# The Joint Commission 2007 Requirements Related to the Provision of Culturally and Linguistically Appropriate Health Care

May 2007

The Joint Commission views the issue of the provision of culturally and linguistically appropriate health care services as an important quality and safety issue and a key element in individual-centered care. It is well recognized that 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 several standards that support the provision of care, treatment, and services in a manner that is conducive to the cultural, language, literacy, and learning needs of individuals:

- Values, beliefs respected (Standard **RI.2.10, RI.2.220**)
- Appropriate communication including interpreter and translation services (Standard **RI.2.100**)
- Patient involvement in care (Standard **RI.2.20, RI.2.30, RI.2.210, RI.2.240, PC.4.100**)
- Informed consent (Standard **RI.2.40**)
- Patient assessment (Standard **PC.1.10, PC.2.20, PC.3.100, PC.3.120, PC.3.120, PC.3.130, PC.3.140, PC.3.160, PC.3.220**)
- Patient education (Standard **PC.6.10, PC.6.30, LD.3.120**)
- Food preferences (Standard **PC.7.10**)
- End of Life Care (Standard **RI.2.80, PC.2.60, PC.8.70**)
- Compliance with Law and Regulation (Standard **LD.1.30, LD.2.10**)
- Planning for Services to meet patient needs (Standard **LD.3.10, LD.3.90, PC.4.10, PC.5.60**)
- Equal standard of care provision (Standard **LD.3.20**)
- Effective communication throughout organization (Standard **LD.3.60**)
- Staff Competence (Standard **LD.3.70, HR.3.10**)
- Provision of adequate resources (Standard **LD.3.30, LD.3.80, LD.4.40**)
- Staffing-appropriate mix, adequately trained, competence is assessed (Standard **LD.3.50, HR.1.10, HR.1.20, HR.1.30, HR.3.20, HR.3.40**)
- Orientation and ongoing staff education is appropriate to the needs of patient population (Standard **LD.3.110, HR.2.10, HR.2.30**)
- Appropriateness of environment (Standard **EC.8.10**)
- Collection of data, documentation of needs and access to data (Standard **PI.1.10**, **IM.6.10, IM.6.20, IM.6.60, PC.2.60**)
- Proactive risk assessment (Standard **PI.3.20**)
- Performance improvement opportunities (Standard **LD.4.10, LD.4.50, PI.1.10**)
- Organization ethics (Standard **RI.1.10)**
- Complaint/grievance resolution (Standard **RI.2.120**)
- Use of Clinical Practice Guidelines (Standard **LD.5.10, LD.5.20, LD.5.40, LD.5.50, LD.5.60, LD.5.80**)

This document identifies Joint Commission standards and elements of performance (EPs) that are related to the provision of culturally and linguistically appropriate services in the various accreditation settings- Hospital (HAP), Ambulatory (AHC), Long Term Care (LTC), Behavioral Health (BHC), Opioid Treatment Programs (OTP), and Home Care (OME). Some of the standards listed directly address issues related to culturally and linguistically appropriate service provision, while other standards serve as organizational supports for the provision of culturally and linguistically appropriate services. 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 2007 Standards for your respective program to see the full text of theses standards and elements of performance.


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## Ethics, Rights, and Responsibilities

### Overview

"…The standards in this chapter address the following processes and activities related to ethical care and business practices:

- Considering the values and preferences of [patients/residents/clients], including the decision to discontinue care, treatment, and services…

…[Patients/residents/clients] deserve care, treatment, and services that safeguard their personal dignity and respect their cultural, psychosocial, and spiritual values. These values often influence the [patient/residents/client]'s perceptions and needs. By understanding and respecting these values, providers can meet care, treatment, and service needs and preferences.

### Organization Ethics

[An organization] has an ethical responsibility to the [patients] and community it serves. To fulfill this responsibility, ethical care, treatment, and service practices and ethical business practices must go hand in hand. Furthermore, the [organization] provides care, treatment, and services within its scope, stated mission and philosophy, and applicable law and regulation.

The [organization]'s system of ethics supports honest and appropriate interactions with [patients]. The system of ethics also includes [patients] whenever possible in decisions about their care, treatment, and services, including ethical issues.

### Standard RI.1.10

The [organization] follows ethical behavior in its care, treatment, and services and business practices.
**EP.7.** The leaders ensure that care, treatment, and services are not negatively affected when the [organization] grants a staff member's request to be excused from participating in an aspect of the care, treatment, and services.

### Individual Rights

A mere list of rights cannot guarantee those rights. Rather, an organization shows its support of rights by how its staff interacts with [patients/residents/clients] and involves them in decisions about their care, treatment, and services. These standards focus on how the organization respects the culture and rights of [patients/residents/clients] during those interactions. This begins with respecting their right to treatment, care, or service.

**Standard RI.2.10** The organization respects the rights of (patients/residents/clients).
**EP.2.** Each [patient/resident/client] has a right to have his or her cultural, psychosocial, spiritual and personal values, beliefs, and preferences respected.
**EP.3.** The [organization] supports the right of each [patient/resident/client] to personal dignity.
**EP.4. (HAP, LTC, BHC, OME only)** (**BHC:** In 24-hour settings,) The [organization] accommodates the right to pastoral and other spiritual services for [patients/residents/clients].

**Standard RI.2.20** [Patients/Residents/Clients] receive information about their rights.
**EP.1. (HAP, OME, BHC only)** Information on rights is provided to each [patient/resident/client].
**EP.2. (AHC only)** Information about [patient/resident/client] rights is readily accessible


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**EP.3**. **(LTC only)** Information on rights is given and explained to each resident upon admission and when any rights are changed.
**EP.4. (LTC only)** The resident acknowledges in writing receipt of rights information and any changes to it as appropriate to the populations served or residents.
**EP.5**. **(HAP, LTC only)** Information on the extent to which the [organization] is able, unable, or unwilling to honor advance directives is given upon admission if the [patient/resident/client] has an advance directive.
**EP.15. (BHC-OTP only)** Programs support patient choice in seeking alternative therapies while providing appropriate guidance in the process. Programs may provide culturally appropriate or popular and non-harmful alternative therapies as indicated (such as acupuncture or providing a space for sweat lodge ceremonies in a rural clinic serving Native Americans).

**Standard RI.2.30** [Patients/Residents/Clients] are involved in decisions about care, treatment, and services provided.
**Rationale for RI.2.30**
Making decisions about care, treatment, and services sometimes presents questions, conflicts, or other dilemmas for the [organization] and the [patients/residents/clients], family, or other decision makers. These dilemmas may involve issues about admission; care, treatment, and services; or discharge. The [organization] works with [patients/residents/clients], and when appropriate their families, to resolve such dilemmas.
**EP.1.** [Patients/Residents/Clients] are involved in decisions about their care, treatment, and services.
**EP.2.** [Patients/Residents/Clients] are involved in resolving dilemmas about care, treatment, and services.

**Standard RI.2.40** Informed consent is obtained.
**Rationale for RI.2.40**
The goal of the informed consent process is to establish a mutual understanding between the [patient/resident/client] and the (**AHC, HAP, LTC, OME:** physician or other) (**AHC, HAP:** licensed independent practitioner) (**BHC, LTC, OME:** provider or practitioner) who provides the care, treatment, and services about the care, treatment, and services that the [patient/resident/client] receives. This process allows each [patient/resident/client] to fully participate in decisions about his or her care, treatment, and services.


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**EP.1.** The [organization]'s policies describe the following:
- Which, if any, procedures or care, treatment, and services provided require informed consent
- The process used to obtain informed consent
- How informed consent is to be documented in the record (**LTC, OME: ,** including informed consent gathered by other providers, if required)
- When a surrogate decision maker, rather than the [patient/resident/client], may give informed consent
- When procedures or care, treatment, and services normally requiring informed consent may be given without informed consent

**EP.2.** Informed consent is obtained and documented in accordance with the [organization]'s policy.
**EP.3.** A complete informed consent process includes a discussion of the following elements:[1]
- The nature of the proposed care, treatment, services, medications, interventions, or procedures
- **(AHC, HAP, LTC, OME only)** Potential benefits, risks, or side effects, including potential problems that might occur during recuperation
- The likelihood of achieving goals
- Reasonable alternatives
- The relevant risks, benefits, and side effects related to alternatives, including the possible results of not receiving care, treatment, and services
- When indicated, any limitations on the confidentiality of information learned from or about the [patient/resident/client]
- **(BHC only)** When indicated, potential problems related to recovery or reunification with families

**Standard RI.2.80** The [organization] addresses the wishes of the [patient/resident/client] relating to end of life decisions.
**EP.9**. **(HAP and LTC only)** The [organization] documents and honors the [patient's/resident's/client's] wishes concerning organ donation within the limits of the law or [organization] capacity.
**EP.20. (LTC only)** The [organization] determines residents' wishes about organ donation when they are admitted.

**Standard RI.2.100** The organization respects the [patient's/resident's/client's] right to and need for effective communication.
**Rationale for RI.2.100**
The [patient/resident/client] has the right to receive information in a manner that he or she understands. This includes communication between the [organization] and the [patient/resident/client], as well as communication between the [patient/resident/client] and others outside the [organization].

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1 Documentation of the items listed in Element of Performance 3 may be in a form, progress notes, or elsewhere in the record.


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**EP.1.** The [organization] respects the right and need of [patients/residents/clients] for effective communication.
**EP.2.** Written information provided is appropriate to the age, understanding, and as appropriate to the population served, the language of the [patient/resident/client].
**EP.3.** The [organization] provides interpretation (including translation) services as necessary.
**EP.4.** The [organization] addresses the needs of those with vision, speech, hearing, language and cognitive impairments.

**Standard RI.2.120** The [organization] addresses the resolution of complaints from [patients/residents/clients] and their families.
**EP.1.** The [organization] informs [patients/residents/clients], families, and staff about the (**AHC, BHC, HAP, OME:** complaint) (**LTC:** internal complaint/grievance) resolution process **(LTC:** upon admission).
**EP.2.** The [organization] receives, reviews, and, when possible, resolves complaints from [patients/residents/clients] and their families.
**EP.6. (LTC only)** The [organization] prominently posts a description of the complaint/grievance process in the facility.
**EP.7. (LTC only)** If the [organization] does not resolve the complaint/grievance to the resident's or family's satisfaction, it refers them to other sources of assistance, such as ombudsman, legal services, or adult protective services programs.

**Standard RI.2.210 (LTC only)** Residents have a right to a quality of life that supports independent expression, choice, and decision making, consistent with applicable law and regulation.
**EP.1**. Residents receive care that respects their independence, expression of choice, and decision making.
**EP.2.** Residents' choices about their planned course of care, treatment, and services are supported by the [organization].
**EP.3.** Residents' health beliefs and expectations are honored by the [organization].

**Standard RI.2.220 (LTC only)** Residents receive care that respects their personal values, beliefs, cultural and spiritual preferences, and life-long patterns of living.
**EP.1.** Residents' personal values, beliefs, and cultural and spiritual preferences are respected by the [organization].
**EP.2.** Residents' life-long patterns of living, including lifestyle choices related to sexual orientation are respected by the [organization].

**Standard RI.2.240 (LTC only)** Residents can participate or refuse to participate in social, spiritual, or community activities and groups.
**EP. 1.** Each resident's choice to participate or refuse to participate in social, spiritual, or community activities and groups is supported by the [organization].


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# Provision of Care, Treatment, and Services

## Overview

Care, treatment, and services are provided through the successful coordination and completion of a series of processes that include appropriate initial (**BHC**: screening or) assessment of needs; development of a plan for care, treatment, and services; the provision of care, treatment, and services; ongoing assessment of whether the care, treatment, and services provided are meeting the [patient/resident/client]'s needs, and either the successful discharge of the [patient/resident/client] or referral or transfer of the [patient/resident/client] for continuing care, treatment, and services.

**Standard PC.1.10** The [organization] accepts for care, treatment, and services only those [patients/residents/clients] whose identified care, treatment, and service needs it can meet.
**EP.1.** The organization has a defined written process that includes the following:

- The information to be gathered to determine eligibility for (**BHC:** care, treatment, and services) entrance into the [organization]
- The populations of [patients/residents/clients] accepted or not accepted by the [organization] (for example, programs designed to treat adults that do not treat young children)
- The criteria to determine eligibility for (**BHC:** care, treatment, and services) entry into the system
- The procedures for accepting referrals

**EP.2**. **(BHC, LTC only)** [Residents/Clients] are screened for appropriateness at the point of first contact (including contact by phone) with the [organization].
**EP.4**. **(LTC only)** If a resident is not accepted after referral and preadmission screening, the reasons for denying admission are stated.
**EP.5**. **(LTC only)** The staff refers the resident to another appropriate [organization], making reasonable referral efforts.
**EP.6**. **(LTC only)** The staff explains to the referring [organization] its reasons for not accepting the resident and when possible, suggests a more appropriate [organization].
**EP.7**. **(BHC, LTC only)** When warranted by need, separate specialized screening, assessment and reassessment processes are identified for the various populations served.
**EP.8**. **(BHC only)** After screening, clients are matched with the care, treatment, and services in the [organization] most appropriate to their needs.
**EP.9**. The [organization] accepts [patients/residents/clients] for care, treatment, and services according to established processes.
**EP.15**. **(BHC-OTP only)** The process for providing access to care, treatment, health professionals, and services addresses the following:

- Criteria for admission based on the DSM-IV definition of opioid dependence
- Criteria for determining a diagnosis of addiction[2] based on behavior

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2 Behavior supportive of a diagnosis of addiction might include the following:

- Continuing to use the opioid despite known adverse consequences to self, family, or society
- Obtaining illicit opioids
- Using prescribed opioids inappropriately
- One or more attempts at gradual removal of physical dependence on opioids (detoxification) using methadone. This is also called medically supervised withdrawal (MSW). An unsuccessful attempt at MSW is evidenced by uncontrollable drug craving (or actual use) caused by insufficient methadone dose


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- Special populations where the absence of physiological dependence should not be an exclusion criterion and admission is clinically justified
- Patients are not generally admitted to opioid addiction therapy to receive opioids only for pain
- Measures commensurate with the severity of the problem and its documented consequences are taken to prevent patients from enrolling in treatment provided by more than one clinic or individual practitioner
- Opioid addiction treatment programs should be encouraged to participate in central registries designed and implemented by the state
- Patients under 18 are required to have had two documented attempts at short-term medically-supervised withdrawal (detoxification) or drug-free treatment to be eligible for maintenance treatment

**Standard PC.2.20 (AHC, HAP, LTC, OME only)** The [organization] defines in writing the data and information gathered during assessment and reassessment.
**EP.3. (AHC, HAP, LTC, OME only)** If applicable, separate specialized assessment and reassessment information is identified for the various populations served.
**EP.4. (HAP, AHC only)** The information defined by the [organization] to be gathered during the initial assessment includes the following, as relevant to the care, treatment, and services:

- Physical assessment, as appropriate
- Psychological assessment, as appropriate
- Social assessment, as appropriate
- Each [patient]'s nutrition and hydration status, as appropriate
- Each [patient]'s functional status, as appropriate
- For [patients] receiving end-of-life care, the social, spiritual, and cultural variables that influence the perceptions and expressions of grief by the [patient], family members, or significant others

**EP.6.** (**OME only**) The information defined by the [organization] to be gathered during the initial assessment includes, as relevant to the care, treatment, and services, at least the following:

- Pertinent diagnoses
- Pertinent physical findings
- Pertinent medical history
- The [patient]'s functional status
- The [patient]'s psychosocial status (for example, emotional barriers to treatment, cognitive limitations, memory, orientation)
- Cultural or religious practices that may affect care, treatment, and services
- The [patient]'s family or support system and the care they are capable and willing to provide
- The [patient]'s and family's educational needs, abilities, motivation, and readiness to learn
- The [patient]'s home environment (for example, architectural barriers, safety hazards, availability of electricity, telephone service, and so on)

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during an admission for detoxification or MSW directly into the early phase of methadone/LAAM maintenance treatment.


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- Any other relevant information that may affect the [patient]'s goals

**EP.8.** (**OME only**) In addition, for hospice services, the information also includes at least the following:

- The severity of symptoms and factors that alleviate or exacerbate physical symptoms
- The comfort level of a [patient] who chooses not to take nutrition therapy
- [Patient] and family spiritual orientation, including, as appropriate, any involvement in a religious group
- Spiritual concerns or needs identified by the [patient] or family, such as despair, suffering, guilt, and forgiveness
- [Patient] and family involvement in a support group, if any
- Additional information about the [patient]'s psychosocial status, such as family relationships, social history, the source and adequacy of environmental and other resources, coping mechanisms, and the [patient]'s and family's reactions to the illness
- The need for volunteer services to offer support or respite to the [patient], family, or other caregivers
- The need for an alternative setting or level of care
- Anticipated discharge needs including bereavement and funeral needs
- Survivor risk factors, such as the nature of the relationship with the [patient], circumstances surrounding the death, behaviors before and after the death, availability of coping mechanisms, and potential for pathological grief reactions

**EP.14. (LTC only**) The information defined by the [organization] to be gathered during the initial assessment(s) also includes the resident's communication status, including the following:

- Ability to hear
- Ability to speak
- Predominant language(s)
- Modes of expression

**EP.17. (LTC only)** The information defined by the [organization] to be gathered during the initial assessment(s) also includes the resident's nutritional[3] and hydration status and needs, including the following:

- Potential nutritional risk, deficiencies, and needs
- Cultural, religious, or ethnic food preferences
- Nutrient-intake patterns and special dietary requirements
- Dietary/food allergies
- Food and fluid consumption
- Bowel and urinary output
- Skin integrity
- Swallowing problems
- Appropriate laboratory tests
- Weight (at least monthly)

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3 The content of the nutritional screening criteria that the [organization] develops (which may include the Minimum Data Set [MDS]), is at the discretion of the [organization], but should be contained in an approved policy. The standards also reflect that, based on the results of the nutrition screen, further nutrition assessment is completed when indicated and the [patient] is reassessed at determined intervals.


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- Criteria used to evaluate weight gain and loss to determine the need for further assessment

**EP.20. (LTC only)** The information defined by the [organization] to be gathered during the initial assessment(s) also includes the resident's psychosocial and spiritual status, including the following:

- Cultural and ethnic factors which influence care, treatment, and services
- Current emotional status
- Social skills
- Current living situation
- Family relationships and circumstances
- Relevant past history of roles
- Response to stress caused by the illness and required treatment
- Spiritual orientation, status, and needs
- The dying resident's concerns related to hope, despair, guilt, or forgiveness

**EP.21. (LTC only)** In addition, when the bereavement process is a significant factor, the psychosocial assessment includes the social, spiritual, and cultural variables that influence the perceptions and expressions of grief by the resident or family.

**Standard PC.2.60** (**BHC only**) The [organization] defines in writing the data and information to be gathered during the psychosocial assessment.

**EP.1.** As relevant to care, treatment, and services, the information defined by the [organization] to be gathered during the psychosocial assessment includes at least the following:

- Environment and living situation
- Leisure and recreation
- Religion and spiritual orientation
- Childhood history
- Military service history, if applicable
- Financial issues
- Usual social, peer-group, and environmental setting
- Sexual history
- Family circumstances

**EP.2.** Family members' participation is considered as a potential source of information for the psychosocial assessment.

**EP.3.** When addressing bereavement, the psychosocial assessment includes the social, spiritual, and cultural variables that influence the perceptions and expressions of grief by the client or family.

**Standard PC.3.100 (BHC only)** The assessment includes the client's religion and spiritual orientation.

**Rationale for PC.3.100**

A client's spiritual orientation may relate to the substance abuse, dependence, and other addictive behaviors in terms of how the client views himself or herself as an individual of value and worth. Spiritual orientation is not considered synonymous with a client's relationship with an organized religion.

**EP.1.** The client's spiritual orientation and religion are obtained as part of the assessment.


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**Standard PC.3.120** (**HAP only**) The needs of [patients] receiving psychosocial services to treat alcoholism or other substance use disorders are assessed.
**EP.2.** As appropriate to the [patient]'s age and specific clinical needs, the psychosocial assessment includes information about the following:

- Treatment acceptance or motivation for change
- Recovery environment features that serve as resources or obstacles to recovery, including the use of alcohol and other drugs by family members
- The [patient]'s religion and spiritual orientation
- Any history of physical or sexual abuse, as either the abuser or the abused
- The [patient]'s sexual history and orientation
- Environment and home
- Leisure and recreation
- Childhood history
- Military service history
- Financial status
- The [patient]'s social, peer-group, and living situation
- The [patient]'s family circumstances, including the constellation of the family group
- The [patient]'s current living situation
- Social, ethnic, cultural, emotional, and health factors

**Standard PC.3.130 (HAP only)** The needs of patients receiving treatment for emotional or behavioral disorders are assessed.
**EP.2**. As appropriate to the patient's age and specific clinical needs, the psychosocial assessment includes information about the following:

- Environment and home
- Leisure and recreation
- Religion
- Childhood history
- Military service history
- Financial status
- The social, peer-group, and environmental setting from which the patient comes
- Sexual history, including abuse (either as the abuser or the abused)
- Physical abuse (either as the abuser or the abused)
- The patient's family circumstances, including the constellation of the family group
- The current living situation
- Social, ethnic, cultural, emotional, and health factors

**Standard PC.3.140 (BHC Foster Care only)** Each child is assessed to determine appropriate services and placement.
**EP.6.** Each child receives a social status evaluation.
**EP.8**. Each child receives a spiritual status evaluation.
**EP.9.** Each child receives a cultural and linguistic status evaluation.


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**Standard PC.3.160 (BHC Foster Care only)** Each prospective foster care family is assessed to determine its appropriateness for placement of children in foster care.
**EP.6.** Each prospective foster family receives an assessment of foster parent capability including the following: Cultural and linguistic evaluations.

**Standard PC.3.220 (BHC Foster Care only)** Criteria are developed and used to guide placement decisions.
**EP.2.** Criteria for placement decisions include the following:

- Considering placing the child with kinship care providers (if an appropriate kinship house can be located) before placing in a non-relative foster care provider
- Considering the proximity of the child to the family of origin, community, schools, visitation, and placing siblings together[4]
- Being culturally responsive to the characteristics of the children and families to the best of the agency's ability
- Considering any respiratory risks to a child from passive smoke due to existing health issues, such as asthma
- Placing the safety and well-being of the child foremost

**Standard PC.4.10 (AHC, HAP, LTC, OME only)** Planning care, treatment, and services is not limited to developing a written plan. Rather, planning is a dynamic process that addresses the execution of care, treatment, and services. The plan for care, treatment, and services must be consistently re-evaluated to ensure that the [patient/resident]'s needs are met. Planning for care, treatment, and services includes the following:

- Integrating assessment findings in the care-planning process
- Developing a plan for care, treatment, and services that includes [patient] care goals that are reasonable and measurable
- Regularly reviewing and revising the plan for care, treatment, and services
- Determining how the planned care, treatment, and services will be provided
- Documenting the plan for care, treatment, and services
- Monitoring the effectiveness of care planning and the provision of care, treatment, and services
- Involving [patients/residents] and/or families in care planning)

**EP.1.** Care, treatment, and services are planned to ensure that they are individualized to the [patient/resident]'s needs.
**EP.2. (AHC, HAP, OME only)** Development of a plan for care, treatment, and services is based on the data from assessments.

**Standard PC.4.100** (**BHC programs treating Persons with Developmental Disabilities only**) The needs of persons with developmental disabilities are addressed.
**EP.2.** Persons with developmental disabilities and their families or advocates have the opportunity to participate in the planning process by expressing their opinions, preferences, questions, concerns, desires, and expectations for care, treatment, and services.

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4 To meet educational needs and prevent exacerbation of education problems, the child is placed, if possible, in his or her own community and school district for continuity of educational services. Placement in close proximity to the parent's home should be consistent with the child's best interest and special needs.


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**EP.4**. The organization makes every effort to accommodate the needs and preferences of the person with developmental disabilities and family or advocates.

**Standard PC.5.60** The [organization] coordinates the care, treatment, and services provided to a [patient/resident/client] as part of the plan for care, treatment, and services and consistent with the [organization]'s scope of care, treatment, and services.
**EP.1.** The [organization] coordinates the care, treatment, and services provided through internal resources to a [patient/resident/client].
**EP.2.** When external resources are needed, the [organization] participates in coordinating care, treatment, and services with these resources.
**EP.3.** The [organization] has a process to receive or share relevant [patient/resident/client] information to facilitate appropriate coordination and continuity when [patients/residents/clients] are referred to other care, treatment, and service providers.
**EP.4.** There is a process to resolve duplication or conflict with either internal or external resources.
**EP.5.** The activities detailed in the plan of care, treatment, and services is designed to occur in a time frame that meets the [patient/resident/client]'s health needs.
**EP.7. (LTC only**) Services are made available directly or through arrangement to meet the following resident needs:

- 24-hour emergency dental services
- Spiritual services
- Behavioral health services,[5] including counseling on a continuing basis in individual, family, and group services, as appropriate
- Activity services for ambulatory and non-ambulatory residents at various functional levels as well as those who are unable to attend group activities
- Assistance with guardianship and conservatorship, when indicated
- Services to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge

**Standard PC.6.10** The [patient/resident/client] receives education and training specific to the [patient's/resident's/client's] needs and as appropriate to care and services provided.
**EP.1.** Education provided is appropriate to the [patient/resident/client]'s needs.
**EP.2.** The assessment of learning needs addresses cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication, as appropriate.

**Standard PC.6.30** The [patient/resident/client] receives education and training specific to the [patient's/resident's/client's] abilities as appropriate to the care, treatment, and services provided by the [organization].
**EP.3**. The content is presented in an understandable manner.
**EP.5.** Comprehension is evaluated.

5 These services may be provided by various disciplines (for instance, social workers, psychologists, clinical nurse specialists, or other appropriately educated consultants).


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**Standard PC.7.10** The [organization] has a process for preparing and/or distributing food and nutrition products (**AHC, BHC, HAP, OME**: as appropriate) (**AHC, BHC, HAP, OME**: to the care, treatment, and services provided).
**EP.3.** [Patient's/Resident's/Client's] cultural, religious, and ethnic food preferences are honored when possible, unless contraindicated.

**Standard PC.8.70 (HAP, LTC, OME only)** Comfort and dignity are optimized during end-of-life care.
**EP.1.** To the extent possible, as appropriate to the [patient/resident]'s and family's needs and the [organization]'s services, interventions address [patient/resident] and family comfort, dignity, and psychosocial, emotional, and spiritual needs, as appropriate, about death and grief.

## Improving Organization Performance

### Overview

Performance improvement (PI) is a continuous process. It involves measuring the functioning of important processes and services, and, when indicated, identifying changes that enhance performance. These changes are incorporated into new or existing work processes, products or services, and performance is monitored to ensure that the improvements are sustained.

**Standard PI.1.10** The [organization] collects data to monitor its performance.
**Rationale for PI.1.10**
Data help determine performance improvement priorities. The data collected for high priority and required areas are used to monitor the stability of existing processes, identify opportunities for improvement, identify changes that lead to improvement, or sustain improvement. Data collection helps identify specific areas that require further study. These areas are determined by considering the information provided by the data about process stability, risks, and sentinel events, and priorities set by the leaders. Data may come from internal sources such as staff or external sources such as patients, referral sources, and so on. In addition, the organization identifies those areas needing improvement and identifies desired changes. Performance measures are used to determine whether the changes result in desired outcomes. The organization identifies the frequency and detail of data collection.
**EP.1.** The [organization] collects data for priorities identified by leaders (see standard **LD.4.50**).
**EP.3.** The [organization] collects data on the perceptions of care, treatment, and services[6] of [patients] including the following:

- Their specific needs and expectations
- How well the [organization] meets these needs and expectations
- How the [organization] can improve [patient/resident/client] safety
- **(AHC, HAP, LTC, OME only)** The effectiveness of pain management, when applicable

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6 The Joint Commission is moving from the phrase *satisfaction with care, treatment, and services* toward the more inclusive phrase *perception of care, treatment, and services* to better measure the performance of [organizations] meeting the needs, expectations and concerns of [patients]. By using this term, the [organization] will be prompted to assess not only [patients]' and/or families' satisfaction with care, treatment, or services, but also whether the [organization] meets their needs and expectations.


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**Standard PI.3.20** An ongoing, proactive program for identifying and reducing unanticipated adverse events and safety risks to [patients/residents/clients] is defined and implemented.

**Rationale for PI.3.20**

[Organization]s should proactively seek to identify and reduce risks to the safety of [patients/residents/clients]. Such initiatives have the obvious advantage of preventing adverse events rather than simply reacting when they occur. This approach also avoids the barriers to understanding created by hindsight bias and the fear of disclosure, embarrassment, blame, and punishment that can happen after an event.

**EP.1.** The following proactive activities to reduce risks to [patients/residents/clients] are conducted: Selecting a high-risk process[7] to be analyzed (at least one high-risk process is chosen annually(**AHC, BHC, OME:** 8) - the choice should be based in part on information published periodically by the Joint Commission about the most frequent sentinel events and risks).

**EP.2.** The following proactive activities to reduce risks to [patients/residents/clients] are conducted: Describing the chosen process (for example, through the use of a flowchart).

**EP.3.** The following proactive activities to reduce risks to [patients/residents/clients] are conducted: Identifying the ways in which the process could break down9 or fail to perform its desired function.

**EP.4.** The following proactive activities to reduce risks to [patients/residents/clients] are conducted: Identifying the possible effects that a breakdown or failure of the process could have on [patients/residents/clients] and the seriousness of the possible effects.

**EP.5.** The following proactive activities to reduce risks to [patients/residents/clients] are conducted: Prioritizing the potential process breakdowns or failures.

**EP.6.** The following proactive activities to reduce risks to [patients/residents/clients] are conducted: Determining why the prioritized breakdowns or failures could occur, which may include performing a hypothetical root cause analysis.

**EP.7.** The following proactive activities to reduce risks to [patients/residents/clients] are conducted: Redesigning the process and/or underlying systems to minimize the risk of the effects on [patients/residents/clients].

**EP.8.** The following proactive activities to reduce risks to [patients/residents/clients] are conducted: Testing and implementing the redesigned process.

**EP.9.** The following proactive activities to reduce risks to [patients/residents/clients] are conducted: Monitoring the effectiveness of the redesigned process.

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7 **High-risk process** A process that if not planned and/or implemented correctly, has a significant potential for impacting the safety of the [patient].

8 **(AHC, BHC, OBS, OME:** On rare occasions, the [organization] may determine that it has no high-risk processes to be analyzed due to the nature of the care, treatment, and services provided (for example, a home medical equipment service provider that only delivers commodes). If this situation occurs, the [organization] must document on an annual basis that it has determined there are no high-risk processes as well as the reasons for the determination.

Additionally, there may be rare occasions when the [organization] has a limited number of high-risk processes due to the nature of the care, treatment, or services provided. In those instances, the [organization] can re-analyze a high-risk process, provided that all identified high-risk processes related to the care, treatment, and services provided have been reviewed.)

9 The ways in which processes could break down or fail to perform its desired function are many times referred to as "the failure modes".


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# Leadership

## Overview

[An organization]'s leaders provide the framework for planning, directing, coordinating, providing, and improving care, treatment, and services to respond to community and [patient/resident/client] needs and improve (**AHC, HAP, LTC, OME:** health care) outcomes.

**Standard LD.1.30** The organization complies with applicable law and regulation.
**EP.1.** The organization provides all care, treatment, and services in accordance with applicable licensure requirements, law, rules, and regulation.**(LTC, OME:**[10]**)(BHC:**[11]**)**

**Standard LD.2.10** (**AHC, HAP, LTC, OME:** An individual(s) or designee(s))(**BHC:** A leader(s)) is responsible for operating the [organization] according to the authority conferred by governance.
**EP.5. (BHC-OTP only)** Programs ensure that persons in position of authority are professionally and culturally competent (for example, that these persons are able to work effectively with the local community and/or receive input from advisers or committee members in the local community in terms of gender, ethnicity, and languages or are representative of it).

**Standard LD.2.20** Effective leaders at the (**BHC:** program or service) (**AHC, HAP, LTC, OME**: program, service, site or department) level help to create an environment or culture that enables [an organization] to fulfill its mission and meet or exceed its goals. They support staff and instill in them a sense of ownership of their work processes. Although it may be appropriate for leaders to delegate work to qualified staff, the leaders are ultimately responsible for care, treatment, or services provided in their area.
**EP.1.** The (**BHC:** program or service) (**AHC, HAP, LTC, OME**: program, service, site, or department) leaders ensure that operations are effective and efficient.
**EP.2.** Leaders hold staff accountable for their responsibilities.
**EP.3.** (**BHC:** Programs or services) (**AHC, HAP, LTC, OME**: Programs, services, sites, or departments) providing [patient/resident/client] care are directed by one or more qualified professionals with appropriate training and experience (**HAP, AHC, LTC**: or by a qualified licensed independent practitioner with appropriate clinical privileges) (**BHC:** or by a qualified licensed independent practitioner with appropriate clinical responsibilities).
**EP.4.** Responsibility for administrative and clinical direction of these (**BHC:** programs or services) (**AHC, HAP, LTC, OME**: programs, services, sites, or departments) is defined in writing.
**EP.5.** Leaders ensure that a process is in place to coordinate care, treatment, and service processes among (**BHC:** programs or services) (**AHC, HAP, LTC, OME**: programs, services, sites, or departments).

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10 **(LTC, LT2, OME:** Applicable laws and regulations include, but are not limited to, individual and facility licensure, certification, Food and Drug Administration regulations, Drug Enforcement Agency regulations, Center for Medicare and Medicaid Services regulations, Occupational Safety and Health Administration regulations, Department of Transportation regulations, Health Insurance Portability and Accountability Act, and other local, state, and federal laws and regulations.**)**

11 **(BHC:** This includes operating in accordance with applicable local, state, tribal, and federal laws and regulations**)**


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**Standard LD.3.10**
The leaders engage in both short-term and long-term planning.
**EP.1.** Leaders create vision, mission, and goal statements.
**EP.2.** The [organization]'s plan for services specifies which care, treatment, or services are provided directly and which through consultation, contract, or other agreement.
**EP.26.** Planning for care, treatment, and services addresses the following:

- The needs and expectations of [patients/residents/clients] and, as appropriate, families and referral sources
- Staff needs
- The scope of care, treatment, and services needed by [patients/residents/clients] at all of the [organization]'s locations
- Resources (financial and human) for providing care and support services
- Recruitment, retention, development, and continuing education needs of all staff
- Data for measuring the performance of processes and outcomes of care

**Standard LD.3.20** [Patients/Residents/Clients] with comparable needs receive the same standard of care, treatment, and services throughout the organization.
**Rationale for LD.3.20**
(**OME:** For [patients] with the same needs, [organization]s may be providing different services. [Patients] may receive more or fewer visits, or may receive equipment with or without enhanced features. Also, [organization]s may choose to have branch offices that offer different services from one another.) The leaders must make sure that factors such as different individuals providing care, treatment, and services; different payment sources; or different settings of care do not intentionally negatively influence the outcome.
**EP.1.** [Patients/Residents/Clients] with comparable needs receive the same standard of care, treatment, and services throughout the organization.
**EP.2**.The organization plans, designs, and monitors care, treatment, and services so they are consistent with the mission, vision, and goals.

**Standard LD.3.30 (HAP only)** A hospital demonstrates a commitment to its community by providing essential services in a timely manner.
**Rationale for LD.3.30**
Through the planning process, the leaders determine, first, what diagnostic, therapeutic, rehabilitative and other services are essential to the community; second, which of these services the [organization] will provide directly and which through referral, consultation, contractual arrangements, or other agreements; and third, time frames for providing patient care.
**EP.1.** Essential services include at least the following:

- Diagnostic radiology
- Dietetic
- Emergency
- Nuclear medicine*
- Nursing care
- Pathology and clinical laboratory
- Pharmaceutical
- Physical rehabilitation*


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- Respiratory care*
- Social work

* Not required for hospitals that provide only psychiatric and substance use services

**EP.2.** In addition, the hospital has at least one of the following acute care clinical services:

- Medicine
- Obstetrics and gynecology*
- Pediatrics
- Surgery*
- Child, adolescent, or adult psychiatry
- Substance use treatment

* When the hospital provides surgical or obstetric services, anesthesia services are also available

**Standard LD.3.50** Services provided by consultation, contractual arrangements, or other agreements are provided safely and effectively.
**EP.1.** The leaders approve sources for the [organization]'s services that are provided by consultation, contractual arrangements, or other agreements.
**EP.5.** Services provided by consultation, contractual arrangements, or other agreements meet applicable Joint Commission standards.
**EP.6.** The [organization] evaluates the contracted care and services to determine whether they are being provided according to the contract and the level of safety and quality that the [organization] expects.

**Standard LD.3.60** Communication is effective throughout the [organization].
**EP.1.** The leaders ensure processes are in place for communicating relevant information throughout the [organization] in a timely manner.
**EP.2.** Effective communication occurs in the [organization], among the [organization]'s programs, among related [organizations], with outside [organizations], and with [patients/residents/clients] and families, as appropriate.
**EP.3.** The leaders communicate the [organization]'s mission and appropriate policies, plans, and goals to all staff.

**Standard LD.3.70** The leaders define the required qualifications and competence of those staff who provide care, treatment, and services, and recommend a sufficient number of qualified and competent staff to provide care, treatment, and services.
**Rationale for LD.3.70**
The determination of competence and qualifications of staff is based on the following:

- The [organization]'s mission
- The [organization]'s care, treatment, and services
- The complexity of care, treatment, and services needed by [patients]
- The technology used
- The health status of staff, as required by law and regulation

**(AHC, BHC, HAP, LTC only)** A single set of criteria must be used to judge the competency of all clinicians who provide care, treatment, and services within the organization, regardless of whether they are an employee of the organization or of a licensed independent practitioner.
***Note:*** *The qualification requirements pertaining to students and volunteers who work in the*


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*same capacity as staff when they provide care, treatment and services are addressed in Standard **HR.1.20**.*
**EP.1.** The leaders provide for the allocation of competent qualified staff.

**Standard LD.3.80** The leaders provide for adequate space, equipment, and resources.
**EP.2.** The leaders provide for the appropriateness of interior and exterior space for the care, treatment, and services offered and for the ages and other characteristics of the [patients/residents/clients].
**EP.4**. The leaders provide for adequate equipment and other resources.

**Standard LD.3.90** The leaders develop and implement policies and procedures for care, treatment, and services.
**EP.1.** The leaders develop policies and procedures that guide and support [patient/resident/client] care, treatment, and services.
**EP.2.** Policies and procedures are consistently implemented.

**Standard LD.3.110 (HAP only)** Leaders implement policies and procedures developed with the medical staff's participation for procuring and donating organs and other tissues.
**EP.10.** Staff education includes training in the use of discretion and sensitivity to the circumstances, beliefs, and desires of the families of potential donors.

**Standard LD.3.120** The leaders plan for and support the provision and coordination of [patient/resident/client] education activities.
**EP.1.** The leaders plan and support [patient/resident/client] education activities appropriate to the organization's mission and scope of services.
**EP.2.** The leaders identify and provide the resources necessary for achieving educational objectives.

**Standard LD.4.10** The leaders set expectations, plan, and manage processes to measure, assess, and improve the [organization]'s governance, management, clinical, and support activities.
**EP.1.** The leaders set expectations for performance improvement.
**EP.2.** The leaders develop plans for performance improvement.
**EP.3.** The leaders manage processes to improve [organization] performance.
**EP.4.** The leaders participate in performance improvement activities.
**EP.5.** Appropriate individuals and professions from each relevant (**AHC, HAP, LTC, OME:** program, service, site, or department)(**BHC:** program or service) participate collaboratively in organizationwide performance improvement activities.

**Standard LD.4.40** The leaders ensure that an integrated [patient/resident/client] safety program is implemented throughout the organization.
**Rationale for LD.4.40**
The leaders should work to foster a safe environment throughout the [organization] (**BHC:** especially in settings that are under its control) by integrating safety priorities into all relevant [organization] processes, functions, and services. In pursuit of this effort, a [patient/resident/client] safety program can work to improve safety by reducing the risk of system or process failures. As part of its responsibility to communicate objectives and


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coordinate efforts to integrate [patient/resident/client] care and support services throughout the [organization] and with contracted services, leadership takes the lead in developing, implementing, and overseeing a [patient/resident/client] safety program.
The standard does not require the creation of new structures or "offices" in the [organization]; rather, the standard emphasizes the need to integrate all [patient/resident/client]-safety activities, both existing and newly created, with the [organization]'s leadership identified as accountable for this integration.
(**OME:** It is also critical that the [organization], when establishing a patient safety program, integrate the roles and responsibilities of the patient and his or her family in reducing unanticipated adverse events and/or unanticipated adverse outcomes by providing sufficient and appropriate information about risks related to the care or services provided, instructions on minimizing those risks, and the consequences of not following such risk reduction instructions.)
**EP.1.** The [patient/resident/client] safety program includes the following: One or more qualified individuals or an interdisciplinary group assigned to manage the organizationwide safety program
**EP.2.** The [patient/resident/client] safety program includes the following: Definition of the scope of the program's oversight, typically ranging from no-harm, frequently occurring "slips" to sentinel events with serious adverse outcomes
**EP.3.** The [patient/resident/client] safety program includes the following: Integration into and participation of all components of the [organization] into the organizationwide program
**EP.4.** The [patient/resident/client] safety program includes the following: Procedures for immediately responding to system or process failures, including care, treatment, or services for the affected individual(s), containing risk to others, and preserving factual information for subsequent analysis
**EP.5.** The [patient/resident/client] safety program includes the following: Clear systems for internal and external reporting of information about system or process failures
**EP.6.** The [patient/resident/client] safety program includes the following: Defined responses to various types of unanticipated adverse events and processes for conducting proactive risk assessment/risk reduction activities
**EP.7.** The [patient/resident/client] safety program includes the following: Defined support systems[12] for staff members who have been involved in a sentinel event
**EP.8.** The [patient/resident/client] safety program includes the following: Reports, at least annually, to the [organization]'s governance or authority on system or process failures and actions taken to improve safety, both proactively and in response to actual occurrences

**Standard LD.4.50** The leaders set performance improvement priorities and identify how the [organization] adjusts priorities in response to unusual or urgent events.
**EP.1.** The leaders set priorities for performance improvement for organizationwide activities, (**HAP, LTC:** staffing effectiveness,) and [patient/resident/client] health outcomes.
**EP.2.** The leaders give high priority to high-volume, high-risk, or problem-prone processes.
**EP.3.** Performance improvement activities are reprioritized in response to significant changes in the internal or external environment.

12 Support systems provide individuals with additional help and support as well as additional resources through the human resources function or an employee assistance program. Support systems recognize that conscientious health care workers who are involved in sentinel events are themselves victims of the event and require support. Support systems also focus on the process rather than blaming the involved individuals.


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**EP.4. (OME for Medicare-certified hospices only)** The hospice must also comply with CFRs 418.66. See Appendix D for the full text of the regulations.

**Standard LD.5.10 (HAP only)** The hospital considers clinical practice guidelines when designing or improving processes, as appropriate.
**Rationale for LD.5.10**
Clinical practice guidelines can improve the quality, utilization, and value of health care services. Clinical practice guidelines help practitioners and patients in making decisions about preventing, diagnosing, treating, and managing selected conditions. Clinical practice guidelines can also be used in designing clinical processes or checking the design of existing processes. The leaders may consider sources of clinical practice guidelines such as the Agency for Healthcare Research and Quality, National Guideline Clearinghouse, and professional organizations.
**EP.1.** The leaders have considered the use of clinical practice guidelines in designing or improving processes.

**Standard LD.5.20 (HAP only)** When clinical practice guidelines are used, the leaders identify criteria for their selection and implementation.
**Rationale for LD.5.20**
Selecting and implementing clinical practice guidelines that are appropriate to the [organization] are critical. The leaders set criteria to guide the selection and implementation of clinical practice guidelines that are consistent with the [organization]'s mission and priorities. The leaders also consider the steps and changes or variations needed to encourage use, dissemination, and implementation of chosen guidelines throughout the organization. This includes staff communication, training, implementation, feedback, and evaluation.
**EP.1.** When guidelines are used, the leaders have identified criteria to guide the selection and implementation of guidelines.
**EP.2.** The organization manages, evaluates, and learns from variation.

**Standard LD.5.40 (HAP only)** The leaders evaluate the outcomes related to use of clinical practice guidelines and determine steps to improve processes.
**Rationale for LD.5.40**
To fully benefit from the use of clinical practice guidelines, the outcomes of patients treated using clinical practice guidelines are evaluated, and refinements are made to how the guidelines are used, if necessary.
**EP.1.** Clinical practice guidelines are monitored and reviewed for effectiveness and are modified as necessary

**Standard LD.5.50 (AHC only)** Clinical practice guidelines are used in designing or improving processes that evaluate and treat specific diagnoses, conditions, and/or symptoms.
**Rationale for LD.5.50**
Clinical practice guidelines can improve quality, appropriate utilization of health care services, and the value of health care services. Clinical practice guidelines help practitioners in making decisions about preventing, diagnosing, treating, and managing selected conditions. Clinical practice guidelines can also be used in designing processes or checking the design of existing processes. The leaders identify and consider for implementation clinical practice guidelines from


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such sources as the Agency for Healthcare Research and Quality, National Guideline Clearinghouse, and professional organizations.
**EP.1.** The leaders have used clinical practice guidelines in designing or improving processes.

**Standard LD.5.60 (AHC only)**
The leaders identify criteria for selecting and implementing clinical practice guidelines.
**Rationale for LD.5.60**
Selecting and implementing critical practice guidelines that are appropriate to the [organization] are critical. Therefore, the leaders set criteria to guide the selection and implementation of guidelines that are consistent with the [organization]'s mission and priorities. The leaders also consider the steps and changes or variations needed to encourage use, dissemination, and implementation of chosen guidelines throughout the organization. This includes staff communication, training, implementation, feedback, and evaluation.
**EP.1.** The leaders identify criteria to guide the selection and implementation of guidelines.
**EP.2.** The [organization] manages, evaluates, and learns from variation.

**Standard LD.5.80 (AHC only)**
The leaders evaluate the outcomes related to clinical practice guidelines and refine the guidelines to improve processes.
**Rationale for LD.5.80**
To fully benefit from the use of clinical practice guidelines, the outcomes of patients treated using clinical practice guidelines are evaluated, and refinements are made in how the guidelines are used, if necessary.
**EP.1.** Clinical practice guidelines are monitored and reviewed for effectiveness and modified as appropriate.

## Management of Human Resources

### Overview

The goal of the human resources function is to ensure that the [organization] determines the qualifications and competencies for staff[13] positions based on its mission, population(s), and care, treatment, and services. [Organizations] must also provide the right number of competent staff to meet [patients/residents/clients]' needs. To meet this goal, the [organization] carries out the following processes and activities:

- Planning. The planning process defines the qualifications, competencies, and staffing necessary to provide for the [organization]'s care, treatment, and services.
- Providing competent staff. The [organization] provides for competent staff either through traditional employer-employee arrangements or through contractual arrangements with other entities or persons.

13 As appropriate to their roles and responsibilities, all people who provide care, treatment, and services (**AHC, CAH, HAP, LAB, LTC, LT2:** in) **(OME, BHC:** for) the organization, including those receiving pay (e.g., permanent, temporary, and part-time personnel, as well as contract employees), volunteers and health profession students. (**HAP, CAH, AHC, LTC:** The definition of staff does not include licensed independent practitioners who are not paid staff or who are not contract employees.)


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- Orienting, training, and educating staff. The [organization] provides ongoing in-service and other education and training to increase staff knowledge of specific work-related issues.
- Assessing, maintaining, and improving staff competence. Ongoing, periodic competence assessment evaluates staff members' continuing abilities to perform throughout their association with the organization.
- Promoting self-development and learning. Staff is encouraged to pursue ongoing professional development goals and provide feedback about the work environment.

**Standard HR.1.10** The [organization] provides an adequate number and mix of staff (**AHC, LTC:** and licensed independent practitioners) that are consistent with the [organization]'s staffing plan
**EP.1.** The [organization] has an adequate number and mix of staff (**AHC, LTC:** and licensed independent practitioners) to meet the care, treatment, and service needs of the [patients/residents/clients].

**Standard HR.1.20** Staff qualifications are consistent with his or her job responsibilities.
**EP.1.** The [organization] defines the required competence and qualifications of staff in each program(s) or service(s).
**EP.2.** When the [organization] requires current licensure, certification, or registration, but these credentials are not required by law or regulation, the [organization] verifies these credentials at the time of hire and upon expiration of the credentials.
**EP.4.** The [organization] also verifies the education, experience, and competence appropriate for assigned responsibilities
**EP.5.** The [organization] also verifies information on criminal background if required by law and regulation or [organization] policy

**Standard HR.1.30 (HAP, LTC only)** The [organization] uses data from clinical/service screening indicators and human resource screening indicators to assess and continuously improve staffing effectiveness.
**Rationale for HR.1.30**
Significant changes in nurse staffing level and the skill mix of nursing personnel in health care organizations raise questions about potential adverse effects on the quality and safety of patient care related to staffing effectiveness. The Joint Commission has developed a comprehensive approach to the management of staffing effectiveness that looks at staffing as more than just "numbers." The approach relies on data driven quality improvement principles and is objective and methodologically sound. Since the causes and consequences of diminished staffing effectiveness differ from organization to organization, the approach allows flexibility to reflect characteristics unique to individual heath care settings.
**EP.2.** The [organization] identifies the (**HAP:** units/divisions)(**LTC:** populations/settings) (no less than two) based on assessment of relevant information or risk, including

- Knowledge about staffing issues likely to impact [patient] safety or quality of care
- [Patient] population served
- Type of setting
- Review of existing data (e.g., incident logs, sentinel event data, performance improvement reports)


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- Input from clinical staff who provide [patient] care

***Note**: If the [organization] has only one (**HAP:** unit/division)(**LTC:** population/setting), the [organization] need not apply these criteria.*

**Standard HR.2.10** The [organization] provides initial orientation.
**Rationale for HR.2.10**
Orientation is a process in which initial job training and information is provided to staff (**LTC, AHC:** and licensed independent practitioners). Staff (**LTC, AHC:** and licensed independent practitioner) orientation promotes safe and effective job performance. Some elements of orientation need to occur before staff (**LTC, AHC:** and licensed independent practitioners) provide care, treatment, and services. Other elements of orientation can occur when staff (**LTC, AHC:** and licensed independent practitioners) are providing care, treatment, and services.
**EP.1.** The [organization] determines what key elements of orientation should occur before staff **(LTC, AHC:** and licensed independent practitioners**)** provide care, treatment, and services.
**EP.2.** The [organization] orients staff (**LTC, AHC:** and licensed independent practitioners) to the identified key elements prior to the provision of care, treatment, and services.
**EP.3.** As appropriate, staff (**AHC, LTC:** and licensed independent practitioner) orientation addresses the [organization]'s mission and goals.
**EP.4.** As appropriate, staff (**AHC, LTC:** and licensed independent practitioner) orientation addresses organizationwide policies and procedures (including safety and infection control) and relevant) (**AHC, HAP, LTC:** unit,)(**BHC**: service) (**AHC, HAP, LTC, OME:** setting,) or program-specific policies and procedures.
**EP.5.** As appropriate, staff **(AHC, LTC:** and licensed independent practitioner) orientation addresses specific job duties and responsibilities and service, setting, or program-specific job duties and responsibilities) related to safety and infection control.
**EP.7. (AHC,BHC, HAP, LTC only)** As appropriate, staff (**AHC, LTC:** and licensed independent practitioner) orientation addresses cultural diversity and sensitivity
**EP.8. (AHC,BHC, HAP, LTC only)** Staff orientation includes education about the rights of [patients] and ethical aspects of care, treatment, and services and the process used to address ethical issues.

**Standard HR.2.30** Ongoing education, including in-services, training, and other activities, maintains and improves staff competence.
**EP.1.** Staff training occurs when job responsibilities or duties change
**EP.2.** Staff participate in ongoing in-services, training, or other activities to increase knowledge of work-related issues
**EP. 3.** Ongoing in-services and other education and training of staff are appropriate to the needs of the population(s) served and comply with law and regulation
**EP .7.** Ongoing in-services or other staff education are offered in response to learning needs identified through performance improvement findings and other data analysis (that is, data from staff surveys, performance evaluations, or other needs assessments)
**EP.13. (BHC-OTP only)** Staff is trained in the specific characteristics and needs of women participating in the program.
**EP. 17. (OME only)** When patient assignments change, the organization familiarizes newly assigned staff or volunteers with the physical, psychosocial, and environmental aspects of care,


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treatment, and services, including patient needs; their specific responsibilities; and the specific care, treatment, and services they are to provide.[14]

**Standard HR.3.10** Staff competence to perform job responsibilities is assessed, demonstrated, and maintained.

**Rationale for HR.3.10**

Competence assessment is systematic and allows for a measurable assessment of the person's ability to perform required activities. Information used as part of competence assessment may include data from performance evaluations, performance improvement, and aggregate data on competence, as well as the assessment of learning needs.

**EP.1.** The competence assessment process for staff is based on the population(s) served

**EP.2.** The competence assessment process for staff is based on the defined competencies to be required

**EP.3.** The competence assessment process for staff is based on the defined competencies to be assessed during orientation

**EP.4.** The competence assessment process for staff is based on the defined competencies that need to be assessed and reassessed on an ongoing basis, based on techniques, procedures, technology, equipment, or skills needed to provide care, treatment, and services

**EP.8.** The [organization] assesses and documents staff's ability to carry out assigned responsibilities safely, competently, and in a timely manner upon completion of orientation.

**EP.9.** The [organization] assesses staff according to its competence assessment process.

**EP.10.** When improvement activities lead to a determination that a person with performance problems is unable or unwilling to improve, the [organization] takes appropriate action (which may include modifying the person's job assignment).

**EP.11. (BHC only)** Providers who are not licensed independent practitioners receive case or clinical supervision for the care, treatment, and service modalities they provide.

**EP.12. (BHC only)** The need for supervision, as well as the scope and depth of that supervision, is related to age, needs of the populations served, and staff experience.

**Standard HR.3.20** The [organization] periodically conducts performance evaluations.

**EP.1.** The [organization] conducts performance evaluations periodically at time frames identified by the [organization] (at a minimum, at least once in the three-year accreditation cycle).

**EP.2.** Performance is evaluated based on the performance expectations described in job descriptions (**AHC, LTC:** or through the privileging process) (**BHC:** or defined in delineated clinical responsibilities).

**EP.4.** Performance evaluations are documented.

**Standard HR.3.40 (For BHC Foster Care only)** The agency has a sufficient number of qualified staff.

**EP.3.** Staff demonstrates cultural competence and age-specific competence.

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14 Familiarizing newly assigned staff to a patient may include verbal or written instruction and demonstration. This activity may occur in the [patient]'s home.


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## Managing the Environment of Care

**Standard EC.8.10** The organization establishes and maintains an appropriate environment **(OME:** within the organization's buildings**)**.

**Rationale for EC.8.10 (BHC, HAP, LTC only)**

**BHC:** It is important that the physical environment be therapeutic and enhance the self-image of clients. The physical structure, grounds, and space should be designed and maintained to meet the needs of clients and their families and contribute to the enhancement of the [organization]'s neighborhood and community.

**HAP:** It is important that the physical environment is functional and promotes healing and caring. Certain key physical elements in the environment can be significant in their ability to positively influence patient outcomes and satisfaction and improve patient safety. These elements can also contribute in creating the way the space feels and works for patients, families, visitors, and staff experiencing the care, treatment, and service delivery system.

**LTC:** It is important that the physical environment is functional and promotes caring. It should contribute to relieving loneliness, boredom, and hopelessness.[15] The environment should also encourage independence and promote quality of life.

**EP.1.** Interior spaces should be the following:

- Appropriate to the care, treatment, and services provided and the needs of the [patients] related to age and other characteristics
- (**BHC, HAP, LTC:** Include closet and drawer space provided for storing personal property and other items provided for use by [patients]. Lockers, drawers, or closet space is provided for [patients] who are in charge of their own personal grooming and who wear street clothes (for example, behavioral health care [patients] who wear street clothes and are expected to meet their personal grooming needs))
- (**BHC, LTC:** Allow for good recreational interchange, consider personal preferences when feasible, and accommodate equipment, such as wheelchairs, that are necessary to activities of daily living)
- (**HAP:** For hospital settings that provide longer term care (more than thirty days), allow for good recreational interchange, consider personal preferences when feasible, and accommodate equipment, such as wheelchairs, that are necessary to activities of daily living)
- (**LTC:** Have equipment for rehabilitation and activities adequate to accomplish goals without compromising the environment's safety)
- (**HAP:** For hospital settings that provide longer term care (more than thirty days), have equipment for rehabilitation and activities adequate to accomplish goals without compromising the environment's safety)

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15 A powerful tool for improving the quality of life for the elderly is "**The Eden Alternative**™". Part of its mission statement is to relieve loneliness, boredom, and hopelessness. Additional information about its concepts can be found at www.edenalt.com.


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## Management of Information

**Standard IM.6.10 (OME only)** The organization initiates and maintains a record for patients. **(AHC, BHC, HAP, LTC only)** The [organization] has a complete and accurate [medical record] for [patient/resident/client]s assessed, cared for, treated, or served.

**Rationale for IM.6.10**

[Patient/resident/client]-specific data and information are contained in the [medical record], (**HAP:** both inpatient and outpatient,) to facilitate [patient/resident/client] care, treatment, and services; serve as a financial and legal record; aid in research; support decision analysis; and guide professional and [organization] performance improvement. This information is maintained as a paper record or as electronic (**AHC, HAP, LTC, OME:** health)(**BHC:** clinical/service) information.[16]

***Note****: There are no elements of performance that address issues of language or culture, but the rationale for the standard explains the intent of medical record information.*

**Standard IM.6.20**

Records contain [patient/resident/client]-specific information, as appropriate, to the care, treatment, and services provided.

**EP.2. (AHC, BHC, HAP, LTC only)** [Medical record]s contain, as applicable, the following demographic information:

- **AHC:** Patient's name, gender, address, phone number, date of birth, height and weight, and the name and phone number of any legally authorized representative
- **BHC:** Client's name, address, date of birth, sex, race or ethnic origin, next of kin, education, marital status, employment, and the name and phone number of any legally authorized representative
- **HAP:** Patient's name, sex, address, date of birth, and authorized representative
- **LTC:** Resident’s name, address, date of birth, religion, marital status, social security number, gender, and the name of any legally authorized representative
- **AHC and HAP:** Legal status of [patients] receiving behavioral health care services
- **BHC:** Legal status of clients
- **LTC**: Resident’s legal status
- **AHC, BHC, HAP, LTC:** The [patient/resident/client]’s language and communication needs.

**EP.3. (AHC, BHC, HAP, LTC only)** [Medical record]s contain, as applicable, the following information:

- Evidence of known advance directives (**AHC, BHC:** when indicated)
- Evidence of informed consent (**AHC, HAP, LTC:** when required by [organization] policy)
- (**LTC**: Orders, renewal of orders, and documentation that resuscitative services are to be withheld or life-sustaining treatment withdrawn)

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[16] **Electronic (AHC, CAH, HAP, LTC, OME: health)(BHC: clinical /service) information** A computerized format of the **(AHC, CAH, HAP, LTC, OME:** health)**(BHC:** clinical /service) care information in paper records that is used for the same range of purposes as paper records, namely to familiarize readers with the [patient]’s status; document care, treatment, and services; plan for discharge; document the need for care, treatment, and services; assess the quality of care, treatment, and services; determine reimbursement rates; justify reimbursement claims; pursue clinical or epidemiological research; and measure outcomes of the care, treatment, and service process.


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- (**BHC:** Documentation of protective services when provided)
- (**BHC:** Documentation of client and, as appropriate, family involvement in the care, treatment, and services)
- (**BHC:** When more than one member of the family is receiving care, treatment, and services, a separate record is maintained on each family member involved)
- (**BHC:** Information on unusual occurrences, such as care, treatment, and service complications, accidents or injuries to the client, procedures that place the client at risk or cause pain, other illnesses or conditions that affect care, treatment, and services, and the client's death)
- (**BHC:** Documentation of client, family, or guardian consent for admission, care, treatment, services, evaluation, continuing care, or research)
- (**BHC:** Indications for and episodes of special procedures)
- (**LTC:** Discharge plan, or the reason for lack of an ongoing plan when discharge potential does not exist)
- (**AHC, BHC, LTC:** Referrals or communications made to external or internal care providers and community agencies)
- (**LTC:** Physician's summary and the resident's final diagnosis when the resident is admitted from either a hospital or another health care organization)
- (**AHC:** Treatment summaries and other pertinent documents to promote continuity of care)
- (**AHC:** Documentation of clinical research interventions that is distinct from entries related to regular patient care)
- (**AHC, BHC, HAP**: Records of communication with the [patient/resident/client] regarding care, treatment, and services, for example, telephone calls or email)
- (**AHC, BHC, HAP**: [Patient/resident/client]-generated information (for example, information entered into the record over the Web or in previsit computer systems))

**EP.7. (OME only)** The following demographic information is included in the patient record:

- Name, sex, address, phone number, and date of birth; the name of any legally authorized representative; and the name and telephone number of the family member to be contacted in the event of emergency or death
- The patient's language and communication needs, as applicable

**Standard IM.6.60** The [organization] provides access to relevant information from a [patient's/resident's/client's] record when needed for use in [patient/resident/client] care, treatment, and services.

**Rationale for IM.6.60**

To facilitate continuity of care, providers have access to information about all previous care, treatment, and services provided to a [patient/resident/client] by the [organization].

**EP.1.** The [organization] has a process to track the location of all components of the [medical record].

**EP.2.** The [organization] uses a system to assemble required information or make available a summary of information relative for [patient/resident/client] care, treatment, and services provided.


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**EP.3. (OME only)** The [organization] uses a system to assemble pertinent information,[17] including medical information, in a routine and timely[18] manner.

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[17] Information management processes related to [patient] records include the following:

- Filing of physician and verbal orders in the [patient]'s record
- Documentation by staff and contracted organizations and individuals
- Written summary reports, transfer summaries, and discharge summaries

18 **Timely** Defined by organization policy and based on the intended use of the information.


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