

## **The Joint Commission 2009 Requirements Related to the Provision of Culturally Competent Patient-Centered Care Hospital Accreditation Program (HAP)**

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

- 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, PI.04.01.01, 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 hospital (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.01.01.01, PC.01.02.01, PC.01.02.11, PC.01.02.13, PC.02.03.01**)
- 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, PI.03.01.01**)
- Planning for services to meet patient needs (Standard **LD.03.03.01, LD.04.03.01, LD.04.04.03, LD.04.04.07, PC.01.03.01, 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.01.05.03, 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 **PC.02.02.03, PC.02.02.13, RI.01.01.01, RI.01.01.03, TS.01.01.01**)

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 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 hospital 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 hospital 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 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 hospital, 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, and services. Any hospital, 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 hospital 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.
- EP 2.** The hospital provides space for recreation and social interaction for patients who remain in the care of the hospital for more than 30 days.
- EP 5.** The hospital provides storage space to meet patient needs.
- EP 6.** When the hospital provides care for more than 30 days, it provides outside areas for patient use, suitable to the patient's age, physical or mental condition, or other factors.
- EP 18.** Interior spaces accommodate the use of equipment, such as wheelchairs, necessary to the activities of daily living.

## **Human Resources (HR)**

### **Overview**

The contribution that human resources management makes to a hospital's ability to provide safe, quality care cannot be overestimated. The quality of the hospital's staff will, in large part, determine the quality of the care, treatment, and 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 hospital 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 hospital defines staff qualifications.

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

**Standard HR.01.02.05**

The hospital verifies staff qualifications.

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

**Standard HR.01.04.01**

The hospital provides orientation to staff.

- EP 1.** The hospital 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 hospital orients its staff to the key safety content before staff provides care, treatment, and or services. Completion of this orientation is documented.
- EP 3.** The hospital orients staff on the following: Relevant hospital-wide and unit-specific policies and procedures.
- EP 4.** The hospital 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. (See also RI.01.01.01, EP 8)
- EP 5.** The hospital orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented.
- EP 6.** The hospital orients staff on the following: Patient rights, including ethical aspects of care, treatment, and services and the process used to address ethical issues based on their job duties and responsibilities. Completion of this orientation is documented.

**Standard HR.01.05.03**

Staff participate in ongoing education and training.

- EP 1.** Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented.
- EP 4.** Staff participate in ongoing education and training whenever staff responsibilities change. Staff participation is documented.
- EP 5.** Staff competence is initially assessed and documented as part of orientation.

**Standard HR.01.06.01**

Staff are competent to perform their responsibilities.

- EP 1.** The hospital 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 hospital takes action when a staff member's competence does not meet expectations.

### **Standard HR.01.07.01**

The hospital evaluates staff performance.

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

## **Leadership (LD)**

### **Overview**

The safety and quality of care, treatment, and services depend on many factors including the following:

- A culture that fosters safety as a priority for everyone who works in the hospital
- The planning and provision of services that meet the needs of patients
- The availability of resources—human, financial, and physical—for providing care, treatment, and 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 and services that the hospital provides to its patients. In hospitals with a governing body, governance has ultimate responsibility for this oversight. In larger hospitals, 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 hospital performance. In smaller hospitals, these responsibilities may be handled by just one or two individuals. This chapter addresses the role of leaders in managing these diverse and, at times complex, responsibilities.

Leaders shape the hospital's culture, and the culture, in turn, affects how the hospital accomplishes its work. A healthy, thriving culture is built around the hospital's mission and vision, which reflect the core values and principles that the hospital finds important. Leaders must ask some basic questions in order to provide this focus: How does the hospital plan to meet the needs of its population(s)? By what ethical standards will the hospital operate? What does the hospital want to accomplish through its work? Once leaders answer these questions, the culture of the hospital will begin to take shape. Leaders also have an obligation to set an example of how to work together to fulfill the hospital's mission. By dedicating themselves to upholding the values and principles of the hospital's mission, leaders will be modeling to others how to collaborate, communicate, solve problems, manage conflict, and maintain ethical standards, essential practices that contribute to safe health care.

On a more practical level, leaders oversee operations and guide the hospital on a day-to-day basis. They keep operations running smoothly so that the important work of the hospital—serving its population—can continue.

To meet their obligations effectively, leaders must collaborate, which means working together in a spirit of collegiality to achieve a common end. Many hospitals have three leadership groups—the senior managers, governing body, and organized medical staff—who work together to deliver safe, high quality care. The senior managers direct the day-to-day operations of the hospital; the governing body determines what resources the hospitals needs and then secures those resources. The members of the organized medical staff are licensed to make independent decisions about the diagnosis and treatment of their patients and, in doing so, influence the choice and use of many of the hospital's resources.

**Standard LD.02.01.01**

The mission, vision, and goals of the hospital support the safety and quality of care, treatment, and services.

**Rationale for LD.02.01.01**

The primary responsibility of leaders is to provide for the safety and quality of care, treatment, and services. The purpose of the hospital's mission, vision, and goals, is to define how the hospital 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 hospital is most likely achieved when it is understood by all who work in or are served by the hospital.

**EP 3.** Leaders communicate the mission, vision, and goals to staff and the population(s) the hospital serves.

**Standard LD.03.02.01**

The hospital 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 hospitals make the right decisions. When decisions are supported by data, hospitals are more likely to move in directions that help them achieve their goals. Successful hospitals measure and analyze their performance. When data are analyzed and turned into information, this process helps hospitals 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, and services.

**EP 3.** The hospital 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 hospital uses data and information in decision-making that supports the safety and quality of care, treatment, and services.

**EP 6.** The hospital 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 hospital.

**Standard LD.03.03.01**

Leaders use hospital-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 hospital, and from other interested groups or individuals.

**EP 6.** Planning activities adapt to changes in the environment.

**Standard LD.03.04.01**

The hospital 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 hospital, and between the hospital and external parties. Poor communication often contributes to adverse events and can compromise safety and quality of care, treatment, and 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 hospital. (See also LD.04.04.05, EP 12)
- EP 6.** When changes in the environment occur, the hospital 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 hospital.

**Rationale for LD.03.05.01**

Change is inevitable, and agile hospitals 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 hospital integrates change into all relevant processes so that its effectiveness can be sustained, assessed, and measured.

- EP 6.** The hospital's internal structures can adapt to changes in the environment.

**Standard LD.03.06.01**

Those who work in the hospital are focused on improving safety and quality.

**Rationale for LD.03.06.01**

The safety and quality of care, treatment, and services are highly dependent on the people who work in the hospital. The mission, scope, and complexity of services define the design of work processes and the skills and number of individuals needed. In a successful hospital, work processes and the environment make safety and quality paramount. This standard, therefore, applies to all those who work in or for the hospital, including staff and licensed independent practitioners.

- EP 3.** Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services.
- EP 4.** Those who work in the hospital are competent to complete their assigned responsibilities.

**Standard LD.04.01.01**

The hospital complies with law and regulation.

- EP 2.** The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.

**Standard LD.04.01.05**

The hospital effectively manages its programs, services, sites, or departments.

**Rationale for LD.04.01.05**

Leaders at the program, service, site, or department level create a culture that enables the hospital 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, and services provided in their areas.

- EP 1.** Leaders of the program, service, site, or department oversee operations.
- EP 2.** Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical privileges.
- EP 3.** The hospital defines in writing the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments.
- EP 4.** Staff are held accountable for their responsibilities.
- EP 5.** Leaders provide for the coordination of care, treatment, and services among the hospital's different programs, services, sites, or departments.

**Standard LD.04.01.07**

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

- EP 1.** Leaders review and approve policies and procedures that guide and support patient care, treatment, and services.
- EP 2.** The hospital manages the implementation of policies and procedures.

**Standard LD.04.01.11**

The hospital 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 hospital 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 hospital.

- 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 hospital'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 hospital, including staff and licensed independent practitioners.
- EP 6.** When leaders excuse staff members from a job responsibility, care, treatment, and services are not affected in a negative way.

**Standard LD.04.03.01**

The hospital 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 hospital.

**Rationale for LD.04.03.07**

Comparable standards of care means that the hospital can provide the services that patients need within established time frames and that those providing care, treatment, and services have the required competence. Hospitals 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 hospital'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 hospital 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 hospital'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. (See also PI.01.01.01, EPs 1 and 3)
- 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 hospital's design of new or modified services or processes incorporates the needs of patients, staff, and others.

- EP 3.** The hospital's design of new or modified services or processes incorporates: Information about potential risks to patients.
- EP 4.** The hospital'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 hospital has an organization-wide, integrated patient safety program.

**Rationale for LD.04.04.05**

This standard describes a safety program that integrates safety priorities into all processes, functions, and services within the hospital, including patient care, support, and contract services. It addresses the responsibility of leaders to establish a hospital-wide safety program; to proactively explore potential system failures; to analyze and take action on problems that have occurred; and to encourage the reporting of adverse events and near misses, both internally and externally. The hospital's culture of safety and quality supports the safety program.

This standard does not require the creation of a new structure or office in the hospital. It only emphasizes the need to integrate patient-safety activities, both existing and newly created, with the hospital's leadership, which is ultimately responsible for this integration.

- 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 hospital participate in the safety program.
- EP 5.** As part of the safety program, the hospital creates procedures for responding to system or process failures.  
**Note:** Responses might include continuing to provide care, treatment, and services to those affected, containing the risk to others, and preserving factual information for subsequent analysis.
- EP 10.** At least every 18 months, the hospital selects one high risk process and conducts a proactive risk assessment.
- EP 12.** The hospital 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 hospital 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 hospital 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.

**Standard LD.04.04.07**

The hospital considers clinical practice guidelines when designing or improving processes.

**Rationale for LD.04.04.07**

Clinical practice guidelines can improve the quality, utilization, and value of health care services. Clinical practice guidelines help practitioners and patients make decisions about preventing, diagnosing, treating, and managing selected conditions. These guidelines can also be used in designing clinical processes or in checking the design of existing processes. The hospital identifies criteria that guide the selection and implementation of clinical practice guidelines so that they are consistent with its mission and priorities. Sources of clinical practice guidelines include the Agency for Healthcare Research and Quality, the National Guideline Clearinghouse, and professional organizations.

- EP 1.** The hospital considers using clinical practice guidelines when designing or improving processes.
- EP 2.** When clinical practice guidelines will be used in the design or modification of processes, the hospital identifies criteria to guide their selection and implementation.
- EP 3.** The hospital manages and evaluates the implementation of the guidelines used in the design or modification of processes.
- EP 5.** The organized medical staff reviews the clinical practice guidelines and modifies them as needed.

**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 hospital’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, and services through this process often demands an interdisciplinary collaborative approach and a mutual effort among those who work in the organization to coordinate care in a manner that is conducive to optimal patient outcomes, quality, and safety.

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

1. Assessing patient needs
2. Planning care, treatment, and services
3. Providing care, treatment, and services
4. Coordinating care, treatment, and 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, and 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, and services are provided at the highest level.

**Standard PC.01.01.01**

The hospital accepts the patient for care, treatment, and services based on its ability to meet the patient's needs.

- EP 2.** The hospital has a written process for accepting a patient that includes the following: Criteria to determine the patient's eligibility for care, treatment, and services.
- EP 3.** The hospital has a written process for accepting a patient that includes the following: Procedures for accepting referrals.

**Standard PC.01.02.01**

The hospital assesses and reassesses its patients.

- EP 1.** The hospital 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 hospital 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 patient 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 patient who are receiving end-of-life care, the social, spiritual, and cultural variables that influence the patient's and family members' perception of grief
  - Cultural or religious practices that may affect care
  - Care the family or support system is capable of and willing to provide
  - Educational needs, including the abilities, motivation, and readiness to learn
  - Barriers and safety hazards in the home environment
  - Any other relevant information that may affect the patient's goals

**Standard PC.01.02.11**

The hospital assesses the needs of patients who receive psychosocial services to treat alcoholism or other substance use disorders.

- EP 4.** Based on the patient's age and needs, the assessment for patients receiving psychosocial services for the treatment of alcoholism or other substance use disorders includes: The patient's acceptance of treatment or motivation for change, as well as recovery environment features that serve as resources or obstacles to recovery, including family members' use of alcohol or other substances.
- EP 5.** Based on the patient's age and needs, the assessment for patients receiving psychosocial services for the treatment of alcoholism or other substance use disorders includes the following:
  - The patient's religion and spiritual beliefs, values, and preferences
  - Living situation

- Leisure and recreation activities
- Military service history
- Peer-group
- Social factors
- Ethnic and cultural factors
- Financial status
- Vocational or educational background
- Legal history
- Communication skills

**EP 6.** Based on the patient's age and needs, the assessment for patients receiving psychosocial services for the treatment of alcoholism or other substance use disorders includes the following:

- The patient's history of any physical or sexual abuse, as either the abuser or the abused
- The patient's sexual history and identification
- Childhood history
- Emotional and health issues
- Visual-motor functioning
- Self care

**EP 7.** Based on the patient's age and needs, the assessment for patients receiving psychosocial services for the treatment of alcoholism or other substance use disorders includes: The patient's family circumstances, including the composition of the family group and the need for their participation in the patient's care.

**Standard PC.01.02.13**

The hospital assesses the needs of patients who receive treatment for emotional and behavioral disorders.

**EP 3.** Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:

- The patient's religion and spiritual beliefs, values, and preferences
- Living situation
- Leisure and recreation activities
- Military service history
- Peer-group
- Social factors
- Ethnic and cultural factors
- Financial status
- Vocational or educational background
- Legal history
- Communication skills

**EP 4.** Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:

- Any history of physical or sexual abuse as either the abuser or abused
- The patient's sexual history
- Childhood history
- Emotional and health care issues
- Visual-motor functioning
- Self care

- EP 5.** Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:
- The patient's family circumstances, including the composition of the family group
  - The community resources currently used by the patient
  - The need for the family members' participation in the patient's care
- EP 6.** Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:
- A psychiatric evaluation
  - Psychological assessments, including intellectual, projective, neuropsychological, and personality testing

**Standard PC.01.03.01**

The hospital plans the patient's care.

- EP 1.** The hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing.

**Standard PC.02.02.01**

The hospital coordinates the patient's care, treatment, and services based on the patient's needs.

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

**Standard PC.02.02.03**

The hospital makes food and nutrition products available to its patients.

- EP 9.** When possible, the hospital accommodates the patient's cultural, religious, or ethnic food and nutrition preferences, unless contraindicated.

**Standard PC.02.02.13**

The patient's comfort and dignity receive priority during end-of-life care.

- EP 1.** To the extent possible, the hospital provides care and services that accommodate the patient's and his or her family's comfort, dignity, psychosocial, emotional, and spiritual end-of-life needs.
- EP 2.** The hospital provides staff with education about the unique needs of dying patients and their families.

**Standard PC.02.03.01**

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

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

**EP 4.** The hospital provides education and training to the patient based on his or her assessed needs.

**EP 25.** The hospital evaluates the patient's understanding of the education and training it provided.

#### **Standard PC.04.01.05**

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

**EP 2.** Before the patient is discharged, the hospital informs the patient of the kinds of continuing care, treatment, and services he or she will need.

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

**EP 8.** The hospital 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 hospitals want better patient outcomes and, therefore, are concerned about improving the safety and quality of the care, treatment, and 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 hospital collects data to monitor its performance.

##### **Rationale for PI.01.01.01**

Data provide hospitals with important information that can be used in a variety of ways. Collecting and analyzing data on performance, outcomes, and other activities can help the hospital improve its ability to provide quality care, treatment, and services. The hospital can collect data from many areas, including internal data obtained from staff, patients, records, and observations. Data are also available from quality control, risk management activities, and research studies. Other valuable data can be obtained from external sources, such as regulators, insurers, the community. The Joint Commission has identified important areas that should be measured regularly. In addition, the hospital should establish data priorities particular to its needs.

**EP 1.** The leaders set priorities for data collection. (See also LD.04.04.01, EP 1)

**EP 3.** The hospital collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1)

**EP 16.** The hospital collects data on the following: Patient perception of the safety and quality of care, treatment, and services.

#### **Standard PI.03.01.01**

The hospital improves performance.

**EP 1.** Leaders prioritize the identified improvement opportunities.

#### **Standard PI.04.01.01**

The hospital uses data from clinical/service screening indicators and human resource screening indicators to assess and continuously improve staffing effectiveness.

**EP 2.** The hospital identifies the inpatient units for staffing effectiveness data collection based on an assessment of relevant information or risk including the following:

- Type of setting
- Patient population served
- Knowledge about staffing issues likely to affect patient safety or quality of care
- Existing data (for example, incident logs, sentinel event data, performance improvement reports)
- Input from clinical staff who provide patient care

**Note:** If the hospital has only one unit, it need not apply these criteria

## **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 medical 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 hospital 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.

Whether the hospital keeps paper records, electronic records, or both, the contents of the record remain the same. Special care should be taken, however, by hospitals 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 hospital maintains complete and accurate medical records.

**EP 12.** The hospital tracks the location of all components of the medical record.

**EP 13.** The hospital assembles or makes available in a summary in the medical record all information required to provide patient care, treatment, and services.

### **Standard RC.02.01.01**

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

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

- The patient's name, address, date of birth, and the name of any legally authorized representative
- The patient's sex
- The legal status of any patient receiving behavioral health care services
- The patient's language and communication needs

**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 hospital policy (See also RI.01.03.01, EP 13)
- Any records of communication with the patient, such as telephone calls or e-mail
- Any patient-generated information

## **Rights and Responsibilities of the Individual (RI)**

### **Overview**

When the hospital 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 hospital and those people directly involved in their care, treatment, and services.

Recognizing and respecting patient rights directly impact the provision of care. Care, treatment, and 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, and 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 hospital 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 hospital shows its support of patient rights through its interactions with patients and by involving them in decisions about their care, treatment, and 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, and services

### **Standard RI.01.01.01**

The hospital respects patient rights.

**EP 2.** The hospital informs the patient of his or her rights. (See also RI.01.01.03, EPs 1-3)

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

**EP 5.** The hospital respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1)

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

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

### **Standard RI.01.01.03**

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

**EP 1.** The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. (See also RI.01.01.01, EPs 2 and 5)

**EP 2.** The hospital provides interpreting and translation services, as necessary. (See also RI.01.01.01, EP 2)

**EP 3.** The hospital 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 2)

**Standard RI.01.02.01**

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

**Rationale for RI.01.02.01**

The hospital that recognizes the patient's right to participate in his or her care decisions and involves the patient in making those decisions validates patient rights as a key aspect of care. Involving patients in care decisions helps the patient develop a better understanding of his or her care, which can lead to safer care and better care outcomes. This involvement includes informing the patient of outcomes of care, treatment, or services, including those outcomes that may have been unanticipated.

- EP 1.** The hospital 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 hospital involves a surrogate decision-maker in making these decisions. (See also RI.01.03.01, EP 6)
- EP 8.** The hospital 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 hospital 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, and 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, and services.

- EP 2.** The hospital's written policy identifies the specific care, treatment, and services that require informed consent, in accordance with law and regulation.
- EP 3.** The hospital's written policy describes circumstances that would allow for exceptions to obtaining informed consent.
- EP 4.** The hospital's written policy describes the process used to obtain informed consent.
- EP 5.** The hospital's written policy describes how informed consent is documented in the patient record.  
**Note:** Documentation may be recorded in a form, in progress notes, or elsewhere in the record.
- EP 6.** The hospital'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 hospital's policy and processes. (See also RC.02.01.01, EP 4)

#### **Standard RI.01.05.01**

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

- EP 6.** The hospital provides patients with written information about advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services.
- EP 8.** Upon admission, the hospital provides the patient with information on the extent to which the hospital is able, unable, or unwilling to honor advance directives.
- EP 15.** The hospital documents the patient's wishes concerning organ donation when he or she makes such wishes known to the hospital or when required by the hospital's policy, in accordance with law and regulation.
- EP 16.** The hospital honors the patient's wishes concerning organ donation within the limits of the hospital's capability and in accordance with law and regulation.

#### **Standard RI.01.07.01**

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

- EP 1.** The hospital establishes a complaint resolution process.
- EP 2.** The hospital informs the patient and his or her family about the complaint resolution process.
- EP 4.** The hospital reviews and, when possible, resolves complaints from the patient and his or her family.

## **Transplant Safety (TS)**

### **Overview**

Transplantation of organs and tissues is sometimes the only option for treatment of a wide range of diseases. In the past 10 years, advances in transplantation have led to a greater success rate for transplanted organs and tissues. More and more people receive transplants every year and more people are living longer after transplants.

Organ transplants are often life-saving procedures. They involve replacing an individual's (the recipient) damaged or failing organ, such as a heart, kidney, liver, lung, pancreas, or intestine, with a working organ from another individual (the donor). While tissue transplants are used most often to enhance the lives of recipients, they are also used at times to save lives. Tissues that are transplanted include bones, tendons, corneas, heart valves, veins, and skin. A single donor can save many lives, as well as improve the quality of life for many more.

Transplantation is not free from risk. Transmission of infections from the donor to the recipient is a significant safety concern. With the increased numbers of organ and tissue transplants, the number of

opportunities for transmission of infectious pathogens has also increased. Instances of organ- or tissue-borne infection in recipients of donor organs or tissues are well documented. Diseases with documented transmission from infected donors subsequent to transplant include, to name a few, human immunodeficiency virus (HIV), hepatitis B and C, and Creutzfeldt-Jakob disease (CJD). Recipients may also contract bacterial or fungal infections through contamination during transportation, storage, or handling. The opportunity for transmission of infectious disease will continue to increase as the number of transplants continues to rise.

Effective communication of an adverse event directly related to organ or tissue use is critical to patient safety. The hospital may become aware of an adverse event directly related to organ or tissue use through external notification or internal detection. Prompt investigation of each adverse event provides response and treatment to recipients affected by the infected organ or tissue and could prevent further transplantation from an infected donor.

**Standard TS.01.01.01**

The hospital, with the medical staff's participation, develops and implements written policies and procedures for donating and procuring organs and tissues.

- EP 5.** Staff education includes training in the use of discretion and sensitivity to the circumstances, beliefs, and desires of the families of potential organ, tissue, or eye donors.