

Prepublication Requirements

• Issued June 20, 2022 •



New and Revised Requirements Related to Reducing Health Care Disparities

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 HOSPITAL ACCREDITATION PROGRAM

Effective January 1, 2023

Leadership (LD) Chapter

LD.04.03.08

Reducing health care disparities for the hospital's patients is a quality and safety priority.

Element(s) of Performance for LD.04.03.08

1. The hospital designates an individual(s) to lead activities to reduce health care disparities for the hospital's patients.
Note: Leading the hospital's activities to reduce health care disparities may be an individual's primary role or part of a broader set of responsibilities.

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2. The hospital assesses the patient's health-related social needs and provides information about community resources and support services.
Note 1: Hospitals determine which health-related social needs to include in the patient assessment. Examples of a patient's health-related social needs may include the following:
 - Access to transportation
 - Difficulty paying for prescriptions or medical bills
 - Education and literacy
 - Food insecurity
 - Housing insecurity
Note 2: Health-related social needs may be identified for a representative sample of the hospital's patients or for all the hospital's patients.

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Key: ⓓ indicates that documentation is required;

Ⓜ indicates an identified risk area;

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| <p>3. The hospital identifies health care disparities in its patient population by stratifying quality and safety data using the sociodemographic characteristics of the hospital's patients.
 Note 1: Hospitals may focus on areas with known disparities identified in the scientific literature (for example, organ transplantation, maternal care, diabetes management) or select measures that affect all patients (for example, experience of care and communication).
 Note 2: Hospitals determine which sociodemographic characteristics to use for stratification analyses. Examples of sociodemographic characteristics may include the following:
 - Age
 - Gender
 - Preferred language
 - Race and ethnicity</p> | <table border="1" style="border-collapse: collapse; width: 60px; height: 25px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px; text-align: center;">D</td> </tr> </table> | | D |
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| <p>4. The hospital develops a written action plan that describes how it will address at least one of the health care disparities identified in its patient population.</p> | <table border="1" style="border-collapse: collapse; width: 60px; height: 25px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px; text-align: center;">D</td> </tr> </table> | | D |
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| <p>5. The hospital acts when it does not achieve or sustain the goal(s) in its action plan to reduce health care disparities.</p> | <table border="1" style="border-collapse: collapse; width: 60px; height: 25px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px; text-align: center;">D</td> </tr> </table> | | D |
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| <p>6. At least annually, the hospital informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to reduce identified health care disparities.</p> | <table border="1" style="border-collapse: collapse; width: 60px; height: 25px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table> | | |
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Key: **D** indicates that documentation is required; **R** indicates an identified risk area;