

Hospital Accreditation Requirements to Advance Effective Communication, Cultural Competence, and Patient- and Family-Centered Care

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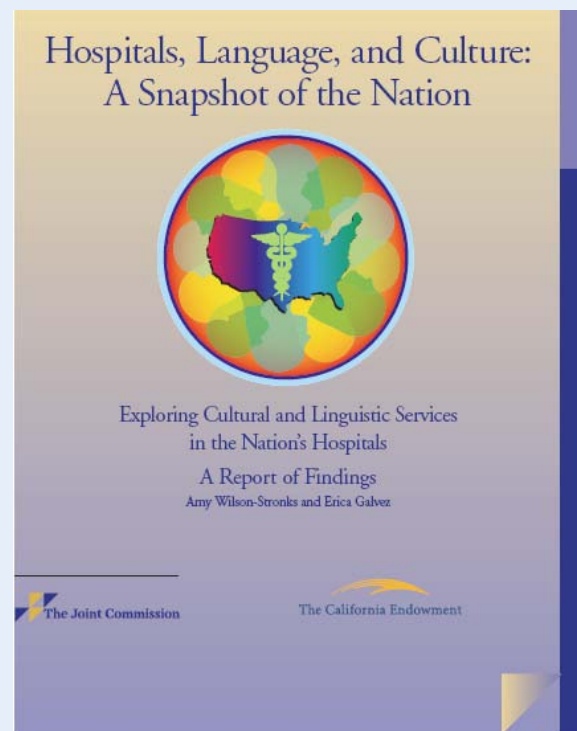
Your Voice Webinar

Objectives

- ▶ Overview of The Joint Commission's efforts to promote health equity
- ▶ Introduction to The Joint Commission standards for Patient-centered Communication
- ▶ How to meet and exceed the standards: Roadmap for Hospitals and the experience of AnMed Health

Exploring Cultural and Linguistic Services in the Nation's Hospitals: A Report of Findings

- ▶ March 2007
- ▶ Recommendations for hospitals, policymakers, and researchers
- ▶ 6 Domains
 - Leadership
 - Quality Improvement and Data Use
 - Workforce
 - Patient Safety/Provision of Care
 - Language Services
 - Community Engagement

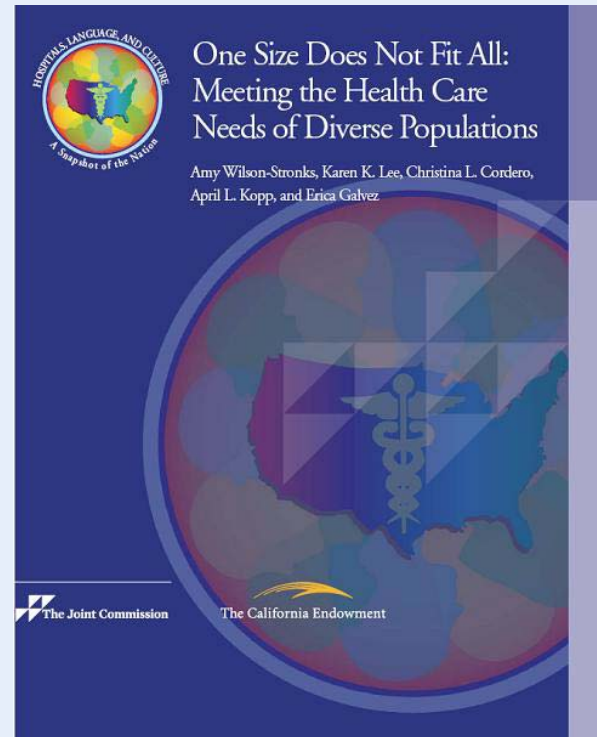


Download the report free:
<http://www.jointcommission.org/patientsafety/hlc/>

Wilson-Stronks, A, Galvez. E. *Hospitals, Language, and Culture: A Snapshot of the Nation Exploring Cultural and Linguistic Services in the Nation's Hospitals A Report of Findings*. Oakbrook Terrace: The Joint Commission: 2007.

One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations

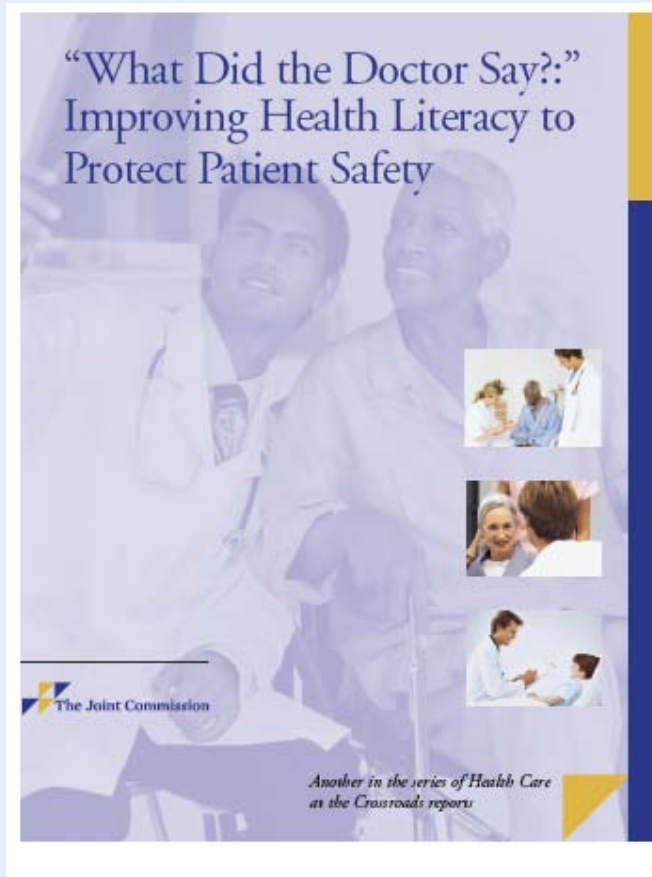
- ▶ April 2008
- ▶ Thematic framework derived from **current practices**
- ▶ **Self-assessment tool** for organizations to use
- ▶ **Cultural competence is an ongoing journey** - hospitals should **assess, monitor, and re-assess** the services they provide



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Wilson-Stronks, A, et al. *One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations*. Oakbrook Terrace: The Joint Commission; 2008.

The Joint Commission – Health Literacy Recommendations



- **Recommendation 1:** Make effective communications an organizational priority to protect the safety of patients
- **Recommendation 2:** Incorporate strategies to address patients' communication needs across the continuum of care
- **Recommendation 3:** Pursue policy changes that promote improved practitioner-patient communications

http://www.jointcommission.org/PublicPolicy/health_literacy.htm

Factors That Influence Health Equity

Race

Education

Health Literacy

Sexual Orientation

Age

Ethnicity

Religion

Physical or mental disability

Language

Gender expression


Class

Gender identity

income

Access to care

Why Address Disparities?



“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.


Evolution of Standards Supporting Health Equity

- ▶ Patient rights
- ▶ Patients' participation in care
- ▶ Safety and quality of care
- ▶ An **integrated approach**, at **multiple levels** and involving **ongoing monitoring and improvement** is necessary to identify, develop and implement systems to promote **health equity**

Existing

Joint Commission Standards

- ▶ Right to have cultural and personal values, beliefs and preferences respected
- ▶ Right to effective communication
 - Interpreter and translation services
 - Vision, speech, hearing, or cognitive impairment
- ▶ Informed Consent
- ▶ Patient education tailored to patient needs/ability to understand



Developing Hospital Standards to Advance Effective Communication, Cultural Competence, and Patient- and Family-Centered Care


Funded by: The Commonwealth Fund

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


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

Effective Patient-Provider Communication

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

Elements of Performance

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.

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.

Right to Effective Communication

- Standard RI.01.01.03 The hospital respects the patient's right to receive information in a manner he or she understands.

Elements of Performance

2. The hospital provides language interpreting and translation services.

NEW 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.

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.

Qualifications for Interpreters


- Standard HR.01.02.01 The hospital defines staff qualifications.

Element of Performance

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

NEW 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.

Element of Performance

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

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- The patient's communication needs, including preferred language for discussing health care

NEW 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.*

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

Access to a Support Individual


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

Element of Performance

NEW 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

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

Element of Performance

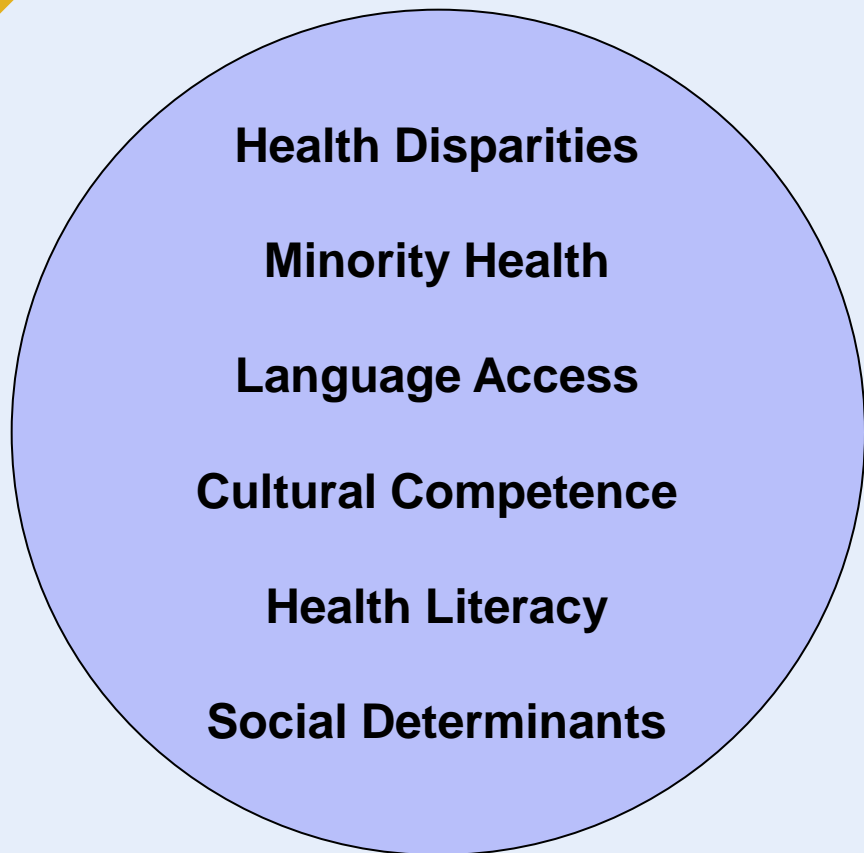
NEW Z. The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.



Advancing Effective Communication, Cultural Competence, and Patient-and Family-centered Care: A Roadmap for Hospitals

- ▶ **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
- ▶ **FREE!!!!** Available May 2010

Working Together toward Health Equity



Practice Example: AnMed Health

- ▶ 573 beds
- ▶ Over 30 patient care sites
- ▶ Teaching hospital
- ▶ Over 21,000 inpatient admissions
- ▶ Approximately 3,500 employees
- ▶ Approximately 400-member medical staff
- ▶ Demonstrated diversity commitment
- ▶ 7-county primary market

AnMed's Service Area: Anderson County, South Carolina

- ▶ County Population: 173,500
- ▶ City Population: 25,000
- ▶ 140 miles from Charlotte, NC – 120 miles from Atlanta, GA
- ▶ Economy: Manufacturing
- ▶ Demographics: 81% Caucasian
- ▶ 16.5% Black or African American
- ▶ 1.1% Hispanic/Latino of any race
- ▶ .42% Asian
- ▶ .22% Native American
- ▶ Median household income: \$36,807
- ▶ Per capita income: \$18,365
- ▶ 12% below poverty line

AnMed's Strategy: Internal Language Access Assessment

▀ Multidisciplinary Team

- Business Development
- Diversity Advisory Council
- Education
- Executive Leaders (CMO, CNO, COO, Administrators)
- Interpretation Service
- Medical Affairs (Director & Vice President)
- **Medical Resource Management**
- Nursing Leadership
- Nursing Staff Development
- Pastoral Services
- Physician Network Services

▀ Assessment Tool: Joint Commission – AnMed Health Crosswalk

Assessment Tool - Example

Issue(s) Related to CLAS standard(s)	Joint Commission Standards and Recommendations	Current AnMed Health Strategies
Staff training on Cultural Sensitivity (CLAS #1)	HR.01.04.01, EP5, 6 HR.01.05.03 EP 1,4,5 ROADMAP	New employee orientation AnMed Health University New Nurses orientation (NNO)
Staff and Licensed independent Practitioner Training on Use of Communication Tools (CLAS # 3)	ROADMAP	Staff: CBT, NEO, NNO, Employee Portal Interpreter Service Protocol LIP: Physician Orientation
Use of Population and patient-level demographic data (CLAS # 8, 9)	ROADMAP	Admission Documentation Nursing assessment MIDAS (interpretation service) data entry
Identification of Patient Communication Needs (CLAS #4)	PC.02.01.OX EP 1	Admission documentation Nursing Assessment
Address Communication Needs (CLAS #5)	PC.02.01.OX EP 2 ROADMAP	Admission documentation Nursing Assessment Interpreter Service Report Form “Language need” icon posted to Awarix bed management system

For More Information



▶ Please visit our website:

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