

INDUSTRY TRENDS

This month NAHQ E-News focuses on ways to treat a diverse patient population.

Hospitals, Language, and Culture: Lessons for Quality

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Today's hospital staff cares for an increasingly diverse patient mix. The variety of languages, cultures, and health needs makes providing patient-centered care seem daunting and sometimes impossible. The Joint Commission's *Hospitals, Language, and Culture* (HLC) study, a cross-sectional qualitative study of 60 hospitals, has identified several ways that quality professionals can work to advance culturally competent, patient-centered care. Findings from this study will serve as a basis for developing future accreditation standards in this area.

One report from the HLC study, *One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations*, provides a framework to help healthcare organizations meet their patients' unique needs and target practices for improvement. The report is based on the premise that organizations must address these issues systemically and continuously and develop systems based on their own needs and resources. Indeed, one size does not fit all; a one-time solution cannot address this complex issue.

Multidisciplinary Dialogue

To begin, we suggest that organizations focus on multidisciplinary dialogue and self-assessment. The *One Size Does Not Fit All* report contains a self-assessment tool that allows organizations to tailor initiatives to their unique needs. (Visit www.jointcommission.org/patientsafety/hlc to download the free report and tool.)

Self-assessment facilitates dialogue within organizations to identify systems and processes that either promote or impede meeting the needs of diverse patient populations. In fact, site visits conducted for the HLC study show that when staff members are brought together to discuss these issues, several benefits arise; among them, organizations find that systems and processes used in one department or division can be applied to another department. It also is imperative that organizations make perfectly clear who is responsible for a particular activity, right down to who is the person designated to perform that activity.

We recommend, therefore, that hospitals encourage internal, multidisciplinary dialogue on language and culture issues. Both formal and informal discussions can be facilitated by the self-assessment tool. Moreover, patient safety and quality improvement leaders should consider discussing issues related to culture and language, including the impact on patient safety, with language-service coordinators, diversity officers, and pastoral care workers.

Self-assessment, however, is just the beginning. After all, organizations are not stagnant—nor are populations. As our needs change, so do the resources to meet those needs. Newer resources will undoubtedly become available as we continue to search for and find the most effective ways to meet our patients' cultural and linguistic needs.

Patient-Level Data

Providing culturally competent, patient-centered care is one way that organizations can begin to improve the care they provide to racially and ethnically diverse patient populations. But there is more to do. Unfortunately, our current patient-level data often inhibit comprehensive study of healthcare disparities, particularly studies targeting interventions.

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Therefore, we recommend that hospitals implement a uniform framework for collecting data on race, ethnicity, and language. Hospitals should stratify service and technical quality measures by language, race, and ethnicity. Researchers can then use these data to identify potential disparities and develop follow-up measures to monitor improvement. Collecting, standardizing, and analyzing adverse-event data should be integral steps to developing effective patient-safety initiatives.

There is little doubt that the healthcare environment is growing ever more complex, particularly as healthcare professionals struggle with depleting resources while endeavoring to provide safe and high-quality healthcare services. Add to this the increasingly complex patient demographic mix—and solutions become even more difficult to identify. We believe that a one-size-fits-all approach will not work. Each organization must understand its own complexities, needs, and resources to establish truly effective practices. Most important, if patient-level data to evaluate practices are not collected systematically and uniformly, we will continue to struggle to do our best.

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Diversity Program Mirrors Patient Mix, Highlights Quality

With four community-based hospitals located in New York City, a cauldron among melting pots, Continuum Health Partners knew that it stood perfectly poised to take on the issue of cultural diversity. It did so 2 years ago when it started its systemwide cultural diversity program, which, among other things, placed providing high-quality services at the top of its agenda.

There's no doubt that Continuum's patient population is diverse. Patients speak myriad languages and take distinctly different cultural approaches to how they perceive their health problems, ascertain healthcare information, and adopt healthcare practices, says Gail Donovan, executive vice president and chief operating officer. The program, therefore, takes an interdisciplinary approach to quality by focusing on diversity among both its patients and staff.

"At all levels, our staff needs to communicate with patients in a way that allows them to provide quality services to these populations," Donovan says. Likewise, "we need to [employ] people from diverse communities in all levels of our organization so that patients can feel comfortable in this environment. They should feel they have advocates—people who can communicate with them effectively and understand these cultural differences. Our understanding of the term *diversity*—racial, ethnic, and religious—is key."

The program includes

- a pilot mentoring program, begun in July, that emphasizes developing leaders and retaining talent in the organization. Each hospital has a diversity council that oversees the program at its location
- a marked effort to diversify all levels of the organizations, from the board and senior administration to middle managers and unionized employees
- voluntary guidelines to assist middle and senior managers in interviewing and retaining diverse job candidates
- surveys of staff from diverse racial, ethnic, and generational groups

- succession planning that helps senior management to identify future leaders and then cultivate their development and education.

“Our staff can provide the highest quality of service when they’re happy and highly engaged,” Donovan says. “Most of our work is team-oriented work, [so] if our employees feel connected to their patients and feel that their efforts are supported by their employer, then they’re going to be more satisfied doing the work. That’s going to drive quality.”

Among its initiatives, the hospitals now use AT&T language support services (rather than the interpretive skills of family members and colleagues) to improve communication with hearing-impaired patients or with patients who speak a foreign language. Community ombudsmen help direct patients and families to Continuum hospitals for appropriate care. Moreover, menus at the facilities are constantly upgraded to reflect community dietary needs, for example, by providing Russian or kosher foods. For more information on Continuum’s cultural diversity program, visit www.chpnyc.org.