A complimentary publication of The Joint Commission

Issue 38, December 20, 2022

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 may provide

priority, will be elevated to a new National Patier moved to NPSG.16.01.01 for ambulatory health organizations, critical access hospitals, and hosp

The NPSG standard and 6 elements of performance (EPs) increases the focus on improving health care equity as a quality and safety priority, but the requirements for accredited organizations are not changing. While some of the original language from Standard LD.04.03.08 and its EPs were revised to focus on improving health care equity rather than reducing health care disparities, the intent behind the standard and associated EPs remains the same. Organizations will still be required to do the following:

- Identify an individual to lead activities to improve health care equity
- Assess the patient's health-related social needs
- Analyze quality and safety data to identify disparities
- Develop an action plan to improve health care equity
- Take action when the organization does not meet the goals in its accare, dental services, or surgical services)
- Behavioral health care and human services organizations providing "Addictions Services," "Eating Disorders
 Treatment," "Intellectual Disabilities/Developmental Delays," "Mental Health Services," and "Primary
 Physical Health Care" services

Engagement with stakeholders, customers, and experts





Issue 38, December 20, 2022 Page | 5

- 15. Office of Disease Prevention and Health Promotion. (n.d.). *Healthy People 2030: Social determinants of health*. U.S. Department of Health and Human Services. https://health.gov/healthypeople/objectives-and-data/social-determinants-health
- 16. Robert Wood Johnson Foundation. (2011). *Health care's blind side: Unmet social needs leading to worse health.* https://www.rwjf.org/en/library/articles-and-news/2011/12/health-cares-blind-side-unmet-social-needs-leading-to-worse-heal.html

Requirement

EP 3: The [organizationi005.718P(e)7d(arT(s)Fan3 (e))3.6.0038T(ard)0429T(i/2.292Af6(//t)eeT)a0n6H(a) 02.7246.029TJ9.(ad) 0.75h(honteaT2/...6d(a)n1:0e20



^{*}Not a complete literature review.



Issue 38, December 20, 2022 Page | 6

- 19. O'Kane, M., Agrawal S., Binder, L., Dzau, V., Gandhi, T., Harrington, R., Mate, K., McGann, P., Meyers, D., Rosen, P., Schreiber, M., & Schummers, D. (2021). An equity agenda for the field of health care quality improvement. *NAM Perspectives*. National Academy of Medicine. Washington, DC. https://doi.org/10.31478/202109b
- 20. Health Research & Educational Trust. (2014). A framework for stratifying race, ethnicity and language data. www.hpoe.org
- 21. Sehgal, A., Leon, J., Siminoff, L., Singer, M., Bunosky, L., & Cebul, R. (2002). Improving the quality of hemodialysis treatment: A community-based randomized controlled trial to overcome patient-specific barriers. *JAMA*, 287(15), 1961–7.
- 22. Garg, A., Wilkie,





Issue 38, December 20, 2022 Page | 7

References:*

- 26. Centers for Medicare & Medicaid Services. (2021). *Building an organizational response to health disparities*. U.S. Department of Health and Human Services. https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Health-Disparities-Guide.pdf
- 27. Manchanda, R., Brown, M., & Cummings, D. (2022). *Racial and health equity concrete STEPS for health systems: Translate your commitment to racial and health equity into action in your health system.* American Medical Association STEPS Forward. https://edhub.ama-assn.org/steps-forward/module/2788862
- 28. Chin, M., Clarke, A., Nocon, R., Casey, A., Goddu, A., Keesecker, N., & Cook, S. (2012). A roadmap and best practices for organizations to reduce racial and ethnic disparities in health care. *Journal of General Internal Medicine*, 27(8), 992–1000. https://doi.org/10.1007/s11606-012-2082-9

*Not a complete literature review.

Requirement

EP 6: At least annually, the [organization] informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to improve health care equity.

Rationale

An organization's commitment to improving health care equity should be embedded throughout its culture and practices. Leaders, practitioners, and staff need to be aware of the organization's initiatives to improve health care equity and be informed of their potential role in those initiatives. It is also important to receive updates about the challenges and successes of the organization's efforts to improve care for all patients.²⁹⁻³¹

References:*

- 29. Centers for Medicare & Medicaid Services. (2021). *Building an organizational response to health disparities*. U.S. Department of Health and Human Services. https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Health-Disparities-Guide.pdf
- 30. Manchanda, R., Brown, M., & Cummings, D. (2022). Racial and health equity concrete STEPS for health systems: Translate your commitment to racial and health equity into action in your health system. American Medical Association STEPS Forward. https://edhub.ama-assn.org/steps-forward/module/2788862
- 31. Chin, M., Clarke, A., Nocon, R 202(e)2 (,6ar)-1.3 stephte:du Nod3.1 (td) (0)-ri(s)-3.2 (,)0.5 (,)0.5 (,)5.6.5 (,)0.5 (202(@\22\) (rs\2))

