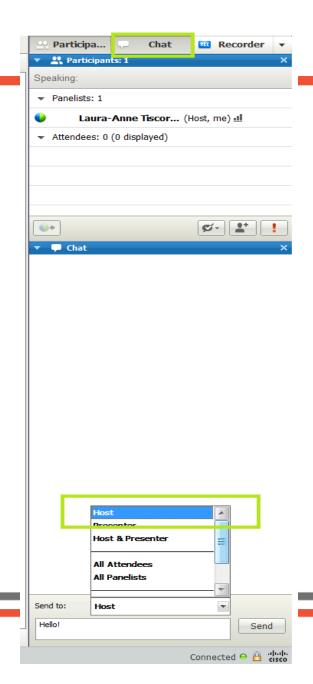


Training Staff to Ask REAL Questions

Essential Hospitals Engagement Network *August 19, 2014*

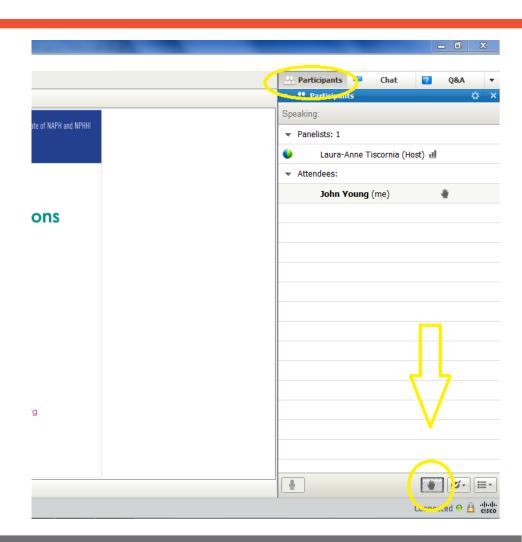
CHAT FEATURE

The chat tool is available to ask questions or comments at anytime during this event.



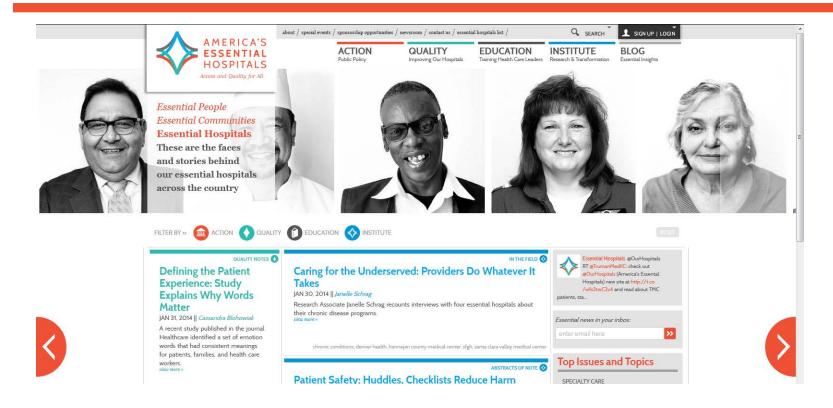
RAISE YOUR HAND

• If you wish to speak telephonically, please "raise your hand". We will call your name, when your phone line is unmuted





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AGENDA

- Introduction
- Training Staff to Ask REAL Questions
 - » Dr. Christina Cordero, The Joint Commission
 - » Lisa Sloane, V-Formation
- Q&A
- Next Steps and upcoming events



SPEAKERS



Christina L. Cordero, Ph.D., MPH
Associate Project Director, Department of
Standards and Survey Methods, Division of
Healthcare Quality
The Joint Commission



Lisa Sloane, MHAChief Transformation Consultant *V-Formation*



Collecting REAL Data: Joint Commission Standards and Recommendations for Hospitals

Christina L. Cordero, PhD, MPH

Associate Project Director
Department of Standards and Survey Methods
Division of Healthcare Quality Evaluation
The Joint Commission

America's Essential Hospitals – Webinar August 19, 2014



The Joint Commission

- Accredits/certifies over 20,000 health care organizations and programs
- Vision Statement: All people always experience the safest, highest quality, best-value health care across all settings.



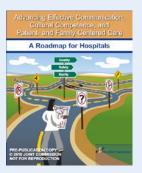


Joint Commission Support for REAL Data Collection

- Joint Commission Accreditation Standards
 - Existing standards
 - Patient-centered communication standards



- Monograph: A Roadmap for Hospitals
 - Example practices
 - Resources from the field



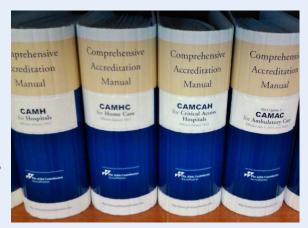
- Crosswalk to CLAS Standards
 - Comparison of CLAS and Joint Commission standards

Culturally and Linguistically Appropriate Services (CLAS) Standards to TJC Hospital				
National S		ppropriate Servic n Hospital Standa	es (CLAS) in Health and Health Care to 2015 Joint erds & EPs	
Requirement	Regulations	Joint Commission Equivalent Number Joint Commission Standards and Elements of Performan		
CLAS 01		LD.04.01.01 The	hospital complies with law and regulation.	
Proble effective, equitative, indentantable, and respectful quality care and sences that are responsive to Partie cultural based and practices, preferred singuages, health literacy, and other communication needs.		EP 2 The hospital pro rules and regula	ovides care, treatment, and services in accordance with licensure requirements, laws, stions.	
		LD.04.03.01 The	hospital provides services that meet patient needs.	
		EP 1 The needs of th through referral	e population(s) served guide decisions about which services will be provided directly consultation, contractual arrangements, or other agreements.	



Existing Accreditation Standards

- Staff orientation on cultural diversity (HR.01.04.01, EP 5)
- Right to effective communication (RI.01.01.01, EP 5)
- Identify/address communication needs (PC.02.01.21, EPs 1 and 2)
- Provide interpreting/translation services (RI.01.01.03, EP 2)
- Qualifications for language interpreters/translators (HR.01.02.01, EP 1)
- Collect preferred language data (RC.02.01.01, EP 1)
- Collect race and ethnicity data (RC.02.01.01, EP 28)







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

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

A Roadmap for Hospitals



Download Roadmap for Hospitals free at: http://www.jointcommission.org/Advancing _Effective_Communication



Collection of Language 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

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.



FAQs for REAL Data Collection

Frequently Asked Questions:

http://www.jointcommission.org/standards_information/jcfaq.aspx

Accreditation	Certification	Standards	Measurement	Topics	About Us	Daily Update	
Home > Standards > Stand	□ Twitt	ter 😝 Facebook 😲 G	ioogle+				
Standards FAQs					Mor	iday 3:32 CST, June 30, 2014	
Provision of Care, Treatme	ent, and Services						
Topic				Status	Publish Date		
Collecting the Patient's Pre	ferred Language			New	October 24, 2013	3	
Record of Care, Treatment	t, and Services						
Topic				Status	Publish Date		
Collecting the Patient's Pre	ferred Language			New	October 24, 2013	}	
Rights and Responsibilitie	s of the Individual						
Topic				Status	Publish Date		
Format for collecting patien	Format for collecting patient race and ethnicity data			New	December 10, 2012		
Patient Race and Ethnicity Data Collection				New	August 19, 2011		



Collection of Language Data

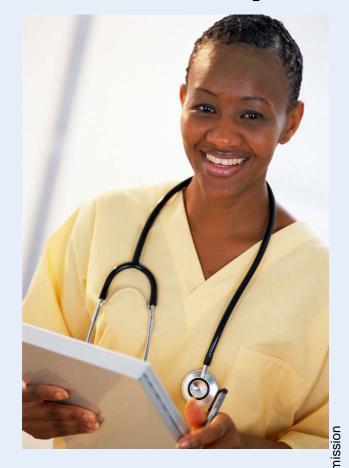
Are organizations required to use the term "preferred" language? My organization is collecting the patient's "primary" language – does this meet the requirement?

- Goal is to identify language needs of the patient
 - Is an interpreter required at the patient-level?
 - Do services need to be modified at the organization-level?
- Use of alternate or abbreviated terms
 - "preferred" and "primary" differ, but intent is similar
 - "pref lang" to accommodate character limitations in EHR
- Do policies and staff describe the information being collected as the patient's language for discussing health care?



Recommendations from the Roadmap

- Develop a system to collect patient language information (supporting RC.02.01.01, EP 1)
 - Modify paper or electronic medical records (may involve adding new fill-in spaces, fields, drop-down menus)
 - Use standardized language categories to collect data
 - Address data collection in hospital policies and procedures
 - Train staff to collect language data
 - Use aggregated data to develop/modify services, initiatives





Recommendations from the Roadmap

Table 6-3. Categorization of Patient-Level Language Data

Categories of English Proficiency*

- Very well
- Well
- Not well
- Not at all

Preferred Spoken Language for Health Care

- Locally relevant choices from standardized national set
- "Other, please specify:____"
- · Sign language

Preferred Written Language

- Locally relevant choices from standardized national set
- Braille



Collection of Race and Ethnicity Data

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

Element of Performance

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





FAQs for REAL Data Collection

Frequently Asked Questions:

http://www.jointcommission.org/standards_information/jcfaq.aspx

Accreditation	Certification	Standards	Measurement	Topics	About Us	Daily Update		
Home > Standards > Standards FAQs			☐ Twitte	er 😝 Facebook 😲	Google+ Share Print			
Standards FAQs				Мо	onday 3:32 CST, June 30, 2014			
Provision of Care, Treatme	ent, and Services							
Topic				Status	Publish Date	Publish Date		
Collecting the Patient's Preferred Language				New	October 24, 2013			
Record of Care, Treatment	t, and Services							
Topic				Status	Publish Date			
Collecting the Patient's Pre	ferred Language			New	October 24, 201	3		
Rights and Responsibilities	s of the Individual							
Topic			Status	Publish Date				
Format for collecting patien	it race and ethnicity data			New	December 10, 2012			
Patient Race and Ethnicity Data Collection				New	August 19, 2011			



Collection of Patient-Level Data

Are there specific categories for race and ethnicity that hospitals should use?

- Intent is to identify health disparities
 - Is there a need for new services, programs, initiatives?
- Requirement does not specify categories
 - Flexibility to determine what is appropriate
- Recommended categories:
 - Office of Management and Budget
 - Institute of Medicine report
 - Health Research and Educational Trust toolkit



Collection of Patient-Level Data

Can the patient's race and ethnicity data be collected in the same question?

- 1- or 2-question format
 - Race/ethnicity in same question
 - Race and ethnicity in separate questions
- Preferred method is 2-question format
 - Hispanic ethnicity first
 - Race categories
- Consider granular ethnicity categories



Collecting Patient-Level Data

Table 6-2. Categorization of Patient-Level Race and Ethnicity Data

Categories to Capture Hispanic Ethnicity Data

- · Hispanic or Latino
- · Not Hispanic or Latino

Categories to Capture Race Data (select one or more)

- Black or African American
- White
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Some other race

Categories to Capture Granular Ethnicity

- Locally relevant choices from a standardized national set
- "Other, please specify:_____"
- · Roll-up to the OMB* categories



Communication Standards Across Programs

Several patient-centered communication standards are incorporated into other accreditation/certification programs

Standard	Program
Qualifications for language interpreters and translators (HR.01.02.01, EP 1 with Note)	Hospital
Identify and address communication needs (PC.02.01.21, EPs 1 and 2)	Hospital, Ambulatory (PCMH), Critical Access Hospital (PCMH)
Provide language services (RI.01.01.03, EP 2 with Note)	Hospital, Ambulatory (PCMH), Critical Access Hospital (PCMH)
Collect preferred language data (RC.02.01.01, EP 1 with Note)	Hospital, Ambulatory
Collect race and ethnicity data (RC.02.01.01, EP 28)	Hospital, Ambulatory (PCMH)
Allow patients access to a support individual (RI.01.01.01, EP 28)	Hospital, Critical Access Hospital

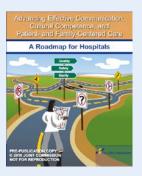


Joint Commission Support for REAL Data Collection

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- Monograph: A Roadmap for Hospitals
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- Crosswalk to CLAS Standards
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The Joint Commission Culturally and Linguistically Appropriate Services (CLAS) Standards to TJC Hospital National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care to 2015 Joint					
Requirement		physician Services (CEAS) in Health and Health Care to 2019 Joint Commission Joint Commission Equivalent Number Joint Commission Standards and Elements of Performance			
CLAS 01 Proxis effection, equilation, understandation, and respectful quality care and services that Proxis effection, equilation, understandation and practices, understand languages, hashin stances, and other communication resets.			the hospital complies with law and regulation. If provides care, treatment, and services in accordance with licensure requirements, laws, as guilations.		
		EP 1 The needs through refe	The hospital provides services that meet patient needs. of the population(s) served quide decisions about which services will be provided directly or eral, consultation, contractual arrangements, or other agreements.		
		LD.04.03.07 F	Patients with comparable needs receive the same standard of care, treatment, and services throughout the hospital.		



Past Projects and Initiatives

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





For More Information

Please visit our project website:

www.jointcommission.org/Advancing_Effective_Communication

Available:

Information on standards and Roadmap for Hospitals Information on The Field Guide Hospitals, Language, and Culture study information Links to other websites and resources

- Standards inquiries:
 Standards Interpretation Group at 630-792-5900
 www.jointcommission.org/standards (online form)
- My contact information:
 ccordero@jointcommission.org or 630-792-5845



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Ask Every Patient: REAL

Training Staff to Ask REAL Questions

Lisa R. Sloane, MHA – Founder, V-Formation

August 19, 2014





Major Steps to Resolving Health Disparities

- Set-up your HIT systems to collect REAL data according to prevailing requirements and guidelines.
- Registration staff is trained and collects REAL data according to prevailing requirements and guidelines.

Specific data requests are made and reports that stratify clinical data by REAL are created to inform executives and improvement managers. Improvement managers and others act to make improvements based on findings.

Disparities Fact

40%

33%

25%

Blacks received worse care than Whites.

American Indians and Alaska Natives received worse care than Whites. Asians received worse care than Whites.

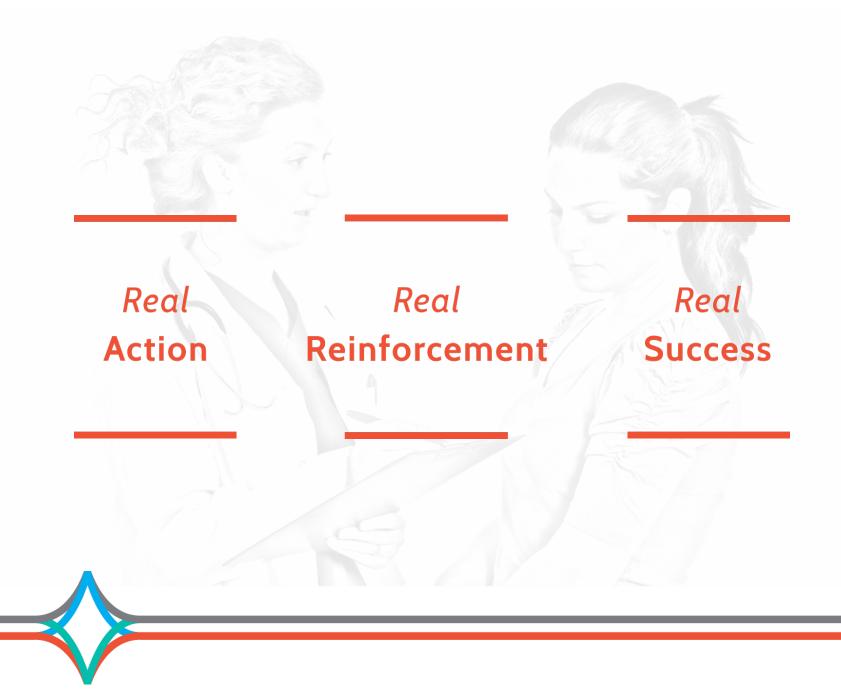
Source: RWJF, Quality Field Notes, Number 4, June 2014



Telling employees that you are going to track your care to eliminate disparities sends a powerful message to diverse employees. These patients are their brothers, sisters, spouses and children. That makes the staff invested in the process and incredibly powerful advocates for change."

Bruce Siegel

RWJF Report on Expecting Success Program: "Collecting Data on Patient Race, Ethnicity and Primary Language to Help Hospitals Improve Care" http://www.rwjf.org/en/research-publications/find-rwjf-research/2008/06/collecting-data-on-patient-race-ethnicity-and-primary-language-t.html, April 2008







The importance of adequately preparing the workforce to make a smooth transition into a thoroughly revamped health care system cannot be underestimated ..."

IOM (Institute of Medicine) Washington, D.C: National Academy Press; 2001. Crossing the Quality Chasm: A New Health System for the 21st Century.

Train for Success

- Reduce variability in your processes
- Use adult learning principles
- Convey accurate information





Achieve Consistency Across Systems

- Meet meaningful use requirements
- Follow TJC recommendations
- Follow OMB guidelines





• Patient self-reporting emphasizing patient choice





- Patient self-reporting emphasizing patient choice
- Ethnicity means Hispanic or Latino or Not Hispanic or Latino





- Patient self-reporting emphasizing patient choice
- Ethnicity only means Hispanic or Latino or Not Hispanic or Latino
- Teach the meaning and uses of granular categories





- Patient self-reporting emphasizing patient choice
- Ethnicity only means Hispanic or Latino or Not Hispanic or Latino
- Teach the meaning and uses of granular categories
- Reinforce proper timing and methods for language data collection





- Patient self-reporting emphasizing patient choice
- Ethnicity only means Hispanic or Latino or Not Hispanic or Latino
- Teach the meaning and uses of granular categories
- Reinforce proper timing and methods for language data collection
- Help staff understand that data is used to help gauge and improve upon patient satisfaction and quality of care







44

Hospital leadership should assign accountability and monitor data collection efforts to ensure processes are working as planned."

Health Research & Educational Trust. (2013, August). Reducing health care disparities: Collection and use of race, ethnicity and language data. Chicago: Health Research & Educational Trust. Retrieved from www.hpoe.org

Confident Accountable Staff

- Train at orientation and once per year
- Do role playing
- Make REAL choices a Key Performance Indicator





Audit & Validate Data

- Make a conscious decision about how often to collect data (i.e. every visit, once per year)
- Regularly Audit Data
 - Reports on percent of unknowns/unavailable fields
 - Utilize secret shoppers
 - Use direct observation





REAL Programs Result in Better Data

- Data reflects true disparities
- Data reflects how patients identify themselves
- Executives can trust the data







Resolving Disparities Mini-Case Example 1 - Improve Care for Individuals

17% /100%
At Program Start At Program Completion

At Montefiore Medical Center, heart attack patients receiving angioplasty within 90 minutes increased from 17 percent at the start of its disparities program to 100 percent by the end of the program.

Robert Wood Johnson Foundation, *Expecting Success Program Report* http://www.rwjf.org/en/about-rwjf/newsroom/newsroom-content/2010/03/improving-heart-care-through-better-data-and-communications.html, March 21, 2010

Resolving Disparities Mini-Case Example 2 - Improve Care for Populations

Among those surveyed, 79.7% of adults adults visited the emergency room due to lack of access to other providers.

CDC, Emergnecy Room Use Amont Adults Aged 18-64: Early Release of Estimates from the national Health Interview Survey, January-June 2011, Releases May 2012

Resolving Disparities Mini-Case Example 3 - Achieve Lower Costs

AnMed Health reduced the 30-day AMI readmission rate among African-Americans by 20%, and the gap in readmission rates between African-Americans and other racial subgroups decreased by 16% within one year.

Health Research & Educational Trust. (2013, August). *Reducing health care disparities: Collection and use of race, ethnicity and language data.* Chicago: Health Research & Educational Trust. Retrieved from www.hpoe.org

Real
Action

Real Reinforcement

Real **Success**

Train for Success

Achieve Consistency Across Systems

Use Automated Module Designed For Your Staff Confident Accountable Staff

Audit & Validate Data

REAL Programs
Result in Better Data

Improve Care for Individuals

Improve Care for Populations

Achieve Lower Costs



QUESTIONS?



Christina L. Cordero, Ph.D., MPH
Associate Project Director, Department of
Standards and Survey Methods, Division of
Healthcare Quality
The Joint Commission



Lisa Sloane, MHA
Chief Transformation Consultant
V-Formation



UPCOMING EVENTS

• In Person Event: Summit on Harm Reduction - Sustaining Progress, Building on Success Nov 10 | Chicago

Contact: Darlene Shenier dshenier essentialhospitals.org



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Visit http://essentialhospitals.org/groups/ehen/ to collaborate today.

