



# HPOE *Live!* Webinar Series 2013

**The presentation  
will begin shortly.**



Imagine... a more peaceful world that respects difference.  
We are committed to making that vision a reality.

# Religious Cultural Competency and Improved Patient Care: Trends and Better Practices

**WEBINAR**

April 25<sup>th</sup>, 2013

# Speakers

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Mark Fowler

Managing Director of Programs,  
Tanenbaum Center for Interreligious  
Understanding

Virginia Tong

Vice President, Cultural Competence,  
Lutheran HealthCare

# Tanenbaum's Work

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**Workplace**

**Conflict  
Resolution**

**Health Care**

**Education**

The Tanenbaum Center for Interreligious Understanding promotes mutual respect with practical programs that bridge religious difference and combat prejudice in health care settings, schools, workplaces, and areas of armed conflict.

# Objectives

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1. Understand why religious diversity needs to be addressed in a health care setting.
2. Demonstrate the business case for addressing the topic of religion in patient care.
3. Learn about the challenges and opportunities of current hospital efforts that address the topic of religious diversity in health care.

# Cultural Competence

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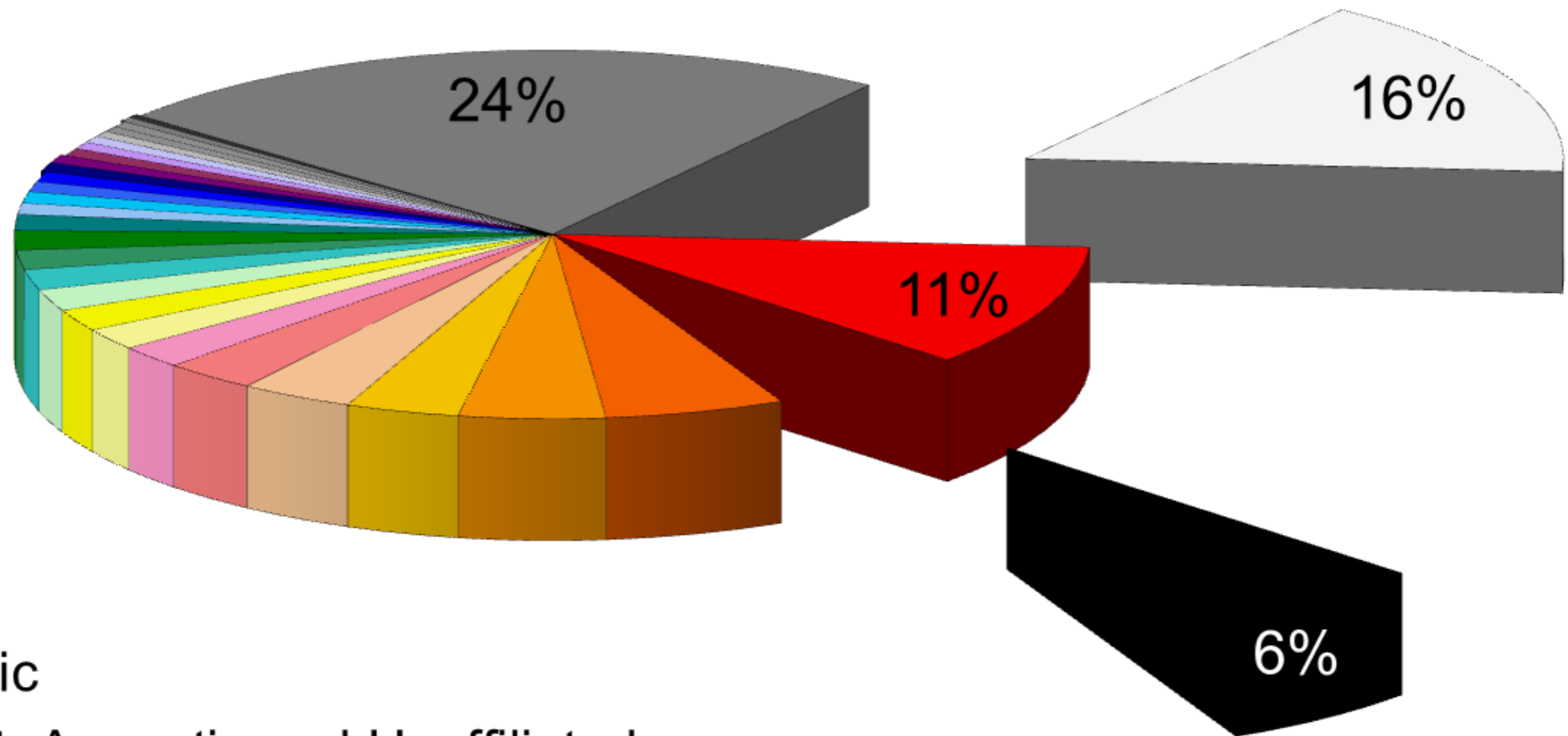
# Religiosity in the U.S.

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According to a 2010 Gallup Poll:

- **92%** - I believe in God.
- **80%** - Religion is very important or fairly important in my life.
- **65%** - Religion is an important part of daily life.
- **58%** - I believe that religion can answer all or most of today's problems.

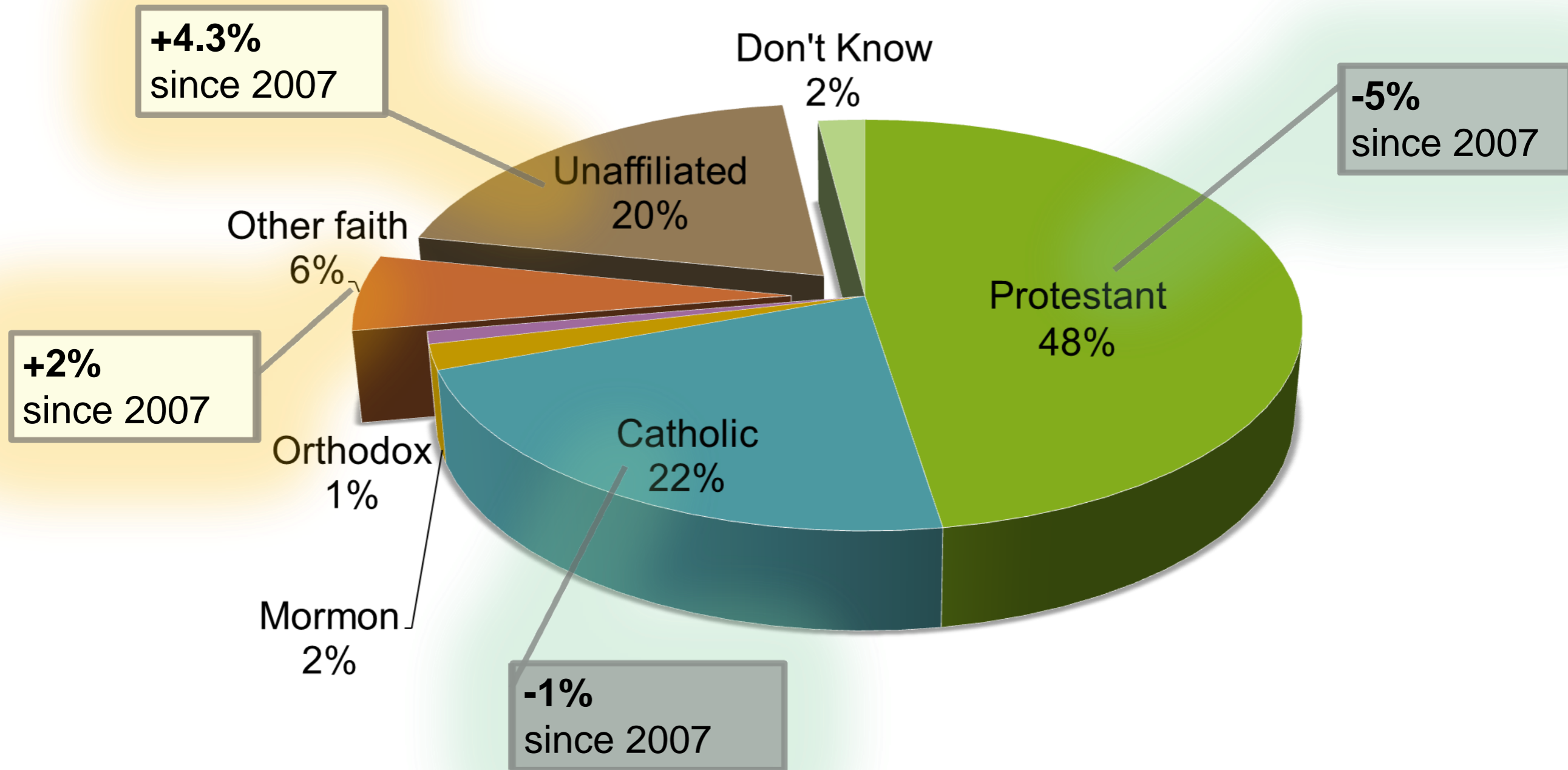
# Religious Diversity in the U.S



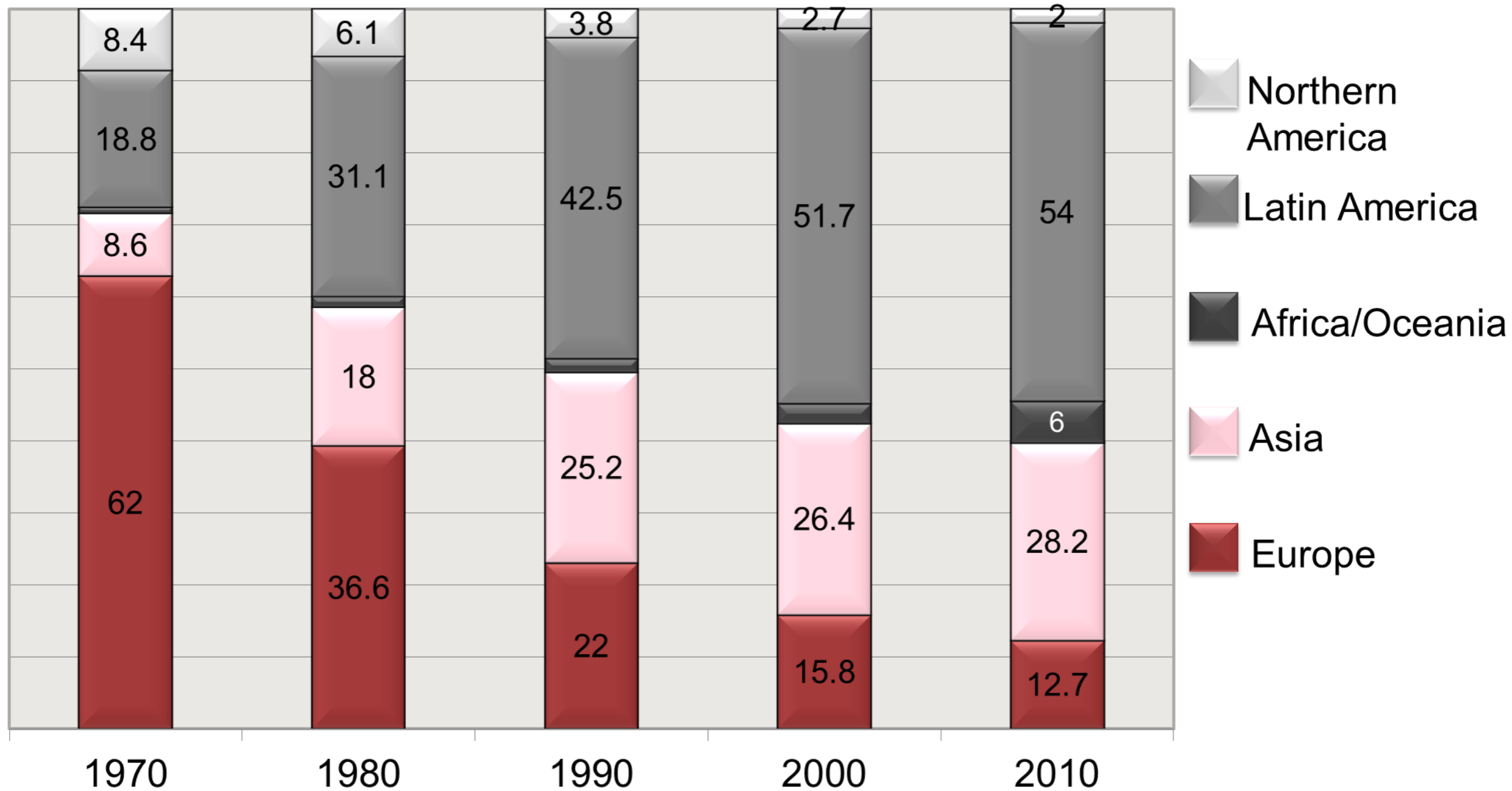
- Catholic
- Atheist, Agnostic and Unaffiliated
- Evangelical Baptist
- Non-Christian Faiths



# Religious Diversity in the U.S: Trends



# U.S. Immigration Trends



# Diversity in the Health Care Workforce

- **22%** of U.S. health care workers are foreign-born, compared to **13%** of the U.S workforce overall:
  - Physicians → **28%**
  - Registered Nurses → **15%**
  - Home Health Aides → **23%**
- **25%** of today's foreign-born health care workers immigrated to the U.S. after the year 2000.



# The Bottom Line

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**Religio-cultural competence improves a health care institution's ability to:**

- 1) Increase the efficacy of care
- 2) Improve patient satisfaction
- 3) Recognize and address disparities in care
- 4) Avoid litigation

# Joint Commission Requirements

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**Standard PC.3.100:** “The client’s spiritual orientation and religion are **OBTAINED** as part of [initial screenings and] assessment.”

**Standard RI.01.01.01:**

“The hospital **RESPECTS** the patient’s cultural and personal values, beliefs, and preferences.”

“The hospital **ACCOMODATES** the patient’s right to religious and other spiritual services.”

“The hospital **PROHIBITS DISCRIMINATION** based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.”

# What do patients want?

Many patients *want* their providers to ask about their religious needs.

**41%** of patients want to discuss religious concerns.



Only **half** report having such a discussion and only **8%** have this discussion with a doctor.

**41%** of patients can think of a time when religious beliefs influenced a health care decision they made.

# Patient Satisfaction

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## Under the Affordable Care Act (beginning in FY 2013):

- CMS will make value-based incentive payments based on the following quality measures:
  - clinical process of care measures (70%)
  - Patient experience of care measures (30%)
- A 2010 study found: Inpatients who discussed religious concerns were more likely to **positively assess their care** *whether or not* they initially indicated wanting such a discussion.

# Addressing Disparities: A Case Example

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**The Situation:** A hospital in the UK found that Asian patients – the largest percentage being Muslim – failed to attend 50% of appointments compared to 33% of Europeans.

**The Solution:** Several interventions were implemented including:

- Schedulers were given a list of dates for religious holidays.
- Staff were educated in certain religious/cultural practices that could impact scheduling.
- Hospital staff collaborated with faith community leaders.

**The Result:** Non-attendance rate dropped to 13.5% for Asians and 12% for Europeans.



# Litigation Avoidance

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- A **Muslim woman** suffering from chest pains asks for a female tech to conduct the electrocardiogram. She is left waiting in the emergency room for 5 hours. She sues the hospital and wins.
- A woman with brain cancer asks to be removed from life support. Her **Christian parents** go to court to prevent this. They believe this would be suicide and would condemn their daughter to hell.
- An **Orthodox Jewish family** sues to keep their son – who is pronounced brain-dead – on life support. According to their religious beliefs, they do not acknowledge brain-death as death.
- A nurse cleans up an elderly patient, cutting his beard, eyebrows and moustache. She does not realize he is **Sikh**, and that Sikhs are prohibited from cutting their hair. A lawsuit is brought.

# Recommendations

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- Track cultural and religious demographic changes within patient population and implement accommodations.
- Engage with faith community leaders to address challenges their community faces in accessing care.
- Develop a system for taking a spiritual history and ensuring that religious needs are addressed.
- Commit to ongoing education of *all* hospital staff in religio-cultural competence.
- Create integrated, cross-departmental responses.
- Be proactive, not reactive.

# Questions?





# Religious Diversity in Patient Care

**Virginia S. Tong, M.S.W.  
VP, Cultural Competence**



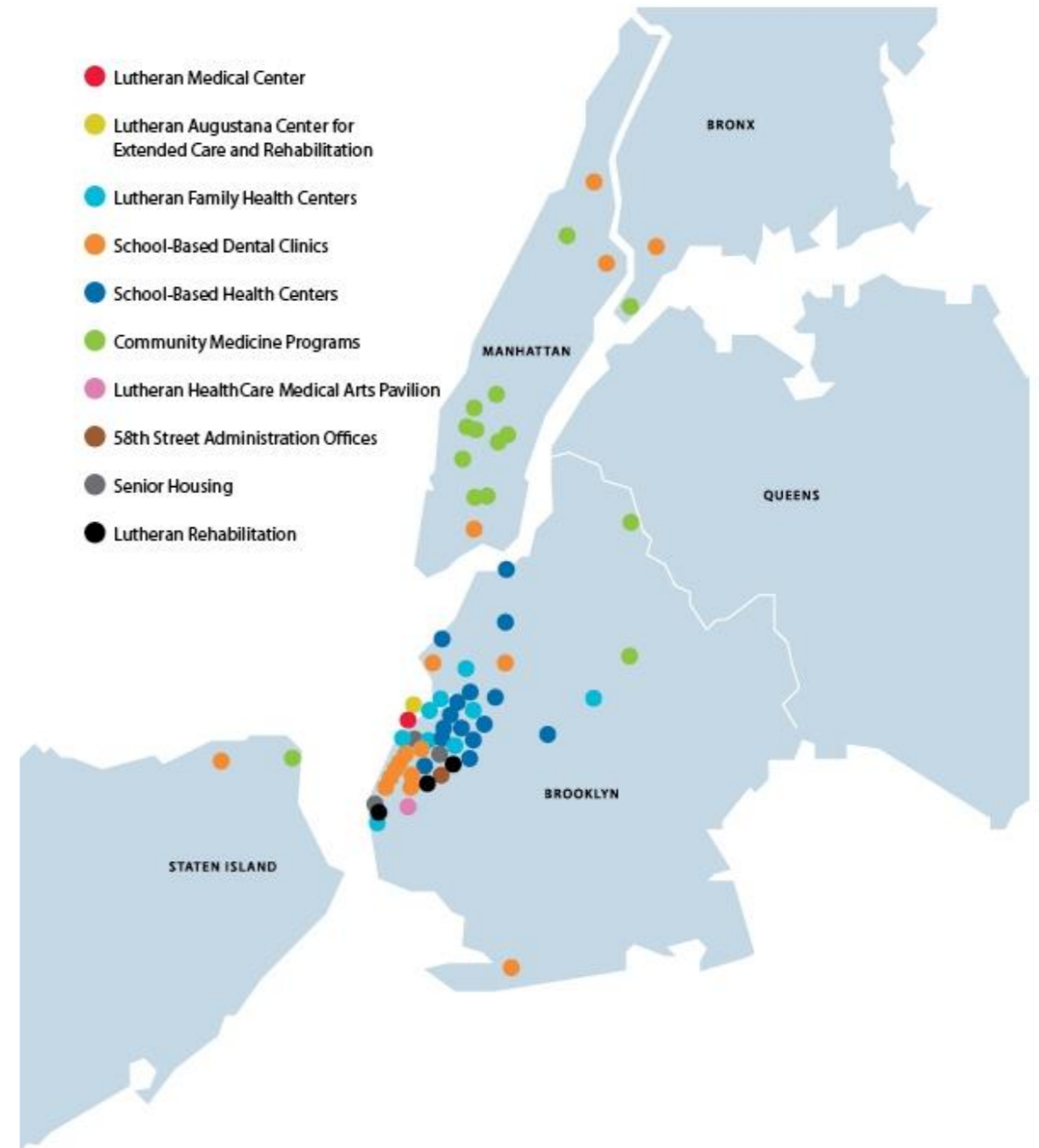
# What is Lutheran HealthCare?

- **Lutheran Medical Center**, a 468-bed acute care hospital and trauma center
  - **Lutheran Family Health Centers**, an outpatient primary care network delivering 600,000 patient visits annually
  - **Lutheran Augustana Center for Extended Care and Rehabilitation**, a 240-bed skilled nursing facility for extended care and rehabilitation
    - **Senior Residences**, with more than 725 housing units
- **Community Care Organization, Inc.**, a licensed home health care agency

*Total # of people served in 2011 - 503,525*

# Our Services

- Level 1 trauma center
- Cardiology and Stroke Center
- Award winning orthopedic program
- Comprehensive rehabilitation program
- 9 full time health centers
- 30 school health sites
- 14 community medicine sites
- Mental health services- Detox, psychiatric- Inpatient and outpatient



# Lutheran HealthCare's Mission and Vision Statement

Lutheran HealthCare has no reason for being of its own; it exists only to serve the needs of its neighbors ...

Lutheran HealthCare understands a hospital is not a collection of buildings, machines and beds, but a staff of talented, creative and committed people who serve the community as they are needed...

Lutheran HealthCare works in partnership with its neighbors, each relying on the other as friends who care about and assist each other...

(Adopted by the Lutheran Medical Center Board of Trustees, October 24, 1990 and reaffirmed annually since.)

# Demographics\*: Ethnicity & Poverty Rate

## Ethnicity

Latino/Hispanic	37%
Chinese	27%
Jewish Orthodox	10%
Arab	7%
Russian	7%

## Poverty Rate

Southwest Brooklyn	22.2%
United States	12.4%

\* Source 2000 Census Data



***28% of Residents Live Below 100% Federal Poverty Level***

***\* Lutheran Family Health Centers and Lutheran Medical Center***





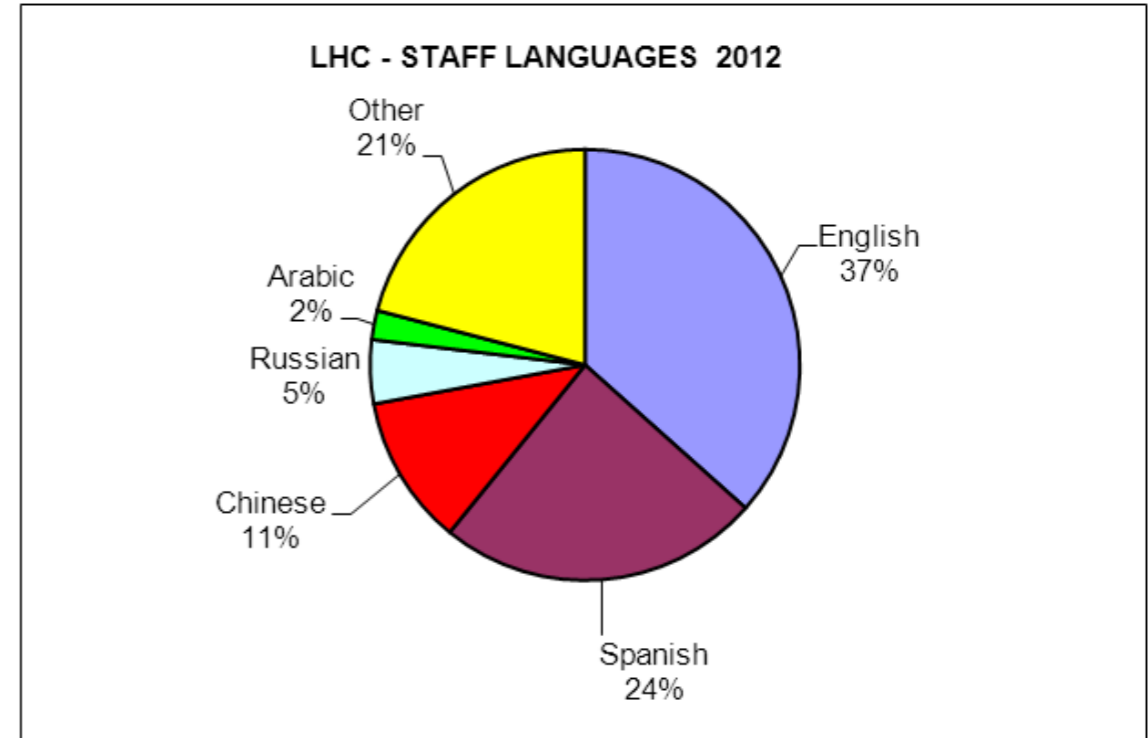
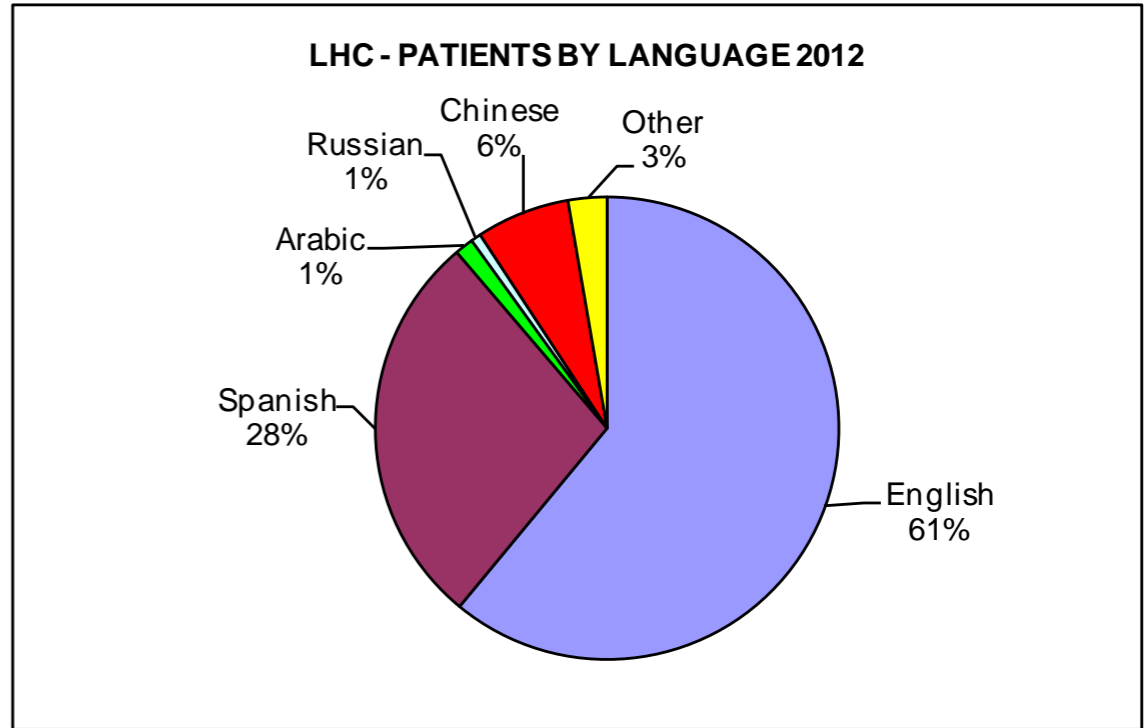


# LHC hires employees from the community who reflect our patient population and is the largest employer in the community.



**We speak 73 languages**

**We celebrate 30 ethnic and religious holidays**



# Cultural Competence Activities

- Multilingual & Multicultural staff including Patient Relations
- Cultural Initiatives Coordinator, VP for Cultural Competence
- Community Liaisons
- Cultural Advisory Committees:
  - Arab, ADA, Caribbean, Chinese, Latino, LGBT, Senior
- Signage/forms translated into 5 languages
- Cultural Competence training @ new employee orientation, resident and mandatory training
- Newspapers and television in Chinese, Spanish, Russian and Arabic languages
- Chinese unit



# Services for the Muslim Community



- Mosque (masjed) with Friday prayer service
- Modesty gowns
- Halal and Kosher meals
- Imam/Chaplain on call service
- Ramadan meal schedules adjusted for spiritual needs
- Arabic speaking bilingual staff, community liaison

# Services for the Orthodox Community

- Mehadrin and Glatt  
Kosher meals- strict  
Rabbinical supervision
- Bikor Cholim Yad Yaakov  
Room- kosher snacks and  
Shabbos provisions
- On staff Rabbi,  
community liaison
- Overnight  
accommodations for men  
and women
- Shabbos elevators



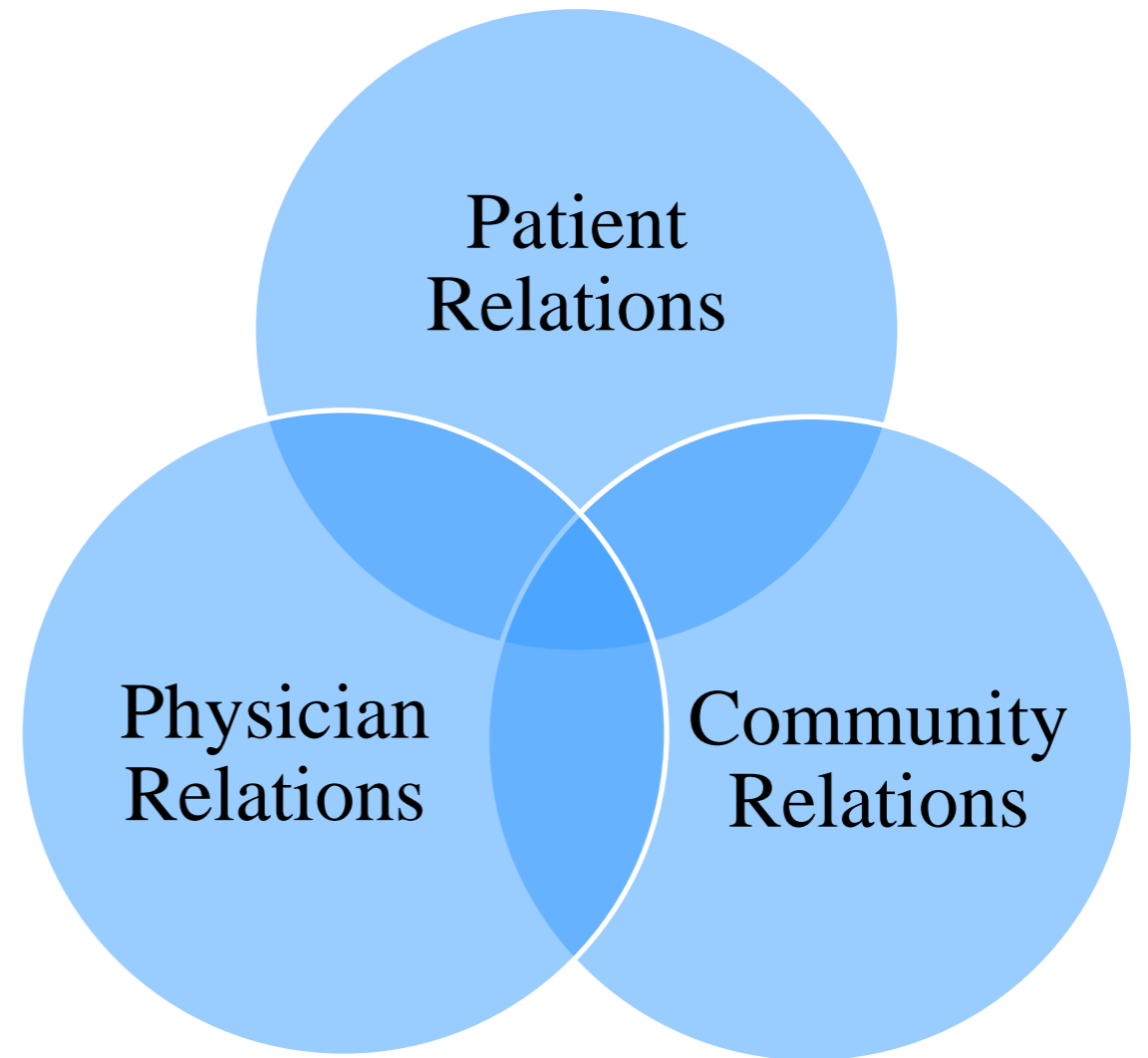
# Partnership with Tanenbaum Religio-Cultural Competency Assessment Project

- Conducted from 2006-2008
- Advisory Committee
- Focus Groups, interviews
- Document reviews- curriculum, procedures and documents, policies
- Analysis of employee and patient populations
- Environmental assessment
- Training observations

## **Recommendations included:**

- 1) service and policy reviews, 2) focused trainings and workshops,
- 3) environmental improvements

# Community Liaisons



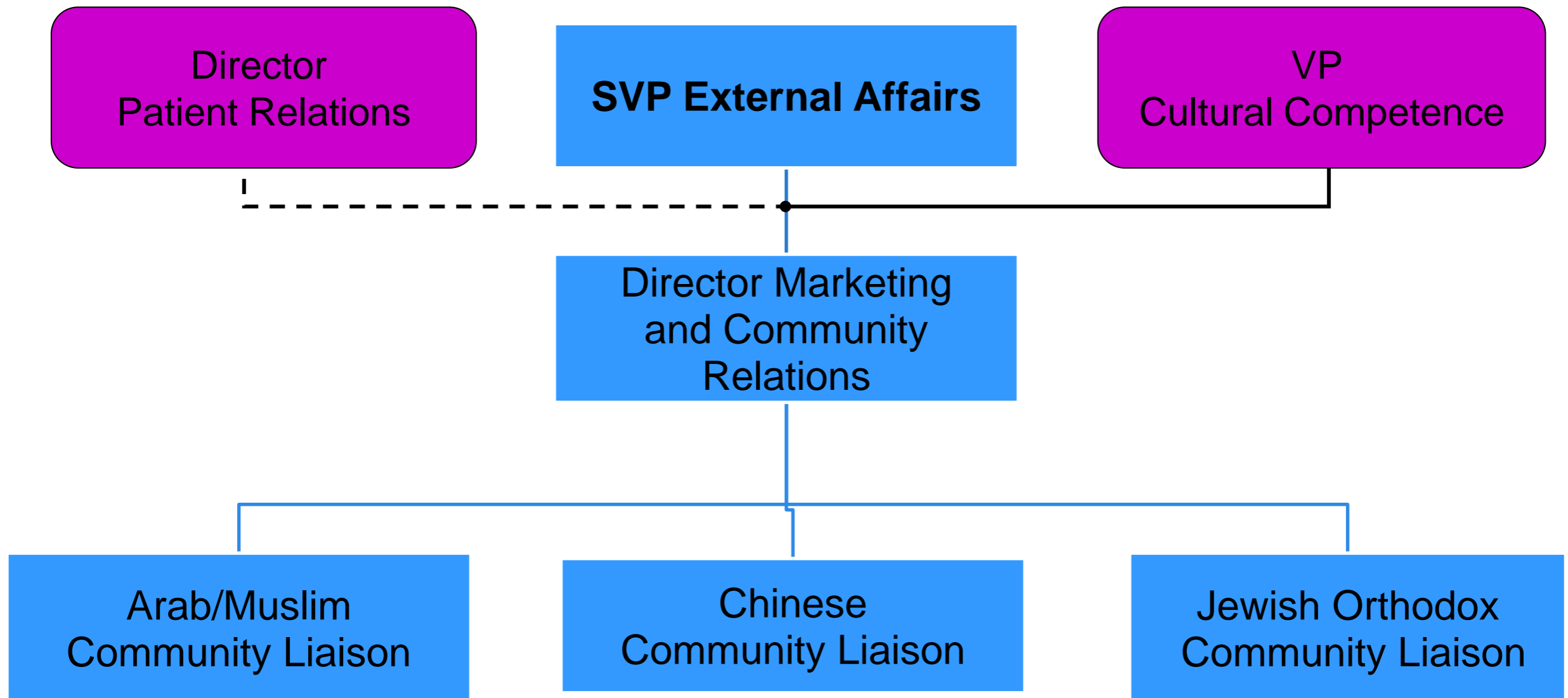
- Proactive Problem Solving / Follow-up
- Patients, Family, Physicians, Community
- Interpretations/ Translations / Literacy Review

- Marketing expertise-sponsorship & advertising dollars
- Management of community groups
- Relationship Building, Politics, Reputation

Cultural Expertise



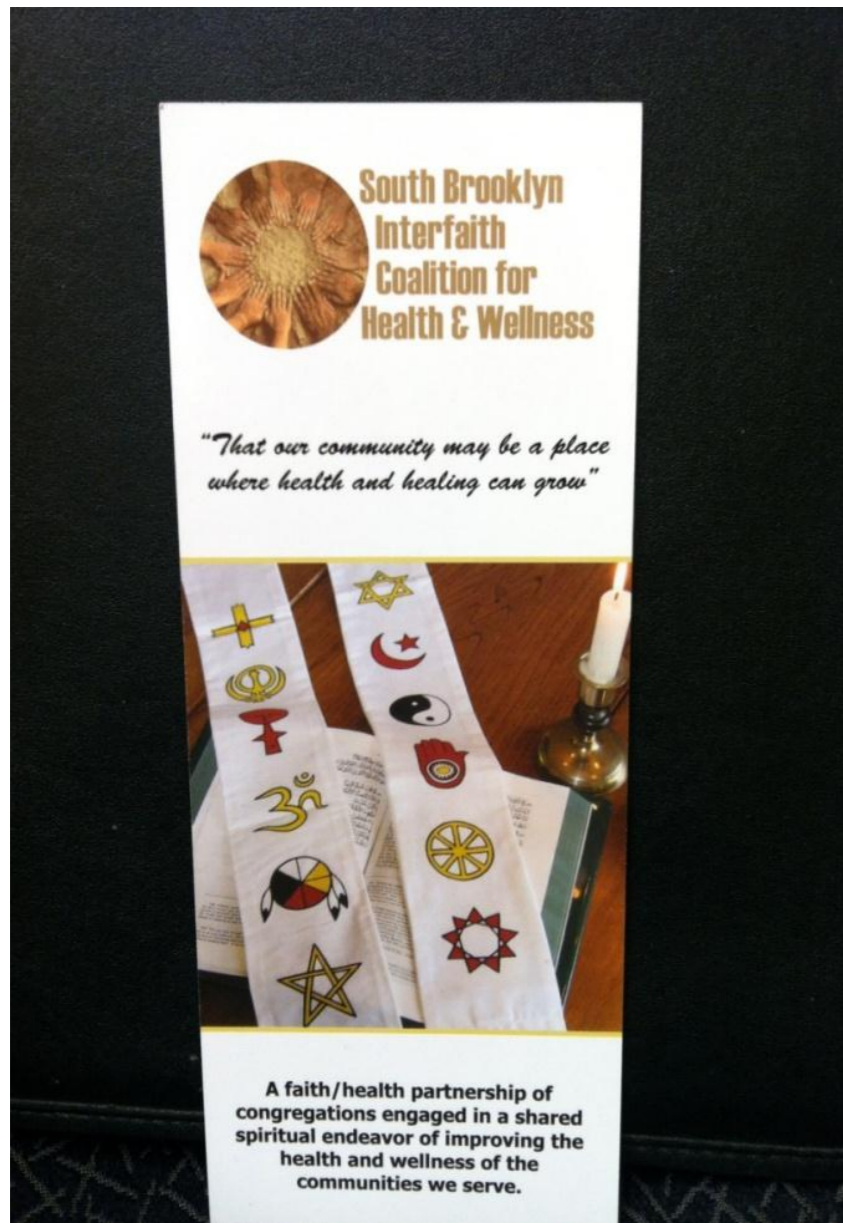
# Community Liaisons



# Spiritual Assessment/ Prayer Policy

- Part of intake/EMR standard of care
  - "At Lutheran HealthCare, we care for the whole person, including spiritual/religious beliefs, practices, and needs. Are there any such needs or practices you would like us to be aware of and include in your care? Would you like to see a chaplain while you are here?"*
- Professional Chaplains and Clinical Pastoral Education students/full-time residents engage in a more comprehensive spiritual assessment
- Prayer policy - for non-Pastoral care staff -no prayer or proselytizing activities without request from the patient or family, HIPAA compliance- initials on prayer requests

# South Brooklyn Interfaith Coalition for Health and Wellness



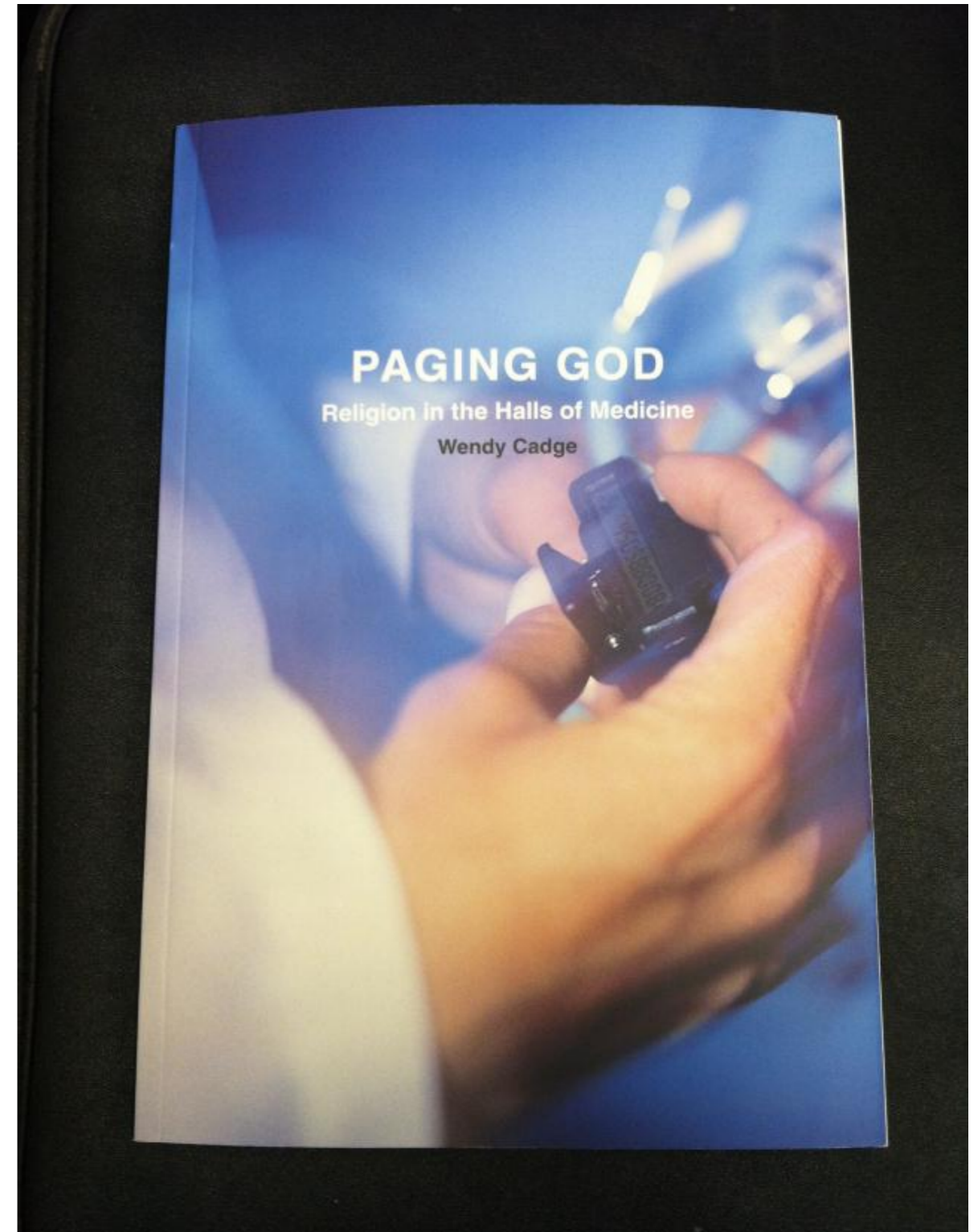
- 150 congregations in south Brooklyn
- Sponsored through LHC's Office for Mission and Spiritual Care
- Employs Faith Community Nurse (trained/credentialed for faith comm. nursing through Am. Nurses Assoc.)
- Member of "Interfaith Health Program" at Emory University
- Funding from both CDC and NYCDOH
- Congregational health and wellness events: health education/screenings, community training events (disaster response, depression screening, etc.), and annual flu vaccinations.

# Training / Health & Spirituality Grand Rounds

- “Caring for the Whole Person” - identifying and addressing the spiritual needs of their patients
- Format combines lecture, current research data, and case presentations
- Review of “Caring for Health: Our Shared Endeavor” and promote participation in our annual “Caring for Health” Research Award contest
- Spiritual assessment and Lutheran’s Spiritual Care and Prayer policy

## **Health & Spirituality Grand Rounds**

presenters have included Herbert Benson, Harold Koenig, Wendy Cadge, and, a “health & spirituality fair”



# Opportunities

## Success of program-

- Mission statement
- Together with Cultural Competence initiatives since 1995
- Senior leadership support
- Support of physicians
- Business case, market share – Goal: *“Lutheran to be the hospital of choice for the community in Southwest Brooklyn”*
- Partnership with SVP Mission & Spiritual Care, Pastoral Care, External Affairs, Community-based programs
- Partnerships with faith-based community- health fairs, lectures, screening events
- Funding and in-kind support from CDC and NYCDOH
- Improved access and quality of health care- for those of different faith, cultural and linguistic differences

# Challenges

## Budgetary Constraints

- Limited Resources, space, time
- Insufficient staff and financial resources
- Hospital seen as rich in resources

## Perception of Fairness

- Trying to provide for all members of the community
- Cross-cultural and cross-faiths

## Institutional issues

Are we “Lutheran” enough

## Internal Organizational systems

### **For more information –**

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