

National Patient Safety Goal 16: Improve Health Care Equity

- New Joint Commission standard with elements of performance related to health care equity requirements went into effect on January 1, 2023 under the Leadership standards (**LD.04.03.08**)
- LD.04.03.08 applied to TJC accredited hospitals and behavioral health facilities
- **Starting July 1, 2023** this standard will be elevated to **National Patient Safety Goal (NPSG) 16** ([Health Care Equity Standard Elevated to National Patient Safety Goal | The Joint Commission](#)) and will apply to all TJC accredited:
 - Hospitals
 - Critical access hospitals;
 - Ambulatory health care organizations providing primary care within the “Medical Centers” service in the ambulatory healthcare program; and
 - Behavioral healthcare and human services organizations providing “Addiction Services,” “Eating Disorders Treatment,” Intellectual Disabilities/ Developmental Delays,” “Mental Health Services,” and “Primary Physical Health Care” services

NPSG 16 Requirements:

Specifically, there are **six requirements** organizations must meet as listed in the Elements of Performance (EP) for this standard:

EP# 1: A Designated Leader

Facilities designates an individual to lead activities to improve health care equity within the organization.

EP# 2: Health-Related Social Needs (HRSN) (documentation required)

This EP actually has two requirements. **First**, you must assess the patient’s health-related social needs. **Second**, you must provide information about community resources and support services to help address those needs.

For example, HRSNs can include:

- Access to transportation
- Lack of health insurance to cover referral services outside of the IHS system
- Education and literacy
- Food insecurity
- Housing insecurity

Note: The facility has the flexibility to determine which patients to assess for HRSNs; which HRSNs to assess; and which resources to provide to address HRSNs. Also, facilities can focus either on a representative sample of patients or collect data from all patients.

Example HRSN Tools (validated):

[American Academy of Family Physicians \(AAFP\) SDOH Toolkit](#)
[Health Leads SDOH Screening Toolkit](#)

EP# 3: Stratification of Quality/Safety Data (documentation required)

The facility must identify health care disparities in their patient population by stratifying quality and safety data using socio-demographic characteristics. Examples of socio-demographic characteristics include age, gender, preferred language, sexual orientation and gender identity.

The goal here is to understand which patient care processes and outcomes vary by socio-demographic characteristics. Again, facilities have the flexibility to choose which measures to stratify and which socio-demographic characteristics to use for stratification. Also, facilities can focus on measures that affect all

patients such as their experience of care. Or, they can focus on a subset of their patient population such as substance use disorders.

EP# 4: Action Plan (documentation required)

Facilities must develop a written action plan describing how the facility will address at least one of the health care disparities identified. TJC recognizes this can be a challenging initiative. Thus, they **require facilities to address only one topic of disparity** even if multiple disparities are identified.

The action plan should include the following components:

- Identification of the health care disparity
- The specific population of focus
- Statement of improvement goal
- Strategies and resources needed to achieve the goal
- Process that will be used to monitor and report progress

EP# 5 Make Improvements (documentation required)

At this stage, the facility implements the action plan. The facility should also monitor progress and evaluate success in reducing the health care disparity. Moreover, the facility **must act when they don't meet the goals specified in the action plan.**

EP# 6: Stakeholders

At least annually, facility leadership informs key stakeholders about its progress to improve healthcare equity. Leaders, practitioners, and staff need to be aware of the organization's initiatives to improve healthcare equity and be informed of their potential role in those initiatives. Facilities can do this through a variety of forums such as quality meetings, town halls, newsletters, and the intranet.

Key Takeaways and Next Steps:

- A key point to keep in mind is that this is a data-driven, quality improvement initiative. Hence, it should be organized as a formal QI project and have robust data analysis resources.
- TJC is aware this will be a new endeavor for many organizations. Accordingly, they're allowing flexibility in the implementation of these new requirements.
- At the same time, they'll expect to see you've begun initial implementation of the key components. So, here are recommendations for next steps:
 - First, identify a staff member to lead this initiative for the facility as well as a formal QI Project Team.
 - Be sure to include staff that have access to key data sources since there's a strong focus on data collection and stratification.
 - Collaborate: IHS facilities face similar challenges with healthcare equity across the system and have access to similar data sources. Local quality managers (QMs) should reach out to Area QMs for guidance and for links to other facilities that have implemented successful programs to meet the intent of this standard.
 - Review the relevant TJC documents to ensure understanding of the requirements of NPSG 16.
 - [NPSG 16 Publication Requirements](#)
 - [Health Care Equity Standard Elevated to National Patient Safety Goal | The Joint Commission](#)
 - [R³ Report](#)

Related Topics: [Community Health Needs Assessment](#)