The presentation will begin shortly.

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Hand in Hand:

Improving Care and Satisfaction for Limited English Proficient Patients

Challenge

Increase LEP Patient:

- Quality of Care
- Satisfaction

How?

Language services is the link!

Benefits

Seen in Many Facilities…

Action: Made commitment to improve language access for LEP patients

Result?

Increased

- Quality of Care
- Patient Satisfaction
- Patient Safety

Decreased

- Cost

Solution

Create a working group to incrementally begin

Establishing ownership of LEP satisfaction survey administration, review and intervention processes.	Increasing response rates from LEP patients	Establishing correlations between LEP satisfaction scores, language service, and quality of care improvements.

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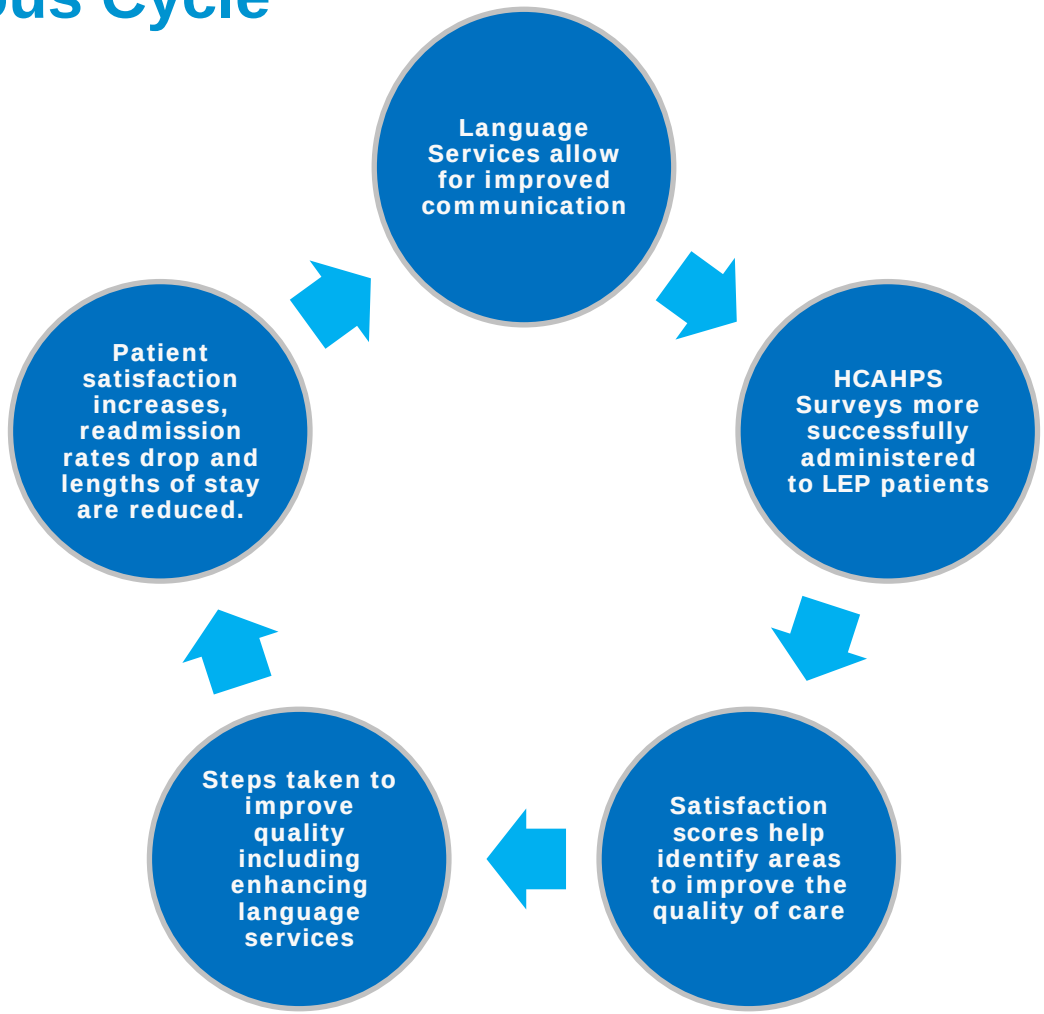
The Language Service, Patient Satisfaction, Quality of Care Virtuous Cycle



Nuts and Bolts

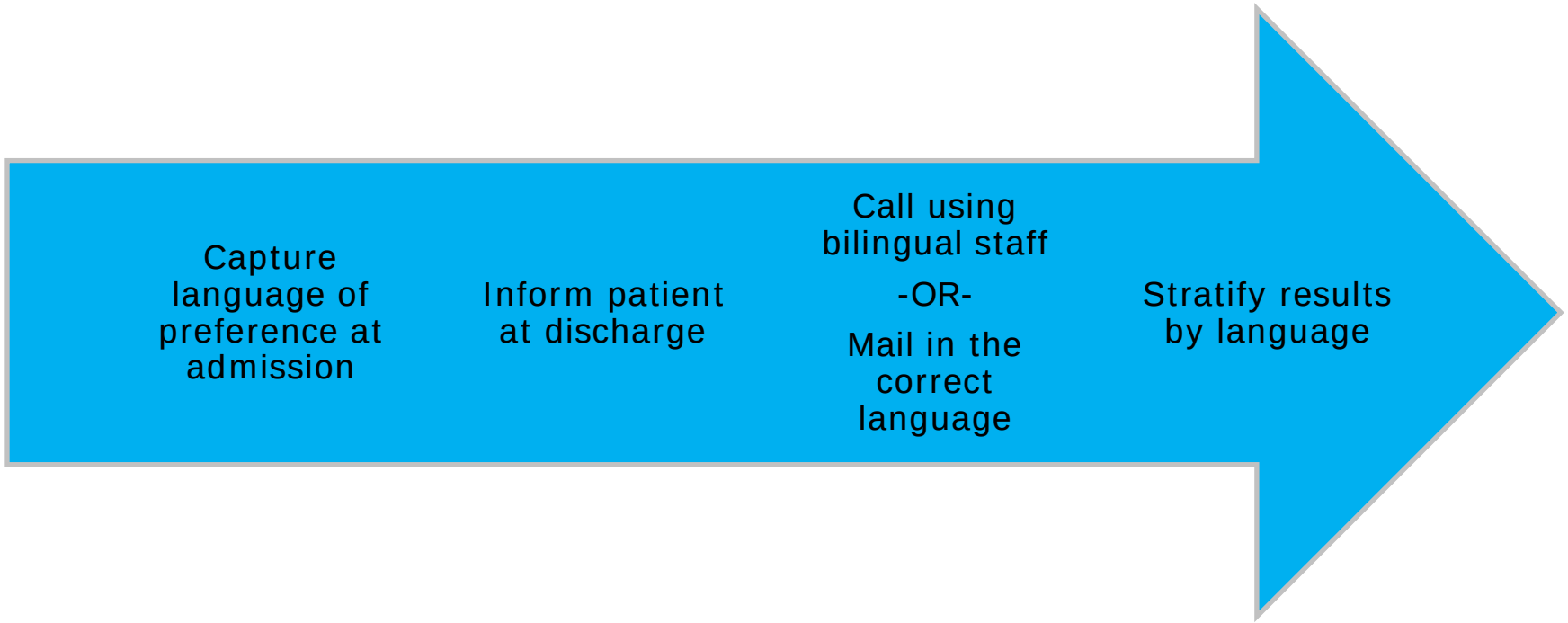
- Establishing ownership
- Collecting the data
- Evaluating the data
- Implementing solutions

Establishing Ownership

Initial steps to clarify ownership of LEP satisfaction:

- Identify a champion
- Create the initial working group including representation from:
  - language services
  - survey administration
  - data analysis
  - and one department or unit with a significant number of LEP interactions.
- Task group with outlining a plan to increase LEP response rates

Collecting the data



Evaluating the data

If: LEP HCAHPS survey completion rate < average

Then: Improve Communication at key points where patients are informed about the HCAHPS survey.

Tip:

Revisit your hospital's Language Access Plan, which should include an evaluation of:

- How on-site interpreters and bilingual staff are being used to provide language assistance.
- How language services are being accessed across departments, clinics, and facilities.
- How staff are using over-the-phone interpreter services.

For more information about Language Access/Assistance Plans, go to:
http://www.cyracom.com/resource/title-vi-and-language-assistance-plans/

Evaluating the data

If: Language services are not always available or are underutilized

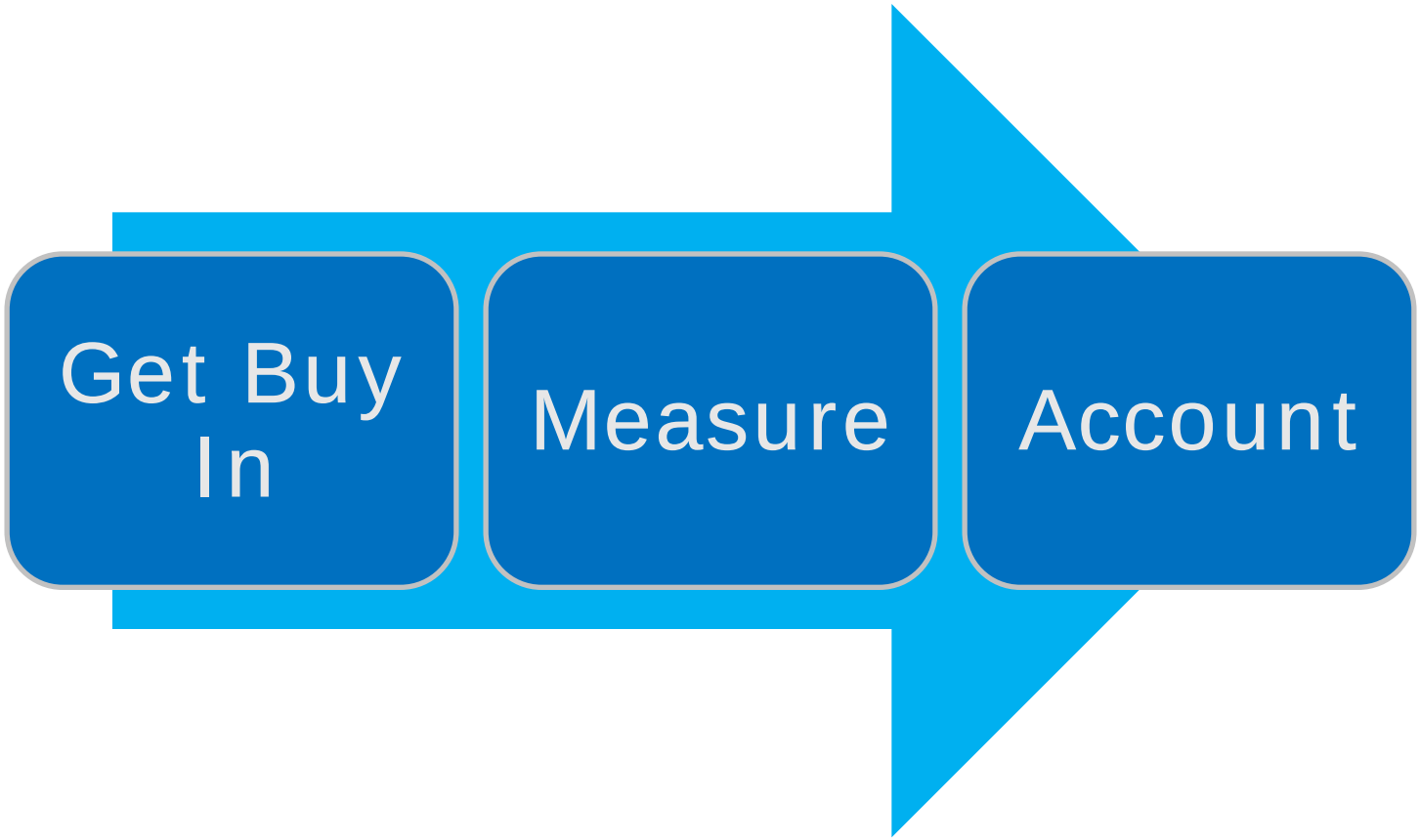
Then: This can be a contributing cause to both low survey completion and also to low satisfaction scores. (Are "key messages" communicated in other languages?)

Tip:

If LEP patient satisfaction scores are lower than the average on questions under the Communication Domain, then the Language Access Plan should be revisited to determine if:

- Clear objectives were established regarding making language services available at all key communication points and if these objectives were achieved.
- Clear objectives for training staff on how to use these services were established and achieved.

Implementing solutions



Is Hospital Cultural Competency Associated with Better HCAHPS scores?

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Collaborators

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- Cameron Schiller, Consultant
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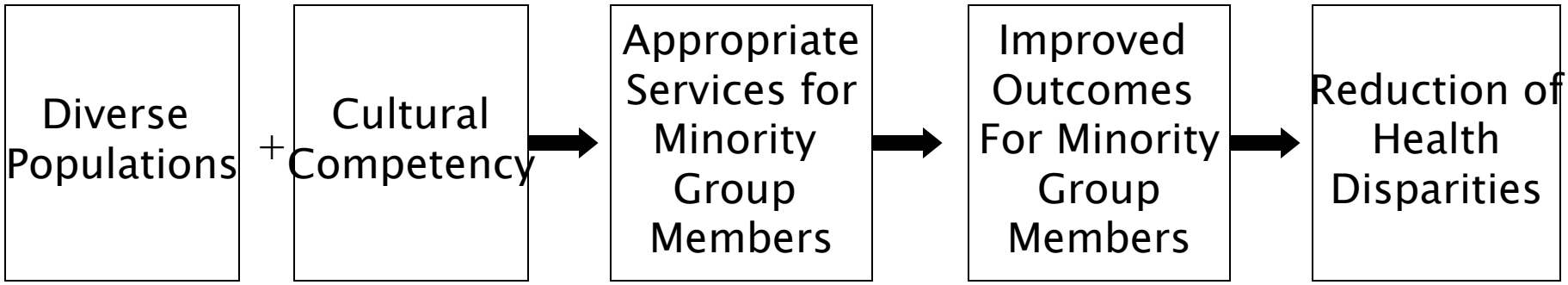
Disparities in Care

- IOM (2003) report "Unequal Treatment" documented disparities in care
- Disparities in patient experiences with care
  - National Consumer Assessments of Healthcare Providers and Systems (CAHPS) Benchmarking Database
  - Racial/ethnic minorities, especially non-English speakers have worse reports of care in Medicaid managed care (Weech-Maldonado et al., 2001, 2003, 2004)
- Diversity and health care delivery
  - Communication and other institutional barriers as a result of cultural and language differences
- Cultural competency one of the strategies to address health disparities

Cultural Competency and Health Disparities



Brach and Fraser (2000)

What Is Cultural Competency?

The National Quality Forum (NQF) (2008. p3) defines cultural competency as the:

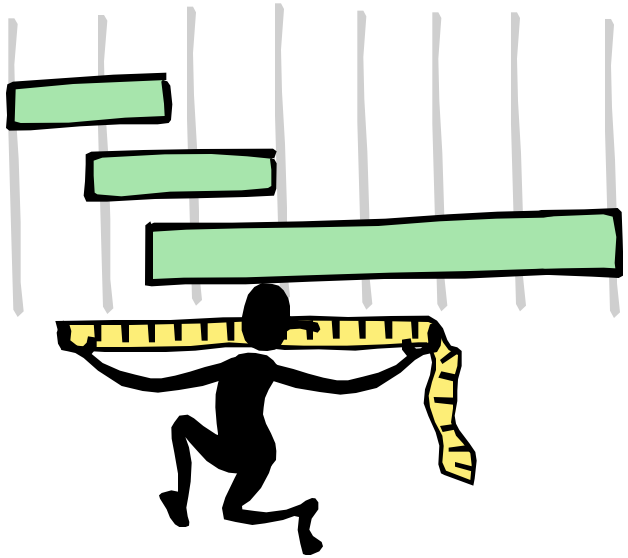
- "Ongoing capacity of healthcare systems, organizations, and professionals to provide for diverse patient populations high-quality care that is safe, patient and family centered, evidence based, and equitable."

And states that cultural competency is achieved through:

- "Policies, learning processes, and structures by which organizations and individuals develop the attitudes, behaviors, and systems that are needed for effective cross-cultural interactions"

Assessments of Cultural Competency

- Levels
  - Organizational
    - Cultural Competency Assessment Tool for Hospitals (CCATH)
  - Provider
  - Patient
    - Consumer Assessments of Healthcare Providers and Systems (CAHPS ®)



Cultural Competency Assessment Tool for Hospitals (CCATH)

- Systems approach
- US Department of Health and Human Services Office of Minority Health (2001, 2013)
  - Cultural and linguistic appropriate services (CLAS) standards
- National Quality Forum (NQF) (2008)
  - A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency

NQF Comprehensive Framework

- Leadership
- Integration into Management Systems and Operations
- Workforce Diversity and Training
- Community Engagement
- Patient-Provider Communication
- Care Delivery and Supporting Mechanisms

Development of CCATH

- Assess appropriateness of existing survey instruments for the CCATH
- Design the CCATH
- Pilot test and revise the CCATH
- Qualitative testing (focus groups and cognitive interviews) of revised CCATH survey instrument
- CCATH field test and psychometric testing

NQF Domain	CLAS Standard	CCATH Composite	# Items	Alpha	Mean
Leadership	8, 14	Leadership and Strategic Planning	6	0.79	35.8
Integration into Management Systems and Operations	10	Data Collection on Inpatient Population	2	0.70	87.1
	11	Data Collection on Service Area	7	0.84	60.5
	9	Performance Management Systems and QI	3	0.78	33.3
Workforce Diversity and Training	2	Human Resources Benefits	8	0.66	62.2
	3, 13	Diversity Training	3	0.68	53.7
Community Engagement	12	Community Representation	2	0.84	40.2
Patient-Provider Communication	4	Availability of Interpreter Services	4	0.87	70.2
	5,6	Interpreter Services Policies	4	0.65	61.1
	5,6	Quality of Interpreter Services	3	0.75	58.1
	7	Translation of Written Materials	6	0.81	52.3
Care Delivery	1	Clinical Cultural Competency Practices	4	0.76	81.4

CCATH Composite Scales (Example of Survey Items)

- Leadership and strategic planning (mean=36)
  - Does this hospital's statement of strategic goals include...
    - Specific language about recruitment of a culturally diverse work force?
    - Specific language about retention of a culturally diverse work force?
    - Specific language about the provision of culturally appropriate patient services?

CCATH Composite Scales

- HR benefits (mean= 62)
  - Formal mentoring program
  - Flexible benefits such as domestic partner benefits, family illness, death, and personal leave policies that accommodate alternative definitions of family
- Diversity training (mean= 54)
  - Does this hospital have a formal and ongoing training program on cultural and language diversity?

CCATH Composite Scales

- Quality of interpreter services (mean= 58)
  - Does the hospital require an assessment of… Interpreter accuracy and completeness?
- Translation of written materials (mean= 52)
  - What types of written materials does this hospital routinely provide to in-patients in languages other than English? IF YES: In what languages are written materials translated? (Mark all that apply)
    - Discharge planning instructions
    - Medication instructions
- Clinical cultural competency practices (mean= 81)
  - Accommodate the ethnic/cultural dietary preferences of in-patients?
  - Tailor patient education materials for different cultural and language groups?

Conceptual Framework (Donabedian, 1988)

Structure of Care Process of care Outcomes

Hypotheses

- **Hypothesis 1**: Patients receiving care in hospitals with greater cultural competency will report better experiences with inpatient care
- **Hypothesis 2**: The experiences of minority patients relative to non-Hispanic White English-speaking patients will be better at hospitals with higher levels of cultural competency than at hospitals with lower levels of cultural competency

Data

- CCATH survey data
  - Mail survey of California hospitals
  - October 2006- May 2007
  - Total Design Method (Dillman, 1978)
    - Response rate: 125 hospitals (37%)
    - Respondents less likely to be part of a system (49% vs. 65%), but more likely to have a greater minority inpatient population (40% vs. 36%)
- Consumer Assessments of Healthcare Providers and Systems (CAHPS) Hospital Survey (HCAHPS)
  - 198 CA Hospitals
- Merged CCATH and HCAHPS data
  - 19,583 patients from 66 hospitals had both CCATH and HCAHPS data

Dependent Variables–Hospital CAHPS Evaluations of Care

- 6 composites (based on 2–3 report items each):
  - Communication with nurses
  - Staff responsiveness
  - Communication with doctors
  - Pain control
  - Communication about medications
  - Discharge information
- Two stand-alone report items assess physical environment (cleanliness and quietness)
- Two global items (recommendation of hospital to friends and family, and overall rating of hospital)
- All outcomes transformed to a 0–100 possible range

Independent Variable

Average Score for Cultural Competency (12 CCATH Domains):

- Clinical cultural competency practices
- HR practices
- Diversity training
- Availability of interpreter services
- Interpreter services policies
- Quality of interpreter services
- Translation of written materials
- Leadership and strategic planning
- Racial/ethnic assessments and QI
- Data collection on inpatient population
- Data collection on service area
- Community representation

Control Variables

- **Racial/ethnic and language subgroups**
  - White Non-English Speaker
  - Hispanic English Survey, English at Home
  - Hispanic English Survey, Spanish/Other Language at Home
  - Hispanic Spanish Survey
  - Black English at Home
  - Asian/Pacific Islander English at Home
  - Asian/Pacific Islander Other Language at Home
  - American Indian
  - Multiple Races
  - Missing Race/Ethnicity or Language at Ho
- **Case Mix Variables**
  - Age
  - Education
  - Self-rated Health status
  - Service line (medical, surgical, obstetrics)
  - Age * Service line
  - ER Admission sourc

Analysis–Two Mixed Models

- Model 1
  - Predicted overall HCAHPS scores from a hospital random effect, plus fixed effects for hospital's degree of cultural competency, individual race/ethnicity/language, and case-mix variables
- Model 2
  - Adds a fixed effects interaction between hospital cultural competency and a patient racial/ethnic minority indicator

Descriptive Statistics

Dependent Variables	Mean (SD)
Nurse Communication	84.9 (19.8)
Staff Responsiveness	76.9 (25.7)
Doctor Communication	88.7(19.2)
Clean Room	82.6(28.1)
Quiet Room	71.9(30.2)
Pain Control	84.2 (21.2)
Medication Communication	69.3(31.2)
Discharge Communication	24.9 (35.2)
Hospital Rating	83.5(20.8)
Hospital Recommendation	85.2 (23.8)
Independent Variable	
Degree of Cultural Competency	63.6 (19.3)

Results (Model 1)

HCAHPS	Effect of 1 STDV CCATH Score	STDV of Hospital-Level Random Effect
Nurse Communication	0.38	2.42***
Staff Responsiveness	0.10	3.37***
Doctor Communication	0.73*	1.79***
Clean Room	-0.23	3.10***
Quiet Room	0.12	4.77***
Pain Control	0.11	2.10***
Medications Communication	-0.24	2.77***
Discharge Information	-0.55	3.29***
Hospital Rating	1.22***	3.10***
Hospital Recommendation	1.55***	3.44***

Results (Model 2)

HCAHPS	Effect of 1 STDV CCATH Score* Minority Indicator	STDV of Hospital-Level Random Effect
Nurse Communication	0.88*	2.42***
Staff Responsiveness	1.32**	2.88***
Doctor Communication	-0.03	1.78***
Clean Room	-.03	3.09***
Quiet Room	1.04*	4.73***
Pain Control	1.51***	2.1***
Medication Communication	0.41	2.76***
Discharge Information	-0.16	1.34***
Hospital Rating	0.25	2.89***
Hospital Recommendation	-0.15	3.44***

Results

- Model 1 shows that cultural competency was positively associated with doctor communication, hospital rating, and hospital recommendation.
  These are considered medium size effects
- Model 2 provides evidence of greater relative benefits for those who were not English-speaking non-Hispanic Whites for 4 of the 10 measures examined: nurse communication, staff responsiveness, quiet room, and pain control.
  These are considered medium size effects, except for quiet room which is small

Conclusions

- Cultural competency may both improve patient's overall hospital experiences and doctor communication in general
- The impact of cultural competency on dimensions of care related to interactions with non-physician hospital staff, is greater among minority patients

Policy/Managerial Implications

- Business case for cultural competency
  - Because cultural competency appears to be associated with better patient experiences, there may be a market incentive for the implementation of such practices
    - Hospital Compare and HCAHPS
    - Beginning in 2013, CMS will incorporate HCAHPS into value-based purchasing program providing direct financial incentives
- QI activities tied to cultural competency efforts show notable promise for improving HCAHPS scores, but particular promise for hospitals with significant racial/ethnic/language minority patient populations.

Strategic Diversity Leadership

- "Diversity leadership is a differentiation strategy that is responsive to demographic shifts and changing social attitudes among both the patients and the workforce" (Dreachslin, 1999:428)
- Diversity leadership is essential for cultural competency

Four Cornerstones: Strategic Diversity Leadership

Strategic Plan

- Strategic plan goals for diversity in two areas:
  - Recruitment and Retention of a Culturally Diverse Workforce
  - Provision of Culturally and Linguistically Appropriate Patient Care

Performance Metrics

- Routine assessment of diversity goal achievement as part of strategic planning

Accountability

- Dedicated person, office or committee assigned responsibility to promote

the hospital's cultural diversity goals

Community Involvement

- Annually report to the community about the hospital's performance in meeting the cultural and language needs of the service area.

Examples of NQF-Endorsed Preferred Practices

- Workforce diversity and training
  - Implement training that builds a workforce that is able to address the cultural needs of patients and provide appropriate and effective services as required by federal, state, and local laws, regulations, and organizational policies
- Patient-provider communication
  - Offer and provide language access resources in the patient's primary written and spoken language at no cost, at all points of contact, and in a timely manner during all hours of operation, and provide both verbal offers and written notices informing patients of their right to receive language assistance services free of charge
- Care delivery and supporting mechanisms
  - Adapt the physical environment where the healthcare is being delivered to represent the culture of the populations who access their healthcare in that environment

Cultural Competency and Quality Improvement

- Assess baseline performance
  - Use organizational instrument, such as CCATH
  - Analyze HCAHPS by race/ethnicity
  - Identify strengths and weaknesses
- Conduct focus groups for further insights on survey findings
- Identify action plan to address gaps
  - Refer to NQF preferred practices for cultural competency
- Implement action plan
- Evaluate effectiveness of action plan
- Strive for continuous improvement

References (CCATH)

- Weech-Maldonado, R., Ellliott, M.N., Pradhan, R., Schiller, C., Hall, A., and Hays, R.D. Can Hospital Cultural Competency Reduce Disparities in Patient Experiences with Care? *Medical Care* 50(9 Suppl 2): S48-55
  http://journals.lww.com/lww-medicalcare/Fulltext/2012/11001/Can_Hospital_Cultural_Competency_Reduce.10.aspx
- Weech-Maldonado, R., Elliott, M.N., Pradhan, R. Schiller, C., Dreachslin, J., and Hays, R.D. Moving towards Culturally Competent Health Systems: Organizational and Market Factors. 2012. *Social Science and Medicine*, 75(5): 815-22.
- Weech-Maldonado, R., Dreachslin, J., Brown, J., Pradhan, R., Rubin, K.L., Schiller, C., and Hays, R.D. Cultural Competency Assessment Tool for Hospitals (CCATH): Evaluating Hospitals' Adherence to the CLAS Standards. 2012. *Health Care Management Review*, 37(1): 54-66.

Resources

- Cultural Competency Assessment Tool for Hospitals (CCATH)
  - www.diversityconnection.org ???????????
- National Quality Forum (A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency)
  - www.qualityforum.org/projects/cultural_competency.aspx

Acknowledgements

- Commonwealth Fund
- DHHS's Office of Minority Health