



# **CURRENT EFFORTS TO INCREASE HEALTH CARE EQUITY: THE JOINT COMMISSION**

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# Developing Hospital Standards for Culturally Competent Patient-Centered Care

## Project Overview

- ▶ 18-month standards development project
  - Co-directors: Paul Schyve, MD and Amy Wilson-Stronks, MPP, CPHQ
  - Supported by The Commonwealth Fund
  - Based on previous research and gap analysis of standards
    - *Hospitals, Language, and Culture: A Snapshot of the Nation* study
    - OMH CLAS/Joint Commission Crosswalk
- ▶ Timeline
  - August 2008 through January 2010

# Developing Hospital Standards for Culturally Competent Patient-Centered Care

## Project Goals:

- ▶ Develop accreditation standards for hospital program
  - Incorporate issues such as diversity, culture, language, and health literacy into current standards or drafted into new requirements
  
- ▶ Develop guidance document for field
  - Collaboration with National Health Law Program (NHeLP)
  - Include information on implementation of new standards, existing standards, and best practices

# Why?



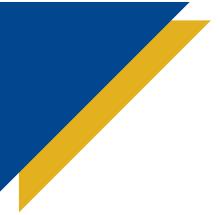
**“A society whose core values include equality of opportunity, justice, and compassion strives to provide health care to all its members that is safe, effective, patient-centered, timely, efficient, and equitable.”**

--- *From the Expert Advisory Panel of the project to Develop Hospital Standards to Advance Cultural Competence, Patient- and Family-centered Care.*

# Issues to Address

- ▶ Effective Communication
  - Identification of patient communication needs
  - Provision of language services and auxiliary aids
- ▶ Data Collection and Use
  - Collection of patient-level demographic data
  - Use of available population-level demographic data for service planning and performance improvement
- ▶ Addressing Specific Patient Needs
  - Patient and family involvement in care
  - Equitable treatment
  - Cultural, religious, spiritual needs and beliefs

# Right to Language 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.

EP 2. The hospital provides language interpreting and translation services.

*Note: Language interpreting options may include hospital employed language interpreters, contract interpreting services, or trained bilingual staff, and may be provided in person or via telephone or video. The hospital determines which translated documents and languages are needed based on its patient population.*

EP 3. The hospital provides information to the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs.

# Effective Patient-Provider Communication



- ▶ **Standard PC.02.01.0X** The hospital effectively communicates with patients when providing care, treatment, and services.

EP 1. The hospital identifies the patient's oral and written communication needs, including the patient's preferred language for discussing health care.

**Note:** *Examples of communication needs include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials.*

EP 2. The hospital communicates with the patient during the provision of care, treatment, and services in a manner that meets the patient's oral and written communication needs.



# Provision of Care, Treatment, and Services

- ▶ **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.

# Qualifications for Interpreters

## ► **Standard HR.01.02.01** The hospital defines staff qualifications.

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

**Note 3:** *For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital.*

**Note 4:** *Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience.*

# Collection of Patient-level Data



- ▶ **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 communication needs, including preferred language for discussing health care**

**Note:** *If the patient is a minor, is incapacitated, or has a designated advocate, the communication needs of the parent or legal guardian, surrogate decision-maker, or legally authorized representative is documented in the medical record.*

- **The patient's race and ethnicity**

# Access to a Support Individual

- ▶ **Standard RI.01.01.01** The hospital respects, protects, and promotes patient rights.

EP Y. The hospital allows a family member, friend, or other individual to be present with the patient for emotional support during the course of stay.

**Note:** *The hospital allows for the presence of a support individual of the patient's choice, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be the patient's surrogate decision maker or legally authorized representative.*

# Non-Discrimination in Care



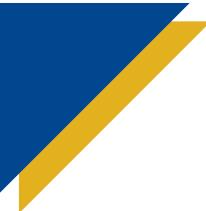
- ▶ **Standard RI.01.01.01** The hospital respects, protects, and promotes patient rights.

EP Z. The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.



# “Implementation” Guide

- ▶ **Purpose:** to inspire hospitals to integrate concepts from the communication, cultural competence, and patient- and family-centered care fields into their organizations
- ▶ Example practices and "how to" information
- ▶ Additional guidance on compliance and implementation of Joint Commission requirements
- ▶ List of additional resources and websites



# Implementation Considerations

- ▶ How long does it take to develop policies and practices for collecting patient-level data?
- ▶ Who needs to be involved?
- ▶ What resources are needed? Staff? \$\$?
- ▶ What if we don't have any trained interpreters?
- ▶ How can we accommodate every language?

# For More Information

- ▶ Please visit our website:  
[www.jointcommission.org/patientsafety/hlc/](http://www.jointcommission.org/patientsafety/hlc/)

## Available:

Culturally competent patient-centered care standards information  
*Hospitals, Language, and Culture* study information  
Downloadable reports  
Links to other websites  
Resources

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