

UQIOSC

CLAS Standards Implementation Tips



Strategies for Addressing CLAS Adherence

This document provides strategies for addressing provider adherence to the Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care. It was developed using Quality Improvement Organizations (QIOs) feedback obtained during the Underserved Quality Improvement Organization Support Center (UQIOSC) 1d2 Regional Training sessions in May/June 2005.

Please note that some strategies are applicable to multiple standards even if they only appear once on the document. This document will be updated as the UQIOSC receives new strategy suggestions from the QIOs during the 8th SoW and will be posted on MedQIC.

We hope that you will find these strategies useful as you work with providers and educate them about the CLAS Standards.

The UQIOSC thanks everyone in the QIO community for their contributions and participation in the trainings

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| | Implementation Strategies |
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| <p style="text-align: center;"><u>Standard 1</u></p> <p>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> | <ol style="list-style-type: none"> 1. Designate a preceptor (e.g., MD, RN, or medical technician) who provides culturally appropriate care 2. Use the Office of Minority Health modules to demonstrate the pluses and minuses of Cultural Competency (CC) approaches during provider and patient interactions 3. Create a community needs assessment that includes community demographics 4. Assess the cultural beliefs of each patient 5. Create a patient review of educational materials 6. Check the language literacy level of written materials for patients 7. Monitor patient satisfaction at staff meetings 8. Indicate whether language assistance is needed prior to the patient's arrival using a chart flagging system 9. Ensure information and consent forms are in the patient's language of origin 10. Promote patient centered care by including patient satisfaction measures in employees performance reviews, by viewing videos/websites of CC centers of excellence and set up "sentinel event", and by completing "root cause" analysis system to create response to "cultural" event |

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| <p data-bbox="436 363 600 391"><u>Standard 2</u></p> <p data-bbox="197 435 840 651">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> | <ol data-bbox="919 310 1877 708" style="list-style-type: none">1. Incorporate diversity into the organization's mission statement, strategic plans, and goals2. Build a diverse workforce capacity that includes mentoring programs, community based internships, and collaborations with universities3. Develop relationships with local schools, training programs, and faith based organizations to expand recruitment base4. Recruit at minority health fairs5. Advertise job opportunities in minority publications (i.e., news papers and newsletters) and post information in multiple languages |

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| <p><u>Standard 3</u></p> <p>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> | <ol style="list-style-type: none"> 1. Budget money to train current staff in CC or as medical interpreters (if staff speak a second language and show an interest in interpretation) 2. Create incentives for completing CC training, as well as interpreter reward and recognition 3. Encourage CC and CLAS training during staff meetings 4. Use pre- and post-tests to assess current staff regarding CC and second language ability 5. Tie CC and CLAS training to staff evaluations 6. Use available online resources and training programs 7. Use computer based training models for staff and tie to license requirement 8. Provide annual in-service that offers CEUs for participating staff 9. Initiate a brown-bag lunch series on CC 10. Include education on CC in orientation materials for new staff and during annual update meetings 11. Provide incentives for staff to volunteer in community and to learn about community members and other cultures |

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| <p data-bbox="436 272 604 305"><u>Standard 4</u></p> <p data-bbox="205 344 827 630">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> | <ol data-bbox="919 311 1885 591" style="list-style-type: none">1. Contract with interpreter services or on a case-by-case basis2. Share bilingual staff with physicians in each practice3. Post signs that show availability of interpreter services4. Promote the use of “ I speak” cards5. Work with local education associations for volunteer interpreters6. Identify interpreter resources and train staff in their use7. Set up chart flagging system to provide an indicator of interpreter need |

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| <p style="text-align: center;"><u>Standard 5</u></p> <p>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> | <ol style="list-style-type: none"> 1. Display simple statement of patient rights in their languages 2. Train staff to partition a counter space to create a “private zone” 3. Display “I speak” posters 4. Create signs for use at reception areas that show language services are available; specify which languages are available (languages predominantly in patient population-identified by data) 5. Ensure that appointment scheduler informs patient/consumer of language services 6. Post multilingual signs on the organization’s web site 7. Offer automated phone system message with information on office hours etc in respective languages 8. Post notice to corresponding medical societies, and hospital referral services of language assistance services that are available 9. Write E-mail communication in identified population language 10. Provide notice in applicable language of the right to have an interpreter at the time of new patient registration |

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| <p style="text-align: center;"><u>Standard 6</u></p> <p>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> | <ol style="list-style-type: none"> 1. Use accredited linguistic services to assist in staff training 2. Conduct an end of visit wrap - up with the patient to determine interpreter skill level 3. Develop assessments for common medical terminology and test interpreters 4. Observe a 3rd party interpreter on an occasional basis to observe the patient/interpreter/provider encounter 5. Instruct physicians to tap existing hospital services and resources 6. Have a discussion with the interpreter about the disease process of the individual who is seeking care for the purpose of assessing the interpreter's knowledge 7. Role play with the interpreter prior to the appointment with the patient to assist in his/her in understanding the disease process |

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| <p><u>Standard 7</u></p> <p>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> | <ol style="list-style-type: none"> 1. Order language identification flashcards in 38 different languages, from the ICE website (http://www.iceforhealth.org/home.asp) 2. Post language specific signs saying “Welcome,” etc, in offices- from the ICE website 3. Place cards and signs in medical association newsletters, so MDs may view and order 4. Place low literacy, bilingual, and language specific educational brochures in MDs office 5. With a medical interpreter, create multi-language documents and educational materials based on a facility’s greatest needs (i.e., patient groups most often encountered) 6. Institute reading- to- the blind program that may be adapted to minority populations 7. Broadcast language service availability via radio 8. Check for signage and patient educational resources on MedQIC and in QIO materials |

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| <p style="text-align: center;"><u>Standard 8</u></p> <p>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> | <ol style="list-style-type: none"> 1. Engage the support of senior leadership and encourage them to use QIOs to obtain resources and education 2. Identify multiple and diverse cultural resources 3. Take part in CC committees of local providers 4. Set broad goals 5. Identify champions in diverse healthcare disciplines to spread CC awareness 6. Identify Preceptors 7. Hold staff retreats to identify goals, objectives, and timelines to provide culturally and linguistically appropriate services 8. Build accountability mechanisms into staff evaluations and current staff IQC programs 9. Use data gathered in Standards 9, 10 and 11 to guide plan development |

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| <p style="text-align: center;"><u>Standard 9</u></p> <p>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> | <ol style="list-style-type: none"> 1. Implement ongoing self assessment of CLAS related activities 2. Conduct annual meetings that include self assessments 3. Provide patients with CLAS oriented feedback forms and include self addressed, stamped envelopes to receive feedback 4. Review patient comments and make appropriate changes 5. Conduct focus groups with patients from clinics to learn of progress and barriers 6. Assuming availability of EHR, and look at standard of care provided for various chronic conditions to see if care is uniformly provided across race and ethnicity 7. Add CLAS questions to staff orientation materials and yearly reviews 8. Identify outcome goals including metrics regarding CC and assess at regular intervals |

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| <p style="text-align: center;"><u>Standard 10</u></p> <p>Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.</p> | <ol style="list-style-type: none"> 1. Look at practice management system for specific fields to use and ask for a breakdown of the intake procedure 2. As part of preparation for the patient's visit, review the patient's last visit to see if information needs to be updated in accordance to standards 3. Implement a policy that each health maintenance record is updated annually 4. Implement EHR 5. Provide an interpreter for language and/or reading services to help complete language and literary assessments 6. Apprise staff of relevant information and print out information in preparation for the patient visit 7. Create flag(s) that ensure new information is collected each time the patient visits |

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| <p style="text-align: center;"><u>Standard 11</u></p> <p>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> | <ol style="list-style-type: none"> 1. Identify local stakeholders in the area to obtain data, including, for example, State Department of Health, Minority Commissions, School districts, Hospitals, Census data, and Community stakeholders 2. Offer to collaborate with local healthcare agencies to develop demographic and cultural profiles 3. Hold targeted focus groups (i.e., Medicare beneficiary groups and surveillance groups) 4. Join with local medical practices to review demographics 5. Utilize multiple resources to collect data, including faith based organizations, local medical university candidates working on dissertations, social workers, and managed care organizations 6. Utilize information from national and local organizations, such as the American Cancer Society and the American Health Association 7. Provide data as means of getting the provider “Started” |

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| <p><u>Standard 12</u></p> <p>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> | <ol style="list-style-type: none">1. Coordinate health fairs2. Look to Independent Practice Associations to facilitate efforts3. Use libraries and other public places for meetings on health issues4. Conduct key informant interviews with community members, leaders, organizations, businesses, and faith based organizations5. Conduct focus groups with community members6. Identify and evaluate satisfaction surveys7. Compile all data sources for analysis8. Maintain Continuous Quality Improvement |

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| <p style="text-align: center;"><u>Standard 13</u></p> <p>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> | <ol style="list-style-type: none"> 1. Provide “cultural adjudication officer” via QIO 2. Train review staff as mediators in cross cultural conflicts 3. Include policy of conflict and grievance resolutions into the patient bill of rights 4. Hire patient advocates 5. Develop a process to address conflict and grievance incidences to include <ol style="list-style-type: none"> a. Posted signage that notifies patients and family that a process exists b. Develop a short form to be completed as incidences are identified that includes consideration of the patient’s literacy level c. Develop a clear process for follow-up within 14 days d. Ensure that patient is contacted within 14 days with resolution and next steps and/ need for mediation |

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| <p style="text-align: center;"><u>Standard 14</u></p> <p>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> | <ol style="list-style-type: none"> 1. Create and distribute brochures in patient rooms to show provider efforts to be culturally responsive 2. Write articles in physician's publications and involve local medical societies and other professional organizations 3. Discuss and present at community meetings, senior centers, and faith based institutions 4. Collaborate with community organizations and advocacy groups 5. Approach professional trade association to recognize achievements of the CLAS standards of healthcare organizations in their publications and press releases 6. Publish status of CC and CLAS projects in media outlets 7. Approach parish nurse/health coordinators for health plans regarding success in implementing the CLAS standards 8. Approach discharge planners regarding patients with needs related to culture, health literacy, and the ability of the clinic to provide care following hospitalization 9. Use legislative representative as a vehicle for constituents that need healthcare providers who are sensitive to cultural issues |