

## Proposed Requirements to Advance Effective Communication, Cultural Competence, and Patient-Centered Care for the Hospital Accreditation Program

The following document presents the proposed standards and elements of performance (EPs) to advance effective communication, cultural competence, and patient-centered care for the Hospital Accreditation Program. Any additions to The Joint Commission standards are underlined, and revisions are indicated in the text by a ~~strickthrough~~.

### Quick Reference Guide - Issues Addressed in Proposed Requirements

Issue(s) Addressed	Proposed Requirement(s)
Staff Training on Cultural Sensitivity	HR.01.04.01, EP 5 HR.01.05.03, EP 7 HR.01.05.03, EP 8
Staff and Licensed Independent Practitioner Training on the Use of Communication Tools	HR.01.05.03, EP 9 MS.03.01.03, EP 7
Use of Population- and Patient-Level Demographic Data	LD.04.03.01, EP 4 LD.04.03.01, EP 5
Identification of Patient Communication Needs	PC.0X.0X.0X, EP 1
Address Communication Needs Across the Care Continuum	PC.0X.0X.0X, EP 2
Provision of Language Access Services and Auxiliary Aids	PC.0X.0X.0X, EP 3
Assessment of Patient Understanding	PC.0X.0X.0X, EP 4 PC.02.03.01, EP 25
Inclusion of Health Literacy Needs in Learning Needs Assessment	PC.02.03.01, EP 1
Collection of Patient-Level Demographic Data	RC.02.01.01, EP 1 RC.02.01.01, EP 4
Documentation of the Need for Mobility Assistance	RC.02.01.01, EP 2
Documentation of the Use of Language Access Services and Auxiliary Aids	RC.02.01.01, EP 4
Accommodation of Patients' Cultural and Personal Beliefs	RI.01.01.01, EP 6
Accommodation of Patients' Religious and Spiritual Practices	RI.01.01.01, EP 9
Non-Discrimination in Care	RI.01.01.01, EP 11
Inform Patients of Right to Receive Language Access Services	RI.01.01.03, EP 4
Unlimited Access to Designated Patient Advocate	RI.01.02.01, EP 23

## Proposed Requirements to Advance Effective Communication, Cultural Competence, and Patient-Centered Care for the Hospital Accreditation Program

### Proposed Requirements for the Human Resources (HR) Chapter

The Human Resources chapter addresses the hospital's responsibility to establish and verify staff qualifications, orient staff, and provide staff with the training they need to support the care, treatment, and services the hospital provides. A revision is proposed for Standard HR.01.04.01, EP 5 to specify that staff receive orientation on the cultural diversity of the staff and patient population(s). Additional requirements are proposed in Standard HR.01.05.03, EPs 7 and 8 to ensure that staff participate in ongoing education and training that address how the culture of the patient population(s), the staff, and licensed independent practitioners can affect the provision of care, treatment, and services. The proposed requirement in Standard HR.01.05.03, EP 9 highlights staff education regarding the use of available communication tools (e.g. language access services, auxiliary aids, plain language materials) for effectively communicating with patients.

**Standard HR.01.04.01** The hospital provides orientation to staff.

EP 5. The hospital orients staff on the following: Based on their job duties and responsibilities, sensitivity to cultural diversity of the staff and the patient population(s) based on their job duties and responsibilities. Completion of this orientation is documented.

**Standard HR.01.05.03** Staff participate in ongoing education and training.

EP 7. Staff participate in education and training that addresses how the culture(s) of the patient population(s) can affect the provision of care, treatment, and services. Staff participation is documented.

EP 8. Staff participate in education and training that addresses how the culture of staff and licensed independent practitioners can affect team communication, collaboration, and the provision of care, treatment, and services. Staff participation is documented.

EP 9. Staff participate in education and training on how to use available communication tools to effectively communicate with patients. Staff participation is documented.

Note: Education and training may include how and when to use language access services, auxiliary aids, and plain language materials.

### Proposed Requirements for the Leadership (LD) Chapter

The standards in the Leadership chapter address leadership structure, leadership relationships, hospital culture and system performance expectations, and operations. The hospital's culture, systems, and leadership structure and relationships all come together to shape and drive its operations. Understanding the characteristics of the patient population(s) and surrounding community can help hospitals appropriately plan for services to meet patient needs. The proposed requirements in Standard LD.04.03.01, EPs 4 and 5 address the use of available population-level data and aggregated patient-level data to help determine the needs of the population(s) served.

**Standard LD.04.03.01** The hospital provides services that meet patient needs.

EP 4. The hospital uses available population-level data to help determine the needs of the population(s) served.

Note 1: Population-level data sources may include for example, census figures, voter registration data, and school enrollment profiles.

Note 2: The needs of the population(s) served may be based on the following demographic characteristics:

- Age

- Sex

- Disability

- Language(s)

- Race/ethnicity

- Religion(s)

- Socioeconomic status

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- Education level
- Sexual orientation
- Gender identity or expression

EP 5. The hospital uses aggregated patient-level data to help determine the needs of the population(s) served. (See also RC.02.01.01, EPs 1-4)

### Proposed Requirements for the Medical Staff (MS) Chapter

The organized medical staff provides oversight of the quality of care, treatment, and services delivered by practitioners who are credentialed and privileged through the medical staff process. The organized medical staff is also responsible for the ongoing evaluation of the competency of practitioners who are privileged, delineating the scope of privileges that will be granted to practitioners, and providing leadership in performance improvement activities within the organization. The proposed requirement in Standard MS.03.01.03, EP 7 addresses the education of all licensed independent practitioners regarding the use of available communication tools (e.g. language access services, auxiliary aids, plain language materials) for effectively communicating with patients. The education may also include sensitivity to the cultural, religious, and personal values and beliefs of patients.

**Standard MS.03.01.03** The management and coordination of each patient's care, treatment, and services is the responsibility of a practitioner with appropriate privileges.

EP 7. The hospital educates all licensed independent practitioners on how to use available communication tools to effectively communicate with patients.

Note: Education may include how and when to use language access services, auxiliary aids, and plain language materials. Sensitivity to cultural, religious, and personal values and beliefs may also be included.

### Proposed Requirements for the Provision of Care, Treatment, and Services (PC) Chapter

The Provision of Care, Treatment, and Services chapter focuses on the integrated and cyclical process that allows care to be delivered according to patient needs and the hospital's scope of services. The complexity of providing care, treatment, and services through this process often demands an interdisciplinary collaborative approach and a mutual effort among those who work in the organization to coordinate care in a manner that is conducive to optimal patient outcomes, quality, and safety. A new standard (Standard PC.0X.0X.0X) is proposed to specifically address effective communication during the provision of care, treatment, and services. The requirements proposed in Standard PC.0X.0X.0X, EPs 1-4 include identifying a patient's preferred method of communication; ensuring that the preferred method is communicated across the care continuum; providing language access services and auxiliary aids; and assessing a patient's understanding of the information provided. Revisions are proposed for Standard PC.02.03.01, EPs 1 and 25 to include health literacy needs as part of the learning needs assessment and to provide guidance regarding the assessment of the patient's understanding of the education and training provided.

**Standard PC.0X.0X.0X** The hospital effectively communicates with patients when providing care, treatment, and services.

EP 1. The hospital identifies the method by which patients want to receive and provide information.

Note: Methods may include the use of a preferred language, auxiliary aids, and plain language materials.

EP 2. The patient's preferred method of receiving and providing information is communicated across the care continuum to individuals who are involved in the patient's care.

EP 3. The hospital provides language access services and auxiliary aids to facilitate communication with patients when providing care, treatment, and services.

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Note: Language access service options include bilingual staff, interpreters, and contract interpreter services. Auxiliary aid options include communication boards, hearing aids, and speech output devices.

EP 4. The hospital assesses the patient's understanding of the information it provided.

Note: Understanding may be assessed by asking open-ended questions, using "teach back" methods, or return demonstrations.

**Standard PC.02.03.01** The hospital provides patient education and training based on each patient's needs and abilities.

EP 1. The hospital performs a learning needs assessment for each patient, which includes the patient's cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, health literacy needs, and barriers to communication.

EP 25. The hospital ~~evaluates~~ assesses the patient's understanding of the education and training it provided. (See also NPSG.13.01.01, EPs 2 and 3)

Note: Understanding may be assessed by asking open-ended questions, using "teach back" methods, or return demonstrations.

### Proposed Requirements for the Record of Care, Treatment, and Services (RC) Chapter

The Record of Care, Treatment, and Services chapter contains a wealth of information about the components of a complete medical record. The collection of additional demographic data elements is proposed in Standard RC.02.01.01, EP 1 to include the patient's preferred language, race/ethnicity, and religion/spirituality. Revisions are proposed for Standard RC.02.01.01, EP 2 regarding the documentation of a patient's need for mobility assistance or specialized equipment and Standard RC.02.01.01, EP 4 regarding the use of language access services or auxiliary aids. As needed to provide care, treatment, and services, the collection of additional demographic information such as education level, sexual orientation, and gender identity or expression is proposed in Standard RC.02.01.01, EP 4. Overall, the information collected as a result of the proposed requirements for the RC chapter may be used at the individual level to improve patient-centered care or aggregated to identify disparities in care or assist in service planning (see also proposed requirement LD.04.03.01, EP 5).

**Standard RC.02.01.01** The medical record contains information that reflects the patient's care, treatment, and services.

EP 1. The medical record contains the following demographic information:

- The patient's name, address, date of birth, and the name of any legally authorized representative

- The patient's sex

- The legal status of any patient receiving behavioral health care services

- The patient's ~~language and~~ communication needs, including preferred language

Note: If the patient is a minor, is incapacitated, or has a designated advocate, the communication needs, including preferred language, of the parent or legal guardian, surrogate decision maker, or legally authorized representative is documented in the medical record.

- The patient's race/ethnicity

- The patient's religion/spirituality

EP 2. The medical record contains the following clinical information:

- The reason(s) for admission for care, treatment, and services

- The patient's initial diagnosis, diagnostic impression(s), or condition(s)

- Any findings of assessments and reassessments (See also PC.01.02.01, EP 1; PC.03.01.03, EPs 1 and 8)

- Any allergies to food

- Any allergies to medications

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- Any conclusions or impressions drawn from the patient's medical history and physical examination
- Any diagnoses or conditions established during the patient's course of care, treatment, and services
- Any consultation reports
- Any observations relevant to care, treatment, and services
- The patient's response to care, treatment, and services
- Any emergency care, treatment, and services provided to the patient before his or her arrival
- Any progress notes
- Any medications ordered or prescribed
- Any medications administered, including the strength, dose, and route
- Any access site for medication, administration devices used, and rate of administration
- Any adverse drug reactions
- Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EP 1 and 23)
- Orders for diagnostic and therapeutic tests and procedures and their results
- Any medications dispensed or prescribed on discharge
- The patient's need for mobility assistance or specialized equipment

EP 4. As needed to provide care, treatment, and services, the medical record contains the following additional information:

- Any advance directives (See also RI.01.05.01, EP 11)
- Any informed consent, when required by hospital policy (See also RI.01.03.01, EP 13)
- Any records of communication with the patient, such as telephone calls or e-mail
- Any patient-generated information
- Any use of language access services or auxiliary aids
- Additional demographic information (See also IM.02.01.01, EP 1)

Note: Additional information may include education level, sexual orientation, gender identity or expression

### Proposed Requirements for the Rights and Responsibilities of the Individual (RI) Chapter

The standards in the Rights and Responsibilities of the Individual chapter address patient rights as they relate to informing patients of their rights; helping patients understand and exercise their rights; respecting patients' values, beliefs, and preferences; and informing patients of their responsibilities regarding their care, treatment, and services. Revisions are proposed for Standard RI.01.01.01, EPs 6 and 9 to specify that hospitals accommodate patients' cultural, religious, spiritual, and personal values, as well as patients' rights to religious and other spiritual practices. The proposed requirement in Standard RI.01.01.01, EP 11 ensures that patients are provided with care, treatment, and services free from discrimination. Informing patients of their right to receive language access services is addressed in the proposed requirement for Standard RI.01.03.01, EP 4, and the proposed requirement in Standard RI.02.01.01, EP 23 highlights the patient's right to unlimited access to a family member, friend, or other designated advocate for support.

**Standard RI.01.01.01** The hospital respects patient rights.

EP 6. The hospital ~~respects~~accommodates the patient's cultural and personal values, beliefs, and preferences.

Note: The cultural and personal values, beliefs, and preferences of individuals served are varied and may require special considerations. The hospital will accommodate these values, beliefs, and preferences, unless they infringe on others' rights, safety, or are medically or therapeutically contraindicated.

EP 9. The hospital accommodates the patient's right to religious and other spiritual ~~services~~practices.

Note: The spiritual practices of individuals served are varied and may require special considerations regarding scheduling, space, or other accommodations. The hospital will accommodate these practices unless they infringe on others' rights, safety, or are medically or therapeutically contraindicated.

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EP 11. The hospital provides care, treatment, and services free from discrimination related to age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

**Standard RI.01.01.03** The hospital respects the patient's right to receive information in a manner he or she understands.

EP 2. The hospital provides interpreting and translation services, as necessary. (See also RI.01.01.01, EP 2) Note: The hospital provides translated vital documents for the language(s) most commonly used by its patients. Examples include documents for informed consent, release of information, patient rights, and patient education.

EP 4. The hospital informs the patient of his or her right to receive language access services free of charge.

**Standard RI.01.02.01** The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services.

EP 23. The hospital accommodates the patient's right to the presence of a family member, friend, or other designated advocate 24 hours a day, 7 days a week.

Note: The hospital accommodates the patient's right to the presence of an advocate, unless this infringes on others' rights, safety, or is medically or therapeutically contraindicated.