Hello, my name is Tina Cordero, and I am an Associate Project Director in the Division of Healthcare Quality Evaluation at the Joint Commission.

And my name is Brette Tschurtz, and I am also an Associate Project Director for the Joint Commission’s Division of Healthcare Quality Evaluation. Thank you for joining us today for this brief segment which will discuss the Joint Commission’s standards and resources that promote health equity and patient-centered care.

As the oldest and largest health care evaluation and accreditation body, the Joint Commission has always been focused on the provision of safe, high quality, and equitable care. This focus is reflected in our mission and vision statements and throughout our standards and survey process activities.

Beyond our role as an evaluator, the Joint Commission has been involved in research studies, roundtable collaborations, and other educational activities to better understand individual patient needs as they relate to quality and safety. This work is reflected not only in our standards and survey processes, but has been utilized in the development of several free educational resources. Today we are going to discuss the recently adopted patient-centered communication standards, and to tell you a little more about available resources designed to assist organizations working to address the concepts of equitable and patient-centered care. The information we will be presenting today is also available on our website.
Each patient is unique. In addition to their clinical concerns, patients bring specific characteristics and non-clinical needs to the health care encounter that can affect the way they view, receive, and participate in their health care. A growing body of research has demonstrated that a variety of patient populations experience less safe or lower quality care or poorer health outcomes associated with their race, ethnicity, language, disability, or sexual orientation. These studies document that among other factors, disparities in health care can be attributed to cultural or language differences, which can impair communication with caregivers, limit access to health care, and contribute to fears of discrimination or even perceived fears of discrimination. To improve the overall safety and quality of care provided in hospitals’ nationwide, health care organizations should aspire to meet the unique needs of each of their patients.

In January of 2010, The Joint Commission released a set of new and revised standards for patient-centered communication as part of an initiative to advance the issues of effective communication, cultural competence, and patient- and family-centered care. These standards are designed to improve the safety and quality of care for all patients and to inspire hospitals to adopt practices promoting better communication and patient engagement.

In addition to our standards and survey process activities, through funding from the Commonwealth fund and the California Endowment, The Joint Commission has developed two educational monographs designed to inspire hospitals to go above and beyond what is required in the standards and adopt practices promoting better communication and more patient- and
family-centered care. Research has demonstrated that incorporating the concepts of cultural
competence and patient- and family-centeredness into the care process can increase patient
satisfaction and adherence with treatment. Hospitals that do not adequately address cultural,
communication, mobility, and other patient needs will continue to put themselves and their
patients at risk for negative consequences. We will discuss these resources in more depth
after a brief review of the new standards.

As a whole, the patient-centered communication address several important issues such as
qualifications for language interpreters and translators, the importance of identifying and
addressing patient communication needs, and the collection of patient-level data around
preferred language, race, and ethnicity. The standards also address patient- and family-
centered care issues, including having access to a support person and receiving care free from
discrimination.

The first standard we’ll discuss is in our Human Resources chapter We’ve added clarification
specific to the qualifications for interpreters and translators, such as language proficiency
assessment, education, training, and experience, and hospitals have flexibility to determine
what combination of qualifications works best for their patient populations.

We’ve also added a standard in our provision of care, treatment, and services chapter focused
on effective patient provider communication. As we mentioned earlier, this concept is not new
to our standards, but we’ve highlighted it in our provision of care chapter to stress the
importance of two-way communication between patients and providers. The expectation here
is to identify and address the patient’s oral and written communication needs, which includes the patients preferred language for discussion health care, and we’ve provided organizations with some examples of potential patient communication needs.

In keeping with the theme of effective communication, we’ve also added some additional guidance regarding the provision of interpreting and translation services. Again, there is some flexibility here for hospitals to determine which modes of services to provide, such as in-person, telephone, or video options.

The next two standards highlight the importance of collecting patient-level data. The collection of patient-level demographic data on preferred language, race, and ethnicity provides hospitals with information on the potential needs of each patient, as well as an opportunity to monitor and analyze health disparities at the population level. Our standards do not specify how to collect or categorize these data elements, but we do provide several examples in our educational monographs.

Finally, we’ve added two new elements of performance in our Patient Rights standards. These new requirements are focused on access to a support individual and the provision of equitable care. We’ve added a requirement that requires that hospitals to allow patients to have a support person with them during their stay. The important thing to note is that this person is one of the patients’ choice. This person could be a family member, friend, or any individual the patient chooses to be with them, and this raises awareness of the need for policies that are inclusive of those individuals whom the patient identifies as important. This issue is of course
important to all patients, but particularly those in the Lesbian, Gay, Bisexual, and Transgender community, who have unfortunately experienced limited access to loved ones in the health care settings. Element of Performance 29 says that patients receive care free from discrimination based on several personal characteristics. Although several laws and regulations include anti-discrimination protections, state laws vary. Element of Performance 29 underscores the importance of providing equitable care to ALL patients, regardless of individual differences.

Now that we’ve highlighted the new requirements, let’s talk about the resources we’ve developed to help hospitals implement these standards, and drive the issues of communication, cultural competence, and patient- and family-centered care forward. The Roadmap for Hospitals was released in August of 2010, and is designed to inspire organizations to integrate these concepts into their systems of care delivery. Many of the recommendations go above and beyond the expectations in the standards themselves, but the goal of the Roadmap is to encourage organizations to truly advance these issues in their organizations. In addition, it provides many examples, strategies, resources, and definitions that can assist hospitals in these efforts.

In addition to the Roadmap, we’ve released a field guide in November 2011 that focuses specifically on the needs of the lesbian, gay, bisexual, and transgender (or LGBT) community. Like many other populations identified as at-risk, those in the LGBT community have experienced health disparities and significant barriers to equitable care, however only recently
has awareness of these barriers been brought to the national stage. While the Roadmap addresses several salient issues that arise in meeting the health care needs of this community, the Field Guide provides additional and more specific information to assist organizations in creating a safer and more inclusive environment for their LGBT patients and families that will contribute to higher quality care. Just like the Roadmap, the Field Guide goes above and beyond what is required in the standards and highlight strategies, practice examples, and testimonials to assist organizations in their efforts to better meet the needs of the LGBT community.

The rationale behind the development of the standards, the Roadmap for Hospitals, the Field Guide, and many other helpful resources from the Division of Healthcare Quality Evaluation are available for free download on our project webpage. For further guidance on the interpretation of the standards, please contact our Standards Interpretation Group.

We hope we’ve provided you with some valuable information on the Joint Commission’s standards and resources that promote health equity and patient-centered care. Please feel free to contact us with any additional questions. Thank you for joining us today.