



New & Revised Standards & EPs for Patient-Centered Communication

Accreditation Program: Hospital

The bold requirements indicate the new and/or revised Standards & EPs for patient-centered communication.

Standard HR.01.02.01

The hospital defines staff qualifications.

Elements of Performance for HR.01.02.01

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 the 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>.
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. 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.)
19. For hospitals that use Joint Commission accreditation for deemed status purposes: If blood transfusions and intravenous medications are administered by staff other than doctors of medicine or osteopathy, the staff members have special training for this duty.

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 for PC.02.01.21

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.** ***

Identifying the patient's oral and written communication needs is an essential step in determining how to facilitate the exchange of information with the patient during the care process. Patients may have hearing or visual needs, speak or read a language other than English, experience difficulty understanding health information, or be unable to speak due to their medical condition or treatment. Additionally, some communication needs may change during the course of care. Once the patient's communication needs are identified, the hospital can determine the best way to promote two-way communication between the patient and his or her providers in a manner that meets the patient's needs. This standard complements RI.01.01.01, EP 5 (patient right to and need for effective communication); RI.01.01.03, EP 2 (provision of language interpreting and translation services); and RI.01.01.03, EP 3 (meeting needs of patients with vision, speech, hearing, or cognitive impairments).

Footnote *: Bartlett G, Blais R, Tamblyn R, Clermont RJ, MacGibbon B: Impact of patient communication problems on the risk of preventable adverse events in acute care settings. *CMAJ* 178(12):1555-1562, Jun. 3, 2008.

Footnote **: Divi C, Koss RG, Schmaltz SP, Loeb JM: Language proficiency and adverse events in U.S. hospitals: A pilot study. *Int J Qual Health Care* 19(2):60-67, Apr. 2007.

Footnote ***: Cohen AL, Rivara F, Marcuse EK, McPhillips H, Davis R: Are language barriers associated with serious medical events in hospitalized pediatric patients? *Pediatrics* 116(3):575-9, Sep. 2005.

Elements of Performance for PC.02.01.21

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 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.
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)
Note 1: This element of performance will not affect the accreditation decision at this time.

Standard RC.02.01.01

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

Elements of Performance for RC.02.01.01

1. The medical record contains the following demographic information:
 - The patient's name, address, and 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
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 communication needs, including preferred language for discussing health care (See also PC.02.01.21, 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.
2. The medical record contains the following clinical information:
 - The reason(s) for admission for care, treatment, and services
 - The patient's initial diagnosis, diagnostic impression(s), or condition(s)
 - Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8)
 - Any allergies to food
 - Any allergies to medications
 - Any conclusions or impressions drawn from the patient's medical history and physical examination
 - Any diagnoses or conditions established during the patient's course of care, treatment, and services
 - Any consultation reports
 - Any observations relevant to care, treatment, and services
 - The patient's response to care, treatment, and services
 - Any emergency care, treatment, and services provided to the patient before his or her arrival
 - Any progress notes
 - All orders
 - Any medications ordered or prescribed
 - Any medications administered, including the strength, dose, and route
 - Any access site for medication, administration devices used, and rate of administration
 - Any adverse drug reactions
 - Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23)
 - Results of diagnostic and therapeutic tests and procedures
 - Any medications dispensed or prescribed on discharge
 - Discharge diagnosis
 - Discharge plan and discharge planning evaluation

(See also PC.01.02.03, EPs 6-8)

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4. As needed to provide care, treatment, and services, the medical record contains the following additional information:
 - Any advance directives (See also RI.01.05.01, EP 11)
 - Any informed consent, when required by hospital policy (See also RI.01.03.01, EP 13)

Note: The properly executed informed consent is placed in the patient's medical record prior to surgery, except in emergencies.

 - Any records of communication with the patient, such as telephone calls or e-mail
 - Any patient-generated information

10. For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Progress notes are recorded by the following individuals involved in the active treatment of the patient:
 - The doctor of medicine or osteopathy responsible for the care of the inpatient
 - A nurse
 - A social worker
 - Others involved in active treatment modalities.

The above individuals record progress notes at least weekly for the first 2 months of a patient's stay and at least monthly thereafter.

21. The medical record of a patient who receives urgent or immediate care, treatment, and services contains all of the following:
 - The time and means of arrival
 - Indication that the patient left against medical advice, when applicable
 - Conclusions reached at the termination of care, treatment, and services, including the patient's final disposition, condition, and instructions given for follow-up care, treatment, and services
 - A copy of any information made available to the practitioner or medical organization providing follow-up care, treatment, or services

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.

Standard RI.01.01.01

The hospital respects, protects, and promotes patient rights.

Elements of Performance for RI.01.01.01

1. The hospital has written policies on patient rights.
2. The hospital informs the patient of his or her rights. (See also RI.01.01.03, EPs 1-3)
4. The hospital treats the patient in a dignified and respectful manner that supports his or her dignity.
5. The hospital respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1)
6. The hospital respects the patient's cultural and personal values, beliefs, and preferences.
7. The hospital respects the patient's right to privacy. (See also IM.02.01.01, EPs 1-5)

Note: This element of performance (EP) addresses a patient's personal privacy. For EPs addressing the privacy of a patient's health information, please refer to Standard IM.02.01.01.

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8. The hospital respects the patient's right to pain management. (See also HR.01.04.01, EP 4; PC.01.02.07, EP 1; MS.03.01.03, EP 2)
9. The hospital accommodates the patient's right to religious and other spiritual services.
10. The hospital allows the patient to access, request amendment to, and obtain information on disclosures of his or her health information, in accordance with law and regulation.
- 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. (For more information on surrogate or family involvement in patient care, treatment, and services, refer to RI.01.02.01, EPs 6-8.)
Note 2: This element of performance will not affect the accreditation decision at this time.
- 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.

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 for RI.01.01.03

1. The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. (See also RI.01.01.01, EPs 2 and 5; PC.04.01.05, EP 8)
2. The hospital provides interpreting and translation services, as necessary. (See also RI.01.01.01, EP 2)
- 2. The hospital provides language interpreting and translation services. (See also RI.01.01.01, EPs 2 and 5; PC.02.01.21, 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. These options 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 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, EP 2)
- 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. (See also RI.01.01.01, EPs 2 and 5; PC.02.01.21, EP 2)**