

**A Crosswalk of the *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care* to  
The Joint Commission *Hospital Accreditation Standards***

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**July 2014**

## **Crosswalk of the *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care* to The Joint Commission *Hospital Accreditation Standards***

The *National CLAS Standards* from the Office of Minority Health at the U.S. Department of Health and Human Services are intended to advance health equity, improve quality, and help eliminate health care disparities. This document compares the Office of Minority Health's *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care* to The Joint Commission's 2015 Standards for the *Hospital Accreditation Program*.

The Joint Commission has several accreditation standards that directly or indirectly support the provision of culturally and linguistically appropriate services. For example, Joint Commission Standard PC.02.01.21, Element of Performance (EP) 1, requires hospitals to identify a patient's communication needs, including the patient's preferred language. Standard LD.04.01.01, EP 2 supports compliance with federal laws and regulations, which although not specified in the *National CLAS Standards*, would include the language provisions in Title VI of the U.S. Civil Rights Act and the Americans with Disabilities Act.

Each of the 15 *National CLAS Standards* is presented alongside the applicable Joint Commission standards. There is not a one-to-one correlation between the *National CLAS Standards* and Joint Commission standards, as several of the Joint Commission's requirements overlap with the overall intent and objective of each *National CLAS Standard*.

Please refer to The Joint Commission accreditation manuals for the full text of the standards. If you have any questions related to standards interpretation, please contact The Joint Commission's Standards Interpretation Group (SIG) at 630-492-5900.

For more information about the *National CLAS Standards*, please visit: <https://www.thinkculturalhealth.hhs.gov/>.

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

## National CLAS Standards to TJC Hospital

### National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care to 2015 Joint Commission Hospital Standards & EPs

Requirement	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
<b>CLAS 01</b>  Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.		<b>LD.04.01.01</b>	<b>The hospital complies with law and regulation.</b>
		<b>EP 2</b>	The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.
		<b>LD.04.03.01</b>	<b>The hospital provides services that meet patient needs.</b>
		<b>EP 1</b>	The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements.
		<b>LD.04.03.07</b>	<b>Patients with comparable needs receive the same standard of care, treatment, and services throughout the hospital.</b>
		<b>EP 2</b>	Care, treatment, and services are consistent with the hospital's mission, vision, and goals.
		<b>PC.02.01.21</b>	<b>The hospital effectively communicates with patients when providing care, treatment, and services.</b>
		<b>EP 1</b>	The hospital identifies the patient's oral and written communication needs, including the patient's preferred language for discussing health care. (See also RC.02.01.01, EP 1) Note: Examples of communication needs include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials.
		<b>EP 2</b>	The hospital communicates with the patient during the provision of care, treatment, and services in a manner that meets the patient's oral and written communication needs. (See also RI.01.01.03, EPs 1-3)
		<b>RI.01.01.01</b>	<b>The hospital respects, protects, and promotes patient rights.</b>
		<b>EP 5</b>	The hospital respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1)
		<b>EP 6</b>	The hospital respects the patient's cultural and personal values, beliefs, and preferences.
		<b>EP 9</b>	The hospital accommodates the patient's right to religious and other spiritual services.
<b>EP 29</b>	The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.		
<b>CLAS 02</b>  Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.		<b>LD.01.03.01</b>	<b>The governing body is ultimately accountable for the safety and quality of care, treatment, and services.</b>
		<b>EP 5</b>	The governing body provides for the resources needed to maintain safe, quality care, treatment, and services. (See also NR.01.01.01, EP 3)

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<b>LD.01.07.01</b>	<b>The governing body, senior managers, and leaders of the organized medical staff have the knowledge needed for their roles in the hospital or they seek guidance to fulfill their roles.</b>
		<b>EP 2</b>	Individual members of the governing body, senior managers, and leaders of the organized medical staff are oriented to all of the following: <ul style="list-style-type: none"> <li>- The hospital's mission and vision</li> <li>- The hospital's safety and quality goals</li> <li>- The hospital's structure and the decision-making process</li> <li>- The development of the budget as well as the interpretation of the hospital's financial statements</li> <li>- The population(s) served by the hospital and any issues related to that population(s)</li> <li>- The individual and interdependent responsibilities and accountabilities of the governing body, senior managers, and leaders of organized medical staff as they relate to supporting the mission of the hospital and to providing safe and quality care</li> <li>- Applicable law and regulation</li> </ul>
		<b>LD.02.01.01</b>	<b>The mission, vision, and goals of the hospital support the safety and quality of care, treatment, and services.</b>
		<b>EP 3</b>	Leaders communicate the mission, vision, and goals to staff and the population(s) the hospital serves.
		<b>LD.02.03.01</b>	<b>The governing body, senior managers and leaders of the organized medical staff regularly communicate with each other on issues of safety and quality.</b>
		<b>EP 1</b>	Leaders discuss issues that affect the hospital and the population(s) it serves, including the following: <ul style="list-style-type: none"> <li>- Performance improvement activities</li> <li>- Reported safety and quality issues</li> <li>- Proposed solutions and their impact on the hospital's resources</li> <li>- Reports on key quality measures and safety indicators</li> <li>- Safety and quality issues specific to the population served</li> <li>- Input from the population(s) served</li> </ul> (See also NR.01.01.01, EP 3)
		<b>LD.03.01.01</b>	<b>Leaders create and maintain a culture of safety and quality throughout the hospital.</b>
		<b>EP 10</b>	Leaders define how members of the population(s) served can help identify and manage issues of safety and quality within the hospital.
		<b>LD.03.03.01</b>	<b>Leaders use hospitalwide planning to establish structures and processes that focus on safety and quality.</b>
		<b>EP 4</b>	Leaders provide the resources needed to support the safety and quality of care, treatment, and services.
		<b>LD.04.03.01</b>	<b>The hospital provides services that meet patient needs.</b>
		<b>EP 1</b>	The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements.
		<b>LD.04.04.03</b>	<b>New or modified services or processes are well designed.</b>
		<b>EP 1</b>	The hospital's design of new or modified services or processes incorporates the needs of patients, staff, and others.

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 7	Leaders involve staff and patients in the design of new or modified services or processes.
		RI.01.01.01	<b>The hospital respects, protects, and promotes patient rights.</b>
		EP 29	The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
<b>CLAS 03</b>		HR.01.02.01	<b>The hospital defines staff qualifications.</b>
Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.		EP 1	<p>The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2)</p> <p>Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).</p> <p>Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at <a href="http://wwwn.cdc.gov/clia/Regulatory">http://wwwn.cdc.gov/clia/Regulatory</a>.</p> <p>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements.</p> <p>Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.</p>
		LD.03.06.01	<b>Those who work in the hospital are focused on improving safety and quality.</b>
		EP 3	<p>Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (See also IC.01.01.01, EP 3)</p> <p>Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.</p>
		EP 4	Those who work in the hospital are competent to complete their assigned responsibilities.

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p><b>LD.04.03.09</b>      <b>Care, treatment, and services provided through contractual agreement are provided safely and effectively.</b></p>	<p><b>EP 4</b>      Leaders monitor contracted services by establishing expectations for the performance of the contracted services.  Note 1: In most cases, each licensed independent practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following the process described in the "Medical Staff" (MS) chapter.  Note 2: For hospitals that do not use Joint Commission accreditation for deemed status purposes: When the hospital contracts with another accredited organization for patient care, treatment, and services to be provided off site, it can do the following:  - Verify that all licensed independent practitioners who will be providing patient care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges.  - Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their privileges.  Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The leaders who monitor the contracted services are the governing body.</p> <p><b>EP 5</b>      Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted services.  Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it.</p> <p><b>EP 8</b>      When contractual agreements are renegotiated or terminated, the hospital maintains the continuity of patient care.</p>
<p><b>CLAS 04</b></p>	<p>Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.</p>	<p><b>HR.01.04.01</b>      <b>The hospital provides orientation to staff.</b></p>	<p><b>EP 5</b>      The hospital orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented.</p>
		<p><b>EP 6</b>      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.</p> <p><b>HR.01.05.03</b>      <b>Staff participate in ongoing education and training.</b></p> <p><b>EP 5</b>      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)</p>	

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		LD.01.07.01	<b>The governing body, senior managers, and leaders of the organized medical staff have the knowledge needed for their roles in the hospital or they seek guidance to fulfill their roles.</b>
		EP 2	Individual members of the governing body, senior managers, and leaders of the organized medical staff are oriented to all of the following: <ul style="list-style-type: none"> <li>- The hospital's mission and vision</li> <li>- The hospital's safety and quality goals</li> <li>- The hospital's structure and the decision-making process</li> <li>- The development of the budget as well as the interpretation of the hospital's financial statements</li> <li>- The population(s) served by the hospital and any issues related to that population(s)</li> <li>- The individual and interdependent responsibilities and accountabilities of the governing body, senior managers, and leaders of organized medical staff as they relate to supporting the mission of the hospital and to providing safe and quality care</li> <li>- Applicable law and regulation</li> </ul>
		TS.01.01.01	<b>The hospital, with the medical staff's participation, develops and implements written policies and procedures for donating and procuring organs and tissues.</b>
		EP 5	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.
<b>CLAS 05</b>		PC.02.01.21	<b>The hospital effectively communicates with patients when providing care, treatment, and services.</b>
Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.		EP 1	The hospital identifies the patient's oral and written communication needs, including the patient's preferred language for discussing health care. (See also RC.02.01.01, EP 1) Note: Examples of communication needs include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials.
		EP 2	The hospital communicates with the patient during the provision of care, treatment, and services in a manner that meets the patient's oral and written communication needs. (See also RI.01.01.03, EPs 1-3)
		PC.02.03.01	<b>The hospital provides patient education and training based on each patient's needs and abilities.</b>
		EP 1	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.
		RC.02.01.01	<b>The medical record contains information that reflects the patient's care, treatment, and services.</b>
		EP 1	The medical record contains the following demographic information: <ul style="list-style-type: none"> <li>- The patient's name, address, and date of birth and the name of any legally authorized representative</li> <li>- The patient's sex</li> <li>- The legal status of any patient receiving behavioral health care services</li> <li>- The patient's communication needs, including preferred language for discussing health care (See also PC.02.01.21, EP 1)</li> </ul> Note: If the patient is a minor, is incapacitated, or has a designated advocate, the communication needs of the parent or legal guardian, surrogate decision-maker, or legally authorized representative is documented in the medical record.

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		<b>RI.01.01.01</b> <b>The hospital respects, protects, and promotes patient rights.</b>  <b>EP 5</b> The hospital respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1)  <b>EP 29</b> The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.  <b>RI.01.01.03</b> <b>The hospital respects the patient's right to receive information in a manner he or she understands.</b>  <b>EP 1</b> The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. (See also PC.02.01.21, EP 2; PC.04.01.05, EP 8; RI.01.01.01, EPs 2 and 5)  <b>EP 2</b> The hospital provides language interpreting and translation services. (See also HR.01.02.01, EP 1; PC.02.01.21, EP 2; RI.01.01.01, EPs 2 and 5) Note: Language interpreting options may include hospital-employed language interpreters, contract interpreting services, or trained bilingual staff. These options may be provided in person or via telephone or video. The hospital determines which translated documents and languages are needed based on its patient population.  <b>EP 3</b> The hospital provides information to the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs. (See also PC.02.01.21, EP 2; RI.01.01.01, EPs 2 and 5)	
<b>CLAS 06</b>  Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.		<b>PC.02.01.21</b> <b>The hospital effectively communicates with patients when providing care, treatment, and services.</b>  <b>EP 1</b> The hospital identifies the patient's oral and written communication needs, including the patient's preferred language for discussing health care. (See also RC.02.01.01, EP 1) Note: Examples of communication needs include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials.  <b>RI.01.01.01</b> <b>The hospital respects, protects, and promotes patient rights.</b>  <b>EP 2</b> The hospital informs the patient of his or her rights. (See also RI.01.01.03, EPs 1-3) Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs the patient (or support person, where appropriate) of his or her visitation rights. Visitation rights include the right to receive the visitors designated by the patient, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Also included is the right to withdraw or deny such consent at any time. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital makes sure that each patient, or his or her family, is informed of the patient's rights in advance of furnishing or discontinuing patient care whenever possible.  <b>RI.01.01.03</b> <b>The hospital respects the patient's right to receive information in a manner he or she understands.</b>  <b>EP 1</b> The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. (See also PC.02.01.21, EP 2; PC.04.01.05, EP 8; RI.01.01.01, EPs 2 and 5)	

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		<p><b>EP 2</b> The hospital provides language interpreting and translation services. (See also HR.01.02.01, EP 1; PC.02.01.21, EP 2; RI.01.01.01, EPs 2 and 5) Note: Language interpreting options may include hospital-employed language interpreters, contract interpreting services, or trained bilingual staff. These options may be provided in person or via telephone or video. The hospital determines which translated documents and languages are needed based on its patient population.</p> <p><b>EP 3</b> The hospital provides information to the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs. (See also PC.02.01.21, EP 2; RI.01.01.01, EPs 2 and 5)</p>	
<b>CLAS 07</b>		<b>HR.01.02.01</b>	<b>The hospital defines staff qualifications.</b>
Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.		<b>EP 1</b>	<p>The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2) Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at <a href="http://www.cdc.gov/clia/Regulatory">http://www.cdc.gov/clia/Regulatory</a>. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements. Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.</p>
		<b>HR.01.02.05</b>	<b>The hospital verifies staff qualifications.</b>
		<b>EP 2</b>	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)
		<b>EP 3</b>	The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.
		<b>HR.01.02.07</b>	<b>The hospital determines how staff function within the organization.</b>
		<b>EP 5</b>	Staff oversee the supervision of students when they provide patient care, treatment, and services as part of their training.
		<b>HR.01.04.01</b>	<b>The hospital provides orientation to staff.</b>
		<b>EP 5</b>	The hospital orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented.

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 6	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.
		<b>HR.01.05.03</b>	<b>Staff participate in ongoing education and training.</b>
		EP 1	Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented.
		EP 5	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)
		<b>HR.01.06.01</b>	<b>Staff are competent to perform their responsibilities.</b>
		EP 1	The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. (See also NPSG.03.06.01, EP 3)
		EP 2	The hospital uses assessment methods to determine the individual's competence in the skills being assessed. Note: Methods may include test taking, return demonstration, or the use of simulation.
		EP 3	An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence. Note: When a suitable individual cannot be found to assess staff competence, the hospital can utilize an outside individual for this task. If a suitable individual inside or outside the hospital cannot be found, the hospital may consult the competency guidelines from an appropriate professional organization to make its assessment.
		EP 5	Staff competence is initially assessed and documented as part of orientation.
		EP 6	Staff competence is assessed and documented once every three years, or more frequently as required by hospital policy or in accordance with law and regulation.
		<b>HR.01.07.01</b>	<b>The hospital evaluates staff performance.</b>
		EP 1	The hospital evaluates staff based on performance expectations that reflect their job responsibilities.
		EP 2	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.
<b>CLAS 08</b>		<b>PC.02.01.21</b>	<b>The hospital effectively communicates with patients when providing care, treatment, and services.</b>
Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.		EP 1	The hospital identifies the patient's oral and written communication needs, including the patient's preferred language for discussing health care. (See also RC.02.01.01, EP 1) Note: Examples of communication needs include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials.
		EP 2	The hospital communicates with the patient during the provision of care, treatment, and services in a manner that meets the patient's oral and written communication needs. (See also RI.01.01.03, EPs 1-3)

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<b>PC.02.03.01</b>	<b>The hospital provides patient education and training based on each patient's needs and abilities.</b>
		EP 1	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.
		EP 25	The hospital evaluates the patient's understanding of the education and training it provided.
		EP 30	For hospitals that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team identifies the patient's health literacy needs. Note: Typically this is an interactive process. For example, patients may be asked to demonstrate their understanding of information provided by explaining it in their own words.
		EP 31	For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team incorporate the patient's health literacy needs into the patient's education.
		<b>PC.04.01.05</b>	<b>Before the hospital discharges or transfers a patient, it informs and educates the patient about his or her follow-up care, treatment, and services.</b>
		EP 8	The hospital provides written discharge instructions in a manner that the patient and/or the patient's family or caregiver can understand. (See also RI.01.01.03, EP 1)
		<b>RI.01.01.03</b>	<b>The hospital respects the patient's right to receive information in a manner he or she understands.</b>
		EP 1	The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. (See also PC.02.01.21, EP 2; PC.04.01.05, EP 8; RI.01.01.01, EPs 2 and 5)
		EP 2	The hospital provides language interpreting and translation services. (See also HR.01.02.01, EP 1; PC.02.01.21, EP 2; RI.01.01.01, EPs 2 and 5) Note: Language interpreting options may include hospital-employed language interpreters, contract interpreting services, or trained bilingual staff. These options may be provided in person or via telephone or video. The hospital determines which translated documents and languages are needed based on its patient population.
		EP 3	The hospital provides information to the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs. (See also PC.02.01.21, EP 2; RI.01.01.01, EPs 2 and 5)
<b>CLAS 09</b>		<b>LD.02.01.01</b>	<b>The mission, vision, and goals of the hospital support the safety and quality of care, treatment, and services.</b>
Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.		EP 3	Leaders communicate the mission, vision, and goals to staff and the population(s) the hospital serves.
		<b>LD.04.03.01</b>	<b>The hospital provides services that meet patient needs.</b>
		EP 1	The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements.

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<b>PC.01.02.01</b>	<b>The hospital assesses and reassesses its patients.</b>
		<b>EP 4</b>	Based on the patient's condition, information gathered in the initial assessment includes the following: <ul style="list-style-type: none"> <li>- Physical, psychological, and social assessment</li> <li>- Nutrition and hydration status</li> <li>- Functional status</li> <li>- 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 (See also RC.02.01.01, EP 2)</li> </ul>
		<b>PC.01.02.07</b>	<b>The hospital assesses and manages the patient's pain.</b>
		<b>EP 2</b>	The hospital uses methods to assess pain that are consistent with the patient's age, condition, and ability to understand.
		<b>PC.01.02.11</b>	<b>The hospital assesses the needs of patients who receive psychosocial services to treat alcoholism or other substance use disorders.</b>
		<b>EP 5</b>	Based on the patient's age and needs, the assessment for patients receiving psychosocial services for the treatment of alcoholism or other substance use disorders includes the following: <ul style="list-style-type: none"> <li>- The patient's religion and spiritual beliefs, values, and preferences</li> <li>- Living situation</li> <li>- Leisure and recreational activities</li> <li>- Military service history</li> <li>- Peer-group</li> <li>- Social factors</li> <li>- Ethnic and cultural factors</li> <li>- Financial status</li> <li>- Vocational or educational background</li> <li>- Legal history</li> <li>- Communication skills</li> </ul>
		<b>PC.01.02.13</b>	<b>The hospital assesses the needs of patients who receive treatment for emotional and behavioral disorders.</b>
		<b>EP 3</b>	Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following: <ul style="list-style-type: none"> <li>- The patient's religion and spiritual beliefs, values, and preferences</li> <li>- Living situation</li> <li>- Leisure and recreational activities</li> <li>- Military service history</li> <li>- Peer-group</li> <li>- Social factors</li> <li>- Ethnic and cultural factors</li> <li>- Financial status</li> <li>- Vocational or educational background</li> <li>- Legal history</li> <li>- Communication skills</li> </ul>

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<b>PC.02.01.21</b>	<b>The hospital effectively communicates with patients when providing care, treatment, and services.</b>
		<b>EP 1</b>	The hospital identifies the patient's oral and written communication needs, including the patient's preferred language for discussing health care. (See also RC.02.01.01, EP 1) Note: Examples of communication needs include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials.
		<b>EP 2</b>	The hospital communicates with the patient during the provision of care, treatment, and services in a manner that meets the patient's oral and written communication needs. (See also RI.01.01.03, EPs 1-3)
		<b>PC.02.02.03</b>	<b>The hospital makes food and nutrition products available to its patients.</b>
		<b>EP 9</b>	When possible, the hospital accommodates the patient's cultural, religious, or ethnic food and nutrition preferences, unless contraindicated.
		<b>PC.02.02.13</b>	<b>The patient's comfort and dignity receive priority during end-of-life care.</b>
		<b>EP 1</b>	To the extent possible, the hospital provides care and services that accommodate the patient's and his or her family's comfort, dignity, psychosocial, emotional, and spiritual end-of-life needs.
		<b>PC.02.03.01</b>	<b>The hospital provides patient education and training based on each patient's needs and abilities.</b>
		<b>EP 1</b>	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.
		<b>EP 25</b>	The hospital evaluates the patient's understanding of the education and training it provided.
		<b>RI.01.01.01</b>	<b>The hospital respects, protects, and promotes patient rights.</b>
		<b>EP 5</b>	The hospital respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1)
		<b>EP 6</b>	The hospital respects the patient's cultural and personal values, beliefs, and preferences.
		<b>EP 9</b>	The hospital accommodates the patient's right to religious and other spiritual services.
		<b>EP 29</b>	The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
		<b>RI.01.01.03</b>	<b>The hospital respects the patient's right to receive information in a manner he or she understands.</b>
		<b>EP 1</b>	The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. (See also PC.02.01.21, EP 2; PC.04.01.05, EP 8; RI.01.01.01, EPs 2 and 5)

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<b>EP 2</b> The hospital provides language interpreting and translation services. (See also HR.01.02.01, EP 1; PC.02.01.21, EP 2; RI.01.01.01, EPs 2 and 5) Note: Language interpreting options may include hospital-employed language interpreters, contract interpreting services, or trained bilingual staff. These options may be provided in person or via telephone or video. The hospital determines which translated documents and languages are needed based on its patient population.	
		<b>EP 3</b> The hospital provides information to the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs. (See also PC.02.01.21, EP 2; RI.01.01.01, EPs 2 and 5)	
<b>CLAS 10</b>	Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.	<b>LD.03.02.01</b>	<b>The hospital uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.</b>
		<b>EP 5</b>	The hospital uses data and information in decision making that supports the safety and quality of care, treatment, and services. (See also NR.02.01.01, EPs 3 and 6; PI.02.01.01, EP 8)
		<b>EP 6</b>	The hospital uses data and information to identify and respond to internal and external changes in the environment.
		<b>LD.03.05.01</b>	<b>Leaders implement changes in existing processes to improve the performance of the hospital.</b>
		<b>EP 4</b>	Leaders provide the resources required for performance improvement and change management, including sufficient staff, access to information, and training.
		<b>EP 5</b>	The management of change and performance improvement supports both safety and quality throughout the hospital.
		<b>LD.04.04.01</b>	<b>Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)</b>
		<b>EP 1</b>	Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3)
		<b>EP 3</b>	Leaders reprioritize performance improvement activities in response to changes in the internal or external environment.
		<b>PI.01.01.01</b>	<b>The hospital collects data to monitor its performance.</b>
		<b>EP 1</b>	The leaders set priorities for data collection. (See also LD.04.04.01, EP 1)
		<b>EP 16</b>	The hospital collects data on the following: Patient perception of the safety and quality of care, treatment, or services.
		<b>EP 30</b>	The hospital considers collecting data on the following: <ul style="list-style-type: none"> <li>- Staff opinions and needs</li> <li>- Staff perceptions of risk to individuals</li> <li>- Staff suggestions for improving patient safety</li> <li>- Staff willingness to report adverse events</li> </ul>

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p><b>EP 42</b> For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home collects data on the following:</p> <ul style="list-style-type: none"> <li>- Patient experience and satisfaction related to access to care, treatment, or services, and communication</li> <li>- Patient perception of the comprehensiveness of care, treatment, or services</li> <li>- Patient perception of the coordination of care, treatment, or services</li> <li>- Patient perception of the continuity of care, treatment, or services</li> </ul> <p>(Refer to PI.01.01.01, EP 16)</p>	<p><b>PI.02.01.01 The hospital compiles and analyzes data.</b></p> <p><b>EP 4</b> The hospital analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.</p> <p><b>EP 5</b> The hospital compares data with external sources, when available.</p> <p><b>EP 8</b> The hospital uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1)</p> <p><b>PI.03.01.01 The hospital improves performance on an ongoing basis.</b></p> <p><b>EP 1</b> Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8; MS.05.01.01, EPs 1-11)</p> <p><b>EP 2</b> The hospital takes action on improvement priorities. (See also MS.05.01.01, EPs 1-11)</p> <p><b>EP 3</b> The hospital evaluates actions to confirm that they resulted in improvements. (See also MS.05.01.01, EPs 1-11)</p> <p><b>EP 4</b> The hospital takes action when it does not achieve or sustain planned improvements. (See also MS.05.01.01, EPs 1-11)</p> <p><b>EP 11</b> For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home uses the data it collects on the patient's perception of the safety and quality of care, treatment, or services to improve its performance. This data includes the following:</p> <ul style="list-style-type: none"> <li>- Patient experience and satisfaction related to access to care, treatment, or services and communication</li> <li>- Patient perception of the comprehensiveness of care, treatment, or services</li> <li>- Patient perception of the coordination of care, treatment, or services</li> <li>- Patient perception of the continuity of care, treatment, or services</li> </ul>
<b>CLAS 11</b>	Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.	<b>IM.02.02.01 The hospital effectively manages the collection of health information.</b>	<b>EP 1</b> The hospital uses uniform data sets to standardize data collection throughout the hospital.
		<b>IM.04.01.01 The hospital maintains accurate health information.</b>	<b>EP 1</b> The hospital has processes to check the accuracy of health information.

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p><b>LD.03.02.01</b>      <b>The hospital uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.</b></p> <p><b>EP 5</b>      The hospital uses data and information in decision making that supports the safety and quality of care, treatment, and services. (See also NR.02.01.01, EPs 3 and 6; PI.02.01.01, EP 8)</p> <p><b>EP 6</b>      The hospital uses data and information to identify and respond to internal and external changes in the environment.</p> <p><b>RC.02.01.01</b>      <b>The medical record contains information that reflects the patient's care, treatment, and services.</b></p> <p><b>EP 1</b>      The medical record contains the following demographic information:  - The patient's name, address, and date of birth and the name of any legally authorized representative  - The patient's sex  - The legal status of any patient receiving behavioral health care services  - The patient's communication needs, including preferred language for discussing health care (See also PC.02.01.21, EP 1)  Note: If the patient is a minor, is incapacitated, or has a designated advocate, the communication needs of the parent or legal guardian, surrogate decision-maker, or legally authorized representative is documented in the medical record.</p> <p><b>EP 28</b>      The medical record contains the patient's race and ethnicity.</p>	
<p><b>CLAS 12</b></p> <p>Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.</p>		<p><b>LD.02.03.01</b>      <b>The governing body, senior managers and leaders of the organized medical staff regularly communicate with each other on issues of safety and quality.</b></p> <p><b>EP 1</b>      Leaders discuss issues that affect the hospital and the population(s) it serves, including the following:  - Performance improvement activities  - Reported safety and quality issues  - Proposed solutions and their impact on the hospital's resources  - Reports on key quality measures and safety indicators  - Safety and quality issues specific to the population served  - Input from the population(s) served  (See also NR.01.01.01, EP 3)</p> <p><b>LD.03.02.01</b>      <b>The hospital uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.</b></p> <p><b>EP 6</b>      The hospital uses data and information to identify and respond to internal and external changes in the environment.</p> <p><b>LD.04.03.01</b>      <b>The hospital provides services that meet patient needs.</b></p> <p><b>EP 1</b>      The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements.</p>	
<p><b>CLAS 13</b></p> <p>Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.</p>		<p><b>LD.02.03.01</b>      <b>The governing body, senior managers and leaders of the organized medical staff regularly communicate with each other on issues of safety and quality.</b></p>	

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<b>EP 1</b> Leaders discuss issues that affect the hospital and the population(s) it serves, including the following: <ul style="list-style-type: none"> <li>- Performance improvement activities</li> <li>- Reported safety and quality issues</li> <li>- Proposed solutions and their impact on the hospital's resources</li> <li>- Reports on key quality measures and safety indicators</li> <li>- Safety and quality issues specific to the population served</li> <li>- Input from the population(s) served</li> </ul> (See also NR.01.01.01, EP 3)	
		<b>LD.03.01.01</b>	<b>Leaders create and maintain a culture of safety and quality throughout the hospital.</b>
		<b>EP 10</b>	Leaders define how members of the population(s) served can help identify and manage issues of safety and quality within the hospital.
		<b>LD.04.03.01</b>	<b>The hospital provides services that meet patient needs.</b>
		<b>EP 1</b>	The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements.
		<b>LD.04.04.03</b>	<b>New or modified services or processes are well designed.</b>
		<b>EP 1</b>	The hospital's design of new or modified services or processes incorporates the needs of patients, staff, and others.
		<b>EP 7</b>	Leaders involve staff and patients in the design of new or modified services or processes.
<b>CLAS 14</b>		<b>PC.02.03.01</b>	<b>The hospital provides patient education and training based on each patient's needs and abilities.</b>
Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.		<b>EP 27</b>	The hospital provides the patient education on how to communicate concerns about patient safety issues that occur before, during, and after care is received.
		<b>RI.01.01.01</b>	<b>The hospital respects, protects, and promotes patient rights.</b>
		<b>EP 29</b>	The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
		<b>RI.01.07.01</b>	<b>The patient and his or her family have the right to have complaints reviewed by the hospital.</b>
		<b>EP 1</b>	The hospital establishes a complaint resolution process. (See also LD.04.01.07, EP 1; MS.09.01.01, EP 1) Note: The governing body is responsible for the effective operation of the complaint resolution process unless it delegates this responsibility in writing to a complaint resolution committee.
		<b>EP 2</b>	The hospital informs the patient and his or her family about the complaint resolution process. (See also MS.09.01.01, EP 1)
		<b>EP 4</b>	The hospital reviews and, when possible, resolves complaints from the patient and his or her family. (See also MS.09.01.01, EP 1)
		<b>EP 6</b>	The hospital acknowledges receipt of a complaint that the hospital cannot resolve immediately and notifies the patient of follow-up to the complaint. (See also MS.09.01.01, EP 1)

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		<p><b>EP 7</b> The hospital provides the patient with the phone number and address needed to file a complaint with the relevant state authority. (See also MS.09.01.01, EP 1)</p> <p><b>EP 10</b> The hospital allows the patient to voice complaints and recommend changes freely without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care. (See also MS.09.01.01, EP 1)</p> <p><b>EP 18</b> For hospitals that use Joint Commission accreditation for deemed status purposes: In its resolution of complaints, the hospital provides the individual with a written notice of its decision, which contains the following:  - The name of the hospital contact person  - The steps taken on behalf of the individual to investigate the complaint  - The results of the process  - The date of completion of the complaint process</p> <p><b>EP 19</b> For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital determines time frames for complaint review and response.</p> <p><b>EP 20</b> For hospitals that use Joint Commission accreditation for deemed status purposes: The process for resolving complaints includes a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the quality improvement organization (QIO).</p>	
<p><b>CLAS 15</b></p> <p>Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.</p>		<p><b>LD.02.01.01</b>      <b>The mission, vision, and goals of the hospital support the safety and quality of care, treatment, and services.</b></p> <p><b>EP 3</b> Leaders communicate the mission, vision, and goals to staff and the population(s) the hospital serves.</p>	
		<p><b>LD.02.03.01</b>      <b>The governing body, senior managers and leaders of the organized medical staff regularly communicate with each other on issues of safety and quality.</b></p> <p><b>EP 1</b> Leaders discuss issues that affect the hospital and the population(s) it serves, including the following:  - Performance improvement activities  - Reported safety and quality issues  - Proposed solutions and their impact on the hospital's resources  - Reports on key quality measures and safety indicators  - Safety and quality issues specific to the population served  - Input from the population(s) served  (See also NR.01.01.01, EP 3)</p> <p><b>LD.04.03.01</b>      <b>The hospital provides services that meet patient needs.</b></p> <p><b>EP 1</b> The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements.</p> <p><b>LD.04.04.03</b>      <b>New or modified services or processes are well designed.</b></p> <p><b>EP 1</b> The hospital's design of new or modified services or processes incorporates the needs of patients, staff, and others.</p> <p><b>EP 7</b> Leaders involve staff and patients in the design of new or modified services or processes.</p>	