

Prepublication Requirements

• Issued December 20, 2022 •



Health Care Equity Standard Elevated to National Patient Safety Goal

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online *E-dition*®), accredited organizations and paid subscribers can also view them in the monthly periodical *The Joint Commission Perspectives*®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE BEHAVIORAL HEALTH CARE AND HUMAN SERVICES ACCREDITATION PROGRAM



Effective July 1, 2023

National Patient Safety Goals (NPSG) Chapter

NPSG.16.01.01

Improving health care equity for the individuals served by the organization is a quality and safety priority.

Element(s) of Performance for NPSG.16.01.01

1. The organization designates an individual(s) to lead activities to improve health care equity for the population served by the organization.  

Note: Leading the organization's activities to improve health care equity may be an individual's primary role or part of a broader set of responsibilities.


2. The organization assesses the health-related social needs (HRSNs) of the individual served and provides information about community resources and support services.  


Note 1: Organizations determine which HRSNs to include in the individual assessment.

Examples of an individual's HRSNs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills
- Education and literacy
- Food insecurity
- Housing insecurity

Note 2: HRSNs may be identified for a representative sample of the individuals served by the organization or for all individuals served by the organization.

Key:  indicates that documentation is required;

 indicates an identified risk area;

3. The organization identifies health care disparities in the population it serves by stratifying quality and safety data using the sociodemographic characteristics of the individuals served by the organization.



Note 1: Organizations may focus on areas with known health care disparities identified in the scientific literature (for example, treatment for substance abuse disorder, restraint use, suicide rates) or select measures that affect all individuals (for example, experience of care and communication).

Note 2: Organizations determine which sociodemographic characteristics to use for stratification analyses. Examples of sociodemographic characteristics may include the following:

- Age
- Gender
- Preferred language
- Race and ethnicity

4. The organization develops a written action plan that describes how it will improve health care equity by addressing at least one of the health care disparities identified in the individuals it serves.



5. The organization acts when it does not achieve or sustain the goal(s) in its action plan to improve health care equity.



6. At least annually, the organization informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to improve health care equity.

