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

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Communication and Health Care

- Communication is the 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)
Communication and Sentinel Events

- 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

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these root cause data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of root causes or trends in root causes over time.
Sub-categories of Communication as a Root Cause of Sentinel Events (2006-2008)

- Electronic Communication
- With Administration
- Written Communication
- With Patient or Family
- Oral Communication
- With Physician
- Among Staff

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**
Existing Accreditation Standards

- Staff orientation on cultural diversity *(HR.01.04.01, EP5)*
- Comply with law and regulation *(LD.04.01.01)*
- Contracted services provided safely/effectively *(LD.04.03.09)*
- Patient education meets patient needs *(PC.02.03.01)*
- Medical record contains patient language needs *(RC.02.01.01, EP1)*
- Right to effective communication *(RI.01.01.01, EP5)*
- Provide interpreting/translation services *(RI.01.01.03, EP2)*
- Patient participation in care *(RI.01.02.01)*
- Informed consent *(RI.01.03.01)*
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 into existing or draft new standards
  - Broader issues of communication, cultural competence, patient- and family-centered care

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

- Qualifications for language interpreters/ translators
- Identify communication needs
- Address communication needs
- Provide language services
- 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

- Approved in December 2009
- Released to field in January 2010
- Published in 2011 Hospital manuals
- Surveyors evaluating compliance with standards
- Findings will not affect the accreditation decision
- Inclusion in accreditation decision no earlier than 2012
  - RI.01.01.01, EPs 28 and 29 will be implemented July 1, 2011
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.)
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.
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.
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
New Notes to RI.01.01.01

New Notes added to EP 1 (written policies on patient rights) and EP 2 (informing patients of rights)

For hospitals that use Joint Commission accreditation for deemed status purposes:

- written polices address procedures regarding patient visitation rights, including any clinically necessary or reasonable restrictions or limitations.
- informs the patient (or support person, where appropriate) of his or her visitation rights. Visitation rights include the right to receive the visitors designated by the patient, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Also included is the right to withdraw or deny such consent at any time.

These notes were implemented July 1, 2011
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 *(supporting New PC.02.01.21)*
  - Use language cards or tools to identify language
  - Note language in medical record *(supporting 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 *(supporting New PC.02.01.21, existing RC.02.01.01)*
Recommendations from the Roadmap

- Develop a system to provide language services (supporting New PC.02.01.21, existing RI.01.01.01, RI.01.01.03)
  - Determine the types of services and modes needed
  - Provide translated written documents for frequently encountered languages
  - Train staff on how to access services and work with interpreters

- Ensure competence of individuals providing language services
  - Define qualifications for language interprets and translators (supporting New Note to HR.01.02.01)
  - Review qualifications for contracted language services or external vendors (supporting existing LD.04.03.09)
  - Refrain from relying on untrained individuals (family or friends) to provide language services
Recommendations from the *Roadmap*

- Communicate information about unique patient needs to the care team
  - Ensure data can transfer to clinical database for use at point of care

- Tailor the informed consent process and patient education materials to meet patient needs *(supporting existing RI.01.03.01, PC.02.03.01)*

- Integrate health literacy strategies into patient discussions and materials *(supporting New PC.02.01.21, existing RI.01.01.03)*
Recommendations from the *Roadmap*

**Cultural Competence**

- Develop a system to collect patient race and ethnicity information *(supporting New RC.02.01.01, EP 28)*
  - 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

- Use available population-level demographic data to help determine the needs of the community
  - Use available demographic data, information on health literacy levels, data on sexual orientation
  - Conduct focus groups or interview community leaders to identify changes in community needs/demographics
Recommendations from the *Roadmap*

- Identify and accommodate cultural, religious, or spiritual beliefs or practices that influence care *(supporting existing RI.01.01.01, EPs 6 and 9)*
  - Respect the patient’s needs and preferences for modesty and privacy
  - Consult a professional chaplain, if available, to complete a spiritual assessment

- Identify dietary needs or restrictions that affect care *(supporting existing PC.02.02.03, EP 9)*

- 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

- 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)
  - Inform staff of federal and state laws and regulations that support these issues *(supporting existing LD.04.01.01)*

- Identify staff concerns or suggested improvements for providing care that meets patient needs
  - Conduct a staff survey to evaluate staff’s experiences using language services and auxiliary aids *(supporting New PC.02.01.21)*
  - Create an environment that welcomes diverse staff and patients *(supporting New RI.01.01, EP 29)*
Recommendations from the *Roadmap*

**Patient- and Family-Centered Care**

- Create an environment inclusive of all patients
  - Incorporate concepts of universal design
  - Provide a diverse collection of magazines and brochures in the waiting areas

- Identify and address patient mobility needs
  - Make sure any needed assistive devices (service animal, cane, walker, wheelchair) is available to patient

- Ask the patient to identify a support person *(supporting New RL.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
Recommendations from the *Roadmap*

- Involve patients and families in the care process and discharge/transfer planning and instruction
- Collect feedback from patients, families, and the surrounding community
  - Make sure complaint resolution system and patient surveys can accommodate feedback from patients and families with communication needs
  - Invite patients and families to participate in focus groups, advisory councils
- 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

- 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

- Public Policy White Paper: “What Did the Doctor Say?:” *Improving Health Literacy to Protect Patient Safety*

- Speak Up Initiative
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](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
Public Policy White Paper:
Health Literacy Recommendations

- **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

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

- Joint Commission’s award-winning patient safety program
  - Know Your Rights
  - Understanding Your Doctors and Other Caregivers

- No copyright or reprinting permission required

- Print/Videos available in English and Spanish

Download for free at: http://www.jointcommission.org/speakup.aspx
For More Information

- 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, Language, and Culture* study information
  - Links to other websites and resources

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