Office of Minority Health National Culturally and Linguistically Appropriate Services (CLAS) Standards
Crosswalked to Joint Commission 2007 Standards for Hospitals, Ambulatory, Behavioral Health, Long Term Care, and Home Care

This document contains the Office of Minority Health National Culturally and Linguistically Appropriate Services (CLAS) Standards Crosswalked to Joint Commission 2007 Standards for Hospitals, Ambulatory, Behavioral Health, Long Term Care, and Home Care. The entire text of the Joint Commission standards was not included. Please reference the appropriate Joint Commission Accreditation Manual for the full text of the standards. CLAS standards are a combination of Title VI requirements (standards 4-7) and national advisory group recommendations. If you have questions related to standards interpretation, you may contact our Standards Interpretation Group (SIG) at 630-792-5900.

Chapter/Manual Title Acronym	**Manual/Chapter Title Expansion**
RI	Rights, Responsibilities, and Ethics
PC	Provision of Care, Treatment, and Services
LD	Leadership
HR	Management of Human Resources
PI	Improving Organization Performance
IM	Management of Information
AHC	Ambulatory Health Care
BHC	Behavioral Health Care
CAH	Critical Access Hospital
HAP	Hospital
LTC	Long Term Care
OME	Home Care
OTP	Opioid Treatment Program

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OMH CLAS Standard	The Joint Commission Standards	Comments
Standard 1. Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.	**RI.2.10 The organization respects the rights of patients.** **EP.2** *Each patient has a right to have his or her cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.* **RI.2.20 Patients receive information about their rights.** **EP.1** *Information on rights is provided to each patient.* **EP.15 (BHC-OTP only)** *For Opioid Treatment Programs: Programs support patient choice in seeking alternative therapies while providing appropriate guidance in the process. Programs may provide culturally appropriate or popular and non-harmful alternative therapies as indicated (such as acupuncture or providing a space for sweat lodge ceremonies in a rural clinic serving Native Americans).* **RI.2.30 Patients are involved in decisions about care, treatment, and services provided.** **EP.1** *Patients are involved in decisions about their care, treatment, and services.* **RI.2.100 The organization respects the patient's right to and need for effective communication.** **EP.1** *The hospital respects the right and need of patients for effective communication.* **EP.2** *Written information provided is appropriate to the age, understanding, and as appropriate to the population served, the language of the patient.* **EP.3** *The hospital provides interpretation (including translation) services as necessary.* **EP.4** *The hospital addresses the needs of those with vision, speech, hearing, language, and cognitive impairments.*	Standard 1 is the foundation on which other CLAS standards are based and incorporates a variety of The Joint Commission standards. OMH provides the following suggestions for implementing this standard: • Cross-cultural education and training for staff • Assessment of staff learning skills through testing, direct observation, monitor patient/personnel encounter • Assess in staff performance review • Healthcare organizations should provide patients/consumers with information regarding existing laws and policies prohibiting disrespectful or discriminatory treatment or marketing/enrollment practices

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OMH CLAS Standard	The Joint Commission Standards	Comments
	RI.2.220 (LTC only) Residents receive care that respects their personal values, beliefs, cultural and spiritual preferences, and life-long patterns of living. **EP.1** *Patients' personal values, beliefs, and cultural and spiritual preferences are respected by the organization.* **PC.2.20 (AHC, HAP, LTC, OME only) The organization defines in writing the data and information gathered during assessment and reassessment.** **EP.3** *If applicable, separate specialized assessment and reassessment information is identified for the various populations served.* **EP.4 (HAP and AHC only)** *The information defined by the hospital to be gathered during the initial assessment includes the following, as relevant to the care, treatment, and services: physical assessment, psychological assessment, social assessment, each patient's nutrition and hydration status, each patient's functional status, for patients receiving end-of-life care, the social spiritual, and cultural variables that influence the perceptions and expressions of grief by the patient, family members, or significant others.* **EP.6 (OME only)** *The information defined by the organization to be gathered during the initial assessment includes, as relevant to the care, treatment, and services, at least the following: pertinent diagnoses, pertinent physical findings, pertinent medical history, the patient's functional status, the patient's psychosocial status (for example, emotional barriers to treatment, cognitive limitations, memory, orientation), cultural or religious practices that may affect care, treatment, and services, the patient's family or support system and the care they are capable and willing to provide, the patient's and family's educational needs, abilities, motivation, and readiness to learn, the patient's home*	

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OMH CLAS Standard	The Joint Commission Standards	Comments
	environment (for example, architectural barriers, safety hazards, availability of electricity, telephone service, and so on), any other relevant information that may affect the patient's goals. **EP.8 (OME only)** *In addition, for hospice services, the information also includes at least the following: the severity of symptoms and factors that alleviate or exacerbate physical symptoms, the comfort level of a patient who chooses not to take nutrition therapy, patient and family spiritual orientation, including, as appropriate, any involvement in a religious group, spiritual concerns or needs identified by the patient or family, such as despair, suffering, guilt, and forgiveness, patient and family involvement in a support group, if any, additional information about the patient's psychosocial status, such as family relationships, social history, the source and adequacy of environmental and other resources, coping mechanisms, and the patient's and family's reactions to the illness, the need for volunteer services to offer support or respite to the patient, family, or other caregivers, the need for an alternative setting or level of care, anticipated discharge needs including bereavement and funeral needs, survivor risk factors, such as the nature of the relationship with the patient, circumstances surrounding the death, behaviors before and after the death, availability of coping mechanisms, and potential for pathological grief reactions.* **EP.14 (LTC only)** *The information defined by the organization to be gathered during the initial assessment(s) also includes the resident's communication status, including the following: ability to hear, ability to speak, predominant language(s), modes of expression.* **EP.17 (LTC only)** *The information defined by the organization to be gathered during the initial assessment(s) also includes the resident's nutritional and hydration status and needs, including the following: potential nutritional risk, deficiencies, and needs,*	

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	cultural, religious, or ethnic food preferences, nutrient-intake patterns and special dietary requirements, dietary/food allergies, food and fluid consumption, bowel and urinary output, skin integrity, swallowing problems, appropriate laboratory tests, weight (at least monthly), criteria used to evaluate weight gain and loss to determine the need for further assessment. **EP.20 (LTC only)** *The information defined by the organization to be gathered during the initial assessment(s) also includes the resident's psychosocial and spiritual status, including the following: cultural and ethnic factors which influence care, treatment, and services, current emotional status, social skills, current living situation, family relationships and circumstances, relevant past history of roles, response to stress caused by the illness and required treatment, spiritual orientation, status, and needs, the dying resident's concerns related to hope, despair, guilt, or forgiveness.* **EP.21 (LTC only)** *In addition, when the bereavement process is a significant factor, the psychosocial assessment includes the social, spiritual, and cultural variables that influence the perceptions and expressions of grief by the resident or family.* **PC.2.60 (BHC only) The organization defines in writing the data and information gathered during the psychosocial assessment.** **EP. 3** *When addressing bereavement, the psychosocial assessment includes the social, spiritual, and cultural variables that influence the perceptions and expressions of grief by the client or family.* **PC. 4.10 Development of a plan for care, treatment, and services is individualized and appropriate to the patient's needs, strengths, limitations, and goals.**	

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	EP.1 (AHC, CAH, HAP, LTC, OME only) *Care, treatment, and services are planned to ensure that they are individualized to the patient's needs.* **EP.2 (AHC, CAH, HAP, OME only)** *Development of a plan for care, treatment, and services is based on the data from assessments.* **PC.5.60 The organization coordinates the care, treatment, and services provided to a patient as part of the plan for care, treatment, and services and consistent with the organization's scope of care, treatment, and services.** **EP.1** *The organization coordinates the care, treatment, and services provided through internal resources to a patient.* **EP.2** *When external resources are needed, the organization participates in coordinating care, treatment, and services with these resources.* **EP.3** *The organization has a process to receive or share relevant patient information to facilitate appropriate coordination and continuity when patients are referred to other care, treatment, and service providers.* **EP.4** *There is a process to resolve duplication or conflict with either internal or external resources.* **EP.5** *The activities detailed in the plan of care, treatment, and services is designed to occur in a time frame that meets the patient's health needs.* **PC.6.10 The patient receives education and training specific to the patient's needs and as appropriate to the care, treatment, and services provided.** **EP.1** *Education provided is appropriate to the patient's needs.* **EP.2** *The assessment of learning needs addresses cultural and religious beliefs, emotional barriers, desire and motivation to*	

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	learn, physical or cognitive limitations, and barriers to communication as appropriate. **PC.7.10 The organization has a process for preparing and/or distributing food and nutrition products (AHC, BHC, CAH, HAP, OME: as appropriate) (AHC, BHC, CAH, HAP, OME: to the care, treatment, and services provided).** **EP.3** *Patients' cultural, religious, and ethnic food preferences are honored when possible unless contraindicated.* **LD.2.10 An individual(s) or designee(s) (BHC: A leader(s)) is responsible for operating the organization according to the authority conferred by governance.** **EP.5 (BHC-OTP only)** *Programs ensure that persons in position of authority are professionally and culturally competent (for example, that these persons are able to work effectively with the local community and/or receive input from advisers or committee members in the local community in terms of gender, ethnicity, and languages or are representative of it).* **(continued from Standard 1 on the previous page)** **LD.3.20 Patients with comparable needs receive the same standard of care, treatment, and services throughout the organization.** **EP.1** *Patients with comparable needs receive the same standard of care, treatment, and services throughout the hospital.* **EP.2** *The hospital plans, designs, and monitors care, treatment, and services so they are consistent with the mission, vision, and goals.* **EP.3 (CAH only)** *The quality of the critical access hospital's outpatient surgical services must be consistent with the critical access hospital's inpatient surgical services.* ***COP 485.639***	

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OMH CLAS Standard	The Joint Commission Standards	Comments
	LD.3.60 Communication is effective throughout the organization. **EP.1** *The leaders ensure processes are in place for communicating relevant information throughout the hospital in a timely manner.* **EP.2** *Effective communication occurs in the hospital, among the hospital's programs, among related hospitals, with outside organizations, and with patients and families, as appropriate.* **EP.3** *The leaders communicate the hospital's mission and appropriate policies, plans, and goals to all staff.* **HR.2.10 The organization provides initial orientation.** **EP.1** *The organization determines what key elements of orientation should occur before staff provide care, treatment, and services.* **EP.2** *The organization orients staff to the identified key elements prior to the provision of care, treatment, and services.* **EP.3** *As appropriate, staff orientation addresses hospital's mission and goals.* **EP.4** *As appropriate, staff orientation addresses hospitalwide policies and procedures (including safety and infection control) and relevant unit, setting, or program-specific policies and procedures.* **EP.5** *As appropriate, staff orientation addresses specific job duties and responsibilities and service, setting, or program-specific job duties and responsibilities related to safety and infection control.* **EP.7** *As appropriate, staff orientation addresses cultural diversity and sensitivity.* **EP.8** *Staff orientation includes education about the right of patients and ethical aspects of care, treatment, and services and the process used to address ethical issues.*	

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OMH CLAS Standard	The Joint Commission Standards	Comments
	HR.2.30 Ongoing education, including in-services, training, and other activities, maintains and improves staff competence. **EP.1** *Staff training occurs when job responsibilities or duties change.* **EP.2** *Staff participate in ongoing in-services, training, or other activities to increase knowledge of work-related issues.* **EP.3** *Ongoing in-services and other education and training of staff are appropriate to the needs of the population(s) served and comply with law and regulation.* **EP.7** *Ongoing in-services or other staff education are offered in response to learning needs identified through performance improvement findings and other data analysis (that is, data from staff surveys, performance evaluations, or other needs assessments).*	

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OMH CLAS Standard	The Joint Commission Standards	Comments
Standard 2. Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.	**LD.3.10 The leaders engage in both short-term and long-term planning.** **EP.1** *Leaders create vision, mission, and goal statements.* **EP.26** *Planning for care, treatment, and services addresses the following: the needs and expectations of patients and, as appropriate, families and referral sources, staff needs, the scope of care, treatment, and services needed by patients at all of the hospital's locations, resources (financial and human) for providing care and support services, recruitment, retention, development, and continuing education needs for all staff, and data for measuring the performance of processes and outcomes of care.* **LD.3.70 The leaders define the required qualifications and competence of those staff who provide care, treatment, and services, and recommend a sufficient number of qualified and competent staff to provide care, treatment, and services.** **EP.1** *The leaders provide for the allocation of competent qualified staff.* **HR.1.10 The organization provides an adequate number and mix of staff (AHC, LTC: and licensed independent practitioners) consistent with the organization's staffing plan.** **EP.1** *The hospital has an adequate number and mix of staff to meet the care, treatment, and service needs of the patients.* **HR.1.20 Staff qualifications are consistent with his or her job responsibilities.** **EP.1** *The organization defines the required competence and qualifications of staff in each program(s) or service(s).*	The Joint Commission does not directly hold organizations accountable to recruit, retain, and promote diverse staff. The Joint Commission standards that support this are more general and expect that staffing is consistent with the organization's mission. In addition, The Joint Commission expects the organization leadership to define the qualifications and competencies of staff. OMH CLAS standard 2 emphasizes commitment and good faith effort rather than specific outcomes. Organizations should encourage retention by fostering a culture of responsiveness toward the challenges and ideas that a culturally diverse staff offers and should incorporate the goal of staff diversity into the organization's mission statement, strategic plans, and goals. If the provision of culturally and linguistically appropriate services is considered a "goal", then the leaders should create statements reflecting their plan to address issues of language and culture.

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OMH CLAS Standards	The Joint Commission Standards	Comments
Standard 3. Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.	**LD.3.110 (CAH, HAP only) Leaders implement policies and procedures developed with the medical staff's participation for procuring and donating organs and other tissues.** **EP.10 (CAH, HAP only)** *Staff education includes training in the use of discretion and sensitivity to the circumstances, beliefs, and desires of the families of potential donors.* **HR.2.10 The organization provides initial orientation.** **EP.5** *As appropriate, staff orientation addresses specific job duties and responsibilities and service, setting, or program-specific job duties and responsibilities related to safety and infection control.* **EP.7** *As appropriate, staff orientation addresses cultural diversity and sensitivity.* **EP.8** *Staff orientation includes education about the right of patients and ethical aspects of care, treatment, and services and the process used to address ethical issues.* **HR.2.30 Ongoing education, including in-services, training, and other activities, maintains and improves staff competence.** **EP.1** *Staff training occurs when job responsibilities or duties change.* **EP.2** *Staff participate in ongoing in-services, training, or other activities to increase knowledge of work-related issues.* **EP.3** *Ongoing in-services and other education and training of staff are appropriate to the needs of the population(s) served and comply with law and regulation.* **EP.7** *Ongoing in-services or other staff education are offered in response to learning needs identified through performance improvement findings and other data analysis (that is, data from staff surveys, performance evaluations, or other needs assessments).*	The Joint Commission standards address orientation on cultural diversity and sensitivity, and expect ongoing in-services and other education and training offered to be appropriate to the needs of the population(s) served and in response to learning needs identified through performance improvement findings and other data analysis. If an organization incorporates data regarding the CLAS standards in their regular performance improvement activities the educational needs may be addressed. However, The Joint Commission does not require ongoing education and training specific to culturally and linguistically appropriate service delivery. OMH suggests organizations involve community representatives in the development of CLAS education and training. If the patient population changes, then job responsibilities change in order to provide care. Staff should be re-trained to accommodate for the inclusion of additional cultures and languages in the patient population.

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OMH CLAS Standards	The Joint Commission Standards	Comments
Standard 4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.	**RI.2.100 The organization respects the patient's right to and need for effective communication.** **EP.1** *The hospital respects the right and need of patients for effective communication.* **EP.2** *Written information provided is appropriate to the age, understanding, and as appropriate to the population served, the language of the patient.* **EP.3** *The hospital provides interpretation (including translation) services as necessary.* **EP.4** *The hospital addresses the needs of those with vision, speech, hearing, language, and cognitive impairments.* **PC.5.60 The organization coordinates the care, treatment, and services provided to a patient as part of the plan for care, treatment, and services and consistent with the organization's scope of care, treatment, and services.** **EP.1** *The organization coordinates the care, treatment, and services provided through internal resources to a patient.* **EP.2** *When external resources are needed, the organization participates in coordinating care, treatment, and services with these resources.* **EP.3** *The organization has a process to receive or share relevant patient information to facilitate appropriate coordination and continuity when patients are referred to other care, treatment, and service providers.* **EP.4** *There is a process to resolve duplication or conflict with either internal or external resources.* **EP.5** *The activities detailed in the plan of care, treatment, and services is designed to occur in a time frame that meets the patient's health needs.*	The Joint Commission standards recognize the need for effective communication. The elements of performance address the use of interpretation and translation services. However, The Joint Commission standards are less specific than OMH as to the provision of these services. OMH specifies how to provide the services with the preferred method being a bilingual staff member who can communicate directly with patients/consumers. The next preferred method is face-to-face interpretation by a trained staff contract or volunteer interpreter and as a last resort a telephone interpreter. A telephone interpreter should be used as a supplement when services are needed instantly or for infrequently encountered languages.

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	PC.6.10 The patient receives education and training specific to the patient's needs and as appropriate to the care, treatment, and services provided. **EP.1** *Education provided is appropriate to the patient's needs.* **EP.2** *The assessment of learning needs addresses cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication as appropriate.* **LD.1.30 The organization complies with applicable law and regulation.** **EP.1** *The hospital provides all care, treatment, and services in accordance with applicable licensure requirements, law, rules, and regulation.* **LD.3.20 Patients with comparable needs receive the same standard of care, treatment, and services throughout the organization.** **EP.1** *Patients with comparable needs receive the same standard of care, treatment, and services throughout the hospital.* **EP.2** *The hospital plans, designs, and monitors care, treatment, and services so they are consistent with the mission, vision, and goals.* **LD.3.50 Services provided by consultation, contractual arrangements, or other agreements are provided safely and effectively.** **EP.1** *The leaders approve sources for the organization's services that are provided by consultation, contractual arrangements, or other agreements.* **EP.5** *Services provided by consultation, contractual arrangements, or other agreements meet applicable Joint Commission standards.*	

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	EP.6 *The organization evaluates the contracted care and services to determine whether they are being provided according to the contract and the level of safety and quality that the organization expects.*	

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OMH CLAS Standards	The Joint Commission Standards	Comments
Standard 5. Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.	**RI.2.20 Patients receive information about their rights.** **EP.1** *Information on rights in provided to each patient.* **EP.2 (AHC only)** *Information about [patient] rights is readily accessible.* **EP.3 (LTC only)** *Information on rights is given and explained to each resident upon admission and when any rights are changed.* **RI.2.100 The organization respects the patient's right to and need for effective communication.** **EP.1** *The hospital respects the right and need of patients for effective communication.* **EP.2** *Written information provided is appropriate to the age, understanding, and as appropriate to the population served, the language of the patient.* **EP.3** *The hospital provides interpretation (including translation) services as necessary.* **EP.4** *The hospital addresses the needs of those with vision, speech, hearing, language, and cognitive impairments.*	The Joint Commission standards are not this specific. The Joint Commission expects that patients/consumers receive information on their rights and it must be in a manner that they understand. However, The Joint Commission does not dictate that the information be provided in writing. OMH suggests informing patients/consumers by using the following: • Using language identification cards • Posting and maintaining signs with regularly encountered languages at all entry points • Creating uniform procedures for timely and effective telephone communication between staff and patients • Including statements about services available and right to free language assistance services

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OMH CLAS Standards	The Joint Commission Standards	Comments
Standard 6. Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).	**RI.2.100 The organization respects the patient's right to and need for effective communication.** **EP.1** *The hospital respects the right and need of patients for effective communication.* **EP.2** *Written information provided is appropriate to the age, understanding, and as appropriate to the population served, the language of the patient.* **EP.3** *The hospital provides interpretation (including translation) services as necessary.* **EP.4** *The hospital addresses the needs of those with vision, speech, hearing, language, and cognitive impairments.* **LD.3.70 The leaders define the required qualifications and competence of those staff who provide care, treatment, and services, and recommend a sufficient number of qualified and competent staff to provide care, treatment, and services.** **EP.1** *The leaders provide for the allocation of competent qualified staff.* **HR.1.20 Staff qualifications are consistent with his or her job responsibilities.** **EP.1** *The organization defines the required competence and qualifications of staff in each program(s) or service(s).* **EP.2** *When the hospital requires current licensure, certification, or registration, but these credentials are not required by law or regulation, the hospital verifies these credentials at the time of hire and upon expiration of the credentials.* **EP.4** *The hospital also verifies the education, experience, and competence appropriate for assigned responsibilities.* **EP.7** *The information obtained from EPs 2-6 is used in making decisions regarding staff job responsibilities.*	The Joint Commission expects that staff are able to perform job responsibilities. Although not specific to the competence of interpreters, organizations are expected to define the competencies and have a mechanism to assess competency. This OMH standard would also be supported with The Joint Commission standard that addresses the appropriateness of communication. OMH suggestions include: • Patient/consumer may choose family member after being informed of free services available • Suggest trained interpreter be present to ensure accurate translation • Minor children should never be used as interpreters The overview of the Management of Human Resources chapter defines staff, as appropriate to their roles and responsibilities, as all people who provide care, treatment, and services (**AHC, CAH, HAP, LTC:** in) (**OME, BHC:** for) the organization, including those receiving pay (e.g., permanent, temporary, and part-time personnel, as well as contract employees), volunteers and health profession students.

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	HR.2.30 Ongoing education, including in-services, training, and other activities, maintains and improves staff competence. **EP.1** *Staff training occurs when job responsibilities or duties change.* **EP.2** *Staff participate in ongoing in-services, training, or other activities to increase knowledge of work-related issues.* **EP.3** *Ongoing in-services and other education and training of staff are appropriate to the needs of the population(s) served and comply with law and regulation.* **EP.7** *Ongoing in-services or other staff education are offered in response to learning needs identified through performance improvement findings and other data analysis (that is, data from staff surveys, performance evaluations, or other needs assessments).* **HR.3.10 Staff competence to perform job responsibilities is assessed, demonstrated, and maintained.** **EP.1** *The competence assessment process for staff is based on the population(s) served.* **EP.2** *The competence assessment process for staff is based on the defined competencies to be required.* **EP.3** *The competence assessment process for staff is based on the defined competencies to be assessed during orientation.* **EP.4** *The competence assessment process for staff is based on the defined competencies that need to be assessed and reassessed on an ongoing basis, based on techniques, procedures, technology, equipment, or skills needed to provide care, treatment, and services.* **EP.8** *The hospital assesses and documents staff's ability to carry out assigned responsibilities safely, competently, and in a timely manner upon completion of orientation.* **EP.9** *The hospital assesses staff according to its competence*	If the patient population changes, then job responsibilities change in order to provide care. Staff should be re-trained to accommodate for the inclusion of additional cultures and languages in the patient population.

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	assessment process. **EP.10** *When improvement activities lead to a determination that a person with performance problems is unable or unwilling to improve, the hospital takes appropriate action (which may include modifying the person's job assignment).* **HR.3.20 The hospital periodically conducts performance evaluations.** **EP.1** *The hospital conducts performance evaluations periodically at time frames identified by the hospital (at a minimum, at least once in the three-year accreditation cycle).* **EP.2** *Performance is evaluated based on the performance expectations described in job descriptions.* **EP.4** *Performance evaluations are documented.*	

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OMH CLAS Standards	The Joint Commission Standards	Comments
Standard 7. Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.	**RI.2.100 The organization respects the patient's right to and need for effective communication.** **EP.1** *The hospital respects the right and need of patients for effective communication.* **EP.2** *Written information provided is appropriate to the age, understanding, and as appropriate to the population served, the language of the patient.* **EP.3** *The hospital provides interpretation (including translation) services as necessary.* **EP.4** *The hospital addresses the needs of those with vision, speech, hearing, language, and cognitive impairments.* **PC.6.10 The patient receives education and training specific to the patient's needs and as appropriate to the care, treatment, and services provided.** **EP.1** *Education provided is appropriate to the patient's needs.* **EP.2** *The assessment of learning needs addresses cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication as appropriate.* **LD.3.60 Communication is effective throughout the organization.** **EP.1** *The leaders ensure processes are in place for communicating relevant information throughout the hospital in a timely manner.* **EP.2** *Effective communication occurs in the hospital, among the hospital's programs, among related hospitals, with outside organizations, and with patients and families, as appropriate.* **EP.3** *The leaders communicate the hospital's mission and appropriate policies, plans, and goals to all staff.*	The Joint Commission standards require organizations to assess the learning needs of patients with consideration given to cultural beliefs and barriers to communication related to patient education. The leadership standards also specify providing the necessary resources for patient education. The Ethics, Rights, and Responsibilities standards emphasize the patient's right to effective communication, which is necessary to meet learning needs. OMH standards are written in a broader context especially in the general environment where patients/consumers would be going to a specific part of the organization. Suggestions for meeting compliance should include: • A written policy and/or procedure to ensure development of quality non-English signage and patient related materials • A minimum translation process that includes translation by trained individual, back translation, and/or review by target audience group and periodic updates • Compliance with existing state or local nondiscrimination laws

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	LD.3.120 The leaders plan for and support the provision and coordination of patient education activities. **EP.1** *The leaders plan and support patient education activities appropriate to the hospital's mission and scope of services.* **EP.2** *The leaders identify and provide the resources necessary for achieving educational objectives.*	

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OMH CLAS Standards	The Joint Commission Standards	Comments
Standard 8. Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, and operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.	**LD.2.20 Each organizational program, service, site, or department has effective leadership.** **EP.1** *The program, service, site, or department leaders ensure that operations are effective and efficient.* **EP.2** *Leaders hold staff accountable for their responsibilities.* **EP.3** *Programs, services, sites, or departments providing patient care are directed by one of more qualified licensed independent practitioners with appropriate clinical privileges.* **EP.4** *Responsibility for administrative and clinical direction of these programs, services, sites, or departments is defined in writing.* **EP.5** *Leaders ensure that a process is in place to coordinate care, treatment, and service processes among programs, services, sites, or departments.* **LD.3.10 The leaders engage in both short-term and long-term planning.** **EP.1** *Leaders create vision, mission, and goal statements.* **EP.2** *The hospital's plan for services specifies which care, treatment, or services are provided directly and which through consultation, contract, or other agreement.* **EP.26** *Planning for care, treatment, and services addresses the following: the needs and expectations of patients and, as appropriate, families and referral sources, staff needs, the scope of care, treatment, and services needed by patients at all of the hospital's locations, resources (financial and human) for providing care and support services, recruitment, retention, development, and continuing education needs for all staff, and data for measuring the performance of processes and outcomes of care.*	Although The Joint Commission requires organizational leadership to engage in long and short term planning there is no requirement for a written strategic plan to provide culturally and linguistically appropriate services. The Joint Commission standards related to planning are not specific to carrying out CLAS-related activities. OMH suggests the following activities to meet the intent of this standard: • Designated personnel or department should have authority to implement CLAS specific activities as well as monitor responsiveness of whole organization • Strategic plan developed with participation of consumers, community and staff • Results of data gathering and self assessment processes should informed the development and refinement of goals, plans, and policies

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	LD.3.90 The leaders develop and implement policies and procedures for care, treatment, and services. **EP.1** *The leaders develop policies and procedures that guide and support patient care, treatment, and services.* **EP.2** *Policies and procedures are consistently implemented.*	

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OMH CLAS Standards	The Joint Commission Standards	Comments
Standard 9. Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes based evaluations.	**LD.4.10 The leaders set expectations, plan, and manage processes to measure, assess, and improve the hospital's (AHC, BHC, CAH, HAP, LTC, OME: governance,) management, clinical, and support activities.** **EP.1** *The leaders set expectations for performance improvement.* **EP.2** *The leaders develop plans for performance improvement.* **EP.3** *The leaders manage processes to improve hospital performance.* **EP.4** *The leaders participate in performance improvement activities.* **EP.5** *Appropriate individuals and professions from each relevant program, service, site, or department participate collaboratively in hospitalwide performance improvement activities.* **LD.4.50 The leaders set performance improvement priorities and identify how the hospital adjusts priorities in response to unusual or urgent events.** **EP.1** *The leaders set priorities for performance improvement for hospital-wide activities, staffing effectiveness, and patient health outcomes.* **PI.1.10 The organization collects data to monitor its performance.** **EP.1** *The hospital collects data for priorities identified by leaders (see LD.4.50).* **EP.3** *The hospital collects data on the perceptions of care, treatment, and services of patients, including the following: their specific needs and expectations, how well the hospital meets these needs and expectations, how the hospital can improve patient safety, and the effectiveness of pain management, when applicable.*	The Joint Commission standards do not directly address this OMH standard. However, an organization may choose to conduct assessments of these activities as part of their performance improvement activities. OMH standards note that surveys are a good tool for collecting data however the surveys should be culturally and linguistically appropriate. Findings from surveys should be integrated into the existing QI activities

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OMH CLAS Standards	The Joint Commission Standards	Comments
Standard 10. Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.	**IM.6.20 Records contain patient-specific information, as appropriate, to the care, treatment, and services provided.** **EP.2** *Medical records contain, as applicable, the following demographic information: patient's name, sex, address, date of birth, and authorized representative, legal status of patients receiving behavioral health care services, and the patient's language and communication needs.* **EP.7 (OME only)** *The following demographic information is included in the patient record: name, sex, address, phone number, and date of birth; the name of any legally authorized representative; and the name and telephone number of the family member to be contacted in the event of emergency or death, and the patient's language and communication needs, as applicable.* **IM.6.60 The organization provides access to relevant information from a patient's record as needed for use in patient care, treatment, and services.** **EP.1** *The hospital has a process to track the location of all components of the medical record.* **EP.2** *The hospital uses a system to assemble required information or make available a summary of information relative for patient care, treatment, and services provided.*	The Joint Commission standards require organizations to provide access to all relevant information from a patient's record however this information does not include race and ethnicity. In January 2006 a new requirement was implemented to document language and communication needs in the medical record. OMH suggests collecting data about race, ethnicity and language at the first point of contact from the patients/consumers. The organization should also be sensitive when requesting this information and emphasize with patients/consumers that this information is confidential and not intended to be used for discriminatory purposes.

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OMH CLAS Standards	The Joint Commission Standards	Comments
Standard 11. Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.	N/A	OMH suggests a healthcare organization involve the community in the design and implementation of the community profile and needs assessment.

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OMH CLAS Standards	The Joint Commission Standards	Comments
Standard 12. Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.	N/A	There are no Joint Commission standards that address this OMH standard, however an organization might consider incorporating CLAS standards as an agenda item in a community council if one exists. OMH suggests involving relevant community groups and patients/consumers in the implementation of the community profile and needs assessment.

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OMH CLAS Standards	The Joint Commission Standards	Comments
Standard 13. Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing and resolving cross-cultural conflicts or complaints by patients/consumers.	**RI.2.120 The organization addresses the resolution of complaints from patients and their families.** **EP.1** *The hospital informs patients, families, and staff about the complaint* ***(LTC only*** *internal complaint/grievance) resolution process.* **EP.2** *The hospital receives, reviews, and when possible, resolves complaints from patients and their families.* **EP.6 (LTC only)** *The organization prominently posts a description of the complaint/grievance process in the facility.* **EP.7 (LTC only)** *If the organization does not resolve the complaint/grievance to the resident's or family's satisfaction, it refers them to other sources of assistance, such as ombudsman, legal services, or adult protective services programs.*	The Joint Commission addresses this item in the Ethics, Rights and Responsibilities chapter but does not specifically address the need for the processes to be culturally and linguistically sensitive. OMH suggests an organization can meet the intent of this standard by considering some of the following: • Provide cultural competence training to staff who handle complaints and grievances or other legal or ethical conflict issues • Provide notice in other languages about the right to file a complaint or grievance • Provide name and number of individual responsible for disposition of grievance • Offer ombudsperson services • Include oversight and monitoring of culturally or linguistically related complaints/grievances are part of organization quality program

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OMH CLAS Standards	The Joint Commission	Comments
Standard 14. Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.	N/A	The Joint Commission standards do not require an organization to publish this type of information, nor does The Joint Commission expect organizations to make public any of their performance improvement information. However, The Joint Commission provides the public with Quality Check, a search engine tool that allows access to information regarding health care organizations accredited by The Joint Commission. OMH suggests organizations can report CLAS standards implementation progress in a stand-alone document or existing organizational reports or documents. In order to provide information to the public about their progress organizations may use newsletters, newspaper articles, television, radio or posting on a web site.

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