

Creating America's healthiest community, together.



## Operationalizing Transcultural Care

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# OBJECTIVES

1. To share our CAH's success story in implementing evidence-based guidelines
  1. to promote cultural care to ethnic minority groups
  2. to promote equity of care
2. To provide a template of how other hospitals may adopt and implement transcultural care in their respective facilities

# OVERVIEW

- I. Introduction
- II. GAP in Practice
- III. Specific Aims
- IV. Regulatory Requirements
- V. Evidence-based Guidelines
- VI. Operationalizing the Guidelines
- VII. Results
- VIII. Conclusion

# About St. Charles Madras





## Our vision

*“Creating America’s healthiest community, together”*

# Our 2018 statistics (we're busy!)



- DISCHARGES 698
- INPATIENT CASES 57
- OUTPATIENT CASES 439
- EMERGENCY VISITS 13,364
- EMPLOYEES 158

## PICOT Question

- In *Native American Indians* (P) who are admitted as inpatients at a critical access hospital,
- How does implementing *evidence-based culturally competent care* (I)
- Compare with the current state of providing *non-cultural care for all patients* (C)
- Affect patient engagement/experience measured by the participation rate and the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) *satisfaction score* (O)
- Within *120 days* (T)?

## GAP in Practice: Non-cultural care

Our critical access hospital (CAH) serves a diverse ethnic population failed to provide culturally appropriate care as evidenced by:

- Narrative comments from nurses
- Anecdotal stories from NAI patients
- Executive team's deep concern for lack of cultural competency

## Specific Aims

- To determine if implementing EB culturally competent care guidelines would impact the NAI patients' engagement and experience measured by the participation rate in the PG patient satisfaction survey and the HCAHPS top box scores within 120 days of the intervention.
- To provide the staff with an understanding of the NAI culture and to improve the overall perception of care among NAIs.
- Finally, the purpose of this project was to bring the CAH into compliance with the national standards

# Transcultural Requirements of Organizations & Agencies

1. ICN's declaration statement regarding the primary role of nurses in advocating for social justice and respect for human dignity (Douglas et al., 2014).
2. Provision one of the ANA Code of Ethics for Nurses that requires the practice of compassion and respect for the inherent dignity, worth, uniqueness, and rights of every human being (American Nurses Association, 2015).
3. National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health and health care that required interventions in response to the diverse cultural practices and communication needs of patients (Office of Minority Health US Department of Health and Human Services, 2013).
4. The Joint Commission (TJC) requirement of having caregivers accommodate the unique needs of the patients based on culture, religion, spiritual beliefs, and practices (The Joint Commission, 2010).

# Population

- The Native American Indians (NAIs) who were admitted as inpatients and discharged from a critical access hospital (CAH) are the target population.
- The NAIs comprise 30.1% of all the inpatients of the CAH (Adamson, 2017).
- According to the US Census Bureau (2016), the CAH serves a county that is composed of 19.2% NAIs of an estimated population of 23,080 people

## Problem #1

- Suboptimal participation in the current patient satisfaction survey administered by Press-Ganey.
- In 2017, overall response rate was poor = 16%. National average is 22% (Yuzeitis, 2017).
- Approximately 78 patients responded out of the 475 patients (Press-Ganey, 2017).
- Demographics: 79% (62) white and 21% (16) non-white.
- Out of the 16 non-white respondents, only eight were NAIs (Press-Ganey, 2017).
- Considering that NAIs comprised an average of 30.1% (142) of the total discharged inpatients (475), 8 NAI respondents to the PG survey demonstrated a suboptimal participation of NAIs in the patient satisfaction survey (Adamson, personal communication, December 15, 2017).

## Problem #2

- Low Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) top box scores
- Rate the hospital 0-10 = 70.5. In comparison with all the 211 CAHs in the PG database, a score of 70.5 ranks at the 14th percentile.
- Recommend the hospital = 67.1. In comparison with all the 211 CAHs in the PG database, a score of 67.1 ranks at the 13th percentile.

# Guidelines

- Leininger's culture care theory of diversity and universality was the theoretical framework used in this capstone project.
- This evidence-based practice project implemented and operationalized transcultural nursing care based on the ten established guidelines by Douglas et al. (2014).

# Operationalizing the Guidelines

## I. Patient advocacy and empowerment through Patient Family Advisory Council (PFAC)

- To review and update policies and procedures in order to reflect cultural care during birth, illness, and death
- To assist in cultural competency training and education
- To review the patient information packet, hospital signage, and artifacts in order to reflect cultural care

The PFAC completed four care guidelines focusing on the cultural considerations during admission, childbirth, surgery, and death of a NAI patient.

# The NAI Patient Family Advisory Council and the Indian Health Services



Before



After



## **II. Education and training in culturally competent care.**

A conference on transcultural care was held at the local performing arts center.

The nursing caregivers also completed a self-assessment using the IAPCC-R questionnaire before and after the training.

The recorded video of the conference on transcultural care was also downloaded in the healthcare system's website as an additional resource for all caregivers to view.

# SHIP (Small Rural Hospital Improvement Program) Grant



1. Guest Speaker
2. IAPCC-R tools
3. Follow-up educational sessions

## Conference on Transcultural Care

Tuesday, Oct. 9, 8:30 A.M.-12:30 P.M.

Madras Performing Arts Center, 412 SE Buff St.

Join us for this FREE event. No registration required.

By the completion of this seminar, the learner will be able to: Discuss the need for cultural competency in health care delivery, articulate one model of cultural competency in health care delivery and discuss how the five constructs of Josepha Campinha-Bacote's model of cultural competency in health care delivery can apply to Native American Indians.

### Invocation

Wilson Wewa

### Welcome and Introductions

Pam Steinke, Chief Nurse Executive, St. Charles Health System

Dr. Jeff Absalon, Chief Medical Officer, St. Charles Health System

### Keynote: Transcultural Care

Presented by Dr. Josepha Campinha-Bacote,  
PhD, PMHCNS-BC, CTN-A, FAAN



Dr. Campinha-Bacote is the President and Founder of Transcultural C.A.R.E. Associates, a private consultation service which focuses on clinical, administrative, research, and educational issues in transcultural health care and mental health.

### Panel discussion with Native American Indian Leaders and IHS Providers

Heather Crow-Martinez, Wasco/Paiute, member of the Confederated Tribes of Warm Springs. Program Director, BestCare Treatment Services-Jefferson County Programming. Member of the Joint Health Commission, Confederated Tribes of Warm Springs-Indian Health Service. Member/commissioner on the State of Oregon Alcohol/Drug Policy Commission; past member of the Governor's Mental Health Task Force and the Governor's Alcohol/Drug Policy Council.

Aurolyn Stwyer, A Celilo and Wasco native and one of eight traditional and contemporary artists to be recognized as National Art Mentor Fellows 2018-2019.

Wilson Wewa, Senior Wellness Coordinator of the Title VI, Part C, Native American Caregiver Program for the Confederated Tribes of Warm Springs

Dr. Rachel Locker, Dr. Thomas Creelman, and Diane Fuller, RN, all representing Indian Health Services Clinic

Candy Canga, CNO, St. Charles Madras Hospital, facilitator



## III. *Establishing a culturally competent organization*

- Revised nursing job descriptions
- Monthly conference call with the Indian Health Services clinic
- Established a professional practice model that reflected culturally competent care.
- The marketing department recruited NAI and Latino models for a pictorial.
- The PFAC and UPC are also scheduled to sponsor a cultural diversity day featuring art display, ethnic food, and music.

## Partnerships with Warm Springs



- Water challenges
  - Three truckloads of bottled water
  - Six toddler handwashing stations for the Early Childhood Education Center
- East Cascade Works
  - Two freshmen college students from Warm Springs
  - 8-week paid internship to provide observation opportunities

## Art Work (The Healing Garden)



## Outcome Measurement

- 1) Participation rate of NAI in the PG patient satisfaction survey. An improvement would be evidenced by an increase of the NAI participation rate from 10% to 12%.
- 2) HCAHPS top box scores in two areas: rate the hospital and recommend the hospital. The goal was to increase the rate the hospital score from 70.5 to 71.5 and recommend the hospital score from 67.1 to 68.1.
- 3) The percentage of inpatient caregivers who completed the initial training and education on culturally competent care. The goal was 85% (10) participation rate of the expected 12 nursing volunteers.

## Outcome Measurement

4. The improvement in the overall score of the inpatient caregivers' self-appraisal on cultural competency based on Campinha-Bacote's validated competency tool.
5. The development of at least two hospital policies reflecting cultural care according to the NAI culture during birth, illness, and death. These policies were developed at the end of the project.
6. The establishment of arts and artifacts reflecting cultural care according to the NAI culture in at least 30% of the total number of patient rooms throughout the CAH. This piece of the project is continuing.



# Results

Table 1

Self-Assessment Scores of Caregivers Who Participated in the Cultural Competency Training

Caregiver	Pre-Training Test Score	Post-Training Test Score	Change in Score Legend: Increase (+) Neutral (=) Decrease (-)
1	80	76	-
2	80	80	=
3	77	85	+
4	69	65	-
5	81	80	-
6	65	73	+
7	73	73	=
8	82	80	-
9	63	74	+
10	69	77	+
11	58	60	+
12	60	75	+
13	65	65	=
14	66	66	=
15	79	74	-
16	65	65	=



# Results

Table 2  
Paired t-test Results

Test Value = 0						
Tests	<i>t</i>	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Pre-test	34.994	15	.000	70.750	66.44	75.06
Post-test	41.800	15	.000	73.000	69.28	76.72



# Results

Table 3

*Comparison of PG Inpatient Satisfaction Survey Participation Based on Racial Demographics in 2016, 2017, and 2018*

Year	Number of Surveys Mailed	Number of Returned Surveys	Rate of Participation	Racial Demographics			Rate of NAI participation
				White	NAI	Others	
2016	541	88	16.27%	69	8	11	9.10%
2017	475	78	16.42%	62	8	8	10.25%
2018	532	93	17.48%	68	12	13	12.90%



# Results

Table 4

*Comparison of PG Inpatient Satisfaction Survey Results Based on HCAHPS Top Box Scores in 2016, 2017, and 2018*

Year	Rate the Hospital	CAH Percentile Rank	Recommend the Hospital	CAH Percentile Rank
2016	68.2	12	60.9	6
2017	70.5	14	67.1	13
2018	67.7	17	69.9	30

# Recent Results

 **PRESS GANEY®**  
New Query

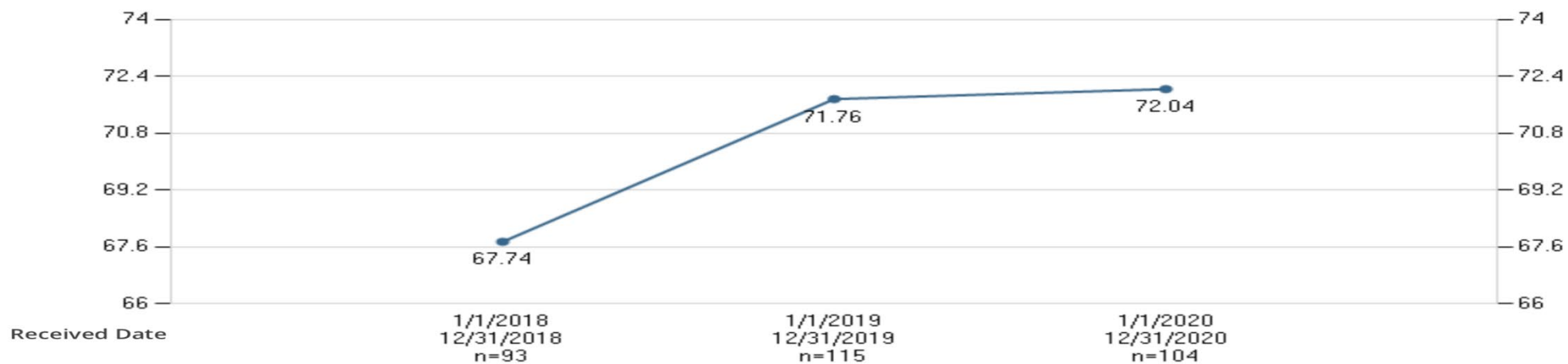
Generated: 9/30/2020 11:17 AM ET  
Received Date Range: 1/1/2018 - 9/30/2020  
St. Charles Health System - System (11750)

## Inpatient

\*CAHPS

—●— \*Rate hospital 0-10

\*CAHPS Top Box



# Serendipitous Findings

1. Carnitine Palmitoyl Transferase (CPT1) deficiency
2. Discovery of Central Oregon Health Equity and Diversity council
3. Awards: Transformational Pioneer Nurse Leadership given by NWONE



## Limitations

- Unpredictable number of NAI patients discharged from the inpatient units
- Limited number of original research studies that demonstrate relationship between culturally competent care and patient satisfaction

# Expansion of the Transcultural Care Project



# The Latin(x) Art



## Conclusion

- Project was useful in transforming care experience and increasing the nursing caregivers' awareness of cultural care
- Promotion of equity of care
- Compliance with regulatory board and accrediting agencies
- Sustainment through policies and procedures
- Next steps: identify other groups who need a voice at the table

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