Best Evidence to Improve Nursing Skills in Caring for Culturally Diverse Populations

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Jenna Czech BSN, RN, CNRN

Objectives

- Define diversity, culture, cultural competency, and limited English proficiency, and the impact of these concepts within our community, and health care system.
- Identify assessment skills and interventions when coordinating care and utilizing resources and tools for limited English proficiency patient populations.

How would you define diversity?

- Race
- Color
- Class
- Age
- Ability
- Experience
- Gender
- Ethnicity
- Geography
- Education
- Language
- Religion
- Politics
- Sexual orientation
- Gender identity
- Health status
- Socio-economic status
- Resident status

How would you define culture?

An integrated pattern of human behavior

- Thoughts
- Communications
- Languages
- Practices
- Beliefs
- Values
- Customs
- Courtesies
- Rituals
- Roles
- Relationships,
- Expected behaviors of a racial, ethnic, religious, or social group
### What is Cultural Competence?

Ability of health care providers and organizations to understand and respond to the cultural and language needs brought by the patient to the health care encounter.

### What does Cultural Competency Require?

1. We must value diversity
2. Be able to assess yourself
3. Manage dynamics of difference
4. Acquire and institutionalize cultural knowledge.
5. Adapt to diversity and cultural contexts of individuals served


### What is Limited English Proficiency?

Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or “LEP.”

### EBP Purpose Statement

The purpose of this project is to improve nursing competency in caring for culturally diverse populations within St. Cloud Hospital through nursing education and initiation of a care plan related to Limited English Proficiency patient populations.
**PICO**

- **P** (patient, population): Culturally Diverse, Limited English Proficiency
- **I** (Intervention): Limited English Proficiency Care Plan, Computer Based Training Education: communication, safety, nursing competency
- **C** (Comparison): Current Practice
- **O** (Outcomes): Enhanced Patient/Nurse Relationship, Improved communication, Safety, Cultural Competency, Nursing self efficacy.

**Grading of the Evidence**

1. Cultural Competency
2. Interpreter
3. Focus Groups
4. Care Planning
5. Safety

Levels B, C, D, and E

**The Literature and Evidence Examined**

- Joint Commission Roadmap for Communication: guidelines for cultural competency: assessment, interventions, skills to impact cultural competence
- Roger’s Method of Evolutionary Concept Analysis: Cultural Competence
- Campinha-Bacote Instrument Inventory for assessing the process of cultural competence among health care professionals
- TSET tool reliable and valid for measuring transcultural self efficacy in undergraduate student nurses
The Literature and Evidence Examined

Interpreters

- National Standards for Culturally and Linguistically Appropriate Services in Healthcare Language Access Services
- Interpreter utilization can be seen as a hindrance. Findings emphasize resources, meaningful communications, documentation, collaboration, methods

Care Planning

- Nursing Process Models: Care Planning
  - As a part of individual care planning, it is important to use interpreters, and for organizations to have guidelines developed for access.
  - A formal care plan for a diverse population can promote respectful and excellent care for every patient

Education

- Module: Importance of addressing barriers, education programs
- Self-assessment tools and guidelines examined and considered helpful in cultivating culturally competent staff and addressing barriers

Safety

- AHRQ Best Practice Safety
- Becoming a Culturally Competent Health Practitioner in the Delivery of Culturally Safe Care: A Process Oriented Approach
Methods to Identify Barriers to Cultural Competency

1. Met with Leaders and Stakeholders
2. Reviewed Evidence
3. Held LEP Focus Groups
4. Reviewed Patient Satisfaction Data
5. Developed Performance Improvement Reports

The Evidence: Barriers

1. Lack of awareness regarding safety risks for LEP patients
2. Timely language assistance
3. Accurate data collection
4. Knowledge, Skills, Confidence, and Time

Contributing factors: Own bias, lack of resources, miscommunication

Recommend a self-assessment to identify cultural awareness

National Center for Cultural Competence

Goal: Self Efficacy, Increase Awareness, Knowledge, and Skills


Cultural Competency Findings

- House-wide Performance Improvement Data
- Interpretation tools are underutilized
- Interpreter utilization under-documented

Where can we improve?

- Interpreter flow sheet - document!
- Family/friends used too often as interpreters
- Refusal of interpreters
- Proper interpreter utilization

LEP Focus Groups

Goal of focus groups: Strengthen relationships in our increasingly diverse community

Hispanic, Sudanese, Interpreters, Deaf & Hard of Hearing, African-American, Somali

Common Themes

“Want people to understand my culture”

“Always have an in-person interpreter”
Cultural Competency Survey

Findings: Somali and Latino largest populations

Nursing staff identified barriers:
- Lack of knowledge
- Time
- Understanding
- Cultural differences
- Resource utilization
- Ability to individualize care to meet needs

What would aid in the success of creating cultural competency for the bedside nurse?

Family Birthing Center: Pre / Post-Implementation
RN/LPN Survey Results
n=66 pre; n=68 post1; n=51 post2

Limited English Proficiency

Bedside Clinical Skills

Focus on:
1. Communication
2. Safety
3. Resource Utilization
4. Documentation
5. Ask Me/Teach Back Education Method
   Quality, Respect, Understanding
   SPEAK UP!

**Limited English Proficiency Care Plan**

Add Care Plan with all LEP patients in order to:

- Improve our current process
- Streamline care
- Meet standards of compliance

**Limited English Proficiency Care Plan**

- LEP Communication Barrier and/or Cultural Needs
  - Goal: Effective communication, considering cultural needs, for optimal health care
  - Interventions
    - Assessment
      - Assess preferred language for health care
      - Assess need for interpreter, including anticipating provider communication of key events; identify plan in Care Team Communication
    - Determine most appropriate interpreter method
    - Identify and document effective communication techniques to individualize care
    - Daily assessment for changes in communication needs
    - Identify a support person
    - Consider Spiritual Care consult for cultural resources

**Limited English Proficiency Education**

- Interpreter
  - No cost to patient, Ask Me/Teach Back method, Assure understanding, managing refusals
  - Education materials in preferred language, resources
    - Details: videos, brochures, translated documents

**Limited English Proficiency Documentation**

Education Learning Assessment, Interpreter Flowsheet, Admission

- Review interpreter flowsheet for interpretation methods and resources used previously
- Proven you followed legal and regulatory standards.
Limited English Proficiency Care Plan

Utilize resources to assist in communication methods.

- Video remote interpreting, e.g. MARTTI
- Phone interpreter
- In-person interpreter
- EZ communication boards
- Diversity Tab on CentraNet
- Toolkit

Interpreters are required for key events and high risk scenarios such as:

- Admission
- Medication reconciliation,
- Assessment
- Explanation of procedures/tests
- Surgery
- Physician interviews/visits
- Discharge

Toolkit to Support Communication and Cultural Competence for Clinical Staff

- Each unit has a Toolkit. It can also be found on CentraNet.

Limited English Proficiency Care Plan

- Cultural barrier related to physical environment
  - Goal: Physical environment adapted to maintain safety and meet cultural needs
  - Interventions
    - Assessment
      - Assess individual cultural preferences
      - Identify cultural, religious, or spiritual practices/beliefs that may influence care
      - Identify items in the environment that may need to be modified
    - Details: crucifix, privacy, time for prayer, call light, bed alarm
    - Assess dietary needs or restrictions that affect care
    - Education
      - Treatments and Procedures
        - Recognize the importance of cultural variations in personal space, nonverbal communication, and touch.
        - Engage patient and loved ones to share information about individual needs, beliefs, and preferences that may influence care
        - Identify the role language and cultural variations may have on maintaining safety and comfort
        - Consider Spiritual Care consult for cultural resources

Implementation and Evaluation

- Development of Zynx Care Plan for LEP patients. (Practice Change). Approval process through Clinical Practice and Clinical Documentation Committee.
- Computer Based Training Modules to Educate Nursing Staff on Care Plan and Bedside Nursing Cultural Competency
- Educational posters
- Live presentations

Limited English Proficiency Performance Improvement

- Identify number and type of Limited English Proficiency patients and the interpreter services provided to them.
- Report to house-wide ANPC-PI on analysis of data and recommendations and actions to achieve further improvement.
“To be culturally competent doesn’t mean you are an authority in the values and beliefs of every culture. What it means is that you hold a deep respect for cultural differences and are eager to learn, and willing to accept, that there are many ways of viewing the world.”

- Okonk O. Udo PhD
  Integrative Health and Wellness
  Northwestern Health Sciences University

Thank you!
References


