



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

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Communication and Health Care

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- ▶ Communication is a cornerstone of patient safety
 - ▶ Health care is communication-dependent and accurate information is needed for several important processes
 - ▶ Direct communication can be affected by:
 - Language
 - Culture
 - Hearing or Visual Impairment
 - **Health Literacy**
 - Cognitive Limitation
 - Intubation
 - Disease (ALS, Stroke)

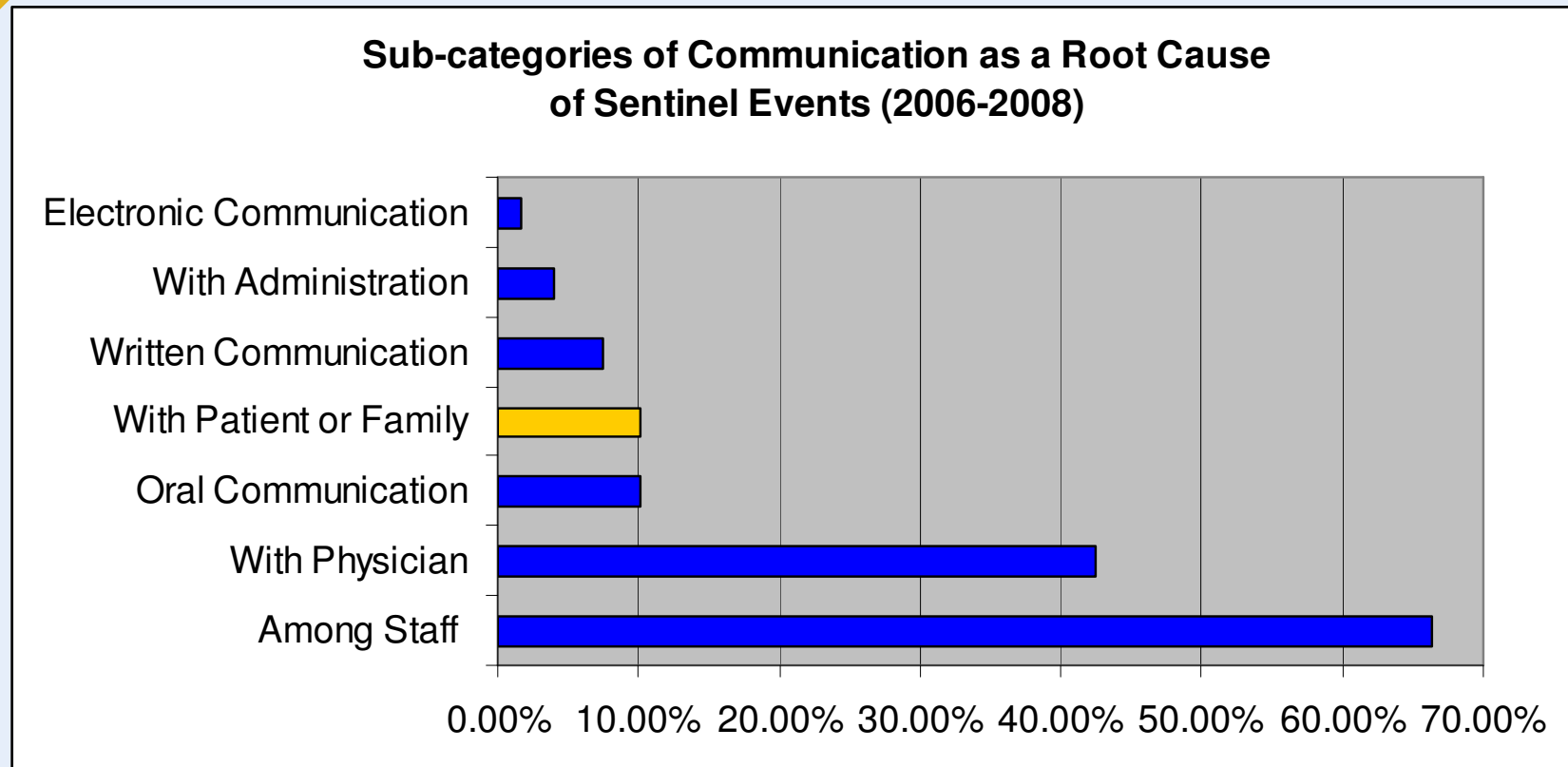
Implications of Low Health Literacy

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- ▶ How patients navigate the healthcare environment system
 - ▶ What patients know and understand about medicine and human biology
 - ▶ How they communicate with providers
 - ▶ How well they can serve as an advocate for their own care

Communication and Sentinel Events

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- ▶ Joint Commission's Sentinel Event Database
 - Voluntary reports
 - January 1995 – current
 - ▶ Detailed root cause analysis for 843 Sentinel Events out of 1400 total events accepted between July 2006 and October 2008
 - ▶ **Communication** identified as a root cause for 533 Sentinel Events reported to The Joint Commission

Root Cause Sub-Categories of Communication



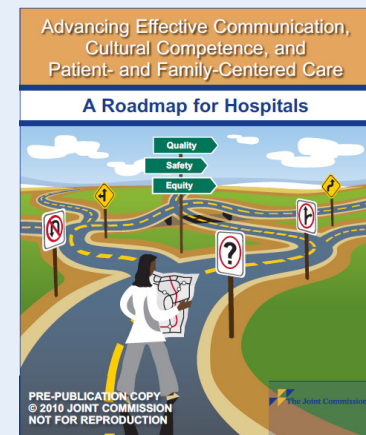
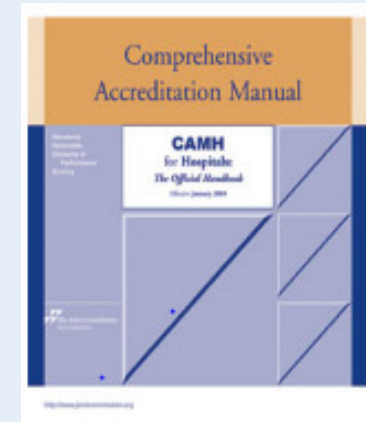
Note: Percentages based on sentinel events in which communication was found as the primary root cause (533 events)

Joint Commission Support for Effective Communication

Joint Commission Accreditation Standards

- Existing standards
- New standards for patient-centered communication

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



Addressing Health Literacy in Existing Requirements

- ▶ **Standard RI.01.01.01** The hospital respects, protects, and promotes patient rights.
 - EP 1: The hospital has written policies on patient rights.

- ▶ **Standard RI.01.02.01** The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services.
 - EP 2: The hospital provides the patient with written information about the right to refuse care, treatment, and services.

- ▶ **Standard PC.02.03.01** The hospital provides patient education and training based on each patient's needs and abilities.

Addressing Health Literacy in Existing Requirements

- ▶ **Standard RI.01.02.01** The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services.
 - EP 1: The hospital involves the patient in making decisions about his or her care, treatment, and services...

- ▶ **Standard RI.01.03.01** The hospital honors the patient's right to give or withhold informed consent.

Addressing Health Literacy in Existing Requirements

- ▶ **Standard RI.01.01.03:** The hospital respects the patient's right to receive information in a manner he or she understands
 - EP 1: The hospital provides information in a manner tailored to the patient's age, language, and ability to understand.

- ▶ **Standard PC.02.03.01** The hospital provides patient education and training based on each patient's needs and abilities.
 - EP 1: The hospital performs a learning needs assessment for each patient, which includes... barriers to communication.
 - EP 25: The hospital evaluates the patient's understanding of the education and training it provided.

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care

- ▶ Multidisciplinary Expert Advisory Panel
 - ~700 nominations received, 26 members chosen

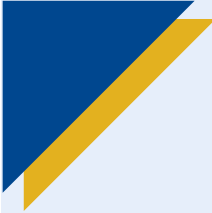
- ▶ Develop accreditation standards for hospital program
 - Incorporate issues such as diversity, culture, language, and health literacy into current standards or draft into new requirements

- ▶ Develop guidance monograph for field
 - Collaboration with National Health Law Program (NHeLP)
 - Include implementation examples, practices, resources, and other “how to” information
 - *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals*

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care

- ▶ Build on previous studies, research projects, and evidence from current literature
- ▶ Focus on broader elements of communication, cultural competence, and patient- and family-centered care
- ▶ Gap analysis with OMH CLAS standards
- ▶ Released proposed requirements for field review
- ▶ Revisions based on feedback from field and other stakeholders


Patient-Centered Communication Standards

- 
- ▶ Identify communication needs
 - ▶ Address communication needs
 - ▶ Provide language services
 - ▶ Qualifications for language interpreters/translators
 - ▶ Collect preferred language data
 - ▶ Collect race and ethnicity data
 - ▶ Allow patients access to a support individual
 - ▶ Ensure care free from discrimination

Implementation Plan for Standards

- ▶ Standards approved in December 2009
- ▶ Released to field in January 2010
- ▶ Standards will appear in 2011 Hospital manuals
- ▶ Surveyors will evaluate compliance with standards
- ▶ Findings will not affect the accreditation decision
- ▶ Implementation pilot phase to collect feedback
- ▶ Inclusion in accreditation decision no earlier than 2012
 - RI.01.01.01, EPs 28 and 29 will be implemented July 1, 2011

Effective Patient-Provider Communication



NEW Standard PC.02.01.21 The hospital effectively communicates with patients when providing care, treatment, and services.

Note: This standard will not affect the accreditation decision at this time.

Rationale

This standard emphasizes the importance of effective communication between patients and their providers of care, treatment, and services. Effective patient-provider communication is necessary for patient safety. Research shows that patients with communication problems are at an increased risk of experiencing preventable adverse events, and that patients with limited English proficiency are more likely to experience adverse events than English speaking patients.

Effective Patient-Provider Communication

Elements of Performance (PC.02.01.21)

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


Note 1: 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.

Note 2: This element of performance will not affect the accreditation decision at this time.

NEW 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.

Note: This element of performance will not affect the accreditation decision at this time.

Right to Effective Communication



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

Elements of Performance (RI.01.01.03)

2. The hospital provides language interpreting and translation services.

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

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

Qualifications for Interpreters

- Standard HR.01.02.01 The hospital defines staff qualifications.

Element of Performance (HR.01.02.01)

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

NEW Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964. (Inclusion of these qualifications will not affect the accreditation decision at this time.)

Collection of Patient-Level Data

Standard RC.02.01.01 The medical record contains information that reflects the patient's care, treatment, and services.

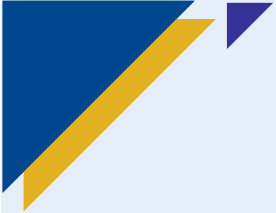
Element of Performance

1. The medical record contains the following demographic information:

- The patient's name, address, date of birth, and the name of any legally authorized representative
- The patient's sex
- The patient's communication needs, including preferred language for discussing health care

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

Collection of Patient-Level Data



Standard RC.02.01.01 The medical record contains information that reflects the patient's care, treatment, and services.

Element of Performance

NEW 28. The medical record contains the patient's race and ethnicity.

Note: *This element of performance will not affect the accreditation decision at this time.*

Access to a Support Individual

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

Element of Performance

NEW 28. 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 1: 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.

Note 2: This element of performance will not affect the accreditation decision at this time.*

*RI.01.01.01, EP 28 will be implemented July 1, 2011

Non-Discrimination in Care

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

Element of Performance

NEW 29. 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.

Note: This element of performance will not affect the accreditation decision at this time.*

*RI.01.01.01, EP 29 will be implemented July 1, 2011

R³ Report – Rationale and Research

R³ Report Requirement, Rationale, Reference

A complimentary publication of The Joint Commission

Issue 1, February 9, 2011

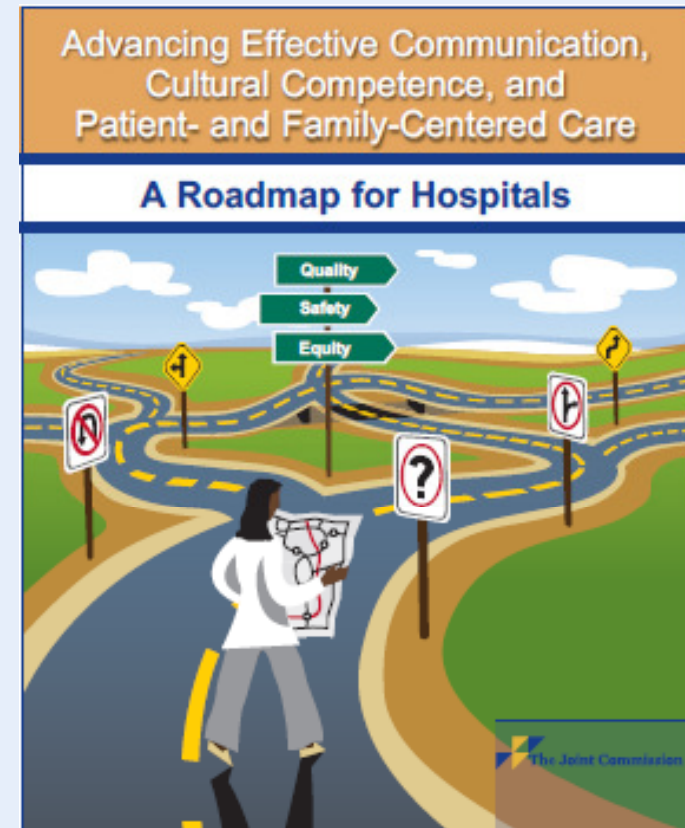
Published for Joint Commission accredited organizations and interested health care professionals, *R³ Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also provide a rationale, the rationale provided in *R³ Report* goes into more depth. The references provide the evidence that supports the requirement. *R³ Report* may be reproduced only in its entirety and credited to The Joint Commission. To receive by [e-mail](mailto:info@jointcommission.org), visit www.jointcommission.org.

Download the R³ Report for free: <http://www.jointcommission.org>

- ▶ In-depth look at rationale behind new standards, National Patient Safety Goals and performance measures
- ▶ Documents supporting research and scientific data behind the development of requirements
- ▶ **First issue of R³ Report focuses on the patient-centered communication standards for hospitals**

Roadmap for Hospitals

- ▶ Inspire hospitals to integrate effective communication, cultural competence, and patient- and family-centered care into system of care
- ▶ Recommended issues to address to meet unique patient needs, above and beyond standards
- ▶ Implementation examples, practices, and “how to” information



Download *Roadmap for Hospitals* free at:
http://www.jointcommission.org/Advancing_Effective_Communication

Roadmap for Hospitals - Chapters

- ▶ Structured around main points in care continuum
 - Admission
 - Assessment
 - Treatment
 - End of Life
 - Discharge and Transfer

- ▶ Organization Readiness chapter as a foundation
 - Leadership
 - Data Collection and Use
 - Workforce
 - Provision of Care, Treatment, and Services
 - Patient, Family, and Community Engagement

Recommendations from the *Roadmap*

Effective Communication

- ❑ Identify the patient's preferred language for discussing health care (*supports New PC.02.01.21*)
 - Use language cards or tools to identify language
 - Note language in medical record (*supports existing RC.02.01.01*)
 - Use standardized language categories to collect data
 - Use aggregated patient-level language data to develop or modify services, programs, initiatives

- ❑ Identify whether the patient has a sensory or communication need (*supports New PC.02.01.21, existing RC.02.01.01*)

Recommendations from the *Roadmap*

Health Literacy

- ❑ Offer assistance completing admission forms
- ❑ Support patient's ability to understand and act on health information
 - Do you need help understanding health care information
 - How do you prefer to receive information (written, verbal)
 - Teach back method
- ❑ Engage patients and families in the care process and discharge instruction
 - Encourage patient and family to ask questions
 - Consider follow-up phone call to review instructions

Recommendations from the *Roadmap*

- ❑ Tailor the informed consent process (*supports existing RI.01.03.01*)
 - Written documents – plain language, format, pictures
 - Readability level, translated materials

- ❑ Provide patient education that meets needs (*supports existing PC.02.03.01*)

- ❑ Integrate health literacy strategies into patient discussions and materials (*supports New PC.02.01.21, existing RI.01.01.03*)
 - Develop written materials that meet patient needs
 - Develop non-written patient education options (audio, video)
 - Pilot test materials with patients, community, local adult literacy programs

Recommendations from the *Roadmap*

- ❑ Collect feedback from patients, families, community
 - Engage local adult literacy or adult basic education programs to provide feedback on written materials

- ❑ Create an environment that is inclusive of all patients
 - Make sure navigational signage is understood by patients
 - Do signs need to be in multiple languages?
 - Are there colors/symbol systems that could be used?
 - What information is provided to patients before their visit?

- ❑ Target recruitment efforts to increase the pool of diverse and bilingual candidates
 - Advertise job opening in targeted foreign-language media
 - Develop relationships with local community colleges to develop volunteer, work-study, and internship programs

Recommendations from the *Roadmap*

Cultural Competence

- ❑ Develop a system to collect patient race and ethnicity information (*supports New RC.02.01.01, EP 28, AF4Q activities*)
 - Modify paper or electronic medical records (may involve adding new fill-in spaces, fields, drop-down menus)
 - Use standardized categories to collect data
 - Use aggregated patient-level data to develop or modify services, programs, initiatives to meet population needs

- ❑ Incorporate communication, cultural competence, and patient- and family-centered care issues into staff training curricula
 - Encourage staff to improve overall communication skills (patient-provider, provider-provider)

Recommendations from the *Roadmap*

Patient- and Family-Centered Care

- Ask the patient to identify a support person (*supports New RI.01.01.01, EP 28*)
 - Explain the purpose of the patient’s support person, including limitations
 - Make staff aware that the patient has chosen a support person

- Share information with the community about hospital efforts to meet unique patient needs
 - Engage the community through public events and health fairs
 - Post information about available services, programs, initiatives on hospital web site

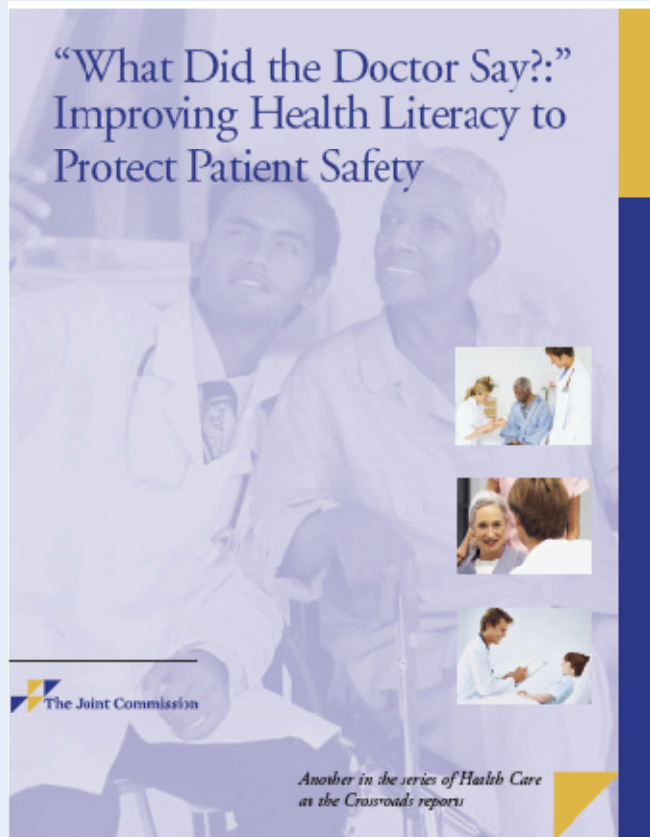
Roadmap for Hospitals - Appendices

- ▶ A: Checklist of all issues to address
- ▶ B: Existing Joint Commission requirements supporting effective communication, cultural competence, and patient- and family-centered care
- ▶ C: New Joint Commission standards for patient-centered communication
 - Explanation of revision/addition
 - Self-assessment guidelines
 - Practice examples
- ▶ D: Laws and regulations
- ▶ E: Resource guide

Joint Commission Efforts – Past and Present

- ▶ Public Policy White Paper: *“What Did the Doctor Say?:” Improving Health Literacy to Protect Patient Safety*
- ▶ Research Study: *Hospitals, Language, and Culture: A Snapshot of the Nation*
- ▶ Health Equity and Meeting the Needs of the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community
- ▶ Speak Up Initiative

Public Policy White Paper: Health Literacy Recommendations

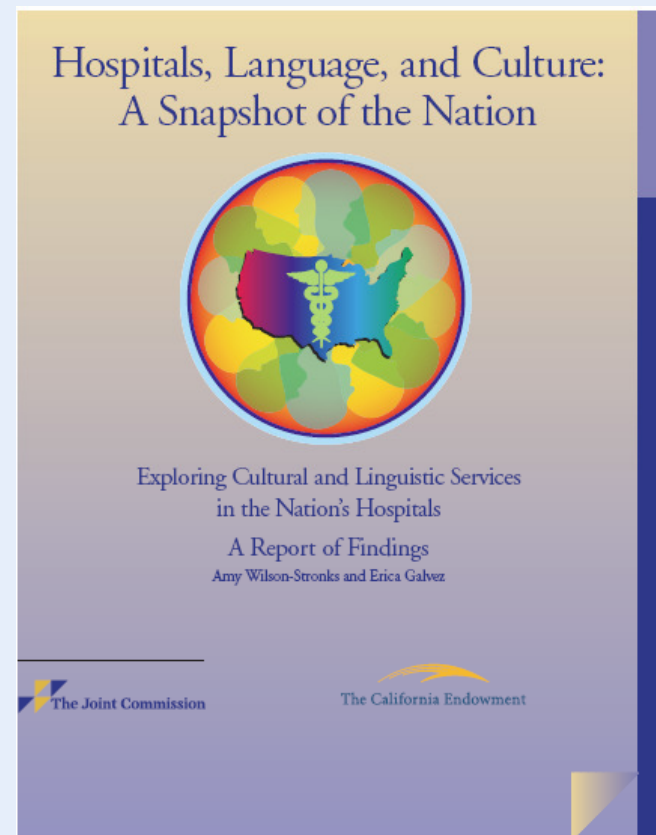


Download this report for free at:
http://www.jointcommission.org/Advancing_Effective_Communication

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

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

- Released in March 2007
- Download a free copy of the report on HLC website
- Provides an overview of the HLC study**
 - Detailed methodology
 - Site visit protocol
 - Recommendations for hospitals, policymakers, and researchers



Download the *Report of Findings* free at:
http://www.jointcommission.org/Advancing_Effective_Communication

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

- Released April 2008
- Download a free copy of the report on HLC website
- Thematic framework derived from current practices in 60 hospitals**
- Self-assessment tool to tailor initiatives to meet the needs of diverse patient populations**



Download *One Size Does Not Fit All* free at:
http://www.jointcommission.org/Advancing_Effective_Communication

Additional HLC Projects

- ▶ A study to help understand what drives some hospital CEOs to embrace language, culture, and health literacy improvement initiatives (Sept/Oct JHM)
- ▶ Video with Office for Civil Rights to support language access in health care organizations - *Improving Patient-Provider Communication: Joint Commission Standards and Federal Laws* (on website)
- ▶ Ongoing research on the experience of Juan Lopez, a limited English proficient patient, at 60 hospitals across the nation (in preparation)

Meeting the Needs of LGBT Patients

▶ LGBT Stakeholder Meeting:

To promote effective communication, cultural competence, and patient-and family-centered care for lesbian, gay, bisexual, and transgender (LGBT) patients and families by bringing together stakeholders to identify practices and articulate implementation processes.

▶ Field guide/toolkit addressing LGBT health care in hospitals

▶ Increased awareness among health care providers, consumers, and policymakers



Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care
Meeting the needs of the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community.

Speak Up Initiative



Download these brochures for free at:
<http://www.jointcommission.org/speakup.aspx>

- ▶ Joint Commission's award-winning patient safety program
 - *Know Your Rights*
 - *Understanding Your Doctors and Other Caregivers*
- ▶ No copyright or reprinting permission required
- ▶ Available in English and Spanish

For More Information


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- ▶ Please visit our project website:
[www.jointcommission.org/Advancing Effective Communication](http://www.jointcommission.org/Advancing_Effective_Communication)

Available:

Information on new standards and *Roadmap for Hospitals Hospitals, Language, and Culture* study information
Links to other websites and resources

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