Health Care Equity Certification

Review Process Guide

2025

What's New for Health Care Equity Certification in 2025

Updates effective as of 2025 are identified by underlined text throughout this document.

Changes effective January 1, 2025

Organization Review Preparation, Orientation to Health Care Equity Initiatives, Sample Review Agenda – These activities have been updated to include content about the new Corporate Centralized System certification option.

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Health Care Equity Certification

Organization Review Preparation

The purpose of this activity guide is to inform organizations about how to prepare for the Health Care Equity certification review, including:

- Identifying ways in which the organization can facilitate the onsite review process
- Describing logistical needs for the onsite review

The Joint Commission offers two certification options for organizations:

1. Single site healthcare organization (HCO) certification – the certification is awarded to one organization or
2. Corporate centralized system – the certification is awarded to the corporate entity.

Important Reading

The Certification Review Process Guide describes each activity of a Joint Commission onsite certification review. Organizations should read through each of the following activity descriptions, which include:

- The purpose of the activity,
- Descriptions of what will happen during the activity
- Discussion topics, if applicable
- Recommended participants
- Any materials required for the session

These descriptions can be shared organization wide as appropriate.

Pre-Review Contact with Account Executive

A Joint Commission Account Executive will contact your organization by phone or email shortly after receiving your application for certification. The purpose of this call is to:

- Confirm information reported in the application for certification, to verify travel planning information and directions to office(s) and facilities,
- Confirm your access to The *Joint Commission Connect* extranet site and the certification-related information available there (onsite visit agenda, Certification Review Process Guide, etc.), and
- Answer any organization questions and address any concerns.

Logistics

- While onsite, the reviewer will need workspace for the duration of the visit. A desk or table, telephone, internet connection and access to an electrical outlet are desirable.
- Some review activities will require a room or area that will accommodate a group of participants. Group activity participants should be limited, if possible, to key individuals that can provide insight on the topic of discussion. Participant selection is left to the organization's discretion; however, this guide does offer suggestions.

- The reviewer will want to move throughout the facility during Tracer Activity, talking with staff and observing the day-to-day operations of the organization along the way. The reviewer will rely on organization staff to find locations where discussions can take place that allow confidentiality and privacy to be maintained and that will minimize disruption to the area being visited.

- Your onsite review agenda template similar to the one presented later in this guide, will be posted to your *Joint Commission Connect* extranet site. The review agenda presents a suggested order of activities and timeframes for each. Discuss with the reviewer any changes to the agenda that may be needed at any time during the onsite visit.

Information Evaluated Prior to the Onsite Certification Review
The Joint Commission certification reviewer assigned to perform your organization's onsite visit will receive the following items presented with your organization's Request for Certification.

1. Demographic information
2. Organization-level detail (average daily census, number of licensed beds, number and types of inpatient units)

Familiarizing the reviewer with details about your organization before the onsite visit facilitates evaluation of your organization's compliance with standards. Advance analysis makes the onsite review time more efficient, effective and focused.

Information Needed During Onsite Review
Please note that it is not necessary to prepare documentation just for purposes of the certification review. The reviewer is interested in seeing the resources that staff reference in their day-to-day activity. These items need not be stand-alone documents; the items noted may represent sections contained within other documents. The majority of document review will occur during individual tracer activity and will focus on the medical record.

Following is a list of items that reviewers **REQUEST** to be uploaded to a SharePoint site prior to review.

- The organization's strategic plan and goals for improving health care equity
- Sociodemographic characteristics and health-related social needs of individuals in the community
- Policies and procedures:
    - Addressing the recruitment and retention of staff and leaders that reflect the diversity of the community and patient population
    - Addressing incidents and perceptions of discrimination and bias experienced by *staff and leaders*
    - Addressing incidents and perceptions of discrimination and bias experienced by *patients*
    - Addressing qualifications for language interpreters and staff who communicate in languages other than English
- List of educational/training topics provided to staff and physicians to improve health care equity

Following is a list of additional items that reviewers request to be available onsite the morning of the review:

- List of active patients with information about age, race, and diagnosis
- List of discharged patients with information about age, race, and diagnosis (4 months for an initial review, one year for a re-certification review)
- Organizational chart for leaders in the organization
- List of self-reported race, ethnicity, and language information from staff and leaders
- Experience of patient care measures stratified by patient sociodemographic characteristics
- List of external organizations collaborating with the organization to identify community-level needs for equitable care and to address patient health-related social needs
- For the Data Session – have slides available with the following data:
    - Data from the organization's Community Health Needs Assessment (or other data sources such as governmental datasets or state/local health departments)
    - Incidents and perceptions of discrimination and bias experienced by patients
    - Incidents and perceptions of discrimination and bias experienced by staff and leaders
    - Review of patient socioeconomic data for missing/inaccurate information
    - Complaint/complaint resolution process by patient sociodemographic characteristics
    - Experience of patient care measures by sociodemographic characteristics
    - Language interpreter use
    - Three quality and/or safety measures for priority clinical conditions by sociodemographic characteristics (e.g., cardiovascular outcomes, cesarean birth rates for nulliparous women with term, singleton baby in vertex position [NTSV], hospital acquired conditions, pressure injury rates, etc.)
    - Comparison of the race, ethnicity, and languages spoken by staff and leaders to the race, ethnicity, and languages spoken by the community
    - Employee opinion survey/culture of safety survey results stratified by race, ethnicity, and language information
    - Health Care Equity performance improvement plan

Who to Call with Questions

If you have a question about a standard or element of performance, please consider reviewing the Standards Interpretation FAQs page: https://www.jointcommission.org/standards_information/jcfaq.aspx prior to submitting a question. To submit a question, Login to your organization's Joint Commission extranet site, *Connect*: https://customer.jointcommission.org/TJCPages/TJCHomeEmpty.aspx and click on Resources - Standards Interpretation, to submit your question. If you do not have access to *Connect*, please go to the Standards Interpretation Page: https://www.jointcommission.org/standards_information/jcfaq.aspx to submit a question.

Questions about onsite review process, agenda, scheduling, etc. – Call your Joint Commission Account Executive.

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Certification Review Notification and Postponement Policies

Notice of Initial Certification Onsite Review

If this is your organization's first time through the certification process, you will receive a thirty (30) day advance notice of your onsite review date(s). Notice will be provided via e-mail to the individuals identified on your account as the Primary Certification Contact and CEO. Additionally, thirty (30) days prior to your review, the Notification of Scheduled Events section on your organization's extranet site, The *Joint Commission Connect*, is populated with the event along with a link to the reviewer's name, biographical sketch and photograph.

Notice of Re-Certification Onsite Review

Your organization will receive notice from The Joint Commission seven (7) business days prior to the first day of the scheduled review date(s) for Health Care Equity re-certification. The notice will be emailed to the individuals identified on your account as the Primary Certification Contact and CEO and will include the specific review date(s) and the program(s) being reviewed. Additionally, once the reviewer arrives onsite, the Notification of Scheduled Events section on your organization's extranet site, The *Joint Commission Connect*, is populated with the review event including a link to the reviewer's name, biographical sketch and photograph.

Review Postponement Policy

The Joint Commission may not certify a program if the organization does not allow The Joint Commission to conduct a review. In rare circumstances, it may be appropriate to request a review postponement. An organization should direct a request for postponement to its Account Executive. A request to postpone a review may be granted if a major, unforeseen event has occurred that has totally or substantially disrupted operations, such as the following:

- A natural disaster or major disruption of service due to a facility failure
- The organization's involvement in an employment strike
- The organization's cessation of admitting or treating patients
- The organization's inability to treat and care for patients and its transference of patients to other facilities

The Joint Commission may, at its discretion, approve a request to postpone a review for an organization not meeting any of the criteria listed above.

Your organization's Joint Commission Account Executive can answer questions about these policies or put you in contact with other Joint Commission staff that can assist you.

Health Care Equity Certification

Opening Conference

Organization Participants

Individual who leads health care equity improvement efforts, senior leadership, key team members involved in implementing health care equity initiatives, certification contact, individual or individuals that will provide the Safety Briefing to the reviewer, and other clinical and administrative leaders at the discretion of the organization.

Opening Conference Description

Approximately 15 minutes in duration and includes:

- Introduction of reviewer
- Introduction of health care equity leader, leaders, and key team members (Please note: other staff can be introduced as the reviewer encounters them throughout the onsite visit)
- The organization is requested to provide the reviewer with a Safety Briefing (informal, no more than five minutes) sometime during this activity. The purpose of this briefing is to inform the reviewer of any current organization safety or security concerns and how Joint Commission staff should respond if your safety plans are implemented while they are onsite. Situations to cover include:
    - Fire, smoke, or other emergencies
    - Workplace violence events (including active shooter scenarios)
    - Any contemporary issues the reviewer may experience during the time they are with you (for example, seasonal weather-related events, anticipated or current civil unrest, or labor action)
- Overview of Health Care Equity Certification program
- Agenda review with discussion of any needed changes
- Overview of the SAFER™ portion of the Summary of Certification Review Findings Report
- Explain the post-review process and required follow-up actions, as applicable
- Questions and answers about the onsite review process.

Planning Tips

- Consider holding this activity in a space that will accommodate the number of participants and allow for an interactive discussion in the Orientation to Health Care Equity Initiatives activity that immediately follows the Opening Conference.
- Inform the reviewer of any scheduling issues that could affect activities for the day.
- Inform the reviewer of your organization’s expectations for the certification onsite review.

Health Care Equity Certification

Orientation to Health Care Equity Initiatives

Organization Participants
Health care equity leader, certification contact, other team members at the discretion of the organization

Orientation to Health Care Equity Initiatives Description
This 45-minute activity should include a presentation by the organization about your approach to improving health care equity. The reviewer will utilize the information presented to ask further questions.

An overview of the following topics should be presented during the Orientation to Health Care Equity Initiatives activity. A more detailed discussion of some of these areas may occur throughout the certification review (e.g., during the Individual Tracer, Data Use, or Education and Competence sessions).

Organization representatives participating in this session should be able to discuss topics such as:

- Organization's goals to improve health care equity
  - Strategic plan
  - Resource allocation
- Health care equity leadership and support
  - Identification of a leader and their role
- Patient population and community demographics (e.g., age, race, ethnicity, languages spoken)
  - Patient population
  - Sociodemographic information available
  - Review of community-level data
- Organization collaboration with patients, families, and caregivers and external organizations to identify patient and community-level needs
  - Opportunities to collaborate with patients
  - Opportunities to collaborate with the community
- Process to assess and address health-related social needs (HRSNs)
  - Collection of HRSNs
  - Incorporation of HRSNs in the plan of care
  - Collaboration with community and social service organizations to address HRSNs
- Accommodation of patient physical, mental, communication, or cognitive disabilities
  - Collection of data on disabilities

    - Accommodations to meet the needs of patients with disabilities
- Organization support for diversity, equity, and inclusion for its staff and leaders
    - Collection of data from staff and leaders
    - Recruitment and retention policies
    - Incidents and perceptions of bias and discrimination

For organizations that elect the corporate centralized system, additional topics the reviewer will discuss and explore include:

- Responsibilities and accountabilities of the corporate entity and the individual healthcare organizations identified to be included for the certification
- Priority setting for health care equity by the corporate entity and communication to the individual healthcare organizations
- Data and information flows between the corporate entity and the individual healthcare organizations
- Determination of individual healthcare organizations to be sampled

Health Care Equity Certification

Reviewer Planning & Protocol Review Session

During this activity, the reviewer, in conjunction with organization representatives, will identify the patients that they would like to follow during tracer activity. Additionally, the reviewer will want to know about how much time will be needed to retrieve any personnel or physician files. If necessary, the reviewer will identify personnel and physician files that they will need for review during the Education and Competence Assessment activity at this time.

Organization Participants

- Organization representative(s) that will facilitate tracer activity
- Individual(s) responsible for obtaining clinical records

Materials Needed for this Activity

- Current list of patients in the organization, including age, race, ethnicity, preferred language for discussing health care, and any disabilities requiring accommodation.

Planning Guidelines – Selecting Patients to Trace

1. The reviewer will describe to the organization's representatives the types of patients that they want to trace and request assistance in identifying individuals who may fit the description. A list of active patients is needed for this activity.

2. A minimum of five (5) patients will be selected:

   - Patients selected should present the opportunity to trace care and services through as many of the potential departments, areas, sites, or services who provide care to patients.
   - Patients should have a variety of sociodemographic characteristics and health-related social needs.
   - The types of patients the reviewer would like to trace include:
     a. A patient communicating through a language interpreter
     b. A patient receiving care from a language-concordant provider
     c. A patient with a communication disability using auxiliary aids
     d. A patient with low vision
     e. A patient with a physical, mental, or cognitive disability
     f. A patient with an identified health-related social need (HRSN) whose care was modified based on the HRSN and/or referred to a community or social service organization to address the HRSN
     g. A patient that has been transferred to another level of care, or referral (home care, skilled nursing facility)
     h. A patient that submitted a complaint or notified the organization of an incident or perception of discrimination or bias

   If active patients cannot be identified, the reviewer will review closed charts.

3. The reviewer will prioritize patients for tracer activity with the organization's assistance.

4. The reviewer will inquire about the organization's schedule for interdisciplinary team meetings and if it would be possible to observe.

Planning Guidelines – Selecting Education and Competence Files for Review

1. A minimum of (5) files will be selected.

2. At least one file per discipline (physician, nurse, social worker, dietitian, therapist, interpreter, etc.) will be reviewed.

3. Ideally, the reviewer would prefer to identify files for this review activity based on the individuals encountered during the patient tracers; however, they will only do so if the organization is able to accommodate a quick turn-around of personnel and physician file requests.

4. The reviewer will inquire about how much time is needed to obtain human resources and physician files. If necessary, the reviewer will identify the files they would like to see at this time to facilitate the organization's retrieval efforts.

Planning Guidelines – Contact with Discharged Patients

The reviewer will want to have some contact with patients and family members if they are available. If there are no active patients willing to speak with the reviewer, the reviewer will review closed records.

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Individual Tracer Activity

The individual tracer activity is a review method used to evaluate an organization's provision of care, treatment and services using the patient's experience as the guide. During an individual tracer the reviewer will:

- Follow a patient's course of care, treatment, or service through the organization
- Review how patients' health-related social needs are assessed and addressed
- Evaluate how the needs of patients with physical, mental, communication, or cognitive disabilities are identified and accommodated
- Explore how providers communicate with patients in their preferred language for discussing health care.
- Review the process to identify and address patient incidents or perceptions of discrimination or bias (including a patient grievance/complaint, if received).

Organization Participants
Organization staff and management who have been involved in an individual's care, treatment, or services

Materials Needed for this Activity
Clinical records of selected patients (paper, electronic, or hybrid)

Individual Tracer Description

1. A significant portion of the agenda is designated to patient tracer activity. The number of patients traced during this time will vary. **NOTE:** *Inpatients take priority for tracer activity; however, there may be instances when the reviewer will select a discharged patient upon which to conduct a tracer. This will occur when the reviewer needs to trace the care provided to a patient that meets a given set of selection characteristics.*
2. Tracer activity begins on the inpatient unit where the patient is receiving care, treatment and services, or in the case of a discharged patient, the location from which they were discharged.
3. The organization staff and the reviewer will use the patient's record to discuss and map out the patient's course of care, treatment, and services. The number of staff participating in this stage of the tracer should be limited.
4. Organization staff and the reviewer will follow the map, moving through the organization, as appropriate, visiting and speaking with staff in all the areas and services involved in the patient's encounter. There is no mandated order for visits to these other areas. The reviewer will speak with any staff available in the area. **NOTE:** *This activity will occur on inpatients as well as discharged patients.*
5. Throughout tracer activity, the reviewer will
    - Observe staff and patient interaction
    - Observe the care planning process
    - Observe medication processes, if applicable

- Consider the impact of the environment on individual safety and security, and staff roles in minimizing environmental risk
- Speak with organization staff about the care, treatment, and services they provide and their knowledge of the organization's health care equity initiatives
- Speak with patients and families, if appropriate and permission is granted by the patient or family. Discussion will focus on the course of care and other aspects of the requirement(s) being evaluated for certification.
- Look at procedures or other documents, as needed, to verify processes or to further answer questions that still exist after staff discussions

The tracer can lead the reviewer back to the area where the tracer activity began. Upon returning, the reviewer might follow-up on observations made either through additional record review or discussions with staff.

At the conclusion of the tracer, the reviewer communicates to the organization leaders and care providers any:

- Specific observations made
- Issues that will continue to be explored in other tracer activity
- Need for additional record review
- Issues that have the potential to result in requirements for improvement

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System Tracer – Data Use

This session is focused on the organization's use of data in improving safety and quality of care for patients. The reviewer and organization representatives will:

- Identify strengths in the use of data, areas for improvement, compliance with performance improvement expectations, and any actions taken or planned to improve health care equity
- Identify specific data use topics requiring further exploration as part of subsequent review activities

Organization Participants

- Health care leader(s)
- Administrative and clinical leaders involved in the health care equity performance improvement plan
- Others at the discretion of the organization

Materials Needed for this Activity

- Health care equity performance improvement plan
- Patient data collection reports
- Staff data collection reports
- Action plans demonstrating the organization's use of and response to data
- Slides available with the following data:
    - Data from the organization's Community Health Needs Assessment (or other data sources such as governmental datasets or state/local health departments)
    - Incidents and perceptions of discrimination and bias experienced by patients
    - Incidents and perceptions of discrimination and bias experienced by staff and leaders
    - Review of patient sociodemographic data for missing/inaccurate information
    - Complaint/complaint resolution process by patient sociodemographic characteristics
    - Experience of patient care measures by sociodemographic characteristics
    - Language interpreter use
    - Three quality and/or safety measures for priority clinical conditions by sociodemographic characteristics (e.g., cardiovascular outcomes, cesarean birth rates for nulliparous women with term, singleton baby in vertex position [NTSV], hospital acquired conditions, pressure injury rates, etc.)
    - Comparison of the race, ethnicity, and languages spoken by staff and leaders to the race, ethnicity, and languages spoken by the community
    - Employee opinion survey/culture of safety survey results stratified by race, ethnicity, and language information

- Health care equity performance improvement plan

Data Use System Tracer Description
During this activity, the reviewer and organization will discuss:

- Individuals involved in improving health care equity and their responsibilities
- Health care equity performance improvement plan
- Data gathering and preparation, including:
  - Review of community-level data
  - Collection of data from patients, including validity and reliability
  - Collection of data from staff and leaders, including validity and reliability
- Data analysis and interpretation, including:
  - Accuracy of patient data
  - Review of complaint resolution data
  - Use of language access services
  - Stratification of experience of care measures and at least three quality and/or safety measures
  - Comparison between the race, ethnicity, and languages of staff and leaders and the community
  - Stratification of culture of safety or employee opinion surveys
- Dissemination and communication to leaders and staff
- Data use and actions taken on opportunities for improvement
- Monitoring performance and evaluating improvements
- How data is used in decision-making and in improving the organization's quality of care and patient safety
- Strengths and opportunities for improvement in the processes used to obtain data and meet internal and external information needs
- Techniques used to protect confidentiality and security of all types of patient data

The reviewer will want to know about the organization's priorities for performance improvement activities related to health care equity and how these fit into the organization's overall performance improvement processes. This discussion may include a review of:

- Selection and prioritization of performance improvement activities
- Data reporting – when it occurs and who receives the information
- Type of analyses being conducted – approach to trending data over time, comparing data to an expected level of performance, and looking at data in combination for potential cause and effect relationships

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Education & Competence Assessment Process

The purpose of this activity is to discuss how the organization meets the need for qualified and competent staff and physicians.

Organization Participants

- Staff responsible for:
  - Aspects of the organization's human resources processes that support health care equity initiatives
  - Orientation and education of staff and physicians about the rationale for improving health care equity
  - Education and training of staff and physicians that collect patient sociodemographic data
  - Education and training of staff and physicians that communicate directly with patients
  - Assessing competency for language interpreters and staff and physicians that communicate directly with patients in their preferred language
- Individual(s) with authority to access information contained in personnel files

Materials Needed for this Activity

Personnel and physician files for individuals identified by the reviewer:

- A minimum of five (5) files will be selected
- Health care equity leader
- Staff and physicians that collect patient sociodemographic data
- Staff and physicians that communicate with patients
- At least one file per discipline (physician, nurse, social worker, dietitian, therapist, interpreter, etc.) will be reviewed

Note: The reviewer will select these files based on the individuals encountered during tracer activity, that is, those caring for or who cared for the patient being traced. Please let the reviewer know if there could be a delay in getting files for review.

Education and Competence Assessment Process Activity Description

During the session, the reviewer and organization representatives will:

- Participate in a facilitated review of selected files for:
  - Relevant education, experience and training or certification
  - Orientation
  - Competence
  - Most recent performance evaluation

- Discuss the following education and competence assessment topics as they relate to the organization seeking certification:
  - Rationale for improving health care equity
  - Collection patient sociodemographic data in a sensitive manner
  - Use of language interpreters and auxiliary aids
  - Process to assess the qualifications of language interpreters
  - Process to assess the language proficiency of staff and physicians who communicate in the patient's preferred language for discussing health care

Individuals attending this session should be prepared to explain the organization's approach to competency assessment.

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Summary Discussion

This time will be utilized for a final discussion prior to the reviewer's report preparation and the exit conference.

Organization Participants
Will vary depending upon the issue

Materials Needed for this Activity
Will vary depending upon the issue

Preparation for Issue Resolution
None required

Summary Discussion Description
Topics that may be addressed include:

- Any issues not yet resolved
- The identified Requirements for Improvement (RFIs)
- Sharing best practices to inspire quality improvement and/or outcomes
- Determination if RFIs will be discussed in detail at closing

The reviewer will work with the organization's certification contact to organize and conduct the summary discussion.

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Reviewer Report Preparation

The reviewer uses this time to compile, analyze and organize the data they have collected throughout the review into a preliminary report reflecting the organization's compliance with standards.

Organization Participants
None required, unless specifically requested by the reviewer

Materials Needed for this Activity
Private workspace with access to an electrical outlet and an internet connection

Reviewer Report Preparation Description
The reviewer uses this time to analyze their observations and determine if there are any findings that reflect standards compliance issues. If organization interruptions can be kept to a minimum during this time, it will help the reviewer remain on schedule and deliver a report at the appointed time. The reviewer will be using their laptop computer to prepare the preliminary report and plan for the Exit Conference.

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Exit Conference

The Exit Conference is the final onsite activity when the organization receives a preliminary report of findings from the reviewer. In addition, reviewers will

- Review the Summary of Certification Review Findings report, including the new SAFER™ matrix feature if determined during the Summary Discussion session.
- Discuss any standards compliance issues that resulted in Requirements for Improvement (RFIs)
- Identify best practices
- Allow the organization a final onsite opportunity to question the review findings and provide additional material regarding standards' compliance
- Explain the post-review process and required follow-up actions, as applicable

Organization Participants

- Organization leaders
- Other staff at the discretion of the organization

Materials Needed for this Activity

Copies of the certification report—if it is being distributed to staff

Preparation for the Exit Conference

None required

Exit Conference Description

This is a 30-minute activity that takes place at the completion of a review. Administrative and clinical leaders, and other organization staff, as invited, will hear a verbal report of review findings, requirements for improvement, and where these are appearing on the SAFER™ matrix. The preliminary certification review findings and printed report are shared with participants in the Exit Conference ONLY with the permission of the CEO. All reports left onsite are preliminary and subject to change upon review by Joint Commission central office staff.

Certification Review Template Agenda

The Joint Commission
Health Care Equity Certification Agenda
One Reviewer for One Day

Note: For organizations that elect the corporate centralized system review, the activity times will be expanded based on the number of individual healthcare organizations to be sampled.

Time	Activity & Topics	Suggested Organization Participants
8:00-8:15 a.m.	**Opening Conference** • Introductions • Brief review of agenda	Health care equity leader Organization's certification contact Organization clinical and administrative leadership Others at organization's discretion
8:15-9:00 a.m.	**Orientation to Health Care Equity Initiatives** Topics to be covered include: • Organization's goals to improve health care equity • Health care equity leadership and support • Patient population and community demographics (e.g., age, race, ethnicity, languages spoken) • Organization collaboration with patients, families, and caregivers and external organizations to identify patient and community-level needs • Process to assess and address health-related social needs • Accommodation of patient physical, mental, communication, or cognitive disabilities • Organization support for diversity, equity, and inclusion for its staff and leaders Q & A Discussion	
9:00-9:30 a.m.	**Reviewer Planning & Protocol Review Session** Please have the following information available for the Reviewer Planning Session: • A current list of patients • Order sets, care plans, as applicable • Schedule for interdisciplinary team meetings or rounds on patients • See *Health Care Equity – Information Request*	Organization representative(s) who can facilitate patient selection and tracer activity
9:30 -12:30 p.m.	**Individual Tracer Activity** • Tracer activity occurs where the patients are receiving care, treatment and services. • Begins with interactive review of patient record(s) with staff actively working with the patient. • Continues with tracing the patient's path, visiting different areas, speaking with team members and other organization staff caring for or encountered by the patient. ○ Review how patients' health-related social needs are assessed and addressed	Organization team members and other staff who have been involved in the patient's care, treatment or services Team members who can facilitate tracer activity including escorting the reviewer through the clinical setting following the

	○ Evaluate how the needs of patients with physical, mental, communication, or cognitive disabilities are identified and accommodated ○ Explore how providers communicate with patients in their preferred language for discussing health care. ○ Review the process to identify and address patient incidents or perceptions of discrimination or bias (including a patient grievance/complaint, if received). • Includes a patient and family interview if they are willing to participate. • At the conclusion of the tracer, the reviewer will communicate to the organization leaders and care providers: ○ Specific observations made ○ Issues that will continue to be explored in other tracer activity ○ Need for additional records to verify standards compliance, confirm procedures, and validate practice ○ Closed record review that may be necessary	course of care for the patient
12:30-1:00 p.m.	**Reviewer Lunch**	
1:00-2:00 p.m.	**System Tracer – Data Use** Topics to be covered include: • Health care equity performance improvement plan • Review of community-level data • Collection of patient-level data and review for missing/inaccurate information • Collection of data from staff and leaders • Review of complaint resolution process • Experience of patient care measures stratified by sociodemographic characteristics • Language interpreter use • Three quality and/or safety measures for priority clinical conditions stratified by sociodemographic characteristics (e.g., cardiovascular outcomes, cesarean birth rates for nulliparous women with term, singleton baby in vertex position [NTSV], hospital acquired conditions, pressure injury rates, etc.) • Comparison of the race, ethnicity, and languages spoken by staff and leaders to the race, ethnicity, and languages spoken by the community • Employee opinion survey/culture of safety survey results stratified by race, ethnicity, and language information	Health care equity leader Administrative and clinical leadership involved in the health care equity performance improvement plan Others at organization's discretion

2:00-3:00 p.m.	**Education & Competence Assessment** This session focuses on staff education and completion of applicable competencies: • Rationale for improving health care equity • Collection patient sociodemographic data in a sensitive manner • Use of language interpreters and auxiliary aids • Process to assess the qualifications of language interpreters • Process to assess the language proficiency of staff and physicians who communicate in the patient's preferred language for discussing health care	Individuals responsible for the organization's human resources process that supports health care equity Individuals responsible for education and training of staff Individuals responsible for assessing staff competency (e.g., interpreters, staff communicating directly with patients)
3:00 – 4:00 p.m.	**Summary Discussion/Report Preparation** This time is reserved for a final discussion prior to the reviewer's report preparation and the exit conference.	Will vary; as requested by the review
4:00-4:30 p.m.	**Exit Conference** Reviewer presentation of certification observations and requirements for improvement	Organizational leadership Others at the discretion of the organization

Note: This agenda is a guide and may be modified based on organizational need and reviewer discretion.

Health Care Equity Certification

Intra-cycle Review Process

All organizations participating in the certification process are required to collect, report, and monitor their performance on an ongoing basis. The requirements in the Performance Improvement (HCEPI) chapter outline the expectations to identify opportunities to improve the provision of equitable care, treatment, and services.

A mid-point (intra-cycle) evaluation of a program's performance improvement activities and standards compliance will be conducted via conference call with a Joint Commission reviewer.

Prior to the Intra-cycle Event
Organizations should review their priorities for performance improvement activities related to health care equity and how these fit into the organization's overall performance improvement processes. Organizations do not need to upload any documents in advance of the intra-cycle event.

Intra-cycle Evaluation Logistics
This Microsoft Teams call will take place as close as possible to the one year mid-point of the current two year certification cycle. The call will be completed by a Joint Commission reviewer who will contact the primary certification contact for a time that is convenient to both parties involved. Participation in the intra-cycle conference call is mandatory for all organizations participating in the health care equity certification program.

Organization Participants

- Staff involved in data collection and analysis
- Organization leaders that implement performance improvement plans

Overview of the Intra-cycle Evaluation Process
During the conference call, the reviewer and organization will discuss

- Data reporting – when it occurs and who receives the information
- The goals of your organization's health care equity performance improvement plan
- The results of your performance improvement activities
- Your organization's ongoing approach to performance improvement
- Your questions regarding compliance with Joint Commission standards

While organizations are not required to upload documents in advance of the call, it may be helpful to use the screen share option to display information during the discussion.

This call is your organization's opportunity to have an interactive discussion with The Joint Commission reviewer to assure you are on the right track for ongoing performance improvement and standards compliance.

There are no negative outcomes to the intra-cycle event, unless the reviewer identifies that your organization has not actively engaged in performance improvement activities since the time of the most recently completed initial or recertification review.