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**Health Care Equity**

**Review Process Guide**

**2026**

Issue Date: December 2025

**Health Care Equity  
Advanced Certification Program**

**Review Process**

**“What’s New in 2026”**

No changes for January 2026.

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# PART I: Review Preparations

## General Guidance and Overview

The purpose of the **Review Process Guide (RPG)** is to inform organizations and reviewers about the Health Care Equity (HCE) certification review process.

For all advanced certification programs, organizations are encouraged to download and review the agenda (as applicable to their program). The agendas can be obtained at the following website: [Review Agenda | The Joint Commission](#)

Or copy and paste this web address: <https://www.jointcommission.org/jc-connect/review-agenda>

The review process requires the program to have knowledge of the HCE chapter requirements listed in the **Health Care Equity Certification Manual (HCE)** and to adhere to those requirements.

Organizations should also be familiar with **Perspectives** articles, which are posted monthly to the organization's *Connect* (extranet) site. These articles provide any updates of new and/or revised HCE program requirements.

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.

Organizations may implement three optional standards (HCEDC.03, HCEPC.01, and HCEPI.02). These standards will not generate any Requirements for Improvement (RFIs) and will not count towards the organization's certification decision. At the organization's request, the reviewer will incorporate the requirements into the review process and provide feedback as necessary; however, the information will not be included in the final certification report. The optional standards include the following:

- HCEDC.03: The organization collects self-reported data from its staff and leaders to identify opportunities to improve health care equity.
- HCEPC.01: The organization supports diversity, equity, and inclusion for its staff and leaders.
- HCEPI.02: The organization identifies opportunities to improve its efforts to address diversity, equity, and inclusion for its staff and leaders.

### Pre-Review Outreach

A Joint Commission account executive will contact the organization by phone or email shortly after receiving the application for certification or recertification. The purpose of this call or email with the account executive is to accomplish the following:

- Confirm information reported in the application for certification or recertification
- Verify travel planning information and directions to office(s) and facilities, as applicable to the onsite review
- Confirm access to *Joint Commission Connect* extranet site and the certification-related information available there
- Confirm accuracy of any eligibility requirements (see also, the *Health Care Equity - General Eligibility Requirements*)

- Answer any organization questions and address any concerns

### **Logistics planning**

**For an onsite review**, the account executive will confirm with the organization the following:

- The reviewer(s) will need workspace for the duration of the visit. A desk or table and access to an electrical outlet and the internet 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 or offices 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.
- While reviewers will focus on current patients being cared for by the program, they will also request to see some closed records as well in order to verify compliance with requirements, such as those that address patient discharge and post discharge follow-up.

**For an offsite (virtual) review**, the account executive will confirm with the organization the following:

- Internet access/capabilities
- Video conference applications (such as Zoom or Microsoft Teams)
- Access to computer(s) with the ability to share screens and utilize camera functionalities
- Mobility of the camera-enabled computer to be used during tracer activity
- A dedicated space to privately discuss patient care, treatment, services

**NOTE:** *For all reviews (onsite or offsite) electronic recordings, including AI or other transcribing platforms, are **not** allowed per Joint Commission policy.*

### **Information Evaluated Prior to Certification Review**

Joint Commission Certification Reviewer(s) assigned to perform the organization's review will receive the following items presented with the 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 review time more efficient, effective, and focused.

There is a list of items that need to be uploaded to your *Joint Commission Connect* extranet site before the review. The HCE program is required to upload program-specific documents based on the current document list available through the extranet site. which must be completed by the due date listed on the "What's Due" section. The account executive will assist with the process in advance of the certification review if needed. The documents include the following:

- The organization’s strategic plan and goals for improving health care equity
- Sociodemographic characteristics and health-related social needs of individuals in the community
- List of external organizations collaborating with the organization to identify community-level needs for equitable care and to address patient health-related social needs
- Policies and procedures:
  - 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
- Healthcare equity performance improvement plan

More information about uploading documents and the most up-to-date list can be found on *Joint Commission Connect* site under the review process tab, then click on the document upload section.

IMPORTANT: Do not upload any patient health information (PHI) to the *Connect* extranet site folder.

### **Questions about Standards**

If the organization has a question about a standard, element of performance, or any advanced certification requirement, please consider reviewing the Standards Interpretation FAQs page: [https://www.jointcommission.org/standards\\_information/jcfaq.aspx](https://www.jointcommission.org/standards_information/jcfaq.aspx) prior to submitting a question.

To submit a question to the Standards Interpretation Group,

- Login to the organization’s Joint Commission extranet site, *Connect*: <https://customer.jointcommission.org/TJCPages/TJCHomeEmpty.aspx> and click on Resources - Standards Interpretation, to submit the question.
  - Or
- If personnel access is limited, please utilize *Connect*, and then go to the Standards Interpretation Page: [https://www.jointcommission.org/standards\\_information/jcfaq.aspx](https://www.jointcommission.org/standards_information/jcfaq.aspx) to submit a question.

## **PART II: Agenda Specific Activities**

# Opening Conference

## Objective

The goal of this session is to gain a better understanding of the organization's program structure, and scope of care, treatment, and services provided by the program, as well as discuss the structure of the review process and answer any questions.

## 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.
- For a review that is being conducted offsite (virtually) all participants are expected to have their cameras on during this activity or via a conference room with webcam capabilities.

**NOTE:** For all reviews (onsite or offsite) electronic recordings, including AI or other transcribing platforms, are **not** allowed per Joint Commission policy.

## Materials Needed for this Session

- A prepared presentation (such as a PowerPoint).
- For a review that is being conducted offsite (virtually), the organization must utilize the share screen function during this activity when presenting at opening conference.

## Opening Conference

- Reviewer(s) will begin this session with a few remarks and an introduction of themselves, followed by an introduction of the program staff. (Please note: other staff can be introduced as the reviewer encounters them throughout the review.)
- It is requested that the organization provide the reviewer(s) with a Safety Briefing (informal, no more than five minutes) sometime during this activity. The purpose of this briefing is to inform the reviewer(s) of any current organization safety or security concerns and how Joint Commission staff should respond if the safety plans are implemented while they are on site. Situations to cover include the following:
  - 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 the organization (for example, seasonal weather-related events, anticipated or current civil unrest, or labor action)

The reviewer will clarify if questions can be asked during the presentation or following the presentation.

- The reviewer will end the session with a discussion of the following:
  - 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 review process.
- Dialogue about what the reviewer can do to help make this a meaningful review for the program

# Orientation to Health Care Equity Initiatives

## Objective

This session is focused on gaining a better understanding of the organization's health care equity initiatives and the structure and scope of care, treatment, and services being provided. The objective is to learn how the organization's health care equity initiatives are integrated throughout the organization's services.

## 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 the following:

- Organization's goals to improve health care equity
  - Strategic plan and board involvement in the review and approval process
  - Resource allocation
- Health care equity leadership and support
  - Identification of a leader and their role
  - For health systems: coordination and management of site-level activities, if the leader is responsible for system-wide initiatives
- 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, caregivers, and external organizations to identify patient and community-level needs
  - Opportunities to collaborate with patients (i.e., patient and family advisory committee, focus groups, etc.)
  - Opportunities to collaborate with the community (i.e., community advisory committee, focus groups, etc.)
- 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 patients' physical, mental, communication, or cognitive disabilities
  - Collection of data on disabilities
  - Accommodations to meet the needs of patients with disabilities (i.e., specialized equipment, modified processes, additional materials, etc.)
- In organizations that implement the optional standard to support diversity, equity, and inclusion for staff and leaders (HCEPC.01), the organization and reviewer may discuss the following:
  - 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 the following:

- 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

# Reviewer Planning Session

## Objective

During this session, the reviewer(s), in conjunction with health care equity program representatives, will identify the patients that they would like to follow during tracer activity and may ask to review additional documents.

## Organization Participants

- Organization representative(s) that will facilitate tracer activity
- Individual(s) responsible for obtaining clinical records
- Individuals who can readily find patient information in the electronic medical record
- For a review that is being conducted offsite (virtually), all participants are expected to have their cameras on during this activity or via a conference room with webcam capabilities

**NOTE:** For all reviews (onsite or offsite) electronic recordings, including AI or other transcribing platforms, are **not** allowed per Joint Commission policy.

## Materials Needed for this Session

The following is a list of items that reviewers **WILL NEED** to have available during the Reviewer Planning Session.

1. Organizational chart for leaders in the organization.
2. Current list of patients in the organization, including age, race, ethnicity, preferred language for discussing health care, and any disabilities requiring accommodation.
3. List of patients discharged in the last four months (initial certification), including patient name, diagnosis, race, ethnicity and language. For re-certification the patient list should be from the last year.
4. Organizations that implement the optional standard to collect self-reported data from staff and leaders (HCEDC.03) may provide the reviewer with a list of self-reported race, ethnicity, and language information from staff and leaders.

## Selecting Patients to Trace

- For a review that is being conducted offsite (virtually), the organization must utilize the share screen function during this activity for sharing the list of active patients, closed records to review, list of staff who are working on the day of the review (for selecting files for the Education and Competence session) and any other documents that may be requested by the reviewer.
- From the patient lists provided, the reviewers will begin selecting patients they want to trace and may request program representative's assistance in identifying patients who may fit the description.
- 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 the following:
  - 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
- The reviewer will prioritize patients for tracer activity with the organization's assistance.
- The reviewer will inquire about the organization's schedule for interdisciplinary team meetings and if it would be possible to observe.
- If there are no current patients available to trace on the day of the review, the reviewer will select files from the discharge list provided.

#### **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.

# Individual Tracer Activity

## Objective

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(s) 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 the patient's care, treatment, or services

**NOTE:** For all reviews (onsite or offsite) electronic recordings, including AI or other transcribing platforms, are **not** allowed per Joint Commission policy.

## Materials Needed for this Session

- Access to clinical records of selected patients.
- For a review that is being conducted offsite (virtually), the organization must utilize a mobile webcam for this activity.

## Individual Tracer Activity

- A significant portion of the agenda is designated for individual tracer activity. **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.*
- Organization staff and the reviewer will move through the organization, as appropriate, visiting and speaking with staff in all the areas, programs, and services involved in the patient's encounter.
- Tracer activity follows the patient's course of care, treatment, and services. Tracer activity may vary by location of where services are provided (such as inpatient, outpatient, or remote).

**NOTE:** *Clinical areas or units to be visited are based on the needs of the patient population.*

- 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.

**NOTE:** *The number of staff participating in tracer activity should be limited. The rationale for limiting the number of staff participating is to reduce any distraction that the review process may have on patient care.*

- Throughout tracer activity, the reviewer(s) will do the following:
  - 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 staff roles in minimizing environmental risk
  - Speak with staff about the care, treatment, and services they provide, including the following:
    - Health care equity as a strategic priority
    - Collection of self-reported patient data, including patient's race, ethnicity, preferred language for discussing health care, disabilities, and health-related social needs
    - Education on the organization's rationale for improving health care equity and how to sensitively obtain patient information
    - How to access and communicate through a language interpreter and how to use auxiliary aids
    - Identification of health literacy needs and providing educational material in a manner that is understood by patients, families, and caregivers
    - Provision of care, treatment, and services in a manner that accommodates the needs of patients with disabilities
    - Addressing health-related social needs of patients
  - Speak with patients or families, if appropriate and permission is granted by the patient or family. *NOTE: If the patient being traced is already discharged, the reviewer may ask the program to see if a phone call with the patient/family is feasible and can be arranged.* Discussion will focus on the course of care and other aspects being evaluated for certification, including the following:
    - Collection of self-reported patient data, including patient's race, ethnicity, preferred language for discussing health care, disabilities, and health-related social needs
    - Reporting incidents and perceptions of discrimination and bias experienced by patients
    - Communicating through a language interpreter or directly with staff in the patient's preferred language for discussing health care
    - Identification of health literacy needs and provision of educational material in a manner that is understood by patients, families, and caregivers
    - Provision of care, treatment, and services in a manner that accommodates the needs of patients with disabilities
    - Addressing health-related social needs of patients
  - Look at procedures or other documents, as needed to verify processes or to further answer questions that still exist after staff discussions

- Throughout the tracer activity, the reviewer will communicate 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
  - Staff files needed for the Education and Competence Assessment Process Session

# System Tracer - Data Use Session

## Objective

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

- Identify strengths and opportunities in the organization's use of data, areas for improvement, and any actions taken or planned to improve performance.
- Identify specific data use issues requiring further exploration as part of subsequent review activities.
- For organizations that elect the corporate centralized system review, the length and timing of the data use discussion will depend on the number of healthcare organizations sampled (i.e., 1–5 sites would have a longer corporate data session, >5 sites would have a discussion at each location).

## 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
- For a review that is being conducted offsite (virtually) all participants are expected to have their cameras on during this activity or via a conference room with webcam capabilities

**NOTE:** For all reviews (onsite or offsite) electronic recordings, including AI or other transcribing platforms, are **not** allowed per Joint Commission policy.

## Materials Needed for this Session

- Health care equity performance improvement plan
- Patient data collection reports
- In organizations that implement the optional standard to collect demographic data from staff and leaders (HCEDC.03), the organization may provide staff data collection reports.
- Action plans demonstrating the organization's use of and response to data
- Slides available with the following data:
  - 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
  - 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.)

- Health care equity performance improvement plan
- Organizations that implement the optional standards to support diversity, equity, and inclusion of staff and leaders (HCEPC.01) and to improve diversity, equity, and inclusion for staff and leaders (HCEPI.02) may provide the reviewer with slides that include the following data:
  - Incidents and perceptions of discrimination and bias experienced by staff and leaders
  - 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
- For a review that is being conducted offsite (virtually), the organization must utilize the share screen function during this activity when presenting their data.

### **Data Use System Tracer**

During this activity, the reviewer and organization will discuss the following:

- Individuals involved in improving health care equity and their responsibilities
- Health care equity performance improvement plan
- Data gathering and preparation, including the following:
  - Review of community-level data
  - Collection of data from patients, including validity and reliability
  - In organizations that implement the optional standard to collect demographic data from staff and leaders (HCEDC.03): Collection of data from staff and leaders, including validity and reliability
- Data analysis and interpretation, including the following:
  - 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
  - Organizations that implement the optional standard to improve diversity, equity, and inclusion for staff and leaders (HCEPI.02) should discuss the following:
    - 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 the following:

- 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

# Education and Competence Assessment Process

## Objective

The purpose of this session is to discuss how the organization meets the need for qualified and competent practitioners. The reviewer and the organization will discuss and review the following:

- Orientation, education, and training processes as they relate to health care equity
- Orientation and education of staff and physicians that collect patient sociodemographic data and staff and physicians that communicate with patients and families using language interpreters and auxiliary aids
- Process to assess the qualifications and competence for language interpreters and staff and physicians that communicate directly in the patient's preferred language
- For organizations that elect the corporate centralized system review, the expectation is that the health care equity–related education and policies are the same throughout the system. The length and timing of the education and competence discussion will depend on the number of healthcare organizations sampled (i.e., 1-5 sites would have a longer corporate education session, >5 sites would have a discussion at each location).

**NOTE:** *File reviews are not the primary objective for this session. The file reviews are an opportunity to confirm that the program/organization is following its processes or procedures for staff credentialing, onboarding, competency, and initial and ongoing education, etc. This is not an audit.*

## Organization Participants

- Staff responsible for the following:
  - 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
- For a review that is being conducted offsite (virtually) all participants are expected to have their cameras on during this activity or via a conference room with webcam capabilities

**NOTE:** *For all reviews (onsite or offsite) electronic recordings, including AI or other transcribing platforms, are **not** allowed per Joint Commission policy.*

## Materials Needed for this Session

Personnel and physician files for individuals identified by the reviewer:

- A minimum of five (5) files will be selected, including the following:
  - 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.
- For a review that is being conducted offsite (virtually), the organization must utilize the share screen function during this activity when presenting personnel or credentials files.

**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 do the following:

- Participate in a facilitated review of selected files for the following:
  - 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 (The hospital identifies which content is included and when the education is provided [i.e., at orientation or as part of ongoing education].)
  - Collection of 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.

# Summary Discussion

## Objective

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

## Organization Participants

- Health care equity leader
- Others at organization's discretion
- For a review that is being conducted offsite (virtually) all participants are expected to have their cameras on during this activity or via a conference room with webcam capabilities

**NOTE:** For all reviews (onsite or offsite) electronic recordings, including AI or other transcribing platforms, are **not** allowed per Joint Commission policy.

## Materials Needed for this Session

- Will vary depending upon the review

## Summary Discussion Description

Topics that may be discussed include the following:

- Any issues not yet resolved (IOUs)
- Identified Requirements for Improvement (RFIs)
- What made the review meaningful to the team
- Sharing best practices to inspire quality improvement and/or outcomes
- Educative activities of value to the program (i.e., knowledge sharing related to improving their health care equity initiatives)
- Did I meet the goals of your team today?

# Reviewer Report Preparation

## Objective

The reviewer uses this time to compile, analyze, and organize the data he or she has collected into a summary report of observations made throughout the review.

## Organization Participants

- None required, unless specifically requested by the reviewer

## Materials Needed for this Session

- None; private workspace for the reviewer with access to an electrical outlet and internet connection, if available
- For a review that is being conducted offsite (virtually), the reviewer will be off camera during this activity and will advise when they will resume for the next session

## Reviewer Report Preparation Session

The reviewer uses this time to enter their observations 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 tablet to prepare the Preliminary Certification Report and plan for the Exit Conference.

# Program Exit Conference

## Objective

The Program Exit Conference is the final activity when the organization receives a Preliminary Certification Report of findings from the reviewer.

In addition to the preliminary report, the reviewers will do the following:

- Review the Preliminary Certification Report, including the SAFER™ matrix feature
- Discuss any standards compliance issues that resulted in Requirements for Improvement (RFIs)
  - In organizations that implement the three optional standards (HCEDC.03, HCEPC.01, and HCEPI.02), the reviewer will explain that the standards will not generate any Requirements for Improvement (RFIs) and will not count towards the organization's certification decision. If the organization requested that the reviewer incorporate the requirements into the review process, the reviewer will provide feedback as necessary; however, the information will not be included in the final certification report.
- Allow the organization a final onsite opportunity to question the review findings and provide additional material regarding standards' compliance
- Mention the post-review clarification process
- Review required follow-up actions as applicable

## Organization Participants

- Organization leaders
- Other staff at the discretion of the organization
- For a review that is being conducted offsite (virtually) all participants are expected to have their cameras on during this activity or via a conference room with webcam capabilities

**NOTE:** For all reviews (onsite or offsite) electronic recordings, including AI or other transcribing platforms, are **not** allowed per Joint Commission policy.

## Materials needed for this Session

- None required

## Program Exit Conference

This activity takes place at the completion of a program review. The reviewer(s) will provide a summary of their observations and review any findings, requirements for improvement, and where these are appearing on the SAFER™ matrix.

During the exit conference or at the close of day, the reviewer will post to the organization's *Joint Commission Connect* extranet site the Preliminary Certification Report.

The Final Certification Report and certification decision is made by central office within 10 days of the review and will be posted on the *Joint Commission Connect* secure extranet site.

# Certification Review Agenda Template

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.	<b>Opening Conference</b> <ul style="list-style-type: none"> <li>• Introductions</li> <li>• Brief review of agenda</li> </ul>	Health care equity leader  Organization's certification contact
8:15 - 9:00 a.m.	<b>Orientation to Health Care Equity Initiatives</b> Topics to be covered include: <ul style="list-style-type: none"> <li>• Organization's goals to improve health care equity</li> <li>• Health care equity leadership and support</li> <li>• Patient population and community demographics (e.g., age, race, ethnicity, languages spoken)</li> <li>• Organization collaboration with patients, families, and caregivers and external organizations to identify patient and community-level needs</li> <li>• Process to assess and address health-related social needs</li> <li>• Accommodation of patients' physical, mental, communication, or cognitive disabilities</li> <li>• <u>In organizations that implement the three optional standards (HCEDC.03, HCEPC.01, and HCEPI.02): Organizations may discuss their support for diversity, equity, and inclusion for its staff and leaders</u></li> <li>• Q &amp; A Discussion</li> </ul>	Organization clinical and administrative leadership  Others at organization's discretion
9:00 - 9:30 a.m.	<b>Reviewer Planning Session</b> Please have the following information available for the Reviewer Planning Session: <ul style="list-style-type: none"> <li>• A current list of patients</li> <li>• Order sets, care plans, as applicable</li> <li>• Schedule for interdisciplinary team meetings or rounds on patients</li> </ul>	Organization representative(s) who can facilitate patient selection and tracer activity
9:30 -12:30 p.m.	<b>Individual Tracer Activity</b> <ul style="list-style-type: none"> <li>• Occurs where the patients are receiving care, treatment and services</li> <li>• Begins with interactive review of patient record(s) with staff actively working with the patient</li> <li>• 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               <ul style="list-style-type: none"> <li>○ Review how the organization addresses the health-related social needs of its patients</li> </ul> </li> </ul>	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

	<ul style="list-style-type: none"> <li>○ Evaluate how the organization identifies and accommodates the needs of patients with physical, mental, communication, or cognitive disabilities</li> <li>○ Assess how the organization communicates with patients in their preferred language for discussing health care</li> <li>○ Review the organization’s process to identify and address patient incidents or perceptions of discrimination or bias</li> <li>● Includes a patient and family interview if they are willing to participate</li> <li>● At the conclusion of the tracer, the reviewer will communicate to the organization leaders and care providers: <ul style="list-style-type: none"> <li>○ Specific observations made</li> <li>○ Issues that will continue to be explored in other tracer activity</li> <li>○ Need for additional records to verify standards compliance, confirm procedures, and validate practice</li> <li>○ Closed record review that may be necessary</li> </ul> </li> </ul>	<p>course of care for the patient</p>
<p>12:30 - 1:00 p.m.</p>	<p><b>Reviewer Lunch</b></p>	
<p>1:00 - 2:00 p.m.</p>	<p><b>System Tracer – Data Use</b>  Topics to be covered include the following:</p> <ul style="list-style-type: none"> <li>● Health care equity performance improvement plan</li> <li>● Review of community-level data</li> <li>● Collection of patient-level data and review for missing/inaccurate information</li> <li>● Review of complaint resolution process</li> <li>● Experience of patient care measures stratified by sociodemographic characteristics</li> <li>● Language interpreter use</li> <li>● 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.)</li> <li>● <u>In organizations that implement the optional standard to collect demographic data from staff and leaders (HCEDC.03): Organizations may discuss the collection of data from staff and leaders</u></li> <li>● <u>In organizations that implement the optional standard to improve diversity, equity, and inclusion for staff and leaders (HCEPI.02), organizations may discuss the following:</u> <ul style="list-style-type: none"> <li>○ <u>Comparison of the race, ethnicity, and languages spoken by staff and leaders to the race, ethnicity, and languages spoken by the community</u></li> <li>○ <u>Employee opinion survey/culture of safety survey results stratified by race, ethnicity, and language information</u></li> </ul> </li> </ul>	<p>Health care equity leader</p> <p>Administrative and clinical leadership involved in the health care equity performance improvement plan</p> <p>Others at organization’s discretion</p>

<p>2:00 - 3:00 p.m.</p>	<p><b>Education and Competence Assessment</b>  This session focuses on staff education and completion of applicable competencies:</p> <ul style="list-style-type: none"> <li>• Orientation and education content addressing the organization’s rationale for improving health care equity</li> <li>• Education and training about how to sensitively obtain patient sociodemographic information, such as race and ethnicity, preferred language for discussing health care, health-related social needs, and physical, mental, and cognitive disabilities</li> <li>• Education and training about accessing and communicating through a language interpreter and using auxiliary aids to meet the needs of patients with communication disabilities</li> <li>• Process to assess the qualifications of language interpreters, including language proficiency assessment, training, education, and experience</li> <li>• Process to assess the language proficiency of staff and physicians who communicate in the patient’s preferred language for discussing health care if that language is not English</li> </ul>	<p>Individuals responsible for the organization’s human resources process that supports health care equity</p> <p>Individuals responsible for orientation and education of staff</p> <p>Individuals responsible for assessing staff competency (e.g., interpreters, staff communicating directly with patients)</p>
<p>3:00 - 4:00 p.m.</p>	<p><b>Summary Discussion/Report Preparation</b>  This time is reserved for the reviewer to finish reviewing any outstanding items and complete a report reflecting the organization’s performance against the standards</p>	<p>Will vary; as requested by the review</p>
<p>4:00 - 4:30 p.m.</p>	<p><b>Exit Conference</b>  Reviewer presentation of certification observations and Requirements for Improvement</p>	<p>Organizational leadership</p> <p>Others at the discretion of the organization</p>

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

# **PART III: Post Review Activities**

# Evidence of Standards Compliance

## Objective

All noncompliant EPs will be cited as a Requirement for Improvement (RFI) and will be placed on the SAFER® Matrix, illustrated below, as determined by the risk level associated with each RFI.

SAFER® is the Survey Analysis for Evaluating Risk® process, a scoring approach used for the HCE program review of health care organizations. SAFER is a transformative approach for identifying and communicating risk levels associated with deficiencies cited during the review.

All observations of noncompliance will be documented within the SAFER Matrix and require implemented corrective actions that are submitted within the Evidence of Standards Compliance (ESC). The amount of information required within an ESC is reflective of the risk-level and associated SAFER placement of each RFI.

All RFIs must be addressed via the Evidence of Standards Compliance (ESC) submission process. The time frame for completing the ESC submission is within sixty (60) calendar days. The organization should work with their account executive to ensure that these submissions are submitted timely. For assistance, please contact your account executive.

		<i>Immediate Threat to Life</i>		
HIGH				
MODERATE				
LOW				
		LIMITED	PATTERN	WIDESPREAD

# Intra-cycle Evaluation Process

## Objective

All certified organizations who are participating in a Joint Commission certification program are required to participate in the intra-cycle conference meeting.

The intra-cycle meeting is the organization's opportunity to have an interactive discussion with Joint Commission's reviewer to assure the organization is on the right track relative to ongoing performance improvement and standards compliance.

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

## Prior to the Intra-cycle Event

- The organization will receive an automated email to the primary certification contact and the CEO approximately 90 days in advance of the mid-point of the program's cycle (approximately 12 months after the review).

## Intra-cycle Evaluation Logistics

This virtual meeting will take place as close as possible to the one-year mid-point of the current two-year certification cycle.

The virtual meeting will be scheduled by a Joint Commission reviewer who will contact the organization's primary certification contact for a time that is convenient to both parties involved.

## Organization Participants

- Staff involved in data collection and analysis
- Program leaders that implement performance improvement plans
- For a review that is being conducted offsite (virtually) all participants are expected to have their cameras on during this activity or via a conference room with webcam capabilities

**NOTE:** *For all reviews (onsite or offsite) electronic recordings, including AI or other transcribing platforms, are not allowed per Joint Commission policy.*

## Materials needed for this Session

- Prior 12–24 months data

## Intra-cycle Evaluation Process

During the intra-cycle conference meeting, the reviewer will start with introductions and will then begin a discussion of the following topics:

- Determine if there has been any change in the organization's leadership or other staff working with performance improvement activity.
- Verify the patient population served by the organization.
- Discuss what the organization has learned about its own performance through analysis of its data and if the organization has drilled down to determine the causes. 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.

- Determine who in the organization is reviewing the data, contributing to the analysis and providing input towards improving performance (i.e., upward and downward flow of data).
- Determine what types of improvements are being made as a result of the organization's monitoring its performance; ask the organization representatives to describe planned or implemented actions to improve.
- Determine if the organization has made any adjustments to their health care equity performance improvement plan as a result of their data analysis; provide feedback based on the discussion.
- Answer any questions regarding compliance with Joint Commission standards.