

## The Important Role of Professional Chaplains in Promoting Culturally Competent, Patient-centered Care



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2009 Spiritual Care Summit  
*Health and Hope: The Hard Reality of Living Intentionally in a Village of Care*  
February 2, 2009



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## Today's Journey Through the Eyes of a Patient – Meet Juan Lopez

- ▶ 60-year-old Mexican immigrant
- ▶ Doesn't speak English
- ▶ Limited experience with the U.S. health care system
- ▶ 12-year-old English-speaking daughter Juanita



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Juan Lopez presents to Hospital X's Emergency Department, accompanied by his daughter Juanita.



He is writhing in pain and clutching his stomach.



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He declares to the triage nurse, "¡Mi vecino me puso una brujeria!"

He is seeking temporary relief of his pain until he can visit a curandera



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## Who Juan Lopez Encounters:

- ▶ Triage nurse
- ▶ Emergency department physician
- ▶ Emergency department nurse
- ▶ Radiology tech
- ▶ Medical surgery unit for recovery



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## How would you respond to his belief that his pain is from a hex?

*"I would try to involve the family...you would have to honor the patient's culture and beliefs, and I think in this particular instance, we would try and explain to the patient what we have attempted to do for him surgically and medically while at the same time not completely disavowing his cultural beliefs...I don't think we are in a position where we're going to change his belief about the hex."*

- Medical Surgery Nurse

Hospitals, Language, and Culture Study. A.Wilson-Stronks et al., 2008.



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## How would you respond to his belief that his pain is from a hex?

*"We would try as best we can to dissuade him from the belief and try to make him understand his problems are real and require some kind of medical attention."*

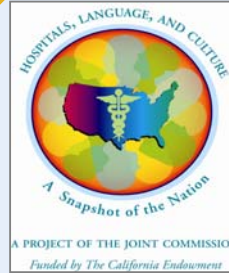
- Emergency Department Physician

Hospitals, Language, and Culture Study. A.Wilson-Stronks et al., 2008.



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## Hospitals, Language, and Culture: A Snapshot of the Nation (HLC)



Cross-sectional qualitative study

Three Research Questions:

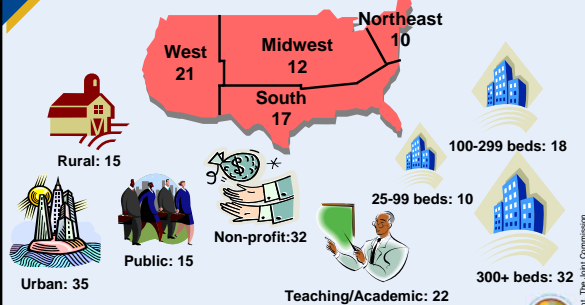
1. What are the challenges hospitals face providing care to diverse patient populations?
2. What are hospitals doing to address these challenges?
3. Are there any promising practices that can be replicated to improve care?



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## HLC Sample Hospitals (n=60)

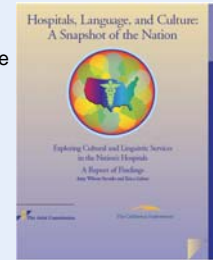
Region (representing 32 states)



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## Exploring Cultural and Linguistic Services in the Nation's Hospitals: A Report of Findings

- Released in March 2007
- Download a free copy of the report on HLC website
- Provides an overview of the HLC study
  - Detailed methodology
  - Site visit protocol
  - Recommendations for hospitals, policymakers, and researchers

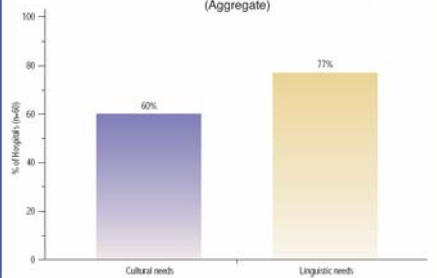


Download the report free:  
<http://www.jointcommission.org/patientsafety/hlc>



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Figure 4-B. Hospitals Developing Formal Plans to Meet Cultural and Linguistic Needs of Patients (Aggregate)

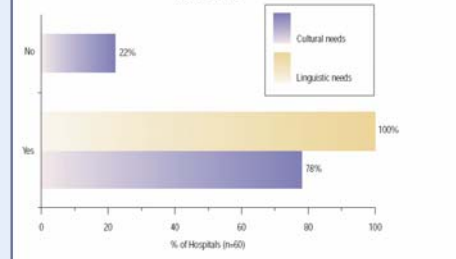


Source: Wilson-Stronks A, Galvez E. Exploring cultural and linguistic services in the nation's hospitals: A report of findings. Oakbrook Terrace, IL: The Joint Commission; 2007.



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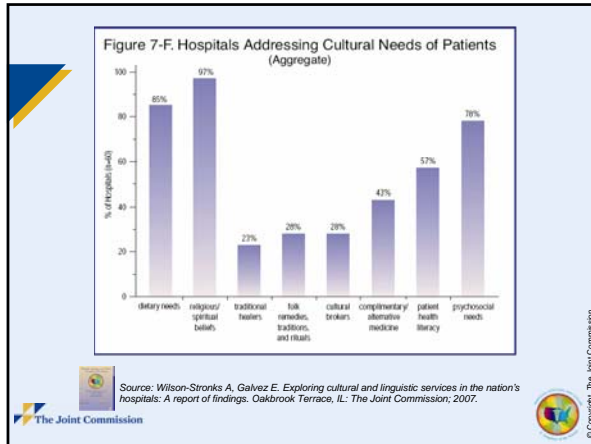
Figure 7-A. Hospital Has Mechanisms to Identify Cultural and Linguistic Needs of Patients (Aggregate)



Source: Wilson-Stronks A, Galvez E. Exploring cultural and linguistic services in the nation's hospitals: A report of findings. Oakbrook Terrace, IL: The Joint Commission; 2007.



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## Hospitals, Language, and Culture: A Snapshot of the Nation

**Cross-sectional qualitative study**

**Three Research Questions:**

1. What are the challenges hospitals face providing care to diverse patient populations?
2. What are hospitals doing to address these challenges?
3. Are there any promising practices that can be replicated to improve care?

A PROJECT OF THE JOINT COMMISSION  
Funded by The California Endowment

## One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations

- Released April 21, 2008
- Thematic framework derived from **current practices** in 60 hospitals
- Self-assessment tool** to tailor initiatives to meet the needs of diverse patient populations
- Cultural competence is an **ongoing** journey - hospitals should assess and re-assess the services they provide

Download the report free: <http://www.jointcommission.org/patientsafety/hlc>

## Framework for Establishing Practices to Meet the Needs of Diverse Patients

- Building a Foundation**
  - Organizational policies and procedures
  - Role of leadership
- Collecting and Using Data to Improve Services**
  - Community- and patient-level data
  - Collecting data before, during, after services
- Accommodating the Needs of Specific Populations**
  - Services targeted to large populations in the community
- Establishing Internal and External Collaborations**
  - Bringing together multiple departments, organizations, providers, and individuals

## A Model for Addressing Cultural and Religious Needs: A Case Example

## Literature

- Clark, P.A., Drain, M, Malone, M.P.(2003). "Addressing patients' emotional and spiritual needs." Joint Commission Journal of Quality and Safety, 29, (12), 659-670.

**Suggestions**

- 1.) Provide basic emotional and spiritual care resources, such as, sacred texts and religious materials, support groups, a chapel of meditation area, special diets
- 2.) Chaplaincy/Pastoral Care Team which can provide in depth spiritual care experience that results in improved satisfaction
- 3.) Multidisciplinary Emotional and Spiritual QI Team
- 4.) Standardized assessment tools to elicit spiritual needs and the meeting of those needs.

## Literature

- ▶ Beyond Cultural Competence:  
Applying humility to clinical settings by Linda M. Hunt

### As published in

- ▶ Religiously Informed Cultural Competence: November / December 2001  
Bulletin , Volume/Issue: Issue 24, Publisher: Park Ridge Center  
Date: December, 2001

<http://www.parkridgecenter.org/Page1882.html> rg/Page1882.html



## Why is this important?

- ▶ Message of hospitality
- ▶ Improves patient experience of care (HCAHPS)
- ▶ Improves care of the patient by making coping resources available



## What was in place

- ▶ Maternity Program
  - Sleep chairs
  - Food on the Holidays, refrigerator
  - Staff Education – Modesty
- ▶ Limited kosher food selections
- ▶ Sabbath Elevator in 2003
- ▶ Guest Apartment



## The Opportunity

- 1.) New attention on the Patient Experience of Care (Patient Satisfaction).
- 2.) Recognition of large Orthodox Community nearby
- 3.) A clearly identified need (phone calls)
- 4.) New Staff Chaplain,  
Rabbi Daniel Coleman



## The Team

### Members from:

Administration  
Pastoral Care  
Palliative Care Physician  
Dietary  
Maintenance

Later included: 2 Community Orthodox Rabbis



## Area Hospital Survey

### Visited:

NYU  
Columbia Presbyterian  
Mt. Sinai  
New York Hospital - Queens



## What we found - Assessment

### Areas of Concern:

- Food
- Staff Education
- Campus
- Community Relations



## Food

- Increased variety and selection (Especially appreciated by the Medical Residents)
- Supervision by the VAAD of Queens (Preferred by the local community)
- Guest trays on Friday and Saturday for family
- Kosher diet receives grape juice and two rolls on Friday evening and Saturday afternoon.
- Large kosher refrigerator in the cafeteria



## Staff Education

### On-going need

- Modesty
- Signatures
- Post Mortem Care
- NY State Mandated post partum education
- Wrist bands in maternity
- All the information contained in the brochure



## The Campus

- Entrances with electric doors
- Electric towel dispensers and lights
- Guest room improvements
- An Eruv (September 2007)
- A Chessed Room (Winter 2008)



## Community Relationships

- Bikur Cholim
- Chai Lifeline
- Local Congregations
  - Help on the holidays
  - North Shore listed on their Website



## Community Input is Essential



## Press Ganey Comments / Before

- ▶ "Should not have required a signature on a holiday for my discharge. Staff ought to be educated about Jewish religious requirements."
- ▶ "I am Jewish and a Sabbath Observer. Whenever I asked the nurse to help me on the Sabbath she rolled her eyes."
- ▶ "The staff never assessed any of these with me (emotional/spiritual needs). They took care of me physically and that's it. They were polite and courteous but it was a professional interaction. No one asked about me."



## Press Ganey Comments/ After

- ▶ "My husband and I are Jewish and the way the staff showed respect for anything we needed was remarkable."
- ▶ "I very much appreciated the Bikur Cholim group visiting the sick and that visited me."
- ▶ "My the staff went above and beyond the call of duty to respond to my religious needs and all my physical needs. I was amazed at the excellent level of care I received."
- ▶ "Staff was extremely helpful and accommodating to my Sabbath observance."



So What???

...Why does this matter?



So What???

...Why does this matter?

Effective communication is  
the cornerstone of  
patient safety!!!



## Factors That Can Inhibit Communication Abilities

- ▶ Hearing impairment
- ▶ Visual impairment
- ▶ Cognitive Limitation
- ▶ Intubation
- ▶ Disease (ALS, Stroke)
- ▶ Speech
- ▶ Health Proxy
- ▶ Culture and Religion
- ▶ Literacy
- ▶ Language



## The Risks of Not Addressing Communication Needs

- ▶ Serious medical events (Cohen et al., 2005)
- ▶ Poor medication compliance/  
adherence (Andrulis et al., 2002; Flores et al., 2003)
- ▶ Decreased patient satisfaction (Carrasquillo  
et al., 1999, Gany et al. 2007)
- ▶ Malpractice/liability
- ▶ Sentinel events (The Joint Commission, 2007)



## Poor Communication Impacts Patient Safety

- Flores et al., 2003)

**Nurse Practitioner:** "And she's going to have 1 teaspoon 3 times a day for 10 days."

<b>Interpreter:</b> "Entonces para la amoxicilina- por los oidos...entonces le vas a dar una cucharadita tres veces al dia."	"So for the amoxicillin- <b>in the ears</b> ...so you are going to give her 1 teaspoonful 3 times a day."
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## Example 1

- 2-year-old fractured clavicle after falling off tricycle
- Resident physician misinterpreted two Spanish words
- Diagnosed child abuse, and contacted Department of Social Service
- Department of Social Services, without an interpreter, had mother sign over custody of her 2 children.

Source: Flores, et al., J Peds 2000



## Example 2

- Misinterpretation of single Spanish word "intoxicado"
- Resulted in 18-year-old's quadriplegia after being misdiagnosed with drug overdose
- Patient's hematomas, brain-stem compression and paralysis due to a ruptured aneurysm.
- Hospital paid \$71 million in malpractice settlement

Source: Harsham, Medical Economics, 1984



## Example 3

- Discharge planning for 2 Korean patients with same last name
- Prescription written for wrong patient
- Potential adverse outcome
- Chaplain identified error and intervened
- Adverse outcome avoided



## Case Study: Unique contributions of a professional chaplain

- 50 yo woman AML, diagnosed April 2006
- Briefly in remission
- Re-admitted 10/2006 - AML w/o remission
- Born in Tibet
- Single parent of 11 yo son (father in Tibet and not in contact for many years)
- Referred by nurse because pt. had few visitors and was often crying
- Spiritual struggle: "What bad things did I do in my previous life to bring this upon me?"



## Role of Professional Chaplain in Health Care

- Identification of patient spiritual needs
- Delivery of respectful and ethical spiritual care
- Serve as member of interdisciplinary team- facilitating patient-provider understanding
- Supporting staff through cultural/religious education
- Enhancing quality of patient care



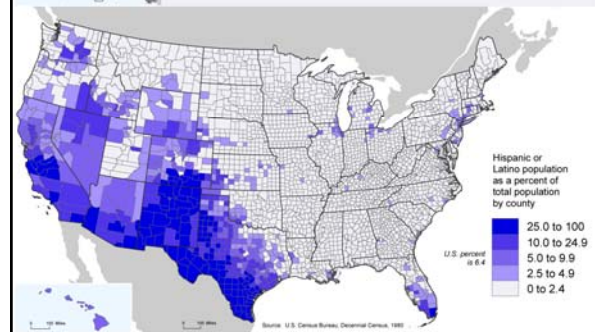
## America's Population Reflects Diverse Communication Needs

- ▶ 18% of the population (47 million people) speak a language other than English at home.
- ▶ Of these,
  - 28 million people speak Spanish.
  - 10 million speak another Indo-European language.
  - 7 million speak an Asian or Pacific Islander language
- ▶ Over 21 million speak English less than "very well," and may be considered Limited English Proficient (LEP).

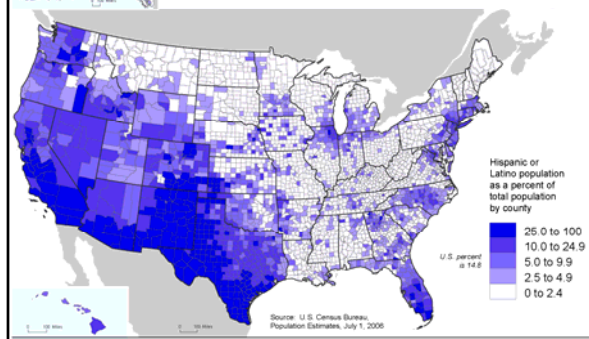
Source: US Census Bureau, Census 2000



## Percent of Population 1980 Hispanic or Latino



## Percent of Population 2006 Hispanic or Latino



## America's Population Reflects Diverse Communication Needs

- ▶ 90 million Americans have difficulty understanding and using health information.
- ▶ Approximately 28 million Americans have hearing loss, due to the combined effects of noise, aging, disease and heredity.

Sources: National Center for Education Statistics, U.S. Dept of Education, "Adult Literacy in America" (2007), National Institute on Deafness and Other Communication Disorders, "Statistics about Hearing Disorders, Ear Infections, and Deafness" (2007)



LAW.COM

## Jury Awards \$400,000 to Deaf Patient for Denial of Interpreter Services

Mary Pat Gallagher  
[New Jersey Law Journal](#)  
 October 17, 2008

A Hudson County jury's \$400,000 verdict for a deaf patient whose doctor refused her an interpreter may be a wake-up call for all professionals -- including lawyers -- that they risk liability for disability discrimination.



## Evolution of Joint Commission Standards Supporting Culturally Competent Patient-Centered Care

- ▶ Identification of certain rights for all patients
- ▶ Increased patient awareness related to patients' participation in care
- ▶ Cultural competence is more than a patients' rights issue; it is critical to safety and quality of care
- ▶ Focus on common safety concern of effective communication



## Joint Commission Standards Supporting Culture and Spirituality

**Standard RI.01.01.01**  
The organization respects patient rights.

- EP 5.** The organization respects the patient's right to and need for effective communication
- EP 6.** The organization respects the patient's cultural and personal values, beliefs, and preferences
- EP 9.** The [organization] accommodates the patient's right to religious and other spiritual services.




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## Joint Commission Standards Supporting Culture and Spirituality

**Standard RI.2.220 (LTC)**  
Residents receive care that respects their personal values, beliefs, cultural and spiritual preferences, and life-long patterns of living.



- EP 1.** Residents' personal values, beliefs, and cultural and spiritual preferences are respected by the organization
- EP 2.** Residents' life-long patterns of living, including lifestyle choices related to sexual orientation are respected by the organization.




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## Developing Hospital Standards for Culturally Competent Patient-Centered Care



- ▶ 18-month standards development project (August 2008 through January 2010)
- ▶ Expert Advisory Panel—multi-disciplinary
- ▶ Project will explore how diversity, culture, language, and health literacy issues can be better incorporated into current Joint Commission standards or drafted into new requirements
- ▶ Public comment on draft standards April-May 2009
- ▶ Standards go into effect January 2011
- ▶ Standards will build upon previous studies and projects, including the research framework from the HLC study and evidence from the current literature


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## Practical Applications for Chaplains

- ▶ Get involved
  - New staff orientation
  - Nursing Education
  - Customer Service Programs
  - Policy and Procedures
  - Holiday Planning and Events
  - Use case studies to exemplify role in quality
  - Magnet Status as driver






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## Magnet Force

Exemplary Professional Practice - Sources of Evidence
EP 18 Describe and demonstrate interdisciplinary collaboration to develop, implement, and evaluate a comprehensive set of patient education programs and resources within the organization.
EP 25 Describe and demonstrate how the organization identifies and addresses disparities in the management of the healthcare needs of diverse patient populations. Include the role of the nurse.
EP 26 Describe and demonstrate how nurses use resources to meet the unique and individual needs of patients and families.
EP 27 Describe and demonstrate how the organization promotes a non-discriminatory climate for patients.
EP 28 Describe and demonstrate the organizational structures and processes that are in place to identify and manage problems related to incompetent, unsafe, or unprofessional conduct.

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## Resources



**THE PLURALISM PROJECT**  
AT HARVARD UNIVERSITY

ABOUT THE PROJECT  
CURRENT RESEARCH  
NEWS SERVICES  
OUR RESEARCH  
THE CENTRAL  
FUND-RAISING GOALS  
RESEARCH FRONT RESEARCH  
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**SPOTLIGHT**  
FREMONT, CA  
\$100,000 Available for Purchase

**SPOTLIGHT**  
WORLD RELIGION IN BUSINESS  
\$100,000 Available for Purchase

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**SPOTLIGHT**  
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## Resources

- ▶ “When Universal Virtues of Care Meet a Multicultural World”, Rev. Teresa E. Snorton, DMin, BCC – APC Conference 2006, Atlanta, GA
- ▶ **Providing Culturally And Linguistically Competent Health Care (Paperback)** by Joint Commission Resources (Author)
- ▶ “Beyond Cultural Competence: Applying humility to clinical settings” by Linda M. Hunt



## Resources

### Developing Learning Modules to Address Cultural and Spiritual Sensitivity

Sue Wintz • Earl P. Cooper

**Learning Module**  
**Cultural and Spiritual Sensitivity**  
*A Quick Guide to Cultures and Spiritual Traditions*  
Teaching Notes  
By Sue Wintz, BCC and Earl P. Cooper, BCC

Available: [www.professionalchaplains.org](http://www.professionalchaplains.org)



## Resources

- ▶ *Hospitals, Language, and Culture* study website:  
[www.jointcommission.org/patientsafety/hlc/](http://www.jointcommission.org/patientsafety/hlc/)

**Available:**  
Downloadable reports  
HLC study information  
Links to other websites  
Resources



## Thank you!!!

- ▶ Amy Wilson-Stronks  
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- ▶ Jon Overvold  
[jovervol@nshs.edu](mailto:jovervol@nshs.edu)



## Joint Commission Standards Supporting Culture and Spirituality

### Standard RI.2.30 (BHC-OTP)

Clients are involved in decisions about care, treatment, and services provided.

- EP 14.** The program allows for patient choice in seeking alternative therapies and provides support to patients who choose to explore these alternatives.

**Note:** Programs may provide culturally appropriate or popular and non-harmful alternative therapies, such as acupuncture or providing a space for sweat lodge.



## Joint Commission Standards Supporting Culture and Spirituality

### Standard RI.2.240 (LTC)

Residents can participate or refuse to participate in social, spiritual, or community activities and groups.

- EP 1.** Each resident's choice to participate or refuse to participate in social, spiritual, or community activities and groups is supported by the organization.



## Joint Commission Standards Supporting Culture and Spirituality

### Standard HR.01.04.01

The organization provides orientation to staff.

- EP 5.** The organization orients staff on the following: Sensitivity to cultural diversity. Completion of this orientation is documented.



## Joint Commission Standards Supporting Culture and Spirituality

### Standard PC.01.02.01

The organization assesses and reassesses its patients.

**EP 4. (AHC, CAH, HAP)** Based on the patient's condition, information gathered in assessment includes the initial the following:

- For patients who are receiving end-of-life care, the social, spiritual, and cultural variables that influence the patient's and family members' perception of grief



## Joint Commission Standards Supporting Culture and Spirituality

**EP 5. (OME)** Based on the patient's condition and the care, treatment, or services it provides, the organization defines, in writing, which of the following information it collects in the patient's assessment and reassessment:

- Cultural or religious practices that may affect care

**EP 7. (OME only)** The hospice's written definition of information the organization collects during assessment and reassessment includes the following:

- Patient and family spiritual orientation, including their desire for the involvement of a religious group
- Spiritual concerns or needs identified by the patient or family, such as despair, suffering, guilt, and forgiveness



## Joint Commission Standards Supporting Culture and Spirituality

### Standard PC.2.20 (LTC)

The organization defines in writing the data and information gathered during assessment and reassessment.

- EP 17.** The information defined by the organization to be gathered during the initial assessment(s) also includes the resident's nutritional\* and hydration status and needs, including the following:
- Cultural, religious, or ethnic food preferences



## Joint Commission Standards Supporting Culture and Spirituality

**EP 20.** The information defined by the organization to be gathered during the initial assessment(s) also includes the resident's psychosocial and spiritual status, including the following:

- Cultural and ethnic factors which influence care, treatment, and services
- Current emotional status
- Social skills
- Current living situation
- Family relationships and circumstances
- Relevant past history of roles
- Response to stress caused by the illness and required treatment
- Spiritual orientation, status, and needs
- The dying resident's concerns related to hope, despair, guilt, or forgiveness



## Joint Commission Standards Supporting Culture and Spirituality

- EP 21.** In addition, when the bereavement process is a significant factor, the psychosocial assessment includes the social, spiritual, and cultural variables that influence the perceptions and expressions of grief by the resident or family.



## Joint Commission Standards Supporting Culture and Spirituality

### Standard PC.2.60 (BHC)

The organization defines in writing the data and information gathered during the psychosocial assessment.

- EP 1. As relevant to care, treatment, and services, the information defined by the organization to be gathered during the psychosocial assessment includes at least the following:
- Religion and spiritual orientation



## Joint Commission Standards Supporting Culture and Spirituality

- EP 3. When addressing bereavement, the psychosocial assessment includes the social, spiritual, and cultural variables that influence the perceptions and expressions of grief by the client or family.



## Joint Commission Standards Supporting Culture and Spirituality

### Standard PC.3.100 (BHC)

The assessment includes the client's religion and spiritual orientation.

#### Rationale for PC.3.100

A client's spiritual orientation may relate to the substance abuse, dependence, and other addictive behaviors in terms of how the client views himself or herself as an individual of value and worth. Spiritual orientation is not considered synonymous with a client's relationship with an organized religion.

- EP 1. The client's spiritual orientation and religion are obtained as part of the assessment.



## Joint Commission Standards Supporting Culture and Spirituality

### Standard PC.01.02.11 (HAP)

The organization assesses the needs of patients who receive psychosocial services to treat alcoholism or other substance use disorders.

- EP 5. Based on the patient's age and needs, the assessment for patients receiving psychosocial services for the treatment of alcoholism or other substance use disorders includes the following:
- The patient's religion and spiritual beliefs, values, and preferences
  - Ethnic and cultural factors



## Joint Commission Standards Supporting Culture and Spirituality

### Standard PC.01.02.13 (CAH, HAP)

The organization assesses the needs of patients who receive treatment for emotional and behavioral disorders.

- EP 5. Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:
- The patient's religion and spiritual beliefs, values, and preferences
  - Ethnic and cultural factors



## Joint Commission Standards Supporting Culture and Spirituality

### Standard PC.02.02.03

The organization makes food and nutrition products available to its patients.

- EP 9. (CAH, HAP, OME) When possible, the organization accommodates the patient's cultural, religious, or ethnic food and nutrition preferences, unless contraindicated.



## Joint Commission Standards Supporting Culture and Spirituality

### Standard PC.02.02.13 (HAP, OME)

The patient's comfort and dignity receive priority during end-of-life care.

- EP 1.** **(HAP)** To the extent possible, the hospital provides care and services that accommodate the patient's and his or her family's comfort, dignity, psychosocial, emotional, and spiritual end-of-life needs.  
**(OME)** To the extent possible, the organization meets the patient's and his or her family's physical and psychosocial needs related to death and grief.
- EP 2.** The [organization] provides staff with education about the unique needs of dying patients and their families.



## Joint Commission Standards Supporting Culture and Spirituality

### Standard PC.02.03.01

The organization provides patient education and training based on each patient's needs and abilities.

- EP 1.** **(AHC, OME)** The organization assesses the patient's learning needs.  
**Note (OME):** This assessment could include the patient's cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication.
- (CAH, HAP)** The [organization] performs a learning needs assessment for each patient, which includes the patient's cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication.



## Joint Commission Standards Supporting Culture and Spirituality

### Standard PC.3.140 (BHC Foster Care)

Each child is assessed to determine appropriate services and placement.

- EP 8.** Each child receives a spiritual status evaluation.
- EP 9.** Each child receives a cultural and linguistic status evaluation.



## Joint Commission Standards Supporting Culture and Spirituality

### Standard PC.3.160 (BHC Foster Care)

Each prospective foster care family is assessed to determine its appropriateness for placement of children in foster care.

- EP 6.** Each prospective foster family receives an assessment of foster parent capability including the following: Cultural and linguistic evaluations.



## Joint Commission Standards Supporting Culture and Spirituality

### Standard PC.3.220 (BHC Foster Care)

Criteria are developed and used to guide placement decisions.

- EP 2.** Criteria for placement decisions include the following:
- Being culturally responsive to the characteristics of the children and families to the best of the agency's ability



## Joint Commission Standards Supporting Culture and Spirituality

### Standard LD.01.04.91

A chief executive manages the organization.

- EP 12.** **(BHC-OTP only)** For opioid treatment programs: Individuals in positions of authority are professionally and culturally competent.
- Note:** These individuals are able to work effectively with the local community and/or receive input from members of minority groups or advisors who are knowledgeable about gender, ethnicity, and language issues.



## Joint Commission Standards Supporting Culture and Spirituality

### Standard HR.3.40 (BHC)

The agency has a sufficient number of qualified staff.

- EP 3.** Staff demonstrates cultural competence and age-specific competence.