

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

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Crosswalk of the *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care* to The Joint Commission *Ambulatory Health Care 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 *Ambulatory Health Care 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/>.

Chapter Abbreviation	Chapter Title
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

National CLAS Standards to TJC Ambulatory Health Care

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

Requirement	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
CLAS 01	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.	LD.04.01.01	The organization complies with law and regulation.
		EP 2	The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations.
		LD.04.03.01	The organization provides services that meet patient needs.
		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.
		LD.04.03.07	Patients with comparable needs receive the same standard of care, treatment, or services throughout the organization.
		EP 2	Care, treatment, or services are consistent with the organization's mission, vision, and goals.
		PC.02.01.21	For organizations that elect The Joint Commission Primary Care Medical Home option: The organization effectively communicates with patients when providing care, treatment, or services.
		EP 1	For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team identify the patient's oral and written communication needs, including the patient's preferred language for discussing health care. 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. (Refer to RC.02.01.01, EP 1)
		EP 2	For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team communicate with the patient during the provision of care, treatment, or services in a manner that meets the patient's oral and written communication needs.
		RI.01.01.01	The organization respects patient rights.
		EP 5	The organization respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1)
EP 6	The organization respects the patient's cultural and personal values, beliefs, and preferences.		
CLAS 02	Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.	LD.01.03.01	Governance is ultimately accountable for the safety and quality of care, treatment, or services.
		EP 5	Governance provides for the resources needed to maintain safe, quality care, treatment, or services.

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		LD.01.07.01	Individual leaders have the knowledge needed for their roles in the organization or they seek guidance to fulfill their roles.
		EP 2	Leaders are oriented to all of the following: <ul style="list-style-type: none"> - The organization's mission and vision - The organization's safety and quality goals - The organization's structure and the decision-making process - The development of the budget as well as the interpretation of the organization's financial statements - The population(s) served by the organization and any issues related to that population(s) - The individual and interdependent responsibilities and accountabilities of leaders as they relate to supporting the mission of the organization and to providing safe and quality care - Applicable law and regulation
		LD.02.01.01	The mission, vision, and goals of the organization support the safety and quality of care, treatment, or services.
		EP 3	Leaders communicate the mission, vision, and goals to staff and the population(s) the organization serves.
		LD.02.03.01	Leaders regularly communicate with each other on issues of safety and quality.
		EP 1	Leaders discuss issues that affect the organization and the population(s) it serves, including the following: <ul style="list-style-type: none"> - Performance improvement activities - Reported safety and quality issues - Proposed solutions and their impact on the organization'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
		LD.03.01.01	Leaders create and maintain a culture of safety and quality throughout the organization.
		EP 10	Leaders define how members of the population(s) served can help identify and manage issues of safety and quality within the organization.
		LD.03.03.01	Leaders use organizationwide planning to establish structures and processes that focus on safety and quality.
		EP 4	Leaders provide the resources needed to support the safety and quality of care, treatment, or services.
		LD.04.03.01	The organization provides services that meet patient needs.
		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.
		LD.04.04.03	New or modified services or processes are well designed.
		EP 1	The organization's design of new or modified services or processes incorporates the needs of patients, staff, and others.
		EP 7	Leaders involve staff and patients in the design of new or modified services or processes.

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
CLAS 03	Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.	HR.01.02.01	The organization defines staff qualifications.
EP 1		The organization defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3) Note: 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).	
LD.03.06.01		Those who work in the organization are focused on improving safety and quality.	
EP 3		Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, or services. (See also IC.01.01.01, EP 3)	
EP 4		Those who work in the organization are competent to complete their assigned responsibilities.	
LD.04.03.09		Care, treatment, or services provided through contractual agreement are provided safely and effectively.	
EP 4		Leaders monitor contracted services by establishing expectations for the performance of the contracted services. Note: When the organization contracts with another accredited organization for patient care, treatment, or services to be provided off site, it can do the following: - Verify that all licensed independent practitioners who will be providing patient care, treatment, or 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.	
EP 5		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.	
EP 8	When contractual agreements are renegotiated or terminated, the organization maintains the continuity of patient care.		
CLAS 04	Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	HR.01.04.01	The organization provides orientation to staff.
EP 5		The organization orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented.	
EP 6		The organization orients staff on the following: Patient rights, including ethical aspects of care, treatment, or services and the process used to address ethical issues based on their job duties and responsibilities. Completion of this orientation is documented.	
HR.01.05.03		Staff participate in ongoing education and training.	
EP 5	Staff participate in education and training that is specific to the needs of the population(s) served by the organization. Staff participation is documented. (See also PC.01.02.09, EP 3)		

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		LD.01.07.01	Individual leaders have the knowledge needed for their roles in the organization or they seek guidance to fulfill their roles.
		EP 2	Leaders are oriented to all of the following: <ul style="list-style-type: none"> - The organization's mission and vision - The organization's safety and quality goals - The organization's structure and the decision-making process - The development of the budget as well as the interpretation of the organization's financial statements - The population(s) served by the organization and any issues related to that population(s) - The individual and interdependent responsibilities and accountabilities of leaders as they relate to supporting the mission of the organization and to providing safe and quality care - Applicable law and regulation
CLAS 05		PC.02.01.21	For organizations that elect The Joint Commission Primary Care Medical Home option: The organization effectively communicates with patients when providing care, treatment, or services.
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	For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team identify the patient's oral and written communication needs, including the patient's preferred language for discussing health care. 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. (Refer to RC.02.01.01, EP 1)
		EP 2	For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team communicate with the patient during the provision of care, treatment, or services in a manner that meets the patient's oral and written communication needs.
		PC.02.03.01	The organization provides patient education and training based on each patient's needs and abilities.
		EP 1	The organization assesses the patient's learning needs.
		RC.02.01.01	The clinical record contains information that reflects the patient's care, treatment, or services.
		EP 1	The clinical record contains the following demographic information: <ul style="list-style-type: none"> - The patient's name, address, phone number, and date of birth and the name of any legally authorized representative - The patient's sex, height, and weight - The legal status of any patient receiving behavioral health care services - The patient's language and communication needs 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 are documented in the clinical record.
		EP 30	For organizations that elect The Joint Commission Primary Care Medical Home option: The clinical record contains the patient's preferred language for discussing health care.
		RI.01.01.01	The organization respects patient rights.
		EP 5	The organization respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1)

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		RI.01.01.03 The organization respects the patient's right to receive information in a manner he or she understands.	EP 1 The organization provides information in a manner tailored to the patient's age, language, and ability to understand. (See also RI.01.01.01, EPs 3 and 5; PC.04.01.05, EP 8) EP 2 The organization provides interpreting and translation services, as necessary. (See also RI.01.01.01, EP 3) Note: For organizations that elect The Joint Commission Primary Care Medical Home option: Language interpreting options may include trained bilingual staff, contract interpreting services, or employed language interpreters. These options may be provided in person or via telephone or video. The documents translated, and the languages into which they are translated, are dependent on the organization's patient population. EP 3 The organization 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 3)
CLAS 06	Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	PC.02.01.21 For organizations that elect The Joint Commission Primary Care Medical Home option: The organization effectively communicates with patients when providing care, treatment, or services.	EP 1 For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team identify the patient's oral and written communication needs, including the patient's preferred language for discussing health care. 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. (Refer to RC.02.01.01, EP 1)
		RI.01.01.01 The organization respects patient rights.	EP 3 Information about patient rights is available to the patient. (See also RI.01.01.03, EPs 1-3)
		RI.01.01.03 The organization respects the patient's right to receive information in a manner he or she understands.	EP 1 The organization provides information in a manner tailored to the patient's age, language, and ability to understand. (See also RI.01.01.01, EPs 3 and 5; PC.04.01.05, EP 8)
		EP 2 The organization provides interpreting and translation services, as necessary. (See also RI.01.01.01, EP 3) Note: For organizations that elect The Joint Commission Primary Care Medical Home option: Language interpreting options may include trained bilingual staff, contract interpreting services, or employed language interpreters. These options may be provided in person or via telephone or video. The documents translated, and the languages into which they are translated, are dependent on the organization's patient population.	EP 3 The organization 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 3)
CLAS 07	Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	HR.01.02.01 The organization defines staff qualifications.	

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 1	The organization defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3) Note: 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).
		HR.01.02.05	The organization verifies staff qualifications.
		EP 2	When the organization requires licensure, registration, or certification not required by law and regulation, the organization 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)
		EP 3	The organization verifies and documents that the applicant has the education and experience required by the job responsibilities.
		HR.01.02.07	The organization determines how staff function within the organization.
		EP 5	Staff oversee the supervision of students when they provide patient care, treatment, or services as part of their training.
		HR.01.04.01	The organization provides orientation to staff.
		EP 5	The organization orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented.
		EP 6	The organization orients staff on the following: Patient rights, including ethical aspects of care, treatment, or services and the process used to address ethical issues based on their job duties and responsibilities. Completion of this orientation is documented.
		HR.01.05.03	Staff participate in ongoing education and training.
		EP 1	Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Staff participate in ongoing education and training with respect to their roles in the fire response plan. (For information on staff's roles in the fire response plan, see EC.02.03.01, EP 10.)
		EP 5	Staff participate in education and training that is specific to the needs of the population(s) served by the organization. Staff participation is documented. (See also PC.01.02.09, EP 3)
		HR.01.06.01	Staff are competent to perform their responsibilities.
		EP 1	The organization defines the competencies it requires of its staff who provide patient care, treatment, or services. (See also NPSG.03.06.01, EP 3)
		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 organization can utilize an outside individual for this task. If a suitable individual inside or outside the organization cannot be found, the organization 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.

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 6	Staff competence is assessed and documented once every three years, or more frequently as required by organization policy or in accordance with law and regulation.
		HR.01.07.01	The organization evaluates staff performance.
		EP 1	The organization evaluates staff based on performance expectations that reflect their job responsibilities.
		EP 2	The organization evaluates staff performance once every three years, or more frequently as required by organization policy or in accordance with law and regulation. This evaluation is documented.
CLAS 08		PC.02.01.21	For organizations that elect The Joint Commission Primary Care Medical Home option: The organization effectively communicates with patients when providing care, treatment, or services.
Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.		EP 1	For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team identify the patient's oral and written communication needs, including the patient's preferred language for discussing health care. 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. (Refer to RC.02.01.01, EP 1)
		EP 2	For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team communicate with the patient during the provision of care, treatment, or services in a manner that meets the patient's oral and written communication needs.
		PC.02.03.01	The organization provides patient education and training based on each patient's needs and abilities.
		EP 1	The organization assesses the patient's learning needs.
		EP 25	The organization evaluates the patient's understanding of the education and training it provided.
		EP 30	For organizations 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, the goal of which is to ascertain the patient's capacity to process and understand basic health information needed to make appropriate health decisions.
		EP 31	For organizations that elect The Joint Commission Primary Care Medical Home option: Patient education is consistent with the patient's health literacy needs.
		PC.04.01.05	Before the organization discharges or transfers a patient, it informs and educates the patient about his or her follow-up care, treatment, or services.
		EP 8	The organization provides written instructions at the end of an episode of care or at discharge in a manner that the patient and/or the patient's family or caregiver can understand. (See also RI.01.01.03, EP 1)
		RI.01.01.03	The organization respects the patient's right to receive information in a manner he or she understands.
		EP 1	The organization provides information in a manner tailored to the patient's age, language, and ability to understand. (See also RI.01.01.01, EPs 3 and 5; PC.04.01.05, EP 8)

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 2 The organization provides interpreting and translation services, as necessary. (See also RI.01.01.01, EP 3) Note: For organizations that elect The Joint Commission Primary Care Medical Home option: Language interpreting options may include trained bilingual staff, contract interpreting services, or employed language interpreters. These options may be provided in person or via telephone or video. The documents translated, and the languages into which they are translated, are dependent on the organization's patient population.	
		EP 3 The organization 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 3)	
CLAS 09		LD.02.01.01	The mission, vision, and goals of the organization support the safety and quality of care, treatment, or services.
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 organization serves.
		LD.04.03.01	The organization provides services that meet patient needs.
		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.
		PC.01.02.01	The organization assesses and reassesses its patients.
		EP 4	Based on the patient's condition, information gathered in the initial assessment includes the following: - Physical, psychological, and social assessment - Nutrition and hydration status - Functional status - 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 Note: This bullet is not applicable to settings that provide episodic care, such as urgent care and convenient care clinics. (See also RC.02.01.01, EP 2)
		PC.01.02.07	The organization assesses and manages the patient's pain.
		EP 2	The organization uses methods to assess pain that are consistent with the patient's age, condition, and ability to understand.
		PC.02.01.21	For organizations that elect The Joint Commission Primary Care Medical Home option: The organization effectively communicates with patients when providing care, treatment, or services.
		EP 1	For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team identify the patient's oral and written communication needs, including the patient's preferred language for discussing health care. 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. (Refer to RC.02.01.01, EP 1)
		EP 2	For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team communicate with the patient during the provision of care, treatment, or services in a manner that meets the patient's oral and written communication needs.

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		PC.02.03.01	The organization provides patient education and training based on each patient's needs and abilities.
		EP 1	The organization assesses the patient's learning needs.
		EP 25	The organization evaluates the patient's understanding of the education and training it provided.
		RI.01.01.01	The organization respects patient rights.
		EP 5	The organization respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1)
		EP 6	The organization respects the patient's cultural and personal values, beliefs, and preferences.
		RI.01.01.03	The organization respects the patient's right to receive information in a manner he or she understands.
		EP 1	The organization provides information in a manner tailored to the patient's age, language, and ability to understand. (See also RI.01.01.01, EPs 3 and 5; PC.04.01.05, EP 8)
		EP 2	The organization provides interpreting and translation services, as necessary. (See also RI.01.01.01, EP 3) Note: For organizations that elect The Joint Commission Primary Care Medical Home option: Language interpreting options may include trained bilingual staff, contract interpreting services, or employed language interpreters. These options may be provided in person or via telephone or video. The documents translated, and the languages into which they are translated, are dependent on the organization's patient population.
		EP 3	The organization 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 3)
CLAS 10	Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.	LD.03.02.01	The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.
		EP 5	The organization uses data and information in decision making that supports the safety and quality of care, treatment, or services. (See also PI.02.01.01, EP 8)
		EP 6	The organization uses data and information to identify and respond to internal and external changes in the environment.
		LD.03.05.01	Leaders implement changes in existing processes to improve the performance of the organization.
		EP 4	Leaders provide the resources required for performance improvement and change management, including sufficient staff, access to information, and training.
		EP 5	The management of change and performance improvement supports both safety and quality throughout the organization.

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		LD.04.04.01	Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)
		EP 1	Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3)
		EP 3	Leaders reprioritize performance improvement activities in response to changes in the internal or external environment.
		PI.01.01.01	The organization collects data to monitor its performance.
		EP 1	The leaders set priorities for data collection. (See also LD.04.04.01, EP 1)
		EP 16	The organization collects data on the following: Patient perception of the safety and quality of care, treatment, or services.
		EP 30	The organization considers collecting data on the following: - Staff opinions and needs - Staff perceptions of risk to individuals - Staff suggestions for improving patient safety - Staff willingness to report adverse events
		EP 42	For organizations that elect The Joint Commission Primary Care Medical Home option: The organization collects data on the following: - Patient experience and satisfaction related to access to care, treatment, or services and communication - Patient perception of the comprehensiveness of care, treatment, or services - Patient perception of the coordination of care, treatment, or services - Patient perception of the continuity of care, treatment, or services (Refer to PI.01.01.01, EP 16)
		PI.02.01.01	The organization compiles and analyzes data.
		EP 4	The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.
		EP 5	The organization compares data with external sources, when available.
		EP 8	The organization uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1)
		PI.03.01.01	The organization improves performance.
		EP 1	Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8)
		EP 2	The organization takes action on improvement priorities.
		EP 3	The organization evaluates actions to confirm that they resulted in improvements.
		EP 4	The organization takes action when it does not achieve or sustain planned improvements.

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 11 For organizations that elect The Joint Commission Primary Care Medical Home option: The organization 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: <ul style="list-style-type: none"> - Patient experience and satisfaction related to access to care, treatment, or services and communication - Patient perception of the comprehensiveness of care, treatment, or services - Patient perception of the coordination of care, treatment, or services - Patient perception of the continuity of care, treatment, or services 	
CLAS 11		IM.02.02.01	The organization effectively manages the collection of health information.
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.		EP 1	The organization uses uniform data sets to standardize data collection throughout the organization.
		IM.04.01.01	The organization maintains accurate health information.
		EP 1	The organization has processes to check the accuracy of health information.
		LD.03.02.01	The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.
		EP 5	The organization uses data and information in decision making that supports the safety and quality of care, treatment, or services. (See also PI.02.01.01, EP 8)
		EP 6	The organization uses data and information to identify and respond to internal and external changes in the environment.
		RC.02.01.01	The clinical record contains information that reflects the patient's care, treatment, or services.
		EP 1	The clinical record contains the following demographic information: <ul style="list-style-type: none"> - The patient's name, address, phone number, and date of birth and the name of any legally authorized representative - The patient's sex, height, and weight - The legal status of any patient receiving behavioral health care services - The patient's language and communication needs 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 are documented in the clinical record.
		EP 28	For organizations that elect The Joint Commission Primary Care Medical Home option: The clinical record contains the patient's: <ul style="list-style-type: none"> - Gender, race, and ethnicity - Family history - Work history - Blood pressure (for patients age 3 and older) - Smoking status (for patients age 13 and older)
CLAS 12		LD.02.03.01	Leaders regularly communicate with each other on issues of safety and quality.
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.			

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 1 Leaders discuss issues that affect the organization and the population(s) it serves, including the following: <ul style="list-style-type: none"> - Performance improvement activities - Reported safety and quality issues - Proposed solutions and their impact on the organization'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 	
		LD.03.02.01	The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.
		EP 6	The organization uses data and information to identify and respond to internal and external changes in the environment.
		LD.04.03.01	The organization provides services that meet patient needs.
		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.
CLAS 13		LD.02.03.01	Leaders regularly communicate with each other on issues of safety and quality.
Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.		EP 1 Leaders discuss issues that affect the organization and the population(s) it serves, including the following: <ul style="list-style-type: none"> - Performance improvement activities - Reported safety and quality issues - Proposed solutions and their impact on the organization'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 	
		LD.03.01.01	Leaders create and maintain a culture of safety and quality throughout the organization.
		EP 10	Leaders define how members of the population(s) served can help identify and manage issues of safety and quality within the organization.
		LD.04.03.01	The organization provides services that meet patient needs.
		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.
		LD.04.04.03	New or modified services or processes are well designed.
		EP 1	The organization's design of new or modified services or processes incorporates the needs of patients, staff, and others.
		EP 7	Leaders involve staff and patients in the design of new or modified services or processes.
CLAS 14		PC.02.03.01	The organization provides patient education and training based on each patient's needs and abilities.
Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.		EP 27	The organization provides the patient education on how to communicate concerns about patient safety issues that occur before, during, and after care is received.

Requirement CLAS	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		RI.01.07.01	The patient and his or her family have the right to have complaints reviewed by the organization.
		EP 1	The organization establishes a complaint resolution process.
		EP 2	The organization informs the patient and his or her family about the complaint resolution process.
		EP 4	The organization reviews and, when possible, resolves complaints from the patient and his or her family.
CLAS 15		LD.02.01.01	The mission, vision, and goals of the organization support the safety and quality of care, treatment, or services.
Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.		EP 3	Leaders communicate the mission, vision, and goals to staff and the population(s) the organization serves.
		LD.02.03.01	Leaders regularly communicate with each other on issues of safety and quality.
		EP 1	Leaders discuss issues that affect the organization and the population(s) it serves, including the following: - Performance improvement activities - Reported safety and quality issues - Proposed solutions and their impact on the organization'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
		LD.04.03.01	The organization provides services that meet patient needs.
		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.
		LD.04.04.03	New or modified services or processes are well designed.
		EP 1	The organization's design of new or modified services or processes incorporates the needs of patients, staff, and others.
		EP 7	Leaders involve staff and patients in the design of new or modified services or processes.