
Leadership (HCELD) Chapter

HCELD.01

Health care equity is a strategic priority for the organization.

Element(s) of Performance for HCELD.01

1. The organization describes in writing its mission, vision, and goals for reducing health care disparities and providing equitable care to all patients.
 2. The board reviews and approves the organization's strategic plan to address health care equity.
 3. The organization allocates the resources needed to achieve and sustain its goals to reduce health care disparities and provide equitable care, treatment, and services.
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HCELD.02

The organization defines its leadership roles.

Element(s) of Performance for HCELD.02

1. The health care equity leader has responsibilities that include the following:
 - Administrative leadership and oversight for the development and implementation of processes, policies, and procedures that support the provision of equitable care, treatment, and services
 - Planning and managing activities that are key to achieving and sustaining the organization's goals for health care equity
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Collaboration (HCECL) Chapter

HCECL.01

The organization collaborates with patients, families, caregivers, and community organizations to support health care equity.

Element(s) of Performance for HCECL.01

1. The organization collaborates with patients, families, and caregivers to identify patient-level needs to address when developing or revising processes, policies, and procedures that support the delivery of equitable health care.
Note 1: The organization engages with a diverse group of individuals. Examples include individuals with language or communication needs, diverse cultural or religious practices, and/or physical or mental disabilities.
Note 2: Collaboration opportunities may be formal or informal and may include patient and family advisory committees or focus groups.
2. The organization collaborates with community organizations to identify community-level needs to address when developing or revising processes, policies, and procedures that support the delivery of equitable health care.
Note 1: The organization engages with a diverse group of community organizations. Examples include community-based social service providers, faith-based organizations, neighborhood associations, or educational institutions.
Note 2: Collaboration opportunities may be formal or informal and may include community advisory committees or focus groups.

Data Collection (HCEDC) Chapter

HCEDC.01

The organization reviews data about the community it serves.

Element(s) of Performance for HCEDC.01

1. The organization reviews data about the sociodemographic characteristics and health-related social needs of the individuals in its community to identify barriers to equitable health care.
Note: The organization may review data from a community health needs assessment or consult other data sources.

HCEDC.02

The organization collects data from the patient.

Element(s) of Performance for HCEDC.02

1. The medical record contains the patient's self-reported race and ethnicity information.
Note: The organization may use an expanded set of ethnicity categories based on the patient population.
2. The medical record contains the patient's preferred language for discussing health care and identifies the patient's need for language access services.
3. The medical record contains information about the patient's health-related social needs, including:
 - Access to transportation
 - Difficulty paying for prescriptions or medical bills
 - Education and health literacy
 - Food insecurity
 - Housing insecurity
4. The medical record contains information about the patient's physical, mental, or cognitive disabilities that require accommodation.
5. The organization identifies incidents and perceptions of discrimination experienced by patients.
Note: Data may be collected via the experience of care survey or from patient and family advisory committees or focus groups.

HCEDC.03

The organization collects data from the staff, licensed practitioners, and leadership.

Element(s) of Performance for HCEDC.03

1. The organization collects self-reported race and ethnicity information from the staff, licensed practitioners, and leadership.
Note: The organization may use an expanded set of ethnicity categories based on the population.
2. The organization collects information about the languages spoken by its staff, licensed practitioners, and leadership.
3. The organization identifies incidents and perceptions of discrimination experienced by staff, licensed practitioners, and leadership.

Provision of Care (HCEPC) Chapter

HCEPC.01

The organization supports diversity, equity, and inclusion for its staff, licensed practitioners, and leadership.

Element(s) of Performance for HCEPC.01

1. The organization prohibits discrimination against staff, licensed practitioners, and leadership based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
2. The organization's policies and procedures address the recruitment and retention of staff, licensed practitioners, and leadership that reflect the diversity of its community and patient population.
3. The organization has a process to address incidents and perceptions of discrimination experienced by staff, licensed practitioners, and leadership.

HCEPC.02

The organization provides staff and licensed practitioners with the education and training necessary to provide equitable care, treatment, and services.

Element(s) of Performance for HCEPC.02

1. Staff and licensed practitioners receive education about the organization's rationale for improving health care equity.
Note: Organizations determine which topics to include in educational materials. Examples include the relationship between health-related social needs and health care disparities, the history of structural racism in health care, or the role of implicit bias in care delivery.
2. Staff and licensed practitioners that communicate with patients and families receive training about the following:
 - Incorporating language access services and communicating through an interpreter
 - Using auxiliary aids to meet the needs of patients with communication disabilities

HCEPC.03

The organization communicates effectively with patients and families.

Element(s) of Performance for HCEPC.03

1. Language interpreters are qualified through an internal process or by an external organization. The qualification process includes a language proficiency assessment and a review of their training, education, and experience.
2. The organization provides auxiliary aids or services to address the needs of patients with communication disabilities.
3. The organization has a process to address the written communication needs of patients that have low vision.
4. The organization identifies the patient's health literacy needs and provides educational material in a manner the patient and family understand.

HCEPC.04

The organization accommodates the needs of patients with physical, mental, or cognitive disabilities.

Element(s) of Performance for HCEPC.04

1. The organization provides care, treatment, and services in a manner that accommodates the needs identified by patients with physical, mental, or cognitive disabilities.

Note: Examples of patient needs include removing physical barriers or providing accessible equipment.

HCEPC.05

The organization addresses the health-related social needs of its patients.

Element(s) of Performance for HCEPC.05

1. The organization reviews the patient's health-related social needs to determine whether modifications to the plan for care, treatment, and services are necessary.
 2. The organization collaborates with community and social service organizations to address the health-related social needs of its patients.
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Performance Improvement (HCEPI) Chapter

HCEPI.01

The organization analyzes its data to identify opportunities to improve the provision of equitable care, treatment, and services.

Element(s) of Performance for HCEPI.01

1. The organization reviews the sociodemographic data of its patients for missing or inaccurate information in order to improve its data collection process.
2. The organization stratifies its experience of care measures by the sociodemographic characteristics available to identify performance improvement opportunities.
Note: Examples of sociodemographic characteristics to use in stratification analysis include age, preferred language, and race and ethnicity.
3. The organization monitors the use of language access services to identify the need to develop or expand services.
Note: Examples of data to review include the languages requested, the timeframe to provide an interpreter, or the modality used to provide services.
4. The organization stratifies at least 3 of the following quality and safety metrics by the sociodemographic characteristics of its patients to identify health care disparities in the organization's patient population:
 - Maternal morbidity
 - Readmissions
 - Hospital-acquired conditions
 - Diabetes
 - Cardiovascular disease
 - Kidney transplantation rate among patients listed for transplantation
 - Restraint use

HCEPI.02

The organization identifies opportunities to improve its efforts to address diversity, equity, and inclusion for staff, licensed practitioners, and leadership.

Element(s) of Performance for HCEPI.02

1. The organization compares the sociodemographic data and the languages spoken by its staff, licensed practitioners, and leadership to the sociodemographic data and languages spoken by its community to identify opportunities to increase diversity, equity, and inclusion.
2. The organization stratifies its culture of safety data using the sociodemographic categories available for staff, licensed practitioners, and leadership to identify opportunities to improve diversity, equity, and inclusion.