|  |  |
| --- | --- |
| Program: | Hospital QEIP |
| **Performance Year**: | 2 |
| **Metric:** | Achievement of External Standards for Health Equity |
| **Deliverable:** | The Joint Commission (TJC) Health Care Equity (HCE) Certification Progress Report |
| **Submission Portal:** | OnBase |
| **Submission Due Date:** | January 31, 2025 |
| **File Naming Convention:** | HospitalAbbreviation\_TJC-HCE-Progress-Report\_MMDDYYYY |
| **Suggested Page Limit:** | 2-3 |



# MassHealth Quality and Equity Incentive Program (QEIP)

Summary

The Joint Commission (TJC) introduced new and revised requirements to reduce health care disparities for organizations participating in its hospital accreditation program (effective January 1, 2023). The new accreditation standards aim to reduce health care disparities as a quality and safety priority. These equity-focused Accreditation standards are intended to serve as a foundation for TJC’s planned Health Care Equity (HCE) Certification. Assessment of hospital progress towards and achievement of TJC’s requirements for its voluntary HCE Certification intended to recognize acute hospitals that go above and beyond to provide high quality and equitable care.

## Reporting Template

### Contact Information

| Point of Contact Name: | Add text |
| --- | --- |
| Organization Name: | Add text |
| Point of Contact Email Address: | Add text |

### Introduction

Hospitals are expected to demonstrate to EOHHS the initiation of the HCE Certification process with TJC by the end of Performance Year 2 (Calendar Year 2024), achieve HCE certification by Performance Year 3 (Calendar Year 2025), and recertification by Year 5 (Calendar Year 2027).

This Hospital Quality and Equity Incentive Program (HQEIP) The Joint Commission (TJC) Health Care Equity (HCE) Certification Progress Report requests that Hospitals initiate the process with TJC to achieve its HCE Certification as demonstrated by:

1. Submission of an application for HCE Certification to TJC by December 31, 2024;
2. Relevant staff attendance at (or asynchronous viewing a recording of) the 2024 training webinar hosted by the MHA on TJC’s HCE certification program; and
3. Completion of a self-evaluation of compliance with TJC’s HCE certification standards, along with the development and implementation of actions to address areas of non-compliance.

Hospitals must fulfill all three requirements listed above.

A complete, responsive, and timely submission will be submitted to MassHealth by January 31, 2025, and will include responses to all the applicable questions in the report template below.

### Section 1: The Joint Commission Health Care Equity Certification

1. Has the Hospital achieved TJC’s HCE Certification?

[ ]  No (go to Q2)

[ ]  Yes

* 1. If yes, please state the date the Hospital achieved certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Submission of TJC’s documentation of Certification is optional if Hospital has received HCE Certification.*

1. Has the Hospital submitted an application for HCE Certification to TJC by December 31, 2024?

[ ]  Yes

* 1. If yes, please state the date on which the application was submitted:\_\_\_\_\_\_\_\_\_\_

[ ]  No

* 1. If no, please explain:
1. Has at least one staff member per participating Hospital either:
2. Attended the live 2024 training webinar hosted by the MHA on The Joint Commission’s HCE certification program held on April 9, 2024;

*OR*

1. Asynchronously viewed a recording of the live webinar session prior to the date of submission of this attestation?

[ ]  Yes

* 1. If yes, please list the staff member(s) and dates of either live webinar attendance or asynchronous viewing.

Staff member(s) & date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  No

* 1. If no, please explain:
1. Has the Hospital completed a self-evaluation of compliance with TJC’s HCE certification standards?

[ ]  Yes

* 1. If yes, please attach the self-evaluation.

[ ]  No

* 1. If no, please explain:
1. Has the Hospital developed a plan for implementation of actions to address areas of non-compliance?

[ ]  Yes

* 1. If yes, please attach an action plan to address areas of non-compliance.

[ ]  No

* 1. If no, please explain:

[ ]  Not applicable