by various disciplines (for instance, social workers, psychologists, clinical nurse specialists, or other appropriately educated consultants).

Standard PC.6.10

The resident receives education and training specific to the resident's needs and as appropriate to the care, treatment, and services provided.

- EP 1.** Education provided is appropriate to the resident's needs.
- EP 2.** The assessment of learning needs addresses cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication as appropriate.

Standard PC.6.30

The resident receives education and training specific to the resident's abilities as appropriate to the care, treatment, and services provided by the organization.

- EP 1.** Education provided is appropriate to the resident's abilities.
- EP 2.** Education is coordinated among the disciplines providing care, treatment, and services.
- EP 3.** The content is presented in an understandable manner.
- EP 4.** Teaching methods accommodate various learning styles.
- EP 5.** Comprehension is evaluated.

Standard PC.7.10

The organization has a process for preparing and/or distributing food and nutrition products.

- EP 3.** Residents' cultural, religious, and ethnic food preferences are honored when possible unless contraindicated.

Standard PC.15.20

The transfer or discharge of a resident to another level of care, treatment, and services, different professionals, or different settings is based on the resident's assessed needs and the organization's capabilities.

- EP 3.** Planning for transfer or discharge involves the resident and all appropriate licensed independent practitioners, staff, and family members involved in the resident's care, treatment, and services.
- EP 7.** When indicated, the resident is educated about how to obtain further care, treatment, and services to meet his or her identified needs.
- EP 9.** Written discharge instructions in a form the resident can understand are given to the resident and/or those responsible for providing continuing care.

Improving Organization Performance (PI)

Overview

Performance improvement (PI) is a continuous process. It involves measuring the functioning of important processes and services, and, when indicated, identifying changes that enhance performance. These changes are incorporated into new or existing work processes, products or services, and performance is monitored to ensure that the improvements are sustained.

PI focuses on outcomes of care, treatment, and services. Leaders establish a planned, systematic, and organization-wide approach(es) to PI. They set priorities for PI and ensure that the disciplines representing the scope of care, treatment, and services across the organization work collaboratively to plan and implement improvement activities. The leaders' responsibilities are described in the "Leadership" chapter of this manual.

An important aspect of improving organization performance is effectively reducing factors that contribute to unanticipated adverse events and/or outcomes. Unanticipated adverse events and/or outcomes may be caused by poorly designed systems, system failures, or errors. Reducing unanticipated adverse events and/or unanticipated outcomes requires an environment in which residents, their families, and organization staff and leaders can identify and manage actual and potential risks to safety. Such an environment encourages the following:

- Recognizing and acknowledging risks and unanticipated adverse events
- Initiating actions to reduce these risks and unanticipated adverse events
- Reporting internally on risk reduction initiatives and their effectiveness
- Focusing on processes and systems
- Minimizing individual blame or retribution for involvement in an unanticipated adverse event
- Investigating factors that contribute to unanticipated adverse events and sharing that acquired knowledge both internally and with other organizations

The leaders are responsible for fostering such an environment through their personal example and by supporting effective responses to actual occurrences of unanticipated adverse events; ongoing proactive reduction of safety risks to residents; and integration of safety priorities into the design and redesign of all relevant organization processes, functions, and services.

This chapter focuses on the following fundamental components of PI:

- Measuring performance through data collection
- Assessing current performance
- Improving performance

Standard PI.1.10

The organization collects data to monitor its performance.

Rationale for PI.1.10

Data help determine performance improvement priorities. The data collected for high priority and required areas are used to monitor the stability of existing processes, identify opportunities for improvement, identify changes that lead to improvement, or sustain improvement. Data collection helps identify specific areas that require further study. These areas are determined by considering the information provided by the data about process stability, risks, and sentinel events, and priorities set by the leaders. Data may come from internal sources such as staff or external sources such as residents, referral sources, and so on. In addition, the organization identifies those areas needing improvement and identifies desired changes. Performance measures are used to determine whether the changes result in desired outcomes. The organization identifies the frequency and detail of data collection.

EP 1. The organization collects data for priorities identified by leaders.

EP 3. The organization collects data on the perceptions of care, treatment, and services* of residents including the following:

- Their specific needs and expectations
- How well the organization meets these needs and expectations
- How the organization can improve resident safety
- The effectiveness of pain management, when applicable

*The Joint Commission is moving from the phrase satisfaction with care, treatment, and services toward the more inclusive phrase perception of care, treatment, and services to better measure the performance of organizations meeting the needs, expectations and concerns of residents. By using this term, the organization will be prompted to assess not only residents' and/or families' satisfaction with care, treatment, or services, but also whether the organization meets their needs and expectations.

Standard PI.3.10

Information from data analysis is used to make changes that improve performance and resident safety and reduce the risk of sentinel events.

EP 1. The organization uses the information from data analysis to identify and implement changes that will improve the quality of care, treatment, and services.

Ethics, Rights, and Responsibilities (RI)

Overview

The goal of the ethics, rights, and responsibilities function is to improve care, treatment, services, and outcomes by recognizing and respecting the rights of each resident and by conducting business in an ethical manner. Care, treatment, and services are provided in a way that respects and fosters dignity, autonomy, positive self regard, civil rights, and involvement of residents. Care, treatment, and services consider the resident's abilities and resources, the relevant demands of his or her environment, and the requirements and expectations of the providers and those they serve. The family is involved in care, treatment, and services decisions with the resident's approval.

An organization's adherence to ethical care and business practices significantly affects the resident's experience of and response to care, treatment, and services. The standards in this chapter address the following processes and activities related to ethical care and business practices:

- Managing the organization's relationships with residents and the public in an ethical manner

- Considering the values and preferences of residents, including the decision to discontinue care, treatment, and services
- Helping residents understand and exercise their rights
- Informing residents of their responsibilities in care, treatment, and services
- Recognizing the organization's responsibilities under law

Residents deserve care, treatment, and services that safeguard their personal dignity and respect their cultural, psychosocial, and spiritual values. These values often influence the resident's perceptions and needs. By understanding and respecting these values, providers can meet care, treatment, and services needs and preferences.

Standard RI.2.10

The organization respects the rights of residents.

- EP 2.** Each resident has a right to have his or her cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
- EP 3.** The organization supports the right of each resident to personal dignity.
- EP 4.** The organization accommodates the right to pastoral and other spiritual services for residents.

Standard RI.2.20

Residents receive information about their rights.

- EP 3.** Information on rights is given and explained to each resident upon admission and when any rights are changed.
- EP 4.** The resident acknowledges in writing receipt of rights information and any changes to it as appropriate to the populations served or residents.
- EP 5.** Information on the extent to which the organization is able, unable, or unwilling to honor advance directives is given upon admission if the resident has an advance directive.

Standard RI.2.30

Residents are involved in decisions about care, treatment, and services provided.

Rationale for RI.2.30

Making decisions about care, treatment, and services sometimes presents questions, conflicts, or other dilemmas for the organization and the residents, family, or other decision makers. These dilemmas may involve issues about admission; care, treatment, and services; or discharge. The organization works with residents, and when appropriate their families, to resolve such dilemmas.

- EP 1.** Residents are involved in decisions about their care, treatment, and services.
- EP 2.** Residents are involved in resolving dilemmas about care, treatment, and services.
- EP 3.** A surrogate decision maker, as allowed by law, is identified when a resident cannot make decisions about his or her care, treatment, and service.
- EP 5.** The family, as appropriate and as allowed by law, with permission of the resident or surrogate decision maker, is involved in care, treatment, and service decisions.

Standard RI.2.40

Informed consent is obtained.

Rationale for RI.2.40

The goal of the informed consent process is to establish a mutual understanding between the resident and the physician or other provider or practitioner who provides the care, treatment, and services about the care, treatment, and services that the resident receives. This process allows each resident to fully participate in decisions about his or her care, treatment, and services.

EP 1. The organization's policies describe the following:

- Which, if any, procedures or care, treatment, and services provided require informed consent
- The process used to obtain informed consent
- How informed consent is to be documented in the record, including informed consent gathered by other providers, if required
- When a surrogate decision maker, rather than the resident, may give informed consent
- When procedures or care, treatment, and services normally requiring informed consent may be given without informed consent

EP 2. Informed consent is obtained and documented in accordance with the organization's policy.

EP 3. A complete informed consent process includes a discussion of the following elements:*

- The nature of the proposed care, treatment, services, medications, interventions, or procedures
- Potential benefits, risks, or side effects, including potential problems that might occur during recuperation
- The likelihood of achieving goals
- Reasonable alternatives
- The relevant risks, benefits, and side effects related to alternatives, including the possible results of not receiving care, treatment, and services
- When indicated, any limitations on the confidentiality of information learned from or about the resident

*Documentation of the items listed in Element of Performance 3 may be in a form, progress notes, or elsewhere in the record.

Standard RI.2.80

The organization addresses the wishes of the resident relating to end of life decisions.

EP 20. The organization determines residents' wishes about organ donation when they are admitted.

Standard RI.2.100

The organization respects the resident's right to and need for effective communication.

EP 1. The organization respects the right and need of residents for effective communication.

EP 2. Written information provided is appropriate to the age, understanding, and, as appropriate to the population served, the language of the resident.

EP 3. The organization provides interpretation (including translation) services as necessary.

EP 4. The organization addresses the needs of those with vision, speech, hearing, language, and cognitive impairments.

Standard RI.2.110

Residents have a right to unlimited contact with visitors and others.

- EP 1.** The organization establishes liberal visiting hours that are limited only by the residents' personal preferences.

Standard RI.2.120

The organization addresses the resolution of complaints from residents and their families.

- EP 1.** The organization informs residents, families, and staff about the internal complaint/grievance resolution process upon admission.
- EP 2.** The organization receives, reviews, and, when possible, resolves complaints from residents and their families
- EP 3.** The organization responds to individuals making a significant (as defined by the organization) or recurring complaint.
- EP 5.** Residents can freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.

Standard RI.2.210

Residents have a right to a quality of life that supports independent expression, choice, and decision making, consistent with applicable law and regulation.

- EP 1.** Residents receive care that respects their independence, expression of choice, and decision making.
- EP 2.** Residents' choices about their planned course of care, treatment, and services are supported by the organization.
- EP 3.** Residents' health beliefs and expectations are honored by the organization.

Standard RI.2.220

Residents receive care that respects their personal values, beliefs, cultural and spiritual preferences, and life-long patterns of living.

- EP 1.** Residents' personal values, beliefs, and cultural and spiritual preferences are respected by the organization.
- EP 2.** Residents' life-long patterns of living, including lifestyle choices related to sexual orientation are respected by the organization.

Standard RI.2.240

Residents can participate or refuse to participate in social, spiritual, or community activities and groups.

- EP 1.** Each resident's choice to participate or refuse to participate in social, spiritual, or community activities and groups is supported by the organization.