

Suggestions for Implementing the National Culturally and Linguistically Appropriate Services Standards Developed by the Department of Health and Human Resource

In their final version, the CLAS standards reflect input from a broad range of stakeholders, including hospitals, community-based clinics, managed care organizations, home health agencies, and other types of health care organizations; physicians, nurses, and other providers; professional associations; State and Federal agencies and other policymakers; purchasers of health care; accreditation and credentialing agencies; educators; and patient advocates, advocacy groups, and consumers.

The CLAS standards were published in final form in the Federal Register on December 22, 2000, as recommended national standards for adoption or adaptation by stakeholder organizations and agencies. For more detail information about the CLAS visit:
<http://www.omhrc.gov/assets/pdf/checked/finalreport.pdf>

The intent of this document is to provide suggestion on incorporating CLAS Standards.

Standard	Implementation Strategies
CULTURALLY COMPETENT CARE	
<p>1) Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.</p>	<ul style="list-style-type: none"> • Do organizational cultural assessments (surveys) to establish baselines • Involve people who are served by the organization in program committees at all levels of the organization (risk management, document reviews, policies and procedures, etc.) • Know and assess your community needs • Develop a program for language assistance and train proper personnel in delivering linguistically competent services • Translate key documents • Promote and develop training and program structures to support cultural competence and inclusion
<p>2) Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.</p>	<ul style="list-style-type: none"> • Assess your organization workforce diversity • Develop mechanisms to increase the influx of qualified personnel by increasing recruitment strategies, internships and relationships with community • Have a review panel composed of individuals, families and community member to oversee and review translated documents and language literacy • Make sure essential forms are translated in the languages used by people who receive services from the organization • Do continual satisfaction surveys and integrate

	<p>results in quality development / assurance</p> <ul style="list-style-type: none"> • Promote consumer center care at a policy level
<p>3) Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.</p>	<ul style="list-style-type: none"> • Allocate the necessary financial resources to support and train interpreters and other linguistically proficient personnel • Incentivize individuals who have the skills to provide linguistically appropriate services • Disseminate CLAS and training at all levels of the organization • Promote CC training with community, volunteers and program staff
<p>LANGUAGE ACCESS SERVICES</p>	
<p>4) Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.</p>	<ul style="list-style-type: none"> • If interpretive services are not offered internally within the program, develop contractual agreement with professional entities to offer services • Train staff on when and how to use interpreters • Disseminate "I Speak" cards to people who are served by the organization to inform providers of language needs • Set up internal process to flag individuals and families who need language proficient services
<p>5) Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.</p>	<ul style="list-style-type: none"> • Place signs in all areas outlining the rights and the availability of language access service for those individuals who are limited English proficient • Once a person calls for services or appointments have the attending staff offer the availability of language services • Provide notice to all people who are served by the organization about their right to receive language services
<p>6) Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient / consumer).</p>	<ul style="list-style-type: none"> • Develop internal process to certify interpreters • Provide necessary tools (medical dictionaries) and ongoing medical training plan for interpreters • Evaluate the effectiveness of interpreters by incorporating feedback from all who receive services from the organization • Incentivize individuals with the competency level to provide interpretative services • Incorporate interpretation skills into job descriptions and allocate the necessary hours for staff to provide the service
<p>7) Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area</p>	<ul style="list-style-type: none"> • Provide signage in all languages served by the organization • Provide training to all staff on low literacy and benefits of the interpreters service program • Translate all essential information into languages served by the organization

<p>8) Health care organizations should develop, implement and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability / oversight mechanisms to provide culturally and linguistically appropriate services.</p>	<ul style="list-style-type: none"> • Develop a plan of action to implement and manage a diversity initiative • Develop the plan with the input of people who are served by the organization, community stakeholders and program staff
<p>9) Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.</p>	<ul style="list-style-type: none"> • Conduct at least yearly cultural surveys to establish a baseline for cultural competence and cultural responsive • Assess the organization as well as people accessing the service for cultural and linguistic appropriate services • Provide assessment feedback to staff and community partners
<p>10) Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, spoken and written language are collected in health records; are integrated into the organization's management information systems, and periodically updated.</p>	<ul style="list-style-type: none"> • Collect pertinent data related to the diversity of people served by the organization, including race, ethnicity, and language spoken • Incorporate data into the service record and the organizations' data management system
<p>11) Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.</p>	<ul style="list-style-type: none"> • Collect data on community demographics and cultural profiles with the purpose of improving services • Compare data with other entities such as State Department of Health, School Districts, Census Data, for accuracy • Utilize data for quality improvement of cultural and linguistically competent services
<p>12) Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient / consumer involvement in designing and implementing CLAS-related activities.</p>	<ul style="list-style-type: none"> • Develop partnerships with community organizations and health care organization to promote person centered care • Implement cultural and linguistically competent measures into Quality Improvement Plan • Formalize organizational assessment process to include staff, people who are served by the organization and community partners • Develop a data bank on assessment and evaluation results for the purpose of promoting culturally competent care

<p>13) Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.</p>	<ul style="list-style-type: none"> • Develop, formalize and disseminate a “grievance process” to create program accountability related to service rights • Hire “navigators” to provide navigation and advocacy services to people who access services
<p>14) Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.</p>	<ul style="list-style-type: none"> • Develop a process of inform all stakeholders of the incorporation of CLAS