# **Improving Cultural Competence**

**Beth Israel Deaconess Hospital - Milton** 

#### The Problem

Since the closing of Quincy Medical Center (Jan 2014), the patient population demographics of BID-Milton have become more diverse. Diversity is determined using a broad and inclusive definition that includes: race, language, socio-economic status, gender identify, religion etc. BID-Milton has seen an increase in ethnic and language groups where English is a second language including: Vietnamese (2011: < 10% to 2016: 40-50%) Chinese (Mandarin and Cantonese - 2011 < 5% to 2016: 15%). At the same time that the patient population diversity changed, a similar change occurred with the diversity demographics of hospital employees.

### Aim/Goal

As a result of changes in the patient/provider demographics relative to diversity, for FY 2017, hospital leadership is committed to enhancing staff understanding of various ethnic, language and religious groups and specific care needs.

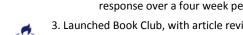
#### The Team

- Daniel Siao, MD, APG Hospitalist, Site Director Hospitalist Services- co-chair
- Rebecca Blair, MS, MTS, VP of Experience & Organizational Development- co-chair
- Cheryl Freed Loew, MBA, Director of Learning and Development
- Amy Morrison, MS, Project Manager
- Cultural Competence Steering Committee Membership

#### The Interventions

- The Cultural Competency Steering Committee was convened with the objective of identifying gaps and developing action plans to assist the organization in more effectively meeting the cultural and competency needs of its patient and staff populations. Membership includes representatives from culturally diverse clinical and non-clinical care providers as well as community representation.
- Completed a needs assessment using an instrument designed to support the national standards for Culturally and Linguistically Appropriate Services (CLAS).
- The prominent gap identified was education. Three primary actions were developed and implemented to enhance staff awareness and cultural competence.
  - 1. "Celebrating Our Diversity Building Our Cultural Competence Week" (Jan. 2017)
    - Held a Diversity Fair showcasing staff artifacts from 24 countries of origin
    - Offered diverse menu options in the cafeteria
    - Conducted a Lunch and Learn "Culturally Sensitive Care for Muslim Patients"
  - Developed and launched a "Cultural Competence" Q-Stream competition (Jan-Feb. 2017). Questions formulated based on gaps identified in the needs assessment and goals to improve staff awareness of culture related hospital policies and practices
    - 570 staff invited to participate; 73% participated.
    - 8 culture related questions were sent to staff (between 2-3 times) for a response over a four week period.

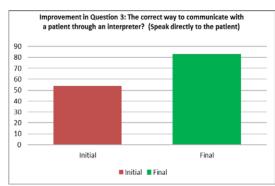
3. Launched Book Club, with article review re: building cultural competence (Feb. 2017).

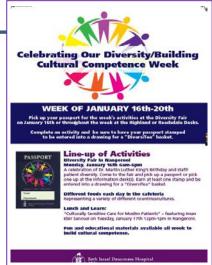


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## Results/Progress to Date

Q-Stream Question





At the hospital's October 2016 mandatory Annual Safety/Competency Fair, staff were quizzed about the appropriate way to communicate with patients though an interpreter. This question was most often answered incorrectly. During the Q-Stream competition, due to repetition of this question and explanation (3 times), the correct answer improved from 54% to 83% (a 29 percentage point improvement).



#### **Lessons Learned**

- Some information that was thought to be "common knowledge" was not; for example, how to properly engage the services of an Interpreter.
- The Q-Stream competition underscored the need for and value of continuous cultural competence education.
- Staff has pride in their cultural heritage and welcomed the opportunity to share resources and information during Celebrating Diversity week.
- Staff was not aware of all internal resources available to them and patients.

#### **Next Stens**

- Develop a "Managing a Diverse Workforce" course for leaders.
- Provide additional opportunities for staff learning, such as lunch and learn sessions.
- Assess organizational infrastructure to further accommodate diverse cultural needs (e.g. way finding).

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