



Continuing the Conversation

CLAS In Action

July 26, 2023



Series Objectives

Understand

- Understand health equity and how it applies to healthcare facilities (of all sizes and locations)

Describe

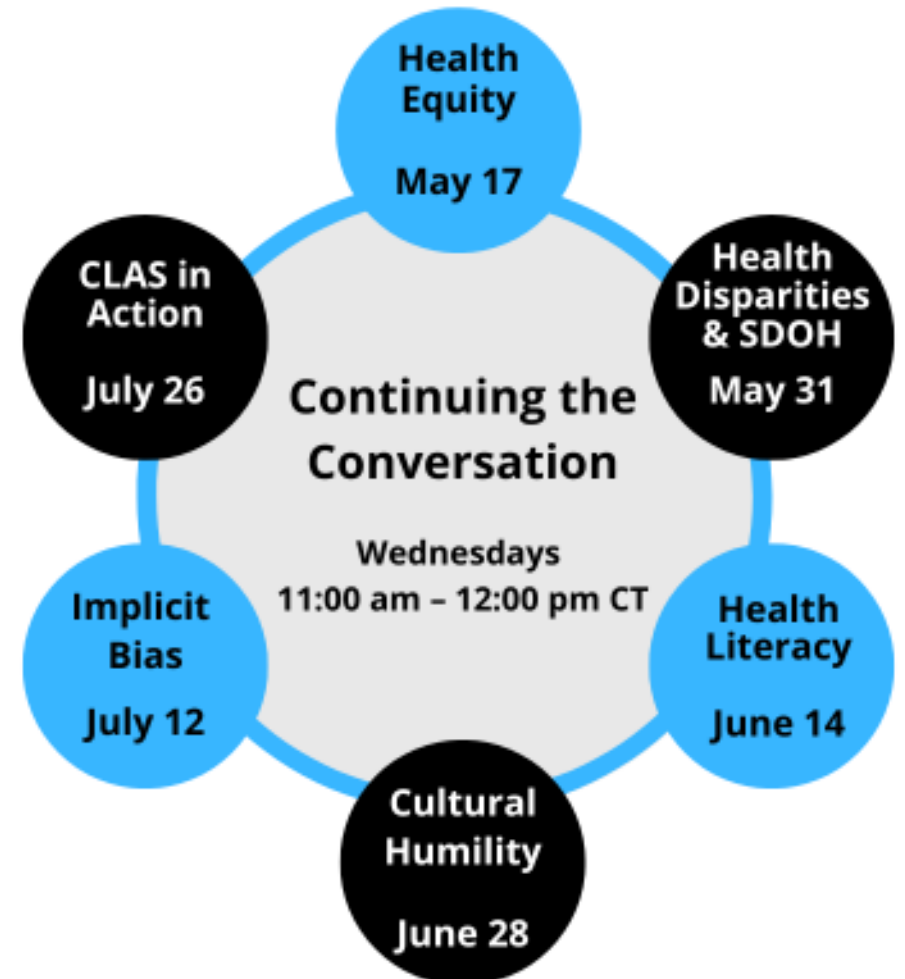
- Describe the various components of health equity and their impact on achieving equitable care

Identify

- Identify opportunities of growth for organizations and individuals

Access

- Access resources to help with ensuring equitable care



What is CLAS?

Culturally & Linguistically Appropriate Services

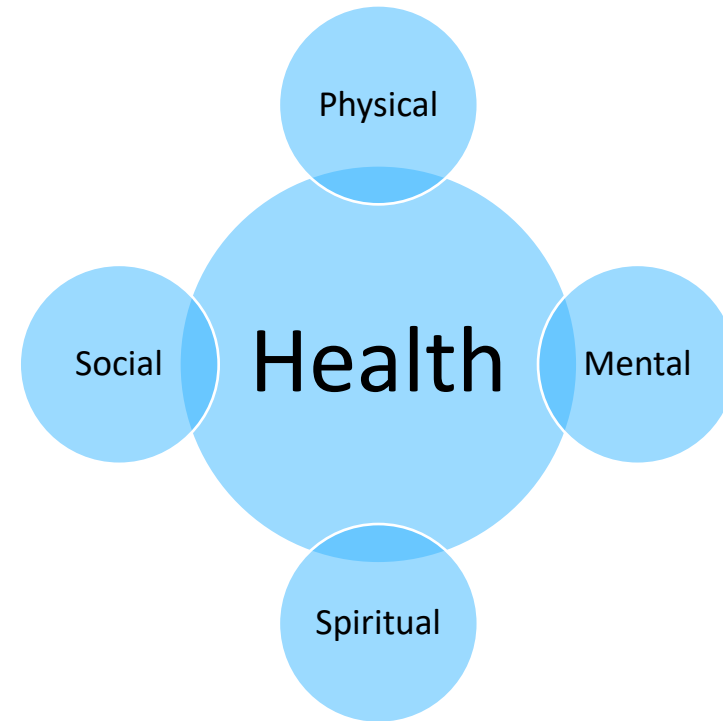
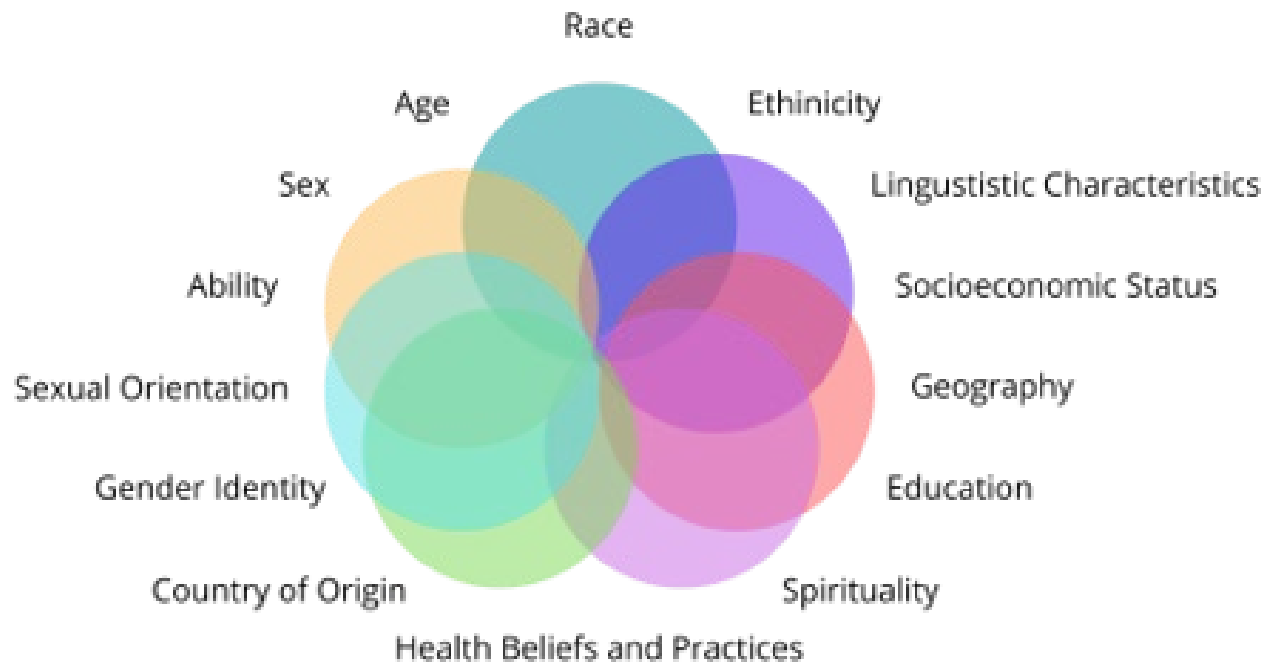
Services that are **respectful** and **responsive** to:

- individual cultural health beliefs and practices,
- preferred languages,
- health literacy levels,
- and communication needs

AND

These services are employed by all members of an organization (regardless of size) at every point of contact.

Culture and Health



Regulations

Culturally Competent Care & Trauma Informed Care

[F699 Trauma Informed Care and F656 Comprehensive Care Plans]

Access this document and resources via the QR code to the right. URL addresses for all resources included below.

Culturally Competent Care

This refers to a person's ability to interact effectively with persons of cultures different from his/her own. It means being respectful and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse population groups, such as racial, ethnic, religious, or social groups.

Trauma Informed Care

Facilities must also recognize the effects of past trauma on residents and collaborate with the resident, family, and friends of the resident to identify and implement individualized interventions. Interventions for trauma survivors should recognize the interrelation between trauma and symptoms of trauma, such as: substance abuse, eating disorders, aggression, depression, anxiety and withdrawal or isolation from others.

A resident's care plan must reflect the individual resident's needs and preferences and align with the resident's cultural identity and interventions for trauma survivors.

Available Resources

CMS has developed training resources to explain these requirements [F699 Trauma Informed Care and F656 Comprehensive Care Plans]. For detailed information, refer to Appendix PP in the [CMS State Operations Manual](#).

[CMS Trauma Informed Care Video](#) (10 minutes) | [CMS Trauma Informed Care Presentation Slides](#)

- Key Ingredients for Trauma-Informed Care
- Creating Safe Health Care Environments for Patients and Staff

Culturally and Linguistically Appropriate Services (CLAS) Standards I How Do You Measure Up?

This CLAS Checklist can help measure where your nursing home is on this journey, identify needs and develop an improvement plan to address the basic elements of the National CLAS Standards. This tool will help address communication and cultural barriers and establish a framework for improvement that works best for your organization.



[Access the CLAS Assessment](#)

[Think Cultural Health, Providing CLAS](#)

- CMS State Operations Manual: <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>
- CMS Trauma Informed Care Video: https://asep.cms.gov/data/352/Trauma_Informed_Care.mp4
- CMS Trauma Informed Care Presentation Slides: <https://asep.cms.gov/data/352/TraumaInformedCare.pdf>
- Key Ingredients for Trauma Informed Care: <https://www.truainformandcare.chcs.org/wp-content/uploads/2018/11/Fact-Sheet-Key-Ingredients-for-TIC.pdf>
- Creating Safe Health Care Environments for Patients and Staff: <https://www.truainformandcare.chcs.org/wp-content/uploads/2018/11/Fact-Sheet-Safe-Health-Care-Environments.pdf>
- Access the CLAS Assessment: <https://gpoain.wfioo.com/forms/class-standards-checklist-and-action-plan/>
- Think Cultural Health: What is CLAS: <https://thinkculturalhealth.hhs.gov/class/what-is-clas>



This manual was prepared by Great Plains Quality Improvement Network, a Quality Improvement Network - Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency within U.S. Department of Health and Human Services (HHS). Views expressed in this manual do not necessarily reflect the official views or policy of CMS or HHS, but may refer to specific products or entities listed there as available information of the product or entity listed on the HHS website (www.hhs.gov).

R³ Report | Requirement, Rationale, Reference

A complementary publication of The Joint Commission

Published for Joint Commission-accredited organizations and interested health care professionals, the R³ Report provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, the R³ Report goes into more depth, providing a rationale statement for each element of performance (EP). The references provide the evidence that supports the requirement. The R³ Report may be reproduced if credited to The Joint Commission. Sign up for [R³ Report](#).

New Requirements to Reduce Health Care Disparities

Effective January 1, 2023, new and revised requirements in the Joint Commission's ambulatory health care, behavioral health, and hospital accreditation programs.

- A new standard in the Leadership (LD) chapter with developed to address health care disparities as a requirement for all organizations.
 - All critical access hospitals and hospitals
 - Ambulatory health care organizations providing ambulatory health care program (the requirement care, dental services, or surgical services)
 - Behavioral health care and human services organizations
 - Physical Health Care services
- The Record of Care, Treatment, and Services (RC) requirement has been revised and will apply to the following:
 - Ambulatory health care (Standard RC.02.01.01, 01)
 - Behavioral health care and human services (Standard RC.02.01.01, 01)
 - Critical access hospital (Standard RC.02.01.01, 01)
- The Rights and Responsibilities of the Individual (RI) requirement (RI.01.01.01, EP 29) will apply to all Joint Commission behavioral health care and human services organizations.

Engagement with stakeholders, customers, and experts

- Standards Review Panel (SRP) comprised of clinician "ground" point of view and insights into the practical application of the proposed standards.
- Technical Advisory Panel (TAP) of subject matter experts from various health care and academic organizations and professional associations.

The prepublication version of the requirements to reduce health care disparities will be available online after December 31, 2022. After January 1, 2023, please access the manual.

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R³ Report | Requirement, Rationale, Reference

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Issue 38, December 20, 2022

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National Patient Safety Goal to Improve Health Care Equity

Effective July 1, 2023, Standard LD.04.03.08, which addresses health care disparities as a quality and safety priority, will be elevated to a new National Patient Safety Goal (NPSG), Goal 16: Improve health care equity, and moved to NPSG.16.01.01 for ambulatory health care organizations, behavioral health care and human services organizations, critical access hospitals, and hospitals.

The NPSG standard and 6 elements of performance (EPs) increases the focus on improving health care equity as a quality and safety priority, but the requirements for accredited organizations are not changing. While some of the original language from Standard LD.04.03.08 and its EPs were revised to focus on improving health care equity rather than reducing health care disparities, the intent behind the standard and associated EPs remains the same. Organizations will still be required to do the following:

- Identify an individual to lead activities to improve health care equity
- Assess the patient's health-related social needs
- Analyze quality and safety data to identify disparities
- Develop an action plan to improve health care equity
- Take action when the organization does not meet the goals in its action plan
- Inform key stakeholders about progress to improve health care equity

As with the original requirement, NPSG.16.01.01 will apply to the following Joint Commission-accredited organizations:

- All critical access hospitals and hospitals
- Ambulatory health care organizations providing primary care within the "Medical Centers" service in the ambulatory health care program (the requirements are not applicable to organizations providing episodic care, dental services, or surgical services)
- Behavioral health care and human services organizations providing "Addictions Services," "Eating Disorders Treatment," "Intellectual Disabilities/Developmental Delays," "Mental Health Services," and "Primary Physical Health Care" services

Engagement with stakeholders, customers, and experts

Because the content hasn't changed from LD.04.03.08 to NPSG.16.01.01, the existing literature review, public field review, and engagement with expert guidance continues to apply. The following groups previously provided expert guidance:

- Technical Advisory Panel (TAP) of subject matter experts from various health care and academic organizations and professional associations.
- Standards Review Panel (SRP) comprised of clinicians and administrators who provided a "boots on the ground" point of view and insights into the practical application of the proposed standards.

The prepublication version of the requirements to improve health care equity will be available online until June 30, 2023. After July 1, 2023, please access the new requirements in the E-edition or standards manual.

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49194 Federal Register / Vol. 87, No. 153 / Wednesday, August 10, 2022 / Rules and Regulations

TABLE IX.E-01. THE HOSPITAL COMMITMENT TO HEALTH EQUITY MEASURES FIVE ATTESTATIONS

Attestation	Elements: Select all that apply (Note: Affirmative attestation of all elements within a domain will be required for the hospital to receive a point for the domain in the numerator)
Domain 1: Equity is a Strategic Priority Hospital commitment to reducing healthcare disparities is strengthened when equity is a key organizational priority. Please attest that your hospital has a strategic plan for advancing healthcare equity and that it includes all the following elements.	(A) Our hospital strategic plan identifies priority populations who currently experience health disparities. (B) Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieving those goals. (C) Our hospital strategic plan outlines specific resources which have been dedicated to achieving our equity goals. (D) Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.
Domain 2: Data Collection Collecting valid and reliable demographic and social determinants of health data on patients served in a hospital is an important step in identifying and eliminating health disparities. Please attest that your hospital engages in the following activities.	(A) Our hospital collects demographic information, including self-reported race and ethnicity and/or social determinant of health information on the majority of our patients. (B) Our hospital has training for staff in culturally sensitive collection of demographic and/or social determinant of health information. (C) Our hospital uses demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a
Domain 3: Disparities Effective data analysis can provide insights into which factors contribute to health disparities and how to respond. Please attest that your hospital engages in the following activities.	
Domain 4: Quality Improvement Health disparities are evidence that high-quality care has not been delivered equally to all patients. Engagement in quality improvement activities can improve quality of care for all patients.	
Domain 5: Leadership Leaders and staff can improve their capacity to address disparities by demonstrating routine and thorough attention to equity and setting an organizational culture of equity. Please attest that your hospital engages in the following activities.	

49204 Federal Register / Vol. 87, No. 153 / Wednesday, August 10, 2022 / Rules and Regulations

TABLE IX.E-02. THE FIVE CORE HRSN DOMAINS TO SCREEN FOR SOCIAL DRIVERS OF HEALTH

Domain	Description
Food Insecurity	Food insecurity is defined as limited or uncertain access to adequate quality and quantity of food at the household level. It is associated with diminished mental and physical health and increased risk for chronic conditions. ^{16,17} Individuals experiencing food insecurity often have inadequate access to healthier food options which can impede self-management of chronic diseases like diabetes and heart disease, and require individuals to make personal trade-offs between food purchases and medical needs, including prescription medication refills and preventive health services. ^{18,19} Food insecurity is associated with high-cost healthcare utilization including emergency department (ED) visits and hospitalizations. ^{20,21,22}
Housing Instability	Housing instability encompasses multiple conditions ranging from inability to pay rent or mortgage, frequent changes in residence including temporary stays with friends and relatives, living in crowded conditions, and actual lack of sheltered housing in which an individual does not have a personal residence. ^{23,24} Population surveys consistently show that people from some racial and ethnic minority groups constitute the largest proportion of the U.S. population experiencing unstable housing. ²⁵ Housing instability is associated with higher rates of chronic illnesses, injuries, and complications and more frequent utilization of high-cost healthcare services. ^{26,27}
Transportation Needs	Unmet transportation needs include limitations that impede transportation to destinations required for all aspects of daily living. ²⁸ Groups disproportionately affected include older adults (aged >65 years), people with lower incomes, people with impaired mobility, residents of rural areas, and people from some racial and ethnic minority groups. Transportation needs contribute to postponement of routine medical care and preventive services which ultimately lead to chronic illness exacerbation and more frequent utilization of high-cost healthcare services including emergency medical services, EDs, and hospitalizations. ^{29,30,31,32}
Utility Difficulties	Inconsistent availability of electricity, water, oil, and gas services is directly associated with housing instability and food insecurity. ³³ Specifically, interventions that increase or maintain access to such services have been associated with individual and population-level health improvements. ³⁴
Interpersonal Safety	Interpersonal safety affects individuals across the lifespan, from birth to old age, and is directly linked to mental and physical health. Assessment for this domain includes screening for exposure to intimate partner violence, child abuse, and elder abuse. ³⁵ Exposure to violence and social isolation are reflective of individual-level social relations and living conditions that are directly associated with injury, psychological distress, and death in all age groups. ^{36,37}

National CLAS Standards

Action steps for providing CLAS. They offer guidance in the areas of:

Governance, Leadership and Workforce

Communication and Language Assistance

Engagement, Continuous Improvement and Accountability

The Purpose of the National CLAS Standards



Advance health equity

Improve quality of services

Help eliminate disparities

Our Speakers

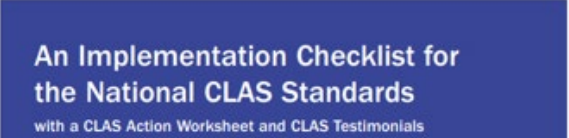


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CLAS Checklist and Action Plan



An Implementation Checklist for the National CLAS Standards
with a CLAS Action Worksheet and CLAS Testimonials




Quality Improvement Organizations
Building Knowledge. Improving Health Care.
www.qualityimprovement.org

Great Plains Health Equity Center
Quality Improvement Network

CLAS Standards: Checklist and Action Plan

The following assessment was designed to help organizations identify needs and develop an improvement plan to address the basic elements of the National Culturally and Linguistically Appropriate Services (CLAS) Standards.

Source: U.S. Department of Health and Human Services, Office of Minority Health | National CLAS Standards Checklist



Theme 1: Governance, Leadership, and Workforce
Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, hiring practices, education and allocated resources.


1. Identify and designate a CLAS champion or champions, who are supported by the organization's leadership, and whose specific responsibilities include (at a minimum) continuous learning about, promoting, and identifying and sharing educational resources about CLAS and the National CLAS Standards throughout the organization. (Standard 2)

- Currently implementing
- Planning to implement
- Not planning to implement at this time

2. Create and implement a formal CLAS implementation plan that is (at a minimum) endorsed and supported by the organization's leadership, that describes how each Standard is understood, how each Standard will be implemented and assessed, and who in the organization is responsible for overseeing implementation. (Standard 2)

- Currently implementing
- Planning to implement
- Not planning to implement at this time

National Standards for CLAS in Health and Health Care:
A Blueprint for Advancing and Sustaining CLAS Policy and Practice





National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care:

A Blueprint for Advancing and Sustaining CLAS Policy and Practice

Office of Minority Health
U.S. Department of Health and Human Services

April 2013



<https://gpqin.wufoo.com/forms/clas-standards-checklist-and-action-plan/>

<https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf>

Can You Share With Us?

- How you learned about CLAS
- Where your organization is with CLAS
- Your approach to completing the CLAS checklist

Richardton Health Center

- **CLAS Standard #2:** Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
- **CLAS Standard #4:** Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
- **CLAS Standard #6:** Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

Huron Regional Medical Center

- **CLAS Standard #2:** Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
- **CLAS Standard #3:** Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
- **CLAS Standard #5:** 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.
- **CLAS Standard #6:** Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

Huron Regional Medical Center...(cont'd)

- **CLAS Standard #8:** Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
- **CLAS Standard #9:** Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
- **CLAS Standard 10:** Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
- **CLAS Standard #11:** 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.

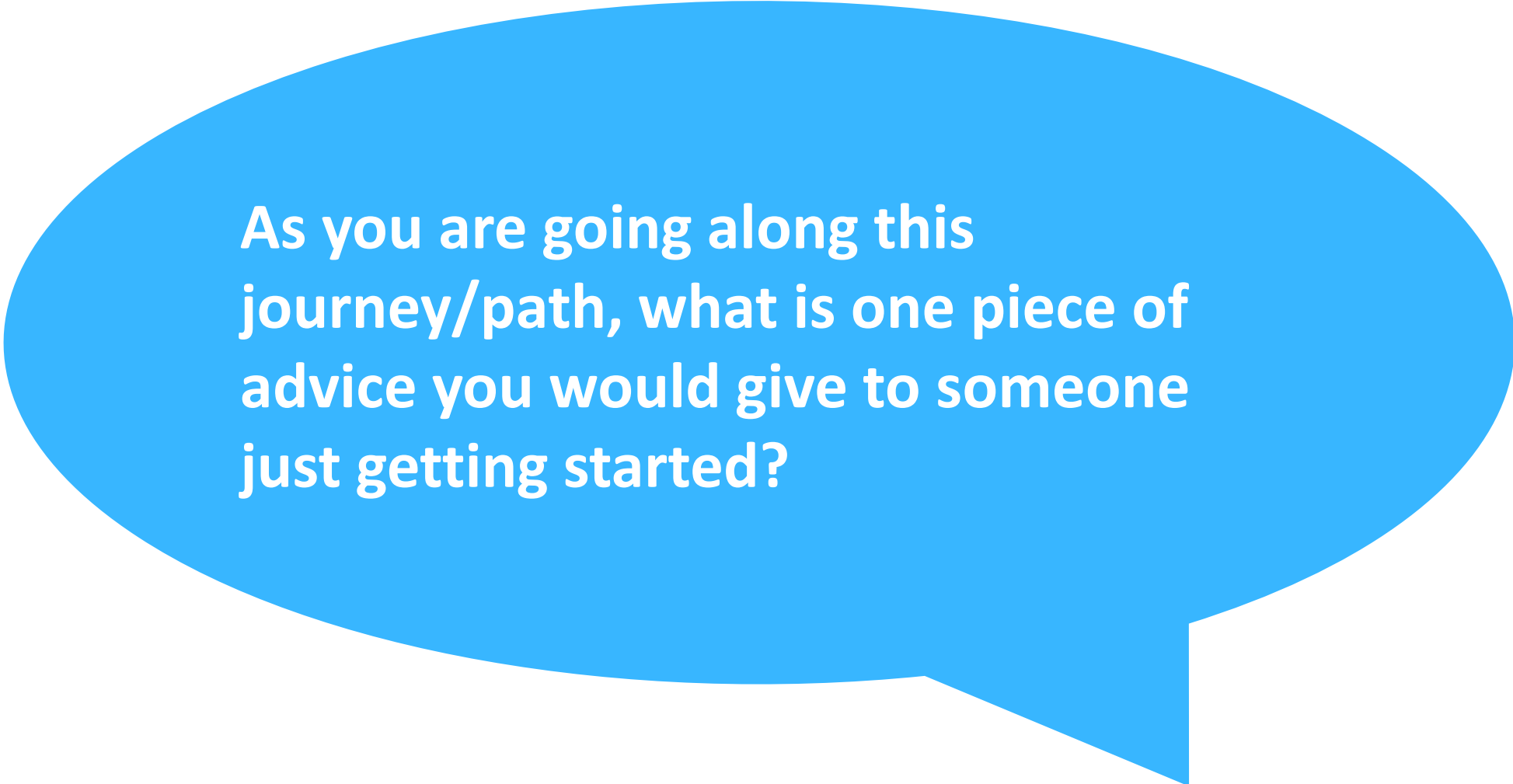
Huron Regional Medical Center...(cont'd)

CLAS Standard #12: 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.

CLAS Standard #13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

CLAS Standard #14: Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

CLAS Standard #15: Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.



As you are going along this journey/path, what is one piece of advice you would give to someone just getting started?

Attendee Questions



CLAS Technical Assistance: Connect With Our Team

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We Would Love Your Feedback



<https://gpqin.wufoo.com/forms/continuing-the-conversation-health-equity-series/>

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Podcast: Q Tips for Your Ears

Looking for health care information and quality resources?

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THANK YOU!

<https://greatplainsqin.org/about-us/who-we-are/>



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