

APPROVED: New and Revised Hospital EPs to Improve Patient-Provider Communication

The Joint Commission has approved new and revised requirements to improve patient–provider communication **applicable to the hospital accreditation program**. These requirements were developed as part of a larger initiative, supported by The Commonwealth Fund, to increase quality and safety through effective communication, cultural competence, and patient- and family-centered care. For many patients, communication can be inhibited by language and cultural differences, or by the patient’s hearing or visual impairment, health literacy, cognitive impairment, disease, or disability.

The new and revised elements of performance (EPs) address the following issues:

- Addressing qualifications for language interpreters and translators (HR.01.02.01, revised EP 1)
- Identifying patient communication needs (new PC.02.01.0X*, EP 1)
- Addressing patient communication needs (new PC.02.01.0X*, EP 2)
- Collecting race and ethnicity data (RC.02.01.01, revised EP 1)
- Collecting language data (RC.02.01.01, revised EP 1)
- Patient access to chosen support individual (RI.01.01.01, new EP Y*)

* Please note: Where X, Y, or Z appear in a standard or EP number, the final enumeration will be determined prior to publication in 2011.

- Non-discrimination in patient care (RI.01.01.01, new EP Z*)
- Providing language services (RI.01.01.03, revised EPs 2 and 3)

See the box below for new language and requirements in underlining and removed language in strikethrough.

The Joint Commission, in collaboration with the National Health Law Program, has also developed an implementation guide to provide example practices and resources that have been found valuable in improving patient-provider communication. The guide will be released to the field in February 2010. The implementation guide presents a variety of effective and efficient methods that hospitals may consider to help them meet the new and revised EPs. Implementation of the new and revised EPs for accreditation purposes will occur no sooner than January 1, 2011; the Joint Commission will determine an appropriate effective date based on the field’s response to the new and revised EPs and to the implementation guide.

For more information on The Joint Commission’s efforts to address effective communication, cultural competence, and patient- and family-centered care, please visit the project Web site: <http://www.jointcommission.org/patientsafety/hlc>, or contact Amy Wilson-Stronks, principal investigator and project director, Division of Standards and Survey Methods, The Joint Commission, at awilson-stronks@jointcommission.org or 630/792-5954. 



Official Publication of New and Revised Requirements
New and Revised Hospital Requirements

APPLICABLE TO HOSPITALS
Effective no sooner than January 1, 2011

Standard HR.01.02.01
The hospital defines staff qualifications.

Elements of Performance
A 1. The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3)

Note 1: *Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).*

Note 2: *Qualifications for laboratory personnel are described in Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351–§493.1495. A complete description of the requirement is located at <http://wwwn.cdc.gov/clia/regs/toc.aspx>.*

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New and Revised Hospital Requirements (continued)

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

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

Standard PC.02.01.0X*

The hospital effectively communicates with patients when providing care, treatment, and services.

Elements of Performance

C 1. The hospital identifies the patient's oral and written communication needs, including the patient's preferred language for discussing health care. (See also RC.02.01.01, EP 1) 

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.

C 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. (See also RI.01.01.03, EPs 1–3) 

Standard RC.02.01.01

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

Elements of Performance

C 1. The medical record contains the following demographic information: 

- The patient's name, address, date of birth, and the name of any legally authorized representative
- The patient's sex
- The legal status of any patient receiving behavioral health care services
- The patient's language and communication needs, including preferred language for discussing health care (See also PC.02.01.0X*, EP 1)

Note: If the patient is a minor, is incapacitated, or has a designated advocate, the communication

needs of the parent or legal guardian, surrogate decision-maker, or legally authorized representative is documented in the medical record.

- The patient's race and ethnicity

Standard RI.01.01.01

The hospital respects, protects, and promotes patient rights.

Elements of Performance

C 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. (See also RI.01.02.01, EPs 6–8 regarding surrogate or family involvement in patient care, treatment, and services.)

A 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. 

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

C 2. The hospital provides language interpreting and translation services, as necessary. (See also RI.01.01.01, EPs 2 and 5; PC.02.01.0X*, EP 2; HR.01.02.01, EP 1)

 

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.

C 3. The hospital provides information to ~~communicates with~~ the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs. (See also RI.01.01.01, EPs 2 and 5; PC.02.01.0X*, EP 2)  

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