

## **Crosswalk of the Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services (CLAS) and The Joint Commission's 2009 Standards for the Hospital Accreditation Program**

This document is a crosswalk of the Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services (CLAS) and The Joint Commission's 2009 Standards for the Hospital Accreditation Program. Please refer to The Joint Commission Hospital 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.

<b>Chapter Abbreviation</b>	<b>Chapter Title</b>
HR	Management of Human Resources
LD	Leadership
PC	Provision of Care, Treatment, and Services
PI	Performance Improvement
RC	Record of Care, Treatment, and Services
RI	Rights and Responsibilities of the Individual
TS	Transplant Safety

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<p><b>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.</b></p>	<p><b>HR.01.04.01</b> The [organization] provides orientation to staff.</p> <p><b>EP 3</b> <i>The hospital orients staff on the following: Relevant hospital-wide and unit-specific policies and procedures.</i></p> <p><b>EP 4</b> <i>The hospital orients staff on the following: Their specific job duties, including those related to infection prevention and control and assessing and managing pain. Completion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.04.01, EP 2; RI.01.01.01, EP 8)</i></p> <p><b>EP 5</b> <i>The hospital orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented.</i></p> <p><b>EP 6</b> <i>The hospital orients staff on the following: Patient rights, including ethical aspects of care, treatment, and services and the process used to address ethical issues based on their job duties and responsibilities. Completion of this orientation is documented.</i></p> <p><b>HR.01.05.03</b> Staff participate in ongoing education and training.</p> <p><b>EP 1</b> <i>Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented.</i></p> <p><b>EP 4</b> <i>Staff participate in ongoing education and training whenever staff responsibilities change. Staff participation is documented.</i></p> <p><b>EP 5</b> <i>Staff participate in education and training that is specific to the needs of the patient population served by the hospital. Staff participation is documented. (See also PC.01.02.09, EP 3)</i></p> <p><b>LD.02.01.01</b> The mission, vision, and goals of the [organization] support the safety and quality of care, treatment, and services.  <b>Rationale:</b> The primary responsibility of leaders is to provide for the safety and quality of care, treatment, and services. The purpose of the</p>	<p>Standard 1 is the foundation on which other CLAS standards are based and incorporates a variety of The Joint Commission standards.</p> <p>OMH provides the following suggestions for implementing this standard:</p> <ul style="list-style-type: none"> <li>• Cross-cultural education and training for staff</li> <li>• Assessment of staff learning skills through testing, direct observation, monitor patient/personnel encounter</li> <li>• Assess in staff performance review</li> <li>• Healthcare organizations should provide patients/consumers with information regarding existing laws and policies prohibiting disrespectful or discriminatory treatment or marketing/enrollment practices</li> </ul>

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<p><b>(Continued)</b></p> <p>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.</p>	<p>[organization]’s mission, vision, and goals, is to define how the [organization] will achieve safety and quality. The leaders are more likely to be aligned with the mission, vision, and goals when they create them together. The common purpose of the [organization] is most likely achieved when it is understood by all who work in or are served by the [organization].</p> <p><b>EP 3</b> <i>Leaders communicate the mission, vision, and goals to staff and the population(s) the hospital serves.</i></p> <p><b>LD.03.04.01</b> The [organization] communicates information related to safety and quality to those who need it, including staff, licensed independent practitioners, [patient]s, families, and external interested parties. <b>Rationale:</b> Effective communication is essential among individuals and groups within the [organization], and between the [organization] and external parties. Poor communication often contributes to adverse events and can compromise safety and quality of care, treatment, and services. Effective communication is timely, accurate, and usable by the audience.</p> <p><b>EP 1</b> <i>Communication processes foster the safety of the patient and the quality of care.</i></p> <p><b>EP 3</b> <i>Communication is designed to meet the needs of internal and external users.</i></p> <p><b>EP 5</b> <i>Communication supports safety and quality throughout the hospital. (See also LD.04.04.05, EPs 6 and 12)</i></p> <p><b>EP 6</b> <i>When changes in the environment occur, the hospital communicates those changes effectively.</i></p> <p><b>LD.04.03.07</b> Patients with comparable needs receive the same standard of care, treatment, and services throughout the [organization]. <b>Rationale:</b> Comparable standards of care means that the</p>	

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<p><b>(Continued)</b></p> <p>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.</p>	<p>[organization] can provide the services that [patient]s need within established time frames and that those providing care, treatment, and services have the required competence. [Organization]s may provide different services to [patient]s with similar needs as long as the [patient]’s outcome is not affected. For example, some [patient]s may receive equipment with enhanced features because of insurance situations. This does not ordinarily lead to different outcomes. Different settings, processes, or payment sources should not result in different standards of care.</p> <p><b>EP 1</b> <i>Variances in staff, setting, or payment source do not affect outcomes of care, treatment, and services in a negative way.</i></p> <p><b>EP 2</b> <i>Care, treatment, and services are consistent with the hospital’s mission, vision, and goals.</i></p> <p><b>PC.01.02.01</b> The [organization] assesses and reassesses its [patient]s.</p> <p><b>EP 1</b> <i>The hospital defines, in writing, the scope and content of screening, assessment, and reassessment information it collects. (See also RC.02.01.01, EP 2) Note: In defining the scope and content of the information it collects, the organization may want to consider information that it can obtain, with the patient’s consent, from the patient’s family and the patient’s other care providers, as well as information conveyed on any medical jewelry.</i></p> <p><b>EP 2</b> <i>The hospital defines, in writing, criteria that identify when additional, specialized, or more in-depth assessments are performed. (See also PC.01.02.07, EP 1; PC.01.02.03 EPs 7 and 8) Note: Examples of criteria could include those that identify when a nutritional, functional, or pain assessment should be performed for patients who are at risk.</i></p> <p><b>EP 4</b> <i>Based on the patient's condition, information gathered in the initial assessment includes the following:</i></p> <p>- <i>Physical, psychological, and social assessment</i></p>	

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<p><b>(Continued)</b></p> <p>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.</p>	<p>- <i>Nutrition and hydration status</i></p> <p>- <i>Functional status</i></p> <p>- <i>For patients who are receiving end-of-life care, the social, spiritual, and cultural variables that influence the patient's and family members' perception of grief</i></p> <p><b>PC.01.03.01</b> The [organization] plans the [patient]'s care.</p> <p><b>EP 1</b> <i>The hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2)</i></p> <p><b>PC.02.02.01</b> The [organization] coordinates the [patient]'s care, treatment, and services based on the [patient]'s needs.</p> <p><b>EP 1</b> <i>The hospital has a process to receive or share patient information when the patient is referred to other internal or external providers of care, treatment, and services. (See also PC.04.02.01, EP 1)</i></p> <p><b>EP 2</b> <i>The hospital coordinates the patient's care, treatment, and services. Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, and services.</i></p> <p><b>EP 10</b> <i>When the hospital uses external resources to meet the patient's needs, it coordinates the patient's care, treatment, and services.</i></p> <p><b>EP 17</b> <i>The hospital coordinates care, treatment, and services within a time frame that meets the patient's needs.</i></p> <p><b>PC.02.02.03</b> The [organization] makes food and nutrition products available to its [patient]s.</p>	

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<p><b>(Continued)</b></p> <p>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.</p>	<p><b>EP 9</b> <i>When possible, the hospital accommodates the patient's cultural, religious, or ethnic food and nutrition preferences, unless contraindicated.</i></p> <p><b>PC.02.03.01</b> The [organization] provides [patient] education and training based on each [patient]'s needs and abilities.</p> <p><b>EP 1</b> <i>The hospital performs a learning needs assessment for each patient, which includes the patient's cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication.</i></p> <p><b>RI.01.01.01</b> The [organization] respects [patient] rights.</p> <p><b>EP 2</b> <i>The hospital informs the patient of his or her rights. (See also RI.01.01.03, EPs 1-3)</i></p> <p><b>EP 5</b> <i>The hospital respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1)</i></p> <p><b>EP 6</b> <i>The hospital respects the patient's cultural and personal values, beliefs, and preferences.</i></p> <p><b>EP 9</b> <i>The hospital accommodates the patient's right to religious and other spiritual services.</i></p> <p><b>RI.01.01.03</b> The [organization] respects the [patient]'s right to receive information in a manner he or she understands.</p> <p><b>EP 1</b> <i>The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. (See also RI.01.01.01, EPs 2 and 5; PC.04.01.05, EP 8)</i></p> <p><b>EP 2</b> <i>The hospital provides interpreting and translation services, as necessary. (See also RI.01.01.01, EP 2)</i></p>	

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<p><b>(Continued)</b></p> <p>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.</p>	<p><b>EP 3</b> <i>The hospital communicates with the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs. (See also RI.01.01.01, EP 2)</i></p> <p><b>RI.01.02.01</b> The [organization] respects the [patient]'s right to participate in decisions about his or her care, treatment, and services.</p> <p><b>EP 1</b> <i>The hospital involves the patient in making decisions about his or her care, treatment, and services.</i></p>	
<p><b>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.</b></p>	<p><b>HR.01.02.01</b> The [organization] defines staff qualifications.</p> <p><b>EP 1</b> <i>The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3)</i></p> <p><b>HR.01.06.01</b> Staff are competent to perform their responsibilities.</p> <p><b>EP 1</b> <i>The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services.</i></p> <p><b>LD.02.01.01</b> The mission, vision, and goals of the [organization] support the safety and quality of care, treatment, and services.  <b>Rationale:</b> The primary responsibility of leaders is to provide for the safety and quality of care, treatment, and services. The purpose of the [organization]'s mission, vision, and goals, is to define how the [organization] will achieve safety and quality. The leaders are more likely to be aligned with the mission, vision, and goals when they create them together. The common purpose of the [organization] is most</p>	<p>The Joint Commission does not directly hold organizations accountable for recruiting, retaining, and promoting diverse staff. The Joint Commission standards that support these practices are more general and expect that staffing is consistent with the organization's mission. In addition, The Joint Commission expects the organization's leadership to define the qualifications and competencies of staff.</p> <p>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</p>

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<p><b>(Continued)</b></p> <p>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.</p>	<p>likely achieved when it is understood by all who work in or are served by the [organization].</p> <p><b>EP 1</b> <i>Senior managers and leaders of the organized medical staff work with the governing body to define their shared and unique responsibilities and accountabilities. (See also NR.01.01.01, EPs 2 and 3)</i></p> <p><b>LD.03.02.01</b> The [organization] uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality. <b>Rationale:</b> Data help [organization]s make the right decisions. When decisions are supported by data, [organization]s are more likely to move in directions that help them achieve their goals. Successful [organization]s measure and analyze their performance. When data are analyzed and turned into information, this process helps [organization]s see patterns and trends and understand the reasons for their performance. Many types of data are used to evaluate performance, including data on outcomes of care, performance on safety and quality initiatives, [patient] satisfaction, process variation, and staff perceptions.</p> <p><b>EP 3</b> <i>The hospital uses processes to support systematic data and information use.</i></p> <p><b>EP 5</b> <i>The hospital uses data and information in decision-making that supports the safety and quality of care, treatment, and services. (See also PI.02.01.01, EP 8)</i></p> <p><b>LD.03.06.01</b> Those who work in the [organization] are focused on improving safety and quality. <b>Rationale:</b> The safety and quality of care, treatment, and services are highly dependent on the people who work in the [organization]. The mission, scope, and complexity of services define the design of work processes and the skills and number of individuals needed. In a successful [organization], work processes and the environment make safety and quality paramount. This standard, therefore, applies to all those who work in or for the</p>	<p>mission statement, strategic plans, and goals.</p> <p>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.</p>



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<p><b>(Continued)</b></p> <p>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.</p>	<p>[organization], including staff and licensed independent practitioners.</p> <p><b>EP 3</b> <i>Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services.</i></p> <p><b>EP 4</b> <i>Those who work in the hospital are competent to complete their assigned responsibilities.</i></p>	
<p><b>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.</b></p>	<p><b>HR.01.04.01</b> The [organization] provides orientation to staff.</p> <p><b>EP 4</b> <i>The hospital orients staff on the following: Their specific job duties, including those related to infection prevention and control and assessing and managing pain. Completion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.04.01, EP 2; RI.01.01.01, EP 8)</i></p> <p><b>EP 5</b> <i>The hospital orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented.</i></p> <p><b>EP 6</b> <i>The hospital orients staff on the following: Patient rights, including ethical aspects of care, treatment, and services and the process used to address ethical issues based on their job duties and responsibilities. Completion of this orientation is documented.</i></p> <p><b>HR.01.05.03</b> Staff participate in ongoing education and training.</p> <p><b>EP 1</b> <i>Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented.</i></p> <p><b>EP 4</b> <i>Staff participate in ongoing education and training whenever staff</i></p>	<p>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, educational needs may be addressed. However, The Joint Commission does not require ongoing education and training specific to culturally and linguistically appropriate service delivery.</p> <p>OMH suggests organizations involve community representatives in the development of CLAS education and</p>

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<p><b>(Continued)</b></p> <p>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.</p>	<p><i>responsibilities change. Staff participation is documented.</i></p> <p><b>EP 5</b> <i>Staff participate in education and training that is specific to the needs of the patient population served by the hospital. Staff participation is documented. (See also PC.01.02.09, EP 3)</i></p> <p><b>TS.01.01.01</b> The [organization], with the medical staff's participation, develops and implements written policies and procedures for donating and procuring organs and tissues.</p> <p><b>EP 5</b> <i>Staff education includes training in the use of discretion and sensitivity to the circumstances, beliefs, and desires of the families of potential organ, tissue, or eye donors.</i></p>	<p>training.</p>
<p><b>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.</b></p>	<p><b>LD.04.01.01</b> The [organization] complies with law and regulation.</p> <p><b>EP 2</b> <i>The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.</i></p> <p><b>LD.04.03.07</b> Patients with comparable needs receive the same standard of care, treatment, and services throughout the [organization].</p> <p><b>Rationale:</b> Comparable standards of care means that the [organization] can provide the services that [patient]s need within established time frames and that those providing care, treatment, and services have the required competence. [Organization]s may provide different services to [patient]s with similar needs as long as the [patient]’s outcome is not affected. For example, some [patient]s may receive equipment with enhanced features because of insurance situations. This does not ordinarily lead to different outcomes. Different settings, processes, or payment sources should not result in different standards of care.</p> <p><b>EP 1</b> <i>Variances in staff, setting, or payment source do not affect outcomes of care, treatment, and services in a negative way.</i></p>	<p>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 the OMH as to the provision of these services.</p> <p>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.</p>

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<p><b>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.</b></p>	<p><b>RI.01.01.01</b> The [organization] respects [patient] rights.</p> <p><b>EP 2</b> <i>The hospital informs the patient of his or her rights. (See also RI.01.01.03, EPs 1-3)</i></p> <p><b>EP 5</b> <i>The hospital respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1)</i></p> <p><b>RI.01.01.03</b> The [organization] respects the [patient]'s right to receive information in a manner he or she understands.</p> <p><b>EP 1</b> <i>The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. (See also RI.01.01.01, EPs 2 and 5; PC.04.01.05, EP 8)</i></p> <p><b>EP 2</b> <i>The hospital provides interpreting and translation services, as necessary. (See</i></p>	<p>The Joint Commission standards are not this specific. The Joint Commission expects that patients/consumers receive information on their rights in a manner that they understand. However, The Joint Commission does not dictate that the information be provided in writing.</p> <p>OMH suggests informing patients/consumers by using the following:</p> <ul style="list-style-type: none"> <li>• Using language identification cards</li> <li>• Posting and maintaining signs with regularly encountered languages at all</li> </ul>

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<p><b>(Continued)</b></p> <p>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.</p>	<p><i>also RI.01.01.01, EP 2)</i></p> <p><b>EP 3</b> <i>The hospital communicates with the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs. (See also RI.01.01.01, EP 2)</i></p>	<p>entry points</p> <ul style="list-style-type: none"> <li>• Creating uniform procedures for timely and effective telephone communication between staff and patients</li> <li>• Including statements about services available and the right to free language assistance services</li> </ul>
<p><b>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).</b></p>	<p><b>HR.01.02.01</b> The [organization] defines staff qualifications.</p> <p><b>EP 1</b> <i>The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3)</i></p> <p><b>HR.01.02.05</b> The [organization] verifies staff qualifications.</p> <p><b>EP 2</b> <i>When the hospital requires licensure, registration, or certification not required by law and regulation, the hospital both verifies these credentials and documents this verification at time of hire and when credentials are renewed. (See also HR.01.02.07, EP 2)</i></p> <p><b>EP 3</b> <i>The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.</i></p> <p><b>EP 6</b> <i>The hospital uses the following information from HR.01.02.05, Elements of Performance 1-5, to make decisions about staff job responsibilities:</i></p> <ul style="list-style-type: none"> <li>- <i>Required licensure, certification, or registration verification</i></li> <li>- <i>Required credentials verification</i></li> <li>- <i>Education and experience verification</i></li> </ul>	<p>The Joint Commission expects that staff is able to perform job responsibilities. Although not specific to the competence of interpreters, organizations are expected to define the competencies and have a mechanism in place to assess competency. This OMH standard would also be supported with The Joint Commission standard that addresses the appropriateness of communication.</p> <p>OMH suggestions include:</p> <ul style="list-style-type: none"> <li>• Patient/consumer may choose family member after being informed of free services available</li> <li>• Suggest trained interpreter be present to ensure accurate translation</li> </ul>

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OMH CLAS Standard	The Joint Commission Standards	Comments
<p><b>(Continued)</b></p> <p>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).</p>	<p>- <i>Criminal background check</i></p> <p>- <i>Applicable health screenings</i></p> <p><b>HR.01.05.03</b> Staff participate in ongoing education and training.</p> <p><b>EP 1</b> <i>Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented.</i></p> <p><b>EP 4</b> <i>Staff participate in ongoing education and training whenever staff responsibilities change. Staff participation is documented.</i></p> <p><b>EP 5</b> <i>Staff participate in education and training that is specific to the needs of the patient population served by the hospital. Staff participation is documented. (See also PC.01.02.09, EP 3)</i></p> <p><b>HR.01.06.01</b> Staff are competent to perform their responsibilities.</p> <p><b>EP 1</b> <i>The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services.</i></p> <p><b>EP 5</b> <i>Staff competence is initially assessed and documented as part of orientation.</i></p> <p><b>EP 15</b> <i>The hospital takes action when a staff member's competence does not meet expectations.</i></p> <p><b>HR.01.07.01</b> The [organization] evaluates staff performance.</p> <p><b>EP 1</b> <i>The hospital evaluates staff based on performance expectations that reflect their job responsibilities.</i></p> <p><b>EP 2</b> <i>The hospital evaluates staff performance once every three years, or more frequently as required by hospital policy or in accordance with law and regulation. This evaluation is documented.</i></p>	<ul style="list-style-type: none"> <li>• Minor children should never be used as interpreters</li> </ul> <p>The Joint Commission defines staff, as appropriate to their roles and responsibilities, all people who provide care, treatment, and services in the organization, including those receiving pay (e.g., permanent, temporary, and part-time personnel, as well as contract employees), volunteers and health profession students.</p>

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OMH CLAS Standard	The Joint Commission Standards	Comments
<p><b>(Continued)</b></p> <p>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).</p>	<p><b>LD.03.06.01</b> Those who work in the [organization] are focused on improving safety and quality. <b>Rationale:</b> The safety and quality of care, treatment, and services are highly dependent on the people who work in the [organization]. The mission, scope, and complexity of services define the design of work processes and the skills and number of individuals needed. In a successful [organization], work processes and the environment make safety and quality paramount. This standard, therefore, applies to all those who work in or for the [organization], including staff and licensed independent practitioners.</p> <p><b>EP 3</b> <i>Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services.</i></p> <p><b>EP 4</b> <i>Those who work in the hospital are competent to complete their assigned responsibilities.</i></p> <p><b>RI.01.01.01</b> The [organization] respects [patient] rights.</p> <p><b>EP 5</b> <i>The hospital respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1)</i></p> <p><b>RI.01.01.03</b> The [organization] respects the [patient]'s right to receive information in a manner he or she understands.</p> <p><b>EP 1</b> <i>The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. (See also RI.01.01.01, EPs 2 and 5; PC.04.01.05, EP 8)</i></p> <p><b>EP 2</b> <i>The hospital provides interpreting and translation services, as necessary. (See also RI.01.01.01, EP 2)</i></p> <p><b>EP 3</b> <i>The hospital communicates with the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs. (See also RI.01.01.01, EP 2)</i></p>	

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OMH CLAS Standard	The Joint Commission Standards	Comments
<p><b>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.</b></p>	<p><b>LD.02.01.01</b> The mission, vision, and goals of the [organization] support the safety and quality of care, treatment, and services.  <b>Rationale:</b> The primary responsibility of leaders is to provide for the safety and quality of care, treatment, and services. The purpose of the [organization]’s mission, vision, and goals, is to define how the [organization] will achieve safety and quality. The leaders are more likely to be aligned with the mission, vision, and goals when they create them together. The common purpose of the [organization] is most likely achieved when it is understood by all who work in or are served by the [organization].</p> <p><b>EP 3</b> <i>Leaders communicate the mission, vision, and goals to staff and the population(s) the hospital serves.</i></p> <p><b>LD.03.04.01</b> The [organization] communicates information related to safety and quality to those who need it, including staff, licensed independent practitioners, [patient]s, families, and external interested parties. <b>Rationale:</b> Effective communication is essential among individuals and groups within the [organization], and between the [organization] and external parties. Poor communication often contributes to adverse events and can compromise safety and quality of care, treatment, and services. Effective communication is timely, accurate, and usable by the audience.</p> <p><b>EP 1</b> <i>Communication processes foster the safety of the patient and the quality of care.</i></p> <p><b>EP 3</b> <i>Communication is designed to meet the needs of internal and external users.</i></p> <p><b>EP 5</b> <i>Communication supports safety and quality throughout the hospital. (See also LD.04.04.05, EPs 6 and 12)</i></p> <p><b>EP 6</b> <i>When changes in the environment occur, the hospital communicates those changes effectively.</i></p>	<p>The Joint Commission standards require organizations to assess the learning needs of patients with consideration for cultural beliefs and barriers to communication related to patient education. The Leadership (LD) standards also specify providing the necessary resources for patient education. The Ethics, Rights, and Responsibilities (RI) standards emphasize the patient’s right to effective communication, which is necessary to meet learning needs.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• A written policy and/or procedure to ensure development of quality non-English signage and patient related materials</li> <li>• A minimum translation process that includes translation by trained individuals, back translation, and/or review by target audience groups and periodic updates</li> <li>• Compliance with existing state or local nondiscrimination laws</li> </ul>



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OMH CLAS Standard	The Joint Commission Standards	Comments
<p><b>(Continued)</b></p> <p>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.</p>	<p><b>PC.02.03.01</b> The [organization] provides [patient] education and training based on each [patient]'s needs and abilities.</p> <p><b>EP 1</b> <i>The hospital performs a learning needs assessment for each patient, which includes the patient's cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication.</i></p> <p><b>RI.01.01.01</b> The [organization] respects [patient] rights.</p> <p><b>EP 5</b> <i>The hospital respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1)</i></p> <p><b>RI.01.01.03</b> The [organization] respects the [patient]'s right to receive information in a manner he or she understands.</p> <p><b>EP 1</b> <i>The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. (See also RI.01.01.01, EPs 2 and 5; PC.04.01.05, EP 8)</i></p> <p><b>EP 2</b> <i>The hospital provides interpreting and translation services, as necessary. (See also RI.01.01.01, EP 2)</i></p> <p><b>EP 3</b> <i>The hospital communicates with the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs. (See also RI.01.01.01, EP 2)</i></p>	

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OMH CLAS Standard	The Joint Commission Standards	Comments
<p><b>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.</b></p>	<p><b>LD.02.01.01</b> The mission, vision, and goals of the [organization] support the safety and quality of care, treatment, and services. <b>Rationale:</b> The primary responsibility of leaders is to provide for the safety and quality of care, treatment, and services. The purpose of the [organization]’s mission, vision, and goals, is to define how the [organization] will achieve safety and quality. The leaders are more likely to be aligned with the mission, vision, and goals when they create them together. The common purpose of the [organization] is most likely achieved when it is understood by all who work in or are served by the [organization].</p> <p><b>EP 1</b> <i>Senior managers and leaders of the organized medical staff work with the governing body to define their shared and unique responsibilities and accountabilities. (See also NR.01.01.01, EPs 2 and 3)</i></p> <p><b>LD.03.02.01</b> The [organization] uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality. <b>Rationale:</b> Data help [organization]s make the right decisions. When decisions are supported by data, [organization]s are more likely to move in directions that help them achieve their goals. Successful [organization]s measure and analyze their performance. When data are analyzed and turned into information, this process helps [organization]s see patterns and trends and understand the reasons for their performance. Many types of data are used to evaluate performance, including data on outcomes of care, performance on safety and quality initiatives, [patient] satisfaction, process variation, and staff perceptions.</p> <p><b>EP 3</b> <i>The hospital uses processes to support systematic data and information use.</i></p> <p><b>LD.04.01.05</b> The [organization] effectively manages its programs, services, sites, or departments. <b>Rationale:</b> Leaders at the program,</p>	<p>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.</p> <p>OMH suggests the following activities to meet the intent of this standard:</p> <ul style="list-style-type: none"> <li>• Designated personnel or department should have authority to implement CLAS specific activities as well as monitor responsiveness of whole organization</li> <li>• Strategic plan developed with participation of consumers, community and staff</li> <li>• Results of data gathering and self assessment processes should informed the development and refinement of goals, plans, and policies</li> </ul>

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<b>OMH CLAS Standard</b>	<b>The Joint Commission Standards</b>	<b>Comments</b>
<p><b>(Continued)</b></p> <p>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.</p>	<p>service, site, or department level create a culture that enables the [organization] to fulfill its mission and meet its goals. They support staff and instill in them a sense of ownership of their work processes. Leaders may delegate work to qualified staff, but the leaders are responsible for the care, treatment, and services provided in their areas.</p> <p><b>EP 1</b> <i>Leaders of the program, service, site, or department oversee operations.</i></p> <p><b>EP 2</b> <i>Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical privileges.</i></p> <p><b>EP 3</b> <i>The hospital defines in writing the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. (See also NR.01.01.01, EP 5)</i></p> <p><b>EP 4</b> <i>Staff are held accountable for their responsibilities.</i></p> <p><b>EP 5</b> <i>Leaders provide for the coordination of care, treatment, and services among the hospital's different programs, services, sites, or departments. (See also NR.01.01.01, EP 1)</i></p> <p><b>LD.04.01.07</b> The [organization] has policies and procedures that guide and support [patient] care, treatment, and services.</p> <p><b>EP 1</b> <i>Leaders review and approve policies and procedures that guide and support patient care, treatment, and services. (See also NR.02.03.01, EP 1)</i></p> <p><b>EP 2</b> <i>The hospital manages the implementation of policies and procedures. (See also NR.02.03.01, EP 2)</i></p> <p><b>LD.04.03.01</b> The [organization] provides services that meet [patient] needs.</p> <p><b>EP 1</b> <i>The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or</i></p>	

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OMH CLAS Standard	The Joint Commission Standards	Comments
	<i>other agreements.</i>	
<p><b>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.</b></p>	<p><b>LD.03.05.01</b> Leaders implement changes in existing processes to improve the performance of the [organization]. <b>Rationale:</b> Change is inevitable, and agile [organization]s are able to manage change and rapidly execute new plans. The ability of leaders to manage change is necessary for performance improvement, for successful innovation, and to meet environmental challenges. The [organization] integrates change into all relevant processes so that its effectiveness can be sustained, assessed, and measured.</p> <p><b>EP 1</b> <i>Structures for managing change and performance improvements exist that foster the safety of the patient and the quality of care, treatment, and services.</i></p> <p><b>EP 3</b> <i>The hospital has a systematic approach to change and performance improvement.</i></p> <p><b>LD.04.04.01</b> Leaders establish priorities for performance improvement. (See also the "Performance Improvement" (PI) chapter.)</p> <p><b>EP 1</b> <i>Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3)</i></p> <p><b>EP 4</b> <i>Performance improvement occurs hospital-wide.</i></p> <p><b>PI.01.01.01</b> The [organization] collects data to monitor its performance.</p> <p><b>EP 1</b> <i>The leaders set priorities for data collection. (See also LD.04.04.01, EP 1)</i></p> <p><b>EP 3</b> <i>The hospital collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1)</i></p> <p><b>EP 16</b> <i>The hospital collects data on the following: Patient perception of the safety and quality of care, treatment, and services.</i></p>	<p>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.</p> <p>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</p>

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	<p><b>PI.03.01.01</b> The [organization] improves performance.  <b>EP 1</b> <i>Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8; MS.05.01.01, EPs 1-11)</i>  <b>EP 2</b> <i>The hospital takes action on improvement priorities. (See also MS.05.01.01, EPs 1-11)</i>  <b>EP 3</b> <i>The hospital evaluates actions to confirm they resulted in improvements. (See also MS.05.01.01, EPs 1-11)</i>  <b>EP 4</b> <i>The hospital takes action when it does not achieve or sustain planned improvements. (See also MS.05.01.01, EPs 1-11)</i></p>	
<p><b>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.</b></p>	<p><b>RC.01.01.01</b> The [organization] maintains complete and accurate medical records.  <b>EP 12</b> <i>The hospital tracks the location of all components of the medical record.</i>  <b>EP 13</b> <i>The hospital assembles or makes available in a summary in the medical record all information required to provide patient care, treatment, and services. (See also MM.01.01.01, EP 1)</i></p> <p><b>RC.02.01.01</b> The medical record contains information that reflects the [patient]'s care, treatment, and services.  <b>EP 1</b> <i>The medical record contains the following demographic information:</i>  - <i>The patient's name, address, date of birth, and the name of any legally authorized representative</i>  - <i>The patient's sex</i>  - <i>The legal status of any patient receiving behavioral health care services</i>  - <i>The patient's language and communication needs</i></p>	<p>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.</p> <p>OMH suggests collecting data about race, ethnicity and language at the first point of contact with 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.</p>

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<p><b>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.</b></p>	<p>N/A</p>	<p>OMH suggests a healthcare organization involve the community in the design and implementation of the community profile and needs assessment.</p>
<p><b>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.</b></p>	<p>N/A</p>	<p>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.</p> <p>OMH suggests involving relevant community groups and patients/consumers in the implementation of the community profile and needs assessment.</p>

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<p><b>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.</b></p>	<p><b>RI.01.07.01</b> The [patient] and his or her family have the right to have complaints reviewed by the [organization].</p> <p><b>EP 1</b> <i>The hospital establishes a complaint resolution process. (See also MS.09.01.01, EP 1)</i></p> <p><b>EP 2</b> <i>The hospital informs the patient and his or her family about the complaint resolution process. (See also MS.09.01.01, EP 1)</i></p> <p><b>EP 4</b> <i>The hospital reviews and, when possible, resolves complaints from the patient and his or her family. (See also MS.09.01.01, EP 1)</i></p>	<p>The Joint Commission addresses this item in the Ethics, Rights and Responsibilities (RI) chapter but does not specifically address the need for the processes to be culturally and linguistically sensitive.</p> <p>OMH suggests an organization can meet the intent of this standard by considering some of the following:</p> <ul style="list-style-type: none"> <li>• Provide cultural competence training to staff who handle complaints and grievances or other legal or ethical conflict issues</li> <li>• Provide notice in other languages about the right to file a complaint or grievance</li> <li>• Provide name and number of individual responsible for disposition of grievance</li> <li>• Offer ombudsperson services</li> <li>• Include oversight and monitoring of culturally or linguistically related complaints/grievances are part of organization quality program</li> </ul>

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<p><b>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.</b></p>	<p>N/A</p>	<p>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 about health care organizations accredited by The Joint Commission.</p> <p>OMH suggests organizations 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 postings on a website.</p>