

## **The Joint Commission 2009 Requirements Related to the Provision of Culturally Competent Client-Centered Care Behavioral Health Care Accreditation Program (BHC)**

The Joint Commission views effective communication, cultural competence, and client-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:

- 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**)
- Client assessment (Standard **PC.1.10, PC.2.60, PC.2.70, PC.2.140, PC.3.100, PC.3.140, PC.3.160**)
- Client education (Standard **PC.6.10, PC.6.30**)
- Client/family involvement in care (Standard **PC.4.50, PC.4.60, 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 client needs (Standard **LD.03.03.01, LD.04.03.01, LD.04.04.03, PC.4.100, PC.5.60, PC.6.140, PC.6.170**)
- 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 respected (Standard **PC.7.10, RI.2.10, RI.2.20**)

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 client-centered care. Some of the standards listed directly address issues related to the language, cultural, disability, or learning needs of client, while other standards serve as organizational supports for the provision of culturally competent client-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 chapter is to promote a safe, functional, and supportive environment within the organization so that quality and safety are preserved. The environment of care is made up of three basic elements:

- The building or space, including how it is arranged and special features that protect clients, visitors, and staff
- Equipment used to support client care or to safely operate the building or space
- People, including those who work within the organization, clients, and anyone else who enters the environment, all of whom have a role in minimizing risks

This chapter stresses the importance of managing risks in the environment of care, which are different from the risks associated with the provision of care, treatment, and services. Any organization, regardless of its size or location, faces risks in the environment, including those associated with safety and security, fire, hazardous materials and waste, medical equipment, and utility systems. When staff are educated about the elements of a safe environment, they are more likely to follow processes for identifying, reporting, and taking action on environmental risks.

### **Standard EC.8.10**

The organization establishes and maintains an appropriate environment.

#### **Rationale for EC.8.10**

It is important that the physical environment be therapeutic and enhance the self-image of clients. The physical structure, grounds, and space should be designed and maintained to meet the needs of clients and their families and contribute to the enhancement of the organization's neighborhood and community.

#### **EP 1.** Interior spaces should be the following:

- Appropriate to the care, treatment, and services provided and the needs of the clients related to age and other characteristics
- Include closet and drawer space provided for storing personal property and other items provided for use by clients. Lockers, drawers, or closet space is provided for clients who are in charge of their own personal grooming and who wear street clothes (for example, behavioral health care clients 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

#### **EP 2.** Furnishings and equipment should:

- Be maintained to be safe and in good repair
- Reflect the client's level of ability and needs
- Help to normalize the client's living environment.

#### **EP 3.** Outside areas are:

- Provided when required by the care, treatment, and services. The organization provides access to the outdoors through appropriate use of facility grounds, nearby parks and playgrounds, and adjacent countryside
- Appropriate and safe considering the care, treatment, and services provided and the needs of the clients related to age and other characteristics

#### **EP 4.** Areas used by the clients are safe, clean, functional, and comfortable.

- EP 31.** For Opioid Treatment Programs: The use of physical space, including bathrooms, reflects the special needs of female patients.

## **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 clients' 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 provide care, treatment, and services.

**EP 2.** The organization orients staff to the identified key elements prior to the provision of care, treatment, and services.

**EP 3.** As appropriate, staff orientation addresses the organization's mission and goals.

**EP 7.** As appropriate, staff orientation addresses cultural diversity and sensitivity.

**EP 8.** Staff orientation includes education about the rights of clients and ethical aspects of care, treatment, and services and the process used to address ethical issues.

**EP 18.** For Opioid Treatment Programs: The program provides staff members with training in the specific characteristics and needs of women participating in their treatment program.

### **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 clients 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 client.
- 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 client outcomes, improve health care documentation, improve client safety, and improve performance in client care, treatment, and services, governance, management, and support processes. While efficiency, effectiveness, client safety, and the quality of client 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 client safety and quality of client care, treatment and services
- Increasing collaboration and information sharing to enhance client care

#### **Standard IM.6.20**

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

**EP 2.** Clinical/case records contain, as applicable, the following demographic information:

- Client'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 clients
- The client'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 client 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 client, procedures that place the client at risk or cause pain, other illnesses or conditions that affect care, treatment, and services, and the client's death
- Documentation of client, 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 client regarding care, treatment, and services, for example, telephone calls or email
- Client-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 client's record as needed for use in client 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 client 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 clients
- 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 clients. 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 clients—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, client 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, clients, 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 client 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 client 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 client care, treatment, or services.

- EP 1.** Leaders review and approve policies and procedures that guide and support client care, treatment, or 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, or services. Note: Applicable only to those settings that are under the control of the behavioral health care organization.

**Rationale for LD.04.01.11**

The resources allocated to services provided by the organization have a direct effect on client outcomes. Leaders should place highest priority on high-risk or problem-prone processes that can affect client 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 clients
- 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, or services are provided based on client 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, or services are not affected in a negative way.

**Standard LD.04.03.01**

The organization provides services that meet client 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**

Clients with comparable needs receive the same standard of care, treatment, or services throughout the organization.

**Rationale for LD.04.03.07**

Comparable standards of care means that the organization can provide the services that clients need within established time frames and that those providing care, treatment, or services have the required competence. Organizations may provide different services to clients with similar needs as long as the client's outcome is not affected. For example, some clients 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, or services in a negative way.
- EP 2.** Care, treatment, or services are consistent with the organization's mission, vision, and goals.

**Standard LD.04.03.09**

Care, treatment, or 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 client care, treatment, or services to be provided off-site, it can do the following:
  - Verify that all licensed independent practitioners who will be providing client care, treatment, or services have appropriate clinical responsibilities by obtaining, for example, a copy of the list of clinical responsibilities.
  - 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 clinical responsibilities.
- 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 client 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 clients, staff, and others.
- EP 3.** The organization's design of new or modified services or processes incorporates: Information about potential risks to clients.
- 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, clients, stakeholders, and others such as family and consumer advocates in the design process.

**Standard LD.04.04.05**

The organization has an organization-wide, integrated client 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, or 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 client's needs; and either the successful discharge of the client or referral or transfer of the client for continuing care, treatment, and services.

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

1. Assessing client needs
2. Planning care, treatment, and services
3. Providing the care, treatment, and services the client 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 clients
- Providing interventions based on the plan for care, treatment, and services
- Teaching clients what they need to know about their care, treatment, and services
- Coordinating care, treatment, and services, if needed, when the client 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 client. 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 client populations with unique needs or clients 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 clients' needs and maintain the continuity of care, treatment, and services.

### **Standard PC.1.10**

The organization accepts for care, treatment, and services only those clients 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 care, treatment, and services
  - The populations of clients 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 care, treatment, and services
  - 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 8.** After screening, clients are matched with the care, treatment, and services in the organization most appropriate to their needs.
- EP 9.** The organization accepts clients for care, treatment, and services according to established processes.

**Standard PC.2.60**

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

- EP 1.** As relevant to care, treatment, and services, the information defined by the organization to be gathered during the psychosocial assessment includes at least the following:
- Environment and living situation
  - Leisure and recreation
  - Religion and spiritual orientation
  - Childhood history
  - Military service history, if applicable
  - Financial issues
  - Usual social, peer-group, and environmental setting
  - Sexual history
  - Family circumstances
- EP 2.** Family members' participation is considered a potential source of information for the psychosocial assessment.
- EP 3.** When addressing bereavement, the psychosocial assessment includes the social, spiritual, and cultural variables that influence the perceptions and expressions of grief by the client or family.

**Standard PC.2.70**

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

- EP 1.** The information defined by the organization to be gathered during the emotional and behavioral assessment includes, as relevant to the care, treatment, and services, at least the following:
- History of emotional problems
  - History of behavioral problems
  - Addictive behaviors as a primary or a co-occurring condition(s), including the use of alcohol, other drugs, gambling, or other addictive behaviors by the client and family members
  - Current emotional and behavioral functioning
  - Maladaptive or problem behaviors
  - Community resources\* accessed by the client
- \*For certain populations, early identification of community resources is important to care, treatment, and service discharge-planning decisions. Such populations include the severely and persistently mentally ill, the severely and chronically disabled, and children and youth. Community resources for these groups encompass a wide range of services. These services are supportive (such as community mental health, sheltered living, day treatment, or activity programs) as well as commonly accessed by the general public (such as public transportation, banking or retail stores, and so on). For youth or children in foster care or being provided through in-home services, such resources might include community mental health centers, teen centers, YMCAs, or Jewish community centers. These sources of community services may be used as informational, discharge planning, supportive, or continuing care resources.
- EP 2.** When indicated, the following evaluations are conducted:
- Mental status
  - Psychiatric
  - Psychological

- Language, self-care, visual-motor, and cognitive functioning

**Standard PC.2.140**

Initial screenings and assessments are performed as defined by the organization.

- EP 2.** Each client's initial assessment is conducted within the time frame specified by the client's needs, organization policy, and law and regulation.
- EP 3.** The organization collects information during screenings and/or assessments about the following: Clients' perceptions of their needs and preferences for care, treatment, and services.
- EP 4.** The organization collects information during screenings and/or assessments about the following: Family's perceptions, when indicated and available, and preferences for care, treatment, and services.
- EP 6.** For Opioid Treatment Programs: Patients receive a comprehensive evaluation that covers the following, based on the patient's condition and needs: medical, psychosocial, vocational, educational, behavioral, family, financial, legal, health, and self-care needs.

**Standard PC.3.100**

The assessment includes the client's religion and spiritual orientation.

- EP 1.** The client's spiritual orientation and religion are obtained as part of the assessment.

**Standard PC.3.140**

Each child is assessed to determine appropriate services and placement.

- EP 3.** Each child receives an educational status evaluation.
- EP 6.** Each child receives a social status evaluation.
- EP 8.** Each child receives a spiritual status evaluation.
- EP 9.** Each child receives a cultural and linguistic status evaluation.

**Standard PC.3.160**

Each prospective foster care family is assessed to determine its appropriateness for placement of children in foster care.

- EP 6.** Each prospective foster family receives an assessment of foster parent capability including the following: Cultural and linguistic evaluations.

**Standard PC.4.50**

Clients are encouraged to participate in developing their plan for care, treatment, and services, and their involvement is documented.

- EP 1.** The organization has a process\* for involving clients in their care, treatment, and service decisions.  
\*Documentation of the nature and extent of the client's involvement is often included in progress notes. It is not necessary for the client to sign a specific plan for care, treatment, and services because a signature alone does not testify to the degree of involvement, understanding, or agreement in this important process.
- EP 3.** Clients are encouraged to express their views and make choices about the plan for care, treatment, and services.
- EP 4.** All interventions consider and respect the client's views.

- EP 5.** The client's participation in developing his or her plan for care, treatment, and services is documented.

**Standard PC.4.60**

The plan for care, treatment, and services addresses the family's involvement as a natural support system when indicated.

- EP 1.** The family is involved in developing the plan for care, treatment, and services when indicated.
- EP 2.** The plan for care, treatment, and services reflects family participation in care, treatment, and services when indicated.
- EP 3.** Family participation (if any) may be documented in the plan for care, treatment, and services through problems or needs statements, goals, objectives, or interventions.

**Standard PC.4.100**

The needs of persons with developmental disabilities are addressed.

- EP 1.** For persons with developmental disabilities, entry to the program and provision of specific services are determined by the person's needs and preferences.
- EP 2.** Persons with developmental disabilities and their families or advocates have the opportunity to participate in the planning process by expressing their opinions, preferences, questions, concerns, desires, and expectations for care, treatment, and services.
- EP 4.** The organization makes every effort to accommodate the needs and preferences of the person with developmental disabilities and family or advocates.
- EP 7.** Notes in the clinical/case record document the involvement or lack thereof of the person with developmental disabilities, family, or advocate.

**Standard PC.5.60**

The organization coordinates the care, treatment, and services provided to a client 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 client.
- 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 client information to facilitate appropriate coordination and continuity when clients 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 client's health needs.

**Standard PC.6.10**

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

- EP 1.** Education provided is appropriate to the client'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 client receives education and training specific to the client's abilities as appropriate to the care, treatment, and services provided by the organization.

- EP 1.** Education provided is appropriate to the client'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.6.140**

The plan for care, treatment, and services identifies the role of families.

- EP 1.** The client determines the role of family members and their access to information in accordance with their age, and law and regulation.
- EP 2.** When indicated by the client, family members providing supports are involved in developing the plan for services.
- EP 3.** The plan for services reflects the roles and participation of client designated family members providing supports.

**Standard PC.6.170**

Case management/care coordination services are based on client needs, preferences and available community resources.

- EP 1.** The client and, as appropriate, the family are partners with organization staff in service planning.
- EP 2.** The client and, as appropriate, the family, with the assistance of organization staff identifies needs and preferences for the following:
  - Housing Employment
  - Education
  - Transportation
  - Crisis support
  - Health care and behavioral health services (e.g., medication, therapy)
  - Financial services and benefits
  - Assistance with housekeeping
  - Assistance with personal hygiene
  - Assistance with the retention and improvement of other skills related to activities of daily living
  - Social support, and adaptive skills
  - Support of spirituality
  - Schools and recreation for children and youth
  - Parental support for children and youth
  - Interaction with the criminal or juvenile justice system if applicable
- EP 3.** Organization staff coordinating services assists the client in identifying, using, and accessing family, neighborhood and community supports and services.

### **Standard PC.7.10**

The plan for services reflects the roles and participation of client designated family members providing supports.

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

### **Standard PC.15.20**

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

- EP 3.** Planning for transfer or discharge involves the client and all appropriate licensed independent practitioners, staff, and family members involved in the client's care, treatment, and services.
- EP 7.** When indicated, the client is educated about how to obtain further care, treatment, and services to meet his or her identified needs.
- EP 9.** Discharge instructions in a form the client can understand are given to the client 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 clients, 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 clients; 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 clients, 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 clients including the following:

- Their specific needs and expectations
- How well the organization meets these needs and expectations
- How the organization can improve client safety

\*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 clients. By using this term, the organization will be prompted to assess not only clients' 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 client 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 client 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 clients. Care, treatment, and services consider the client'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 client's approval.

An organization's adherence to ethical care and business practices significantly affects the client'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 clients and the public in an ethical manner
- Considering the values and preferences of clients, including the decision to discontinue care, treatment, and services
- Helping clients understand and exercise their rights
- Informing clients of their responsibilities in care, treatment, and services
- Recognizing the organization's responsibilities under law

Clients deserve care, treatment, and services that safeguard their personal dignity and respect their cultural, psychosocial, and spiritual values. These values often influence the client'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 clients.

- EP 2.** Each client 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 client to personal dignity.
- EP 5.** For Opioid Treatment Programs: The program treats women respectfully and safely.

### **Standard RI.2.20**

Clients receive information about their rights.

- EP 1.** Information on rights is provided to each client.
- EP 12.** For Opioid Treatment Programs: The program obtains written acknowledgement from patients that they received a copy of their rights and that these rights were discussed with them.
- EP 14.** For Opioid Treatment Programs: The program posts patients' rights and responsibilities at the treatment site in a manner that makes the posting visible to patients.

### **Standard RI.2.30**

Clients 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 clients, family, or other decision makers. These dilemmas may involve issues about admission; care, treatment, and services; or discharge. The organization works with clients, and when appropriate their families, to resolve such dilemmas.

- EP 1.** Clients are involved in decisions about their care, treatment, and services.
- EP 2.** Clients are involved in resolving dilemmas about care, treatment, and services.
- EP 3.** A surrogate decision maker, as allowed by law, is identified when a client 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 client 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 client and the physician or other provider or practitioner who provides the care, treatment, and services about the care, treatment, and services that the client receives. This process allows each client 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
  - When a surrogate decision maker, rather than the client, 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
  - 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 client
  - When indicated, potential problems related to recovery or reunification with families
- \*Documentation of the items listed in Element of Performance 3 may be in a form, progress notes, or elsewhere in the record.

**Standard RI.2.100**

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

- EP 1.** The organization respects the right and need of clients 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 client.
- 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.2.120**

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

- EP 1.** The organization informs clients, families, and staff about the complaint resolution process.
- EP 3.** The organization responds to individuals making a significant (as defined by the organization) or recurring complaint.
- EP 5.** Clients can freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.