

The Joint Commission 2009 Requirements Related to the Provision of Culturally Competent Patient-Centered Care Ambulatory Health Care Accreditation Program (AHC)

The Joint Commission views effective communication as an important quality and safety issue and a key element in patient-centered care. It is well recognized that 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.01.05.01**)
- Complaint/grievance resolution (Standard **RI.01.07.01**)
- Contracted services (Standard: **LD.04.03.09**)
- Documentation of needs and data collection of data (Standard **PI.01.01.01**, **RC. 01.01.01**, **RC.02.01.01**)
- Effective communication including interpreter and translation services (Standard **RI.01.01.03**, **PC.04.01.05**)
- Effective communication throughout organization (Standard **LD.02.01.01**, **LD.03.04.01**)
- Environmental appropriateness (Standard **EC.02.06.01**)
- Ethics/equal standard of care provision (Standard **LD.04.02.03**, **LD.04.03.07**)
- Informed consent (Standard **RI.01.03.01**)
- Law and regulation compliance (Standard **LD.04.01.01**)
- Orientation of staff (Standard **HR.01.04.01**)
- Patient assessment (Standard **PC.01.02.01**)
- Patient education (Standard **PC.02. 03.01**)
- Patient involvement in care (Standard **RI.01.02.01**)
- Performance improvement opportunities (Standard **LD.03.02.01**, **LD.03.05.01**, **LD.04.04.01**)
- Planning for Services to meet patient needs (Standard **LD.03.03.01**, **LD.04.03.01**, **LD.04.04.03**, **PC.02.02.01**)
- 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.01.06.01**, **LD.03.06.01**)
- Staff qualifications (Standard **HR.01.02.01**, **HR.01.02.05**, **HR.01.07.01**)
- Values, beliefs respected (Standard **RI.01.01.01**, **RI.01.01.03**)

This document identifies Joint Commission standards and elements of performance (EPs) that are related to the provision of care that support effective communication and patient-centered care. Some of the standards listed directly address issues related to the language, cultural, disability, or learning needs of patients, while other standards serve as organizational supports for the provision of culturally competent patient-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.

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 the following three basic elements:

- The building or space, including how it is arranged and special features that protect patients, visitors, and staff
- Equipment used to support patient care or to safely operate the building or space
- People, including those who work within the organization, patients, 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, or 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.02.06.01

The organization establishes and maintains a safe, functional environment.

- EP 1.** Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.

Human Resources (HR)

Overview

The contribution that human resources management makes to an organization's ability to provide safe, quality care cannot be overestimated. The quality of the organization's staff will, in large part, determine the quality of the care, treatment, or services it provides. *The World Health Report 2000—Health Systems: Improving Performance** states that human resources is the most important contribution to the quality of health care because “the performance of health care systems depends ultimately on the knowledge, skills, and motivation of the people responsible for delivering services.”

This same report describes staff education and training as key investment tools: “Unlike material capital, knowledge does not deteriorate with use. But, like equipment, old skills become obsolete with the advent of new technologies. Continuing education and on-the-job training are required to keep existing skills in line with technological progress and new knowledge.” After staff are hired, even the smallest organization has a responsibility to see that they receive the education and training they need to provide quality care and to keep patients safe.

* World Health Organization (WHO): *World Health Report 2000—Health Systems: Improving Performance*. Geneva: (WHO), 2000.

Standard HR.01.02.01

The organization defines staff qualifications.

- EP 1.** The organization defines staff qualifications specific to their job responsibilities.

Standard HR.01.02.05

The organization verifies staff qualifications.

- EP 2.** When the organization requires licensure, registration, or certification not required by law and regulation, the organization both verifies these credentials and documents this verification at time of hire and when credentials are renewed.
- EP 3.** The organization verifies and documents that the applicant has the education and experience required by the job responsibilities.

Standard HR.01.04.01

The organization provides orientation to staff.

- EP 1.** The organization determines the key safety content of orientation provided to staff.
Note: Key safety content may include specific processes and procedures related to the provision of care, the environment of care, and infection control.
- EP 2.** The organization orients its staff to the key safety content before staff provides care, treatment, or services. Completion of this orientation is documented.
- EP 3.** The organization orients staff on the following: Relevant policies and procedures. Completion of this orientation is documented.
- EP 4.** The organization orients staff on the following: Their specific job duties, including those related to infection prevention and control and assessing and managing pain. Completion of this orientation is documented.
- EP 5.** The organization orients staff on the following: Sensitivity to cultural diversity. Completion of this orientation is documented.
- EP 6.** The organization orients staff on the following: Patient rights, including ethical aspects of care, treatment, or services and the process used to address ethical issues based on their job duties and responsibilities. Completion of this orientation is documented.

Standard HR.01.06.01

Staff are competent to perform their responsibilities.

- EP 1.** The organization defines the competencies it requires of its staff who provide patient care, treatment, or services.
- EP 5.** Staff competence is initially assessed and documented as part of orientation.
- EP 15.** The organization takes action when a staff member's competence does not meet expectations.

Standard HR.01.07.01

The organization evaluates staff performance.

- EP 1.** The organization evaluates staff based on performance expectations that reflect their job responsibilities.
- EP 2.** The organization evaluates staff performance once every three years, or more frequently as required by organization policy or in accordance with law and regulation. This evaluation is documented.

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 patients
- 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 patients. 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 populations? 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 patients—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, patient 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, and 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, licensed independent practitioners, patients, 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 patient 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.
- 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, and services in accordance with licensure requirements, laws, and rules and regulations.

Standard LD.04.01.05

The organization effectively manages its programs, services, or sites.

Rationale for LD.04.01.05

Leaders at the program, service, site, or department 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, service, or site oversee operations.
- EP 2.** Programs, services, or sites providing patient care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical privileges.
- EP 3.** The organization defines in writing the responsibility of those with administrative and clinical direction of its programs, services, or sites.

- 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, services, or sites.

Standard LD.04.01.07

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

- EP 1.** Leaders review and approve policies and procedures that guide and support patient 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, and services.

Rationale for LD.04.01.11

The resources allocated to services provided by the organization have a direct effect on patient outcomes. Leaders should place highest priority on high-risk or problem-prone processes that can affect patient 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, and services meets the needs of patients.
- 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 patient 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 patient 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

Patients 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 patients need within established time frames and that those providing care, treatment, or services have the required competence. Organizations may provide different services to patients with similar needs as long as the patient's outcome is not affected. For example, some patients 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 patient care, treatment, and services to be provided offsite, it can do the following:

- Verify that all licensed independent practitioners who will be providing patient 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 patient 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 patients, staff, and others.
- EP 3.** The organization's design of new or modified services or processes incorporates: Information about potential risks to patients.
- 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 patients in the design of new or modified services or processes.

Standard LD.04.04.05

The organization has an organization-wide, integrated patient 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, and preserving factual information for subsequent analysis.
- EP 12.** The organization disseminates lessons learned from root cause analyses, system or process failures and, when conducted, the results of proactive risk assessments, to all staff who provide services for the specific situation.
- 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 patients 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) Med Watch. Mandatory programs are often state-initiated.

Provision of Care, Treatment, and Services (PC)

Overview

The standards in the “Provision of Care, Treatment, and Services” (PC) chapter center around the integrated and cyclical process that allows care to be delivered according to patient needs and the organization’s scope of services. This care process may occur between multiple organizations or it may be limited to the organization itself. The complexity of providing care, treatment, or 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.

The provision of care, treatment, or services is composed of four core components of the care process:

- Assessing patient needs
- Planning care, treatment, or services
- Providing care, treatment, or services
- Coordinating care, treatment, or services

Within these core processes, care activities include the following:

- Providing access to levels of care and/or disciplines necessary to meet the patient’s needs
- Interventions based on the plan of care, including the education or instruction of patients regarding their care, treatment, or services
- Coordinating care to promote continuity when patients are referred, discharged, or transferred

The activities are performed by a wide variety of staff and licensed independent practitioners. Therefore, communication, collaboration, and coordination are among the most important work habits that must be adopted so that care, treatment, or services are provided at the highest level.

Standard PC.01.02.01

The organization assesses and reassesses its patients.

- EP 1.** The organization defines, in writing, the scope and content of screening, assessment, and reassessment information it collects.
Note: In defining the scope and content of the information it collects, the organization may want to consider information that it can obtain, with the patient's consent, from the patient's family and the patient's other care providers, as well as information conveyed on any medical jewelry.
- EP 2.** The organization defines, in writing, criteria that identify when additional, specialized, or more in-depth assessments are performed.
Note: Examples of criteria could include those that identify when a nutritional, functional, or pain assessment should be performed for patients who are at risk.
- EP 4.** Based on the patient's condition, information gathered in the initial assessment includes the following:
- Physical, psychological, and social assessment
 - Nutrition and hydration status
 - Functional status
 - For patients who are receiving end-of-life care, the social, spiritual, and cultural variables that influence the patient's and family members' perception of grief

Standard PC.02.02.01

The organization coordinates the patient's care, treatment, or services based on the patient's needs.

- EP 1.** The organization has a process to receive or share patient information when the patient is referred to other internal or external providers of care, treatment, or services.
- EP 2.** The organization coordinates the patient's care, treatment, or services.
Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, or services.
- EP 10.** When the organization uses external resources to meet the patient's needs, it participates in coordinating the patient's care, treatment, or services.
- EP 17.** The organization coordinates care, treatment, or services within a time frame that meets the patient's needs.

Standard PC.02.03.01

The organization provides patient education and training based on each patient's needs and abilities.

- EP 1.** The organization assesses the patient's learning needs.
- EP 4.** The organization provides education and training to the patient based on his or her assessed needs.
- EP 25.** The organization evaluates the patient's understanding of the education and training it provided.

Standard PC.04.01.05

Before the organization discharges or transfers a patient, it informs and educates the patient about his or her follow-up care, treatment, or services.

- EP 7.** The organization educates the patient about how to obtain any continuing care, treatment, or services that he or she will need.

- EP 8.** The organization provides written discharge instructions in a manner that the patient and/or the patient's family or caregiver can understand. (See also RI.01.01.03, EP 1)

Performance Improvement (PI)

Overview

All organizations want better patient outcomes and, therefore, are concerned about improving the safety and quality of the care, treatment, or services they provide. The best way to achieve better care is by first measuring the performance of processes that support care and then by using that data to make improvements. The standards in this chapter stress the importance of using data to inform positive change.

Standard PI.01.01.01

The organization collects data to monitor its performance.

- EP 1.** The leaders set priorities for data collection. (See also LD.04.04.01, EP 1)
- EP 3.** The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1)
- EP 16.** The organization collects data on the following: Patient perception of the safety and quality of care, treatment, and services.

Record of Care, Treatment, and Services (RC)

Overview

The "Record of Care, Treatment, and Services" (RC) chapter contains a wealth of information about the components of a complete clinical record. A highly detailed document when seen in its entirety, the record of care comprises all data and information gathered about a patient from the moment he or she enters the organization to the moment of discharge or transfer. As such, the record of care functions not only as a historical record of a patient's episode(s) of care, but also as a method of communication between practitioners and staff that can facilitate the continuity of care and aid in clinical decision-making.

In many organizations, patient care is episodic. The organization may only see the patient once or twice, depending on the patient's need and the organization's scope of services. For example, a diagnostic imaging center may only see the patient for magnetic resonance imaging (MRI). However, other organizations, such as college-based student health centers, may see a patient for a limited number of visits over a few years. In either case, the patient's episode(s) of care must be carefully documented.

Whether the organization keeps paper records, electronic records, or both, the contents of the record remain the same. Special care should be taken, however, by organizations that are transitioning from paper to electronic systems, as the period of transition can present increased opportunity for errors in recordkeeping that can affect the delivery of safe, quality care.

Standard RC.01.01.01

The organization maintains complete and accurate clinical records.

- EP 12.** The organization tracks the location of all components of the clinical record.
- EP 13.** The organization assembles or makes available in a summary in the clinical record all information required to provide patient care, treatment, or services.

Standard RC.02.01.01

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

- EP 1.** The clinical record contains the following demographic information:

- The patient's name, address, phone number, date of birth, and the name of any legally authorized representative
 - The patient's sex, height, and weight
 - The legal status of any patient receiving behavioral health care services
 - The patient's language and communication needs
- EP 4.** As needed to provide care, treatment, and services, the medical record contains the following additional information:
- Any advance directives
 - Any informed consent, when required by organization policy
 - Any documentation of clinical research interventions distinct from entries related to regular patient care, treatment, or services
 - Any records of communication with the patient, such as telephone calls or e-mail
 - Any referrals or communications made to internal or external care providers and community agencies
 - Any patient-generated information

Rights and Responsibilities of the Individual (RI)

Overview

When the organization recognizes and respects patient rights, it is providing an important aspect of care that has been shown to encourage patients to become more informed and involved in their care. These empowered patients ask questions and develop better relationships with their caregivers. This acknowledgement of patient rights also helps patients feel supported by the organization and those people directly involved in their care, treatment, or services.

Recognizing and respecting patient rights directly impact the provision of care. Care, treatment, or services should be provided in a way that respects and fosters the patient's dignity, autonomy, positive self-regard, civil rights, and involvement in his or her care. Care, treatment, or services should also be carefully planned and provided with regard to the patient's personal values, beliefs, and preferences.

Recognizing and respecting patient rights are, however, only part of the story. Patients also have the obligation to take on certain responsibilities. The organization defines these responsibilities and then relays them to the patient. When patients understand and accept their responsibilities, the concept of the patient as a partner in care becomes a dynamic component of the patient's episode of care.

A mere list of patient rights cannot by itself guarantee those rights. The organization shows its support of patient rights through its interactions with patients and by involving them in decisions about their care, treatment, or services. The standards in this chapter address the following processes and activities as they relate to patient rights:

- Informing patients of their rights
- Helping patients understand and exercise their rights
- Respecting patients' values, beliefs, and preferences
- Informing patients of their responsibilities regarding their care, treatment, or services

Standard RI.01.01.01

The organization respects patient rights.

EP 3. Information about patient rights is available to the patient. (See also RI.01.01.03, EPs 1-3)

EP 4. The organization treats the patient in a dignified and respectful manner.

- EP 5.** The organization respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1)
- EP 6.** The organization respects the patient's cultural and personal values, beliefs, and preferences.

Standard RI.01.01.03

The organization respects the patient's right to receive information in a manner he or she understands.

- EP 1.** The organization provides information in a manner tailored to the patient's age, language, and ability to understand. (See also RI.01.01.01, EPs 3 and 5)
- EP 2.** The organization provides interpreting and translation services, as necessary. (See also RI.01.01.01, EP 3)
- EP 3.** The organization communicates with the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs. (See also RI.01.01.01, EP 3)

Standard RI.01.02.01

The organization respects the patient's right to participate in decisions about his or her care, treatment, and services.

- EP 1.** The organization involves the patient in making decisions about his or her care, treatment, and services.
- EP 6.** When a patient is unable to make decisions about his or her care, treatment, and services, the [organization] involves a surrogate decision-maker in making these decisions. (See also RI.01.03.01, EP 6)
- EP 8.** The organization involves the patient's family in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.

Standard RI.01.03.01

The organization honors the patient's right to give or withhold informed consent.

Rationale for RI.01.03.01

Obtaining informed consent presents an opportunity to establish a mutual understanding between the patient and the licensed independent practitioner or other licensed practitioners with privileges about the care, treatment, or services that the patient will receive. Informed consent is not merely a signed document. It is a process that considers patient needs and preferences, compliance with law and regulation, and patient education. Utilizing the informed consent process helps the patient to participate fully in decisions about his or her care, treatment, or services.

- EP 2.** The organization's written policy identifies the specific care, treatment, or services that require informed consent, in accordance with law and regulation.
- EP 3.** The organization's written policy describes circumstances that would allow for exceptions to obtaining informed consent.
- EP 6.** The organization's written policy describes when a surrogate decision-maker may give informed consent. (See also RI.01.02.01, EP 6)
- EP 7.** The informed consent process includes a discussion about the patient's proposed care, treatment, and services.

- EP 9.** The informed consent process includes a discussion about potential benefits, risks, and side effects of the patient's proposed care, treatment, and services, the likelihood of the patient achieving his or her goals, and any potential problems that might occur during recuperation.
- EP 11.** The informed consent process includes a discussion about reasonable alternatives to the patient's proposed care, treatment, and services. The discussion encompasses risks, benefits, and side effects related to the alternatives, and the risks related to not receiving the proposed care, treatment, and services.
- EP 12.** The informed consent process includes a discussion about any circumstances under which information about the patient must be disclosed or reported.
Note: Such circumstances may include requirements for disclosure of information regarding cases of HIV, tuberculosis, viral meningitis, and other diseases that are reported to organizations such as health departments or the Centers for Disease Control and Prevention.
- EP 13.** Informed consent is obtained in accordance with the organization's policy and processes.
(See also RC.02.01.01, EP 4)

Standard RI.01.05.01

The organization addresses patient decisions about care, treatment, and services received at the end of life.

- EP 8.** Upon request, the organization communicates its policies on advance directives to patients.

Standard RI.01.07.01

The patient and his or her family have the right to have complaints reviewed by the organization.

- EP 1.** The organization establishes a complaint resolution process.
- EP 2.** The organization informs the patient and his or her family about the complaint resolution process. (See also MS.09.01.01, EP 1)
- EP 4.** The organization reviews and, when possible, resolves complaints from the patient and his or her family. (See also MS.09.01.01, EP 1)