Objectives

- Name the layers of diversity and why they influence how we think, do, and act with staff, patients, families and community members
- Identify examples of a respectful and inclusive culture for people who intersect with our health system, whether they are staff, patients or visitors
- Apply R.E.S.P.E.C.T. to working in teams, Patient Family Centered Care, and working in the community.
- Identify types of behavior that violate FRHS policy and where to report them
- Identify and document appropriate communications with the Limited English Proficient and Hard of Hearing
Frederick Is a Growing Multicultural Community

• Cultural, ethnic and language minorities are growing rapidly in Frederick County
• People have different cultural, religious, historical, and socioeconomic differences that impact their perspective as an employee, patient and family member

Source: U.S. Census Bureau, 2011-2013 - Year American Community Survey
Dimensions of Diversity

Personality

- Includes an individual's likes and dislikes, values, and beliefs. It also influences how we think, whether we are impulsive, and our ability to manage stress and our emotions.

- Develops early in life, and a person may retain characteristics of personality throughout life. This can be considered one’s “nature”.

- Can also be shaped by people, experiences, and events that act upon us (nurture or environment)
  - For example, while we learn most things from experience, we also harbor certain instincts that help us to survive.
  - If we cry when we are hungry and our caretaker comes to feed us, we learn to trust them. However, if our caretaker repeatedly ignores our cries of hunger, we may not develop that trust.
  - If this happens frequently during that important time, we can develop mistrust of some or all people, which can impact how we react to others all of our life.
Internal Dimensions

- These dimensions include genetic characteristics that we cannot change or control, such as:
  - Race
  - Ethnicity
  - Sex
  - Gender Identity
  - Sexual Orientation
  - Age
  - Ability/Disability
    (Note: Disability can also occur because of illness, event or accident during one’s lifetime, and change)

- There are different personal opinions on what belongs on this list. Those listed are evidenced by clinical research.
External Dimensions

- Includes aspects of our lives which might change over time and which we may have some control over.
- Includes geographic location, income, personal habits, recreational habits, religion, educational background, work experience, appearance, parental status, and marital status.
- We develop many of our perspectives and attitudes in this dimension as we are taught about values, beliefs, and behaviors of our “group,” and “others”
Organizational Dimensions

- Every organization has a culture that informs employees about what are, and what are not, the written and unwritten rules.
- Within any company or organization, there are also other cultures that interpret the organization’s rules in different ways.
- In addition to other elements of diversity, a department, location, profession, role, tenure, shift, and management status can develop a culture of its own.
- For example, the culture in Hospice may be very different than that in Patient Financial Services because of their day-to-day purpose and mission.
- You may sense that the culture of one location differs from another. People may dress, talk and behave differently.
Health Related Dimensions

- Health related dimensions are the perspectives and beliefs that one has about their body, health and wellness, disease, treatment, and destiny.

- It is important that people understand as much as possible about their body, risk of illness and disease, and being well.

- These dimensions are primarily beliefs and preferences that might impact one’s willingness to accept responsibility for their own health, to take action to change and improve it, and to seek the help of health professionals when they feel that something is wrong with their body or mind.

- Culture, religion, and history can impact an individual’s perspectives about using traditional health practices

  - Example: a Native American may refuse to sign medical forms or express a preference to be treated by a shaman rather than a traditional doctor because of historical conflicts between his/her ancestors and European settlers.
Despite the many ways that people can be both alike and different, all organizations strive to define their own internal culture and discover a commonality that everyone finds both meaningful and important.

At Frederick Regional Health System, our vision and mission define who we are, what we do, and how we do it.

The values that define our culture are:

- Quality
- Responsibility
- Stewardship
- Respect and Dignity
- Empowerment
- Honesty and Integrity
- Collaboration and Teamwork

Our Standards of Behavior, called RESPECT, ask every employee, volunteer, contractor, physician and leader to be part of the FRHS team.
Why Is It Important to Know This?

- Every human is unique, even though they share traits, characteristics, opinions, professions, likes and dislikes, etc.
- It’s important to understand diversity as it relates to working within teams, with patients, and with each other at FRHS.
- Diversity brings opportunities to learn and explore how people are both alike and different. Even when we find ourselves on different sides of a problem or don’t agree with each other, dialog can bring about understanding, resolution and respect.
- Our strengths lie in our differences. When we are diverse as a group and make inclusion a priority, we can use different problem solving techniques, abilities, perspectives, experiences and knowledge to come up with the best solution, innovate, and expand our horizons.
- The key to diversity and inclusion is to find common ground and make that a starting point!
Diversity = Many Cultures and Norms

- The chart at the left shows ten different national origins, which are grouped together because Spanish is the primary language.
- It’s the same in all racial categories – such as Asian, Black, and Caucasian. Those are just labels Americans use – they don’t exist in other countries.
- Each culture may have different diets, celebrate different cultural holidays, or speak different languages and dialects.
- In the United States, people may also vary by region or state, and you may find a variety of unique regional recipes, social customs and ways of life.
Cultural Norms May Guide Individual Behaviors

Individuals from different cultures may differ by their:

- Personal space limits – most Americans expect at least 2 feet of space; in China, they expect closeness
- Style of communication may be formal or informal, and interpretation of gestures and body language differ
- Required dress, piercings, tattoos and jewelry
- Types of food allowed and meal rituals
- Concepts of family and gender hierarchy and roles
- Concept of time – punctuality and tendency to think past, present or future (this also varies generationally)
- Task or Relationship Oriented – can you send an email of tasks you need help with, or do you have to build a relationship with that person first?
Culture and Religion May Impact Health Behaviors

- **Cause of illness**
  - May believe that a deity or spirit has caused sickness or suffering
  - May believe that destiny (outcome) is controlled by a higher authority
  - May reject providers explanation and intervention.

- **Communication**
  - May speak, but not read or write in English
  - May not exhibit typical signs of illness or injury (such as pain)
  - May nod or say “yes” as sign of respect, not agreement

- **Comfort**
  - May not trust that providers will act in their best interest
  - May be fearful of unfamiliar surroundings, people and noises
  - May suffer anxiety about loss of control

- **Cooperation and Control**
  - May prefer healers and alternative medicine used by their culture
  - May resist informing a family member of terminal diagnosis
  - May be isolated or punished if they break tradition
Other groups can also experience barriers that make it difficult to access and obtain safe, quality, affordable health services.

This group may include: people in remote locations, those with low income, the elderly, people with disabilities, veterans, and the LGBTQ community. This results in these groups being at higher risk for chronic diseases.

Healthcare providers need to consider socioeconomic and demographic factors that contribute to health and well-being, or that may create barriers to healthcare access in order to keep their community healthy and out of the hospital.

Social Determinants of Health:
- Biology and genetics (predisposition, gender, ethnicity)
- Individual behaviors (smoking, alcohol use, exercise)
- Social environment (income, education, marital status)
- Physical environment (residence)
- Access to health services (quality, affordability, insurance, transportation)
Focus on the Patient and Family

- Cultural Competence is one component of Patient and Family Centered Care that promotes the respect and dignity of the patient.
- In PFCC, “Health care practitioners listen to and honor patient and family perspectives and choices”. *
- “Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care”. *

*Presentation by Cheryl Cioffi and Dolly Sullivan, September, 2013. Full presentation at: S:\PUBLIC\Hospital Wide Forms and Documents\Patient Family Centered Care\PFCC Power Point_Sept_2013.pptx
Demonstrate R.E.S.P.E.C.T. for All Patients

Responsibility: Practice the Platinum Rule - treat people as THEY want to be treated (not how you would want to be treated).

Excellence: Ask a patient about any cultural or religious requirements that we should follow in giving care or special dietary restrictions we need to know.

Safety: ALWAYS use an interpreter for patients with Limited English Proficiency.

Professionalism: Avoid allowing personal bias to impact a patient experience.

Empathy: Put yourself in their shoes – how would you feel if you couldn’t understand anything the people around you were saying?

Communication: Make sure that all patients, regardless of language, understand their discharge plans and instructions. Ask them to tell you what they heard.

Teamwork: When a patient has a specific and unique need, be sure to pass that on to people who will participate in their care and at shift changes.
Working with an Individual with Intellectual and Developmental Disabilities (IDD)
Many people with IDD are unable to verbally communicate; many have developed alternate ways of communicating with their caretakers.

Thought processes are often disconnected so that even if they are verbal, they can’t always tell you where the pain is or what it feels like.

In this vulnerable community, there is a higher likelihood that the individual with IDD has suffered physical, sexual and/or emotional abuse.

Fear of strangers, especially in situations where the patient must be touched, is a challenge for healthcare workers who may only see this patient in the ED or an occasional inpatient stay.

Older patients may have memories of institutions where people with IDD were housed in unpleasant condition. The ER reminds them of the institution they were placed in years ago.
Create a Calm and Reassuring Environment

- Maintain a calm, supportive setting where the patient is free of overstimulation, loud voices or noises, or aggression.
- Overhead fluorescents, buzzers and call bells, and loud voices can all cause anxiety and frustration.
- To establish communication and earn their trust, meet them at eye level and talk face-to-face.
- Keep questions short and simple (one topic at a time).
- Before making physical contact or performing a procedure, let the patient know what is going to happen and what to expect.
- Be confident, friendly, and reassuring. Remember, individuals with IDD may be easily scared.
Ask the Patient’s “Home Team” for Advice

- When a patient cannot verbalize or communicate, you should ask case managers from the agency to help rather than wasting valuable time and endangering safety.

- These trained professionals understand the patient’s daily routine and may be the only family the patient knows. They can provide best practices with patient positioning, use of special pressure or weighted garments, environmental adaptations and other ways to reassure the patient.

- Some of the roles that caregivers play include:
  - **Interpreter**: People with IDD do communicate but use facial expressions, gestures, motion, and sounds as a substitute for words. Caregivers can explain what these things mean.
  - **Patient Historian**: Caregivers can provide you with important medical and behavioral information that may not be in the patient’s record.
Reminder: Service Animals in Patient Settings

- FMH is a public facility and by law, Service Animals must be allowed to accompany a patient who has a disability.
- Security Officers and designated offsite staff are the only individuals allowed to ask the patient for information about the animal.
- The patient or visitor with a Service Animal must be treated the same as another patient visiting your office.
- In rare instances where an animal may be unwell or unruly, posing a hazard to the health or safety of other patients, the designated staff person or security guard can ask to have it removed.
- The person served by the animal must be permitted to sit where they wish; however, there must be enough space near or under the seat so the animal does not create a trip hazard.
- If other patients object to the animal’s presence, they should be directed to another place in your office.
How to Create a Welcoming Environment

- You see an increase of patients who speak very little English and offer magazines and health literature in both English and other languages.
- The artwork and signage in your department reflects the diversity of your staff and patients in a positive, reassuring way.
- You consult a multicultural calendar before scheduling major meetings and events to make sure that it doesn’t conflict with significant religious observances.
- You go out of your way to accommodate the special needs of some and treat every person with dignity and respect.
- You hold yourself and others accountable for maintaining an environment free of insensitive remarks and stereotypes, as well as comments or behaviors intended to intimidate, demean, or harass.
Use CultureVision to Help Understand Your Patient

Culture Vision provides you with a complete reference on the cultural, religious and social influences on health and the healthcare encounter. To use it,

1. Open the application from your Desktop
2. Select a category from the dropdowns on the right: Ethnic, Religion, or Other Communities (Individuals with Disabilities, LGBT, Obesity, Deaf Groups, etc.)
3. Print Out Helpful Information and consider sharing it with co-workers.
4. Remember – each patient expresses culture differently. Don’t assume!
Access Culture Vision 24/7 on the FMH Intranet

Accessing while at FMH:
- Double-click the icon on your computer desktop
- No password or sign-in required

Accessing from the Internet (outside FMH):
- Go to www.crculturevision.com
- Click on “SUBSCRIBER LOGIN”
- Username = “frederick” (all lower case)
- Password = “cultural” (all lower case)
- Click “LOGIN” button
Communications: A Foundation of Cultural Competence

Communicating effectively with our Deaf and Limited English Proficient (LEP) patients
Interpreting Services

Use approved FMH interpreting resources for Deaf and LEP (Limited English Proficient) patients:

- Registration
- Informed consent
- Evaluation or triage
- Diagnostic procedure
- Care planning
- Doctors’ rounds
- Discharge instructions

Communication failure has been identified as the leading cause of sentinel events (Joint Commission)

A professional interpreter is NOT required to exchange non-medical information, such as, “When is my doctor arriving?” or “What time is dinner?” Family and friends can ask or respond in these situations.
Use An Interpreter . . . It’s The Law!

Frederick Memorial Hospital **must** have interpreting services available at no cost to the patient in the following situations:

- At patient’s request, even if staff thinks the interpreter is not needed.
- At provider’s request, even if patient says interpreter is not needed.
- *Staff and patient need to collaborate* to properly communicate. Neither staff nor family should decide on behalf of the patient what communication will be most effective.
- If parents are LEP or Deaf and patient is under 18, regardless of how well the minor speaks English or hears.

*Be sure to document how communication occurred!*

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Why Use Proficient & Qualified Interpreters?

- **Federal law requires:**
  - “Equal Access” to healthcare [Title VI (1964)]
  - “Effective Communication” [ADA (1990)]
- Joint Commission Standards for Patient Centered Communication
- Patient Safety
- Accurate, unbiased medical terminology by trained professional interpreter
- Experienced cultural broker advises on cultural conflict and nuances
- Patient Satisfaction is impacted by effective communications
- It’s the right thing to do!
Why Use Proficient & Qualified Interpreters?

- Patients have the right to refuse the medical interpreter and have a family member or friend interpret, but the potential risks of using an untrained interpreter must first be explained to them in their own language.
- The patient must sign this form (found under Intranet > Forms and Documents > Interpreting Services Waivers) each time they waive interpreter services, and it must be placed in their permanent medical record.
- Providers may request that a hospital provided interpreter remain in the room despite the signing of this waiver.
- Waivers are available in:

<table>
<thead>
<tr>
<th>Language</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Burmese</td>
<td>ကြေးကြေးရင်း ကိုးရွန်းချက်အား နှိုင်ငံချင်း ကြည်စိုက် ကြည်စိုက်</td>
</tr>
<tr>
<td>French</td>
<td>Abandon des services d'interprète</td>
</tr>
<tr>
<td>Korean</td>
<td>통역 서비스에 대한 거부권</td>
</tr>
<tr>
<td>Russian</td>
<td>Отказ от услуг устного перевода</td>
</tr>
<tr>
<td>Chinese (Mandarin)</td>
<td>服务 utiliser du service d'interprète</td>
</tr>
<tr>
<td>Cantonese / Taiwanese</td>
<td>服务 utiliser du service d'interprète</td>
</tr>
<tr>
<td>Spanish</td>
<td>Renuncia a Utilizar el Servicio de Interpretación</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>Tức chối Dịch vụ Thông dịch</td>
</tr>
</tbody>
</table>
Why not use family and friends as interpreters?

- To protect patient confidentiality – HIPAA!
- Patient safety
- Family and friends are not “proficient and qualified” as defined by law.
  - Lack of familiarity with vocabulary and/or medical terminology may result in patient harm.
  - A family member’s agenda may differ from the patient’s needs. There may be a conflict of interest and their emotional ties to the patient may prevent objectivity.
  - If there is a bad outcome, their loyalties will be with the patient whom they were aligned with from the beginning.
Spoken Languages

- Spanish interpreters are onsite, day and evening shifts, 7 days a week.
- We can often arrange for a bedside interpreter in Russian, French, Cantonese, Mandarin, Vietnamese, Korean, Burmese, and the Chin dialects of Falam, Hakah, Tedim, and Mizo, to name a few.
- Cyracom telephone interpreting is available 24/7 for 160+ languages. FMH TV has a demonstration video available for your viewing.
- Each unit has at least one “blue phone”. All hospital phones can access interpreters via 1-800-481-3293 if there is no “blue phone” available.
Interpreters should be requested as soon as the need is identified. This will assist staff in providing an interpreter as soon as possible.

As a supplemental tool, or in the meantime, Video Remote Interpreting (VRI) is available in most FMH locations.

Call x4351 weekdays or x4340 all other hours if you need a VRI brought to your location or your patient’s room.

View the video on FMH TV for a demonstration of how to use the VRI.
In the patient’s medical record, ALWAYS RECORD HOW YOU COMMUNICATED with your patient.

Here are examples:

1. Bedside Interpreter Maria Shuck used for discharge. Printed discharge instructions in Spanish given to family.
2. Onsite interpreter JoAnn Griffin, used for informed consent.
3. VRI interpreter, Christina, used for wound care visit.
4. Telephone interpreter, Swahili # 12345, used to answer patient’s questions about pain management.
5. Telephone interpreter, Spanish # 67895, used for triage to ask parents what happened in the accident.
6. ASL (or Sign Language) Interpreter, David L., used for patient history.
7. **If the patient refuses to use our no-cost hospital interpreting resources, be sure to document their refusal, as well as documenting all steps you used communicate with the patient.**
8. **If the patient insists on using a family member or friend, document that person by name and have the patient complete a waiver.**
9. **Staff can obtain and use the hospital interpreter, even if the patient insists on using someone else.**
Definition: “the ability of health care providers and health care organizations to understand and respond effectively to the cultural and language needs brought by the patient to the health care encounter.”

Cultural competence requires organizations and their personnel to do the following:

- (1) value diversity;
- (2) assess themselves;
- (3) manage the dynamics of difference;
- (4) acquire and institutionalize cultural knowledge; and
- (5) adapt to diversity and the cultural contexts of individuals and communities served.
R.E.S.P.E.C.T. for Staff – Always!

Let’s work together to keep this a “Best Place to Work” for our entire team – Employees, Volunteers, Contract Staff, Physicians, Leaders – anyone on Team FRHS!
**R.E.S.P.E.C.T. at Work**

- **Responsibility:** Always take ownership of actions and behaviors that contribute to a positive work environment, patient experience and the reputation of FRHS as a community partner.

- **Excellence:** Always meet and exceed expectations in the performance of my job and my interactions with others.

- **Safety:** Always follow policies and guidelines to ensure the safety of patients, coworkers, colleagues and visitors.

- **Professionalism:** Always and everywhere model positive behaviors as a good-will ambassador for the Frederick Regional Health System in all that I do and say.

- **Empathy:** Always take into consideration another person’s feelings, perspective, background, situation and behavior. Put yourself in their shoes.

- **Communication:** Always communicate the right information, at the right time, to the right person, using the right method.

- **Teamwork:** Always be a productive member of the team and be accountable for the results of the team.
Maintaining a Safe Environment

- Our Standards of Behavior hold us accountable for being a good steward of our hospital’s physical, financial and human resources and for maintaining a professional workplace environment. These standards are a significant portion of your performance reviews.

- You are also accountable for adhering to all policies of the health system that comply with federal, state and local laws. In particular, you should know that Frederick Regional Health System has **ZERO TOLERANCE** for discrimination, harassment, bullying, and other inappropriate behaviors that create a hostile work environment.

- Policies apply to all staff, including volunteers, vendors and contractors
  - HR103: Equal Employment Opportunity
  - HR104: Sexual and Other Unlawful Harassment Policy
  - HR900: Workplace Violence Policy
Keep Our Workplace Professional

- Keep your conversations rated “G” – for all General Audiences, not “M” or “R” rated, even when you think no one can hear you. While you are at work, anyone can walk by or overhear!

- Regardless of who you are talking with, avoid words, language or behavior that could be seen as hostile, obscene, degrading, disrespectful, racist, sexually suggestive or vulgar.

- Tell someone if anyone if you or someone you know is being harassed, bullied or discriminated against. Your supervisor, manager, or Human Resources are the best places to start.

- If you feel threatened or afraid for your safety, contact security.
Straight Talk:
This Is NEVER Appropriate at Work

- Name calling, use of offensive words or stories
- Degrading comments about appearance, size, culture, religion, dress, income and or background
- Teasing or put downs
- Repeating ethnic jokes, stories and characterizations
- Ignoring or isolating someone because they are different
- Mimicking accents and language
- Symbols, photos and cartoons that are controversial or degrading
- Discussing politically hot topics that target specific groups
- Insensitive or public remarks about hygiene, body odor, or use of colognes
- Making fun of someone’s disability
- Sexually provocative or suggestive conversations
- Targeted rumors or innuendos
Any individual who works as a representative of FRHS should contact their supervisor, manager, or Human Resources Business Partner to report harassment, discrimination, inappropriate workplace conduct or any other situation that makes you feel uncomfortable about another person’s behavior or your safety.

Our policies apply to anyone who works as a representative of FRHS or while performing work on the property and facilities of this organization.

You should feel comfortable reporting any violation of our policies regardless of who the offender is or their status as an employee. If a patient or family’s behavior violates our policies, please speak to your supervisor, manager or human resources.
Public Access and Patient Rights
Frederick Regional Health System (FRHS) provides patient care in a diverse, inclusive and respectful healthcare environment where affordable access, quality of care, patient safety, dignity and respect, and superior service are top priorities.

FRHS offers its services, benefits, facilities and care to all individuals and does not deny, exclude or discriminate against any person because of their race, ethnicity, religion, color, national origin, ancestry, alienage, language, age, gender, sexual orientation, gender identity or expression, familial status, disability, or other protected characteristic under the law.

Why it’s important: As a public institution that accepts payments from Medicare/Medicaid, we must comply with the Civil Rights Act of 1964 and all of it’s protections and amendments, including the recent amendments to the Americans with Disabilities Act.
As part of our commitment to dignity and respect for all people and in compliance with the Civil Rights Act of 1964, FRHS does not assign or reassign providers or other patient care staff solely based on race, ethnicity, religion, color, national origin, ancestry, alienage, language, age, gender, sexual orientation, gender identity or expression, familial status, disability, or other protected characteristic under the law.

**Why Do We Need This Notice:** Infrequently, a patient or family member objects to a staff member’s presence or denies care because of personal preference for a particular race, religion, skin color, national origin or other protected characteristic.

**BUT - Keep in mind:** Patients who are sick or elderly may act out character because of their health or mental condition. Practice empathy, but be firm about maintaining a respectful environment for all staff and patients in your area.

**Action:** If you are the staff member, notify your manager immediately. Discuss the facts of the situation and any patient behaviors that make you feel uncomfortable. You do not have to withdraw from the case, but you should consider what is best for you. Engage your support network or the Employee Assistance Plan for help coping.
Where Can I Find That?

- The Official Notice is posted at all public entrances in English and Spanish. It is also online at fmh.org under “About Us”
- Any patient, family member or visitor to our facilities can get more information or make a complaint by contacting the Director of Cultural Awareness and Inclusion.
- Inpatient concerns or complaints should be directed to Service Excellence unless the Civil Rights/504 Coordinator is specifically requested. They will process the complaint and consult with the Director of Cultural Awareness.
- For more information contact:

  Janet J. Harding, M.S., SHRM-CP  
  Director of Cultural Awareness & Inclusion  
  240-566-3465  
  jharding@fmh.org
Take Test

When you are ready to take the test:

1. Return to the FMH internet page where you opened this course material

2. Click the link for the test (the test will appear on screen in Adobe Reader, in PDF format)

3. Print the test, then complete it and return it to your supervisor for grading