

**2006 HOSPITAL REQUIREMENTS
RELATED TO THE PROVISION OF CULTURALLY AND
LINGUISTICALLY APPROPRIATE HEALTH CARE**

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Prepared by the Division of Standards and Survey Methods

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:

<ul style="list-style-type: none"> ▪ 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.2.30, RI.2.20) ▪ Informed consent (Standard RI.2.40) ▪ Patient assessment (Standard PC.1.10, PC.2.20) ▪ 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.8.70) ▪ Compliance with Law and Regulation (Standard LD.1.30) ▪ Planning for Services to meet patient needs (Standard LD.3.10) ▪ Equal standard of care provision (Standard LD.3.20) ▪ Effective communication throughout organization (Standard LD.3.60) 	<ul style="list-style-type: none"> ▪ Staff Competence (Standard LD.3.70, HR.3.10) ▪ Provision of adequate resources (Standard LD.3.80) ▪ Staffing-appropriate mix, adequately trained, competence is assessed (Standard HR.1.10, HR1.30) ▪ Orientation and ongoing staff education is appropriate to the needs of patient population (Standard 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, PC.2.60) ▪ Proactive risk assessment (Standard PI.3.20) ▪ Performance improvement opportunities (Standard LD.4.50, PI.1.10) ▪ Use of Clinical Practice Guidelines (Standard LD.5.10, LD.5.20, LD.5.40)
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This document identifies Joint Commission standards and elements of performance (EPs) that are related to the provision of culturally and linguistically appropriate services in accredited hospitals. 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, and many elements of performance for these standards are not included. Please refer to the 2006 Hospital Standards Manual to see the full text of these standards and elements of performance.

Ethics, Rights, and Responsibilities (RI)

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, including the decision to discontinue care, treatment, and services...
- Patients deserve care, treatment, and services that safeguard their personal dignity and respect their cultural, psychosocial, and spiritual values. These values often influence the patient’s perceptions and needs. By understanding and respecting these values, providers can meet care, treatment, and service needs and preferences.

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 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 during those interactions. This begins with respecting their right to treatment, care, or service.

Standard RI.1.10 The hospital 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 hospital grants a staff member’s request to be excused from participating in an aspect of the care, treatment, and services.

Standard RI.2.10 The hospital respects the rights of patients.

EP 2 Each patient has a right to have his or her cultural, psychosocial, spiritual and personal values, beliefs, and preferences respected.

EP 3 The hospital supports the right of each patient to personal dignity.

EP 4 The hospital accommodates the right to pastoral and other spiritual services for patients.

Standard RI.2.20 Patients receive information about their rights.

EP 1 Information on rights is provided to each patient.

EP 5 Information on the extent to which the organization is able, unable, or unwilling to honor advance directives is given upon admission if the patient has an advance directive.

Standard RI.2.30 Patients are involved in decisions about care, treatment, and services provided.

Rationale

Making decisions about care, treatment, and services sometimes presents questions, conflicts, or other dilemmas for the hospital and the patients, family, or other decision makers. These dilemmas may involve issues about admission; care, treatment, and services; or discharge. The organization works with patients, and when appropriate their families, to resolve such dilemmas.

EP 1 Patients are involved in decisions about their care, treatment, and services.

EP 2 Patients are involved in resolving dilemmas about care, treatment, and services.

Standard RI.2.40 Informed consent is obtained (*involving patients in the process to make decisions about their care.*).

Rationale

The goal of the informed consent process is to establish a mutual understanding between the patient and the licensed independent practitioner who provides the care, treatment, and services about the care, treatment, and services that the patient receives. This process allows each patient to fully participate in decisions about his or her care, treatment, and services.

Standard RI.2.80 **The hospital addresses the wishes of the patient relating to end of life decisions.**

EP 9 The hospital documents and honors the patient's wishes concerning organ donation within the limits of the law or organization capacity.

Standard RI.2.100 **The hospital respects the patient's right to and need for effective communication.**

Rationale

The patient has the right to receive information in a manner that he or she understands. This includes communication between the hospital and the patient, as well as communication between the patient and others outside the organization.

EP 2 Written information provided is appropriate to the age, understanding, and as appropriate to the population served, the language of the patient.

EP 3 The hospital facilitates the patient in the provision of interpretation (including translation services) as necessary.

EP 4 The hospital addresses the needs of those with vision, speech, hearing, language, and cognitive impairments.

Provision of Care, Treatment, and Services (PC)

Standard PC.1.10 **The hospital accepts for care, treatment, and services only those patients whose identified care, treatment, and service needs it can meet.**

EP 1 The hospital has a defined written process that includes the following:

- The information to be gathered to determine eligibility for entrance into the organization.
- The populations of patients accepted or not accepted by the hospital (for example, programs designed to treat adults that do not treat young children).
- The criteria to determine eligibility for entry into the system.
- The procedures for accepting referrals.

Standard PC.2.20 **The hospital defines in writing the data and information gathered during assessment and reassessment.**

EP 4 The information includes...for patients receiving end of life care, the social, spiritual, and cultural variables that influence perceptions and expressions of grief by the patient, family members, or significant others.

Standard PC.3.120 **The needs of the 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.

- 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 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.5.60 The organization coordinates care, treatment, and services provided to a patient as part of the plan for care, treatment, or services and consistent with the organization's scope of care, treatment, and services.

Standard PC.6.10 The patient receives education and training specific to the patient's needs and as appropriate to care and services provided.

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 receives education and training specific to the patient's abilities as appropriate to the care, treatment, and services provided by the hospital.

EP 3 The content is presented in an understandable manner.

EP 5 Comprehension is evaluated.

Standard PC.7.10 The hospital has a process for preparing/distributing food and nutrition products as appropriate to the care, treatment, and services provided.

EP 3 The patient's cultural, religious, and ethnic food preferences are honored when possible, unless contraindicated.

Standard PC.8.70 Comfort and dignity are optimized during end of life care.

EP 1 To the extent possible, as appropriate to the patient's and family needs and the hospital's services, interventions address patient and family comfort, dignity, and psychosocial, emotional, and spiritual needs, as appropriate, about death and grief.

Improving Organization Performance (PI)

Standard PI.1.10 The hospital collects data to monitor its performance.

Rationale

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 3 The hospital collects data on the perceptions of care, treatment, and services of patients including the following:

- Their specific needs and expectations.
- How well the hospital meets these needs and expectations.
- How the hospital can improve patient safety.
- The effectiveness of pain management, when applicable.

Standard PI.3.20 An ongoing, proactive program for identifying and reducing unanticipated adverse events and safety risks to patients is defined and implemented.

Rationale

Hospitals should proactively seek to identify and reduce risks to the safety of patients. 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. The following proactive activities to reduce risks to patients are conducted.

EP 1 Selecting a high-risk process to be analyzed (at least one high-risk process is chosen annually and 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 Describing the chosen process (for example, through the use of a flowchart).

EP 3 Identifying the ways in which the process could break down or fail to perform its desired function.

EP 4 Identifying the possible effects that a breakdown or failure of the process could have on patients and the seriousness of the possible effects.

EP 5 Prioritizing the potential process breakdowns or failures.

EP 6 Determining why the prioritized breakdowns or failures could occur, which may include performing a hypothetical root cause analysis.

EP 7 Redesigning the process and/or underlying systems to minimize the risk of the effects on patients.

EP 8 Testing and implementing the redesigned process.

EP 9 Monitoring the effectiveness of the redesigned process.

Leadership (LD)

Standard LD.1.30 The hospital complies with applicable law and regulation.

EP 1 The hospital provides all care, treatment, and services in accordance with applicable licensure requirements, law, rules, and regulation.

Standard LD.3.10 The leaders engage in both short-term and long-term planning.

EP 26 Planning for care, treatment, and services addresses the following:

- The needs and expectations of patients and, as appropriate, families and referral sources.
- Staff needs.
- The scope of care, treatment, and services needed by patients at all of the hospital'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 with comparable needs receive the same standard of care, treatment, and services throughout the organization.

Rationale

Factors such as different individuals providing care, treatment, and services; different insurers; or different settings of care do not influence the outcome negatively.

EP 1 Patients with comparable needs receive the same standard of care, treatment, and services throughout the hospital.

EP 2 The hospital plans, designs, and monitors care, treatment, and services, so they are consistent with the mission, vision, and goals.

Standard LD.3.30 A hospital demonstrates commitment to its community by providing essential services in a timely manner.

Rationale

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 hospital will provide directly and which through referral, consultation, contractual arrangements, or other agreements; and third, time frames for providing patient care.

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 hospital's programs, among related organizations, with outside organizations, and with patients and families, as appropriate.

EP 3 The leaders communicate the hospital'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

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.

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.

EP 4 The leaders provide for adequate equipment and other resources.

Standard LD.3.120 The leaders plan for and support the provision and coordination of patient education activities.

EP 1 The leaders plan and support patient 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.4.40 The leaders ensure that an integrated patient safety program is implemented throughout the organization.

Rationale

The leaders should work to foster a safe environment throughout the organization by integrating safety priorities into all relevant organization processes, functions, and services. In pursuit of this effort, a patient 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 coordinate efforts to integrate patient care and support services throughout the organization and with contracted services, leadership takes the lead in developing, implementing, and overseeing a patient 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-safety activities, both existing and newly created, with the organization's leadership identified as accountable for this integration.

The patient safety program includes the following:

EP 1 One or more qualified individuals or an interdisciplinary group assigned to manage the organizationwide safety program.

EP 2 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 Integration into and participation of all components of the organization into the organizationwide program.

EP 4 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 Clear systems for internal and external reporting of information about system or process failures.

EP 6 Defined responses to various types of unanticipated adverse events and processes for conducting proactive risk assessment/risk reduction activities.

EP 7 Defined support systems for staff members who have been involved in a sentinel event.

EP 8 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, staffing effectiveness and patient 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.

Standard LD.5.10 The hospital considers clinical practice guidelines when designing or improving processes, as appropriate.

Rationale

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 When clinical practice guidelines are used, the leaders identify criteria for their selection and implementation.

Rationale

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 The leaders evaluate the outcomes related to use of clinical practice guidelines and determine steps to improve processes.

Rationale

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.

Management of Human Resources (HR)

Standard HR.1.10 The organization provides an adequate number and mix of staff that are consistent with the organization's staffing plan.

EP 1 The organization has an adequate number and mix of staff to meet the care, treatment, and service needs of the patients.

Standard HR.1.20 The organization has a process to ensure that a person's qualifications are consistent with his or her job responsibilities.

EP 1 The leaders define the required competence and qualifications of staff in all program(s) or service(s).

EP 5 The organization also verifies the following: education, experience, and competence

appropriate for assigned responsibilities.

Standard HR.1.30 The organization uses data on clinical/service screening indicators in combination with human resource screening indicators to assess and continuously improve staffing effectiveness.

Rationale

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 health care settings.

Standard HR.2.10 Orientation provides initial job training and information.

Rationale

Staff members, students and volunteers are oriented to their jobs and the work environment before providing care, treatment, and services. As appropriate, each staff member, student and volunteer is oriented to the following:

EP 1 The organization’s mission and goals.

EP 5 Cultural diversity and sensitivity.

EP 6 Staff students and volunteers are educated 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 competence.

The following occurs for staff, students, and volunteers, who work in the same capacity as staff providing care, treatment, and services:

EP 3 Ongoing in-services and other education and training are appropriate to the needs of the population(s) served and comply with law and regulation.

EP 7 Ongoing in-services or other 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).

Standard HR.3.10 Competence to perform job responsibilities is assessed, demonstrated, and maintained.

Rationale

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. Competence assessment for staff, students, and volunteers, who work in the same capacity as staff providing care, treatment, and services is based on the following:

EP 1 Populations served.

EP 4 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.

Managing the Environment of Care (EC)

Standard EC.8.10 The organization establishes and maintains an appropriate environment.

Rationale

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, or service delivery system.

EP 1 Interior spaces should be the following:

- Appropriate to the care, treatment, and services provided and the needs of the clients related to age and other characteristics.

Management of Information (IM)

Standard IM.6.10 The organization has a complete and accurate medical record for every patient, resident, client assessed, cared for, treated, or served.

Rationale

Patient-specific data and information are contained in the medical record, both inpatient and outpatient, to facilitate patient 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 may be maintained as a paper record or as electronic health information.

Standard IM.6.20 Records contain patient-specific information, as appropriate, to the care, treatment, and services provided.

EP 2 Each medical record contains, as applicable, the following demographic information:

- Patient's name, sex, address, date of birth, and authorized representative, if any.
- Legal status of patients receiving behavioral health care services.
- The patient's language and communication needs.

EP 3 Medical record contains, as applicable, the following information:

- Evidence of known advance directives.
- Evidence of informed consent when required by electronic health information. A computerized format of the health 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.
- Records of communication with the patient regarding care, treatment, and services, (for example, telephone calls or email).
- Patient-generated information (for example, information entered into the record over the Web or in previsit computer systems), if applicable.

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

Rationale

To facilitate continuity of care, providers have access to information about all previous care, treatment, and services provided to a patient 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 care, treatment, and services provided.
- EP 7** 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.