

Ohio Department of Mental Health

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Guidelines for Provision of Culturally Competent Patient-Centered Care

A. Purpose

The purpose of this policy is to promote systematic cultural proficiency through the development of policies, procedures, and training on the provision of respectful, culturally competent, patient-centered care.

B. Definitions

1. "Culture" means the behaviors and beliefs characteristic of a particular social, ethnic, or age group; the sum total of ways of living built up by a group of human beings and transmitted from one generation to another.
2. "Cultural competence" means a continuous learning process that builds knowledge, awareness, skills and capacity to identify, understand and respect the unique beliefs, values, customs, languages, abilities and traditions of all Ohioans, in order to develop policies to promote effective programs and services.
3. "Cultural Competency Council" means a group of RPH employees (may include consumers) organized to manage and implement cultural competency activities and initiatives. The Council reports to either the hospital administrative or medical staff executive committee and may be a separate committee or a function of a currently existing committee.
4. "Cultural sensitivity" means the development of an understanding of and respect for the cultural manifestations (music, habits, customs, etc.) of different populations.
5. "Systematic cultural proficiency" means culturally competent organizational behaviors, attitudes, and policies which work effectively in a cross-cultural system of values diversity, use proactive positive dynamics in cultures interaction, institutionalize cultural knowledge, adopt services to diversity, and monitor/self-

assess cultural competence.

C. Policy. Each regional psychiatric hospital (RPH) shall promote the provision of culturally competent treatment through:

1. Mechanisms that reasonably assure wide dissemination and understanding of the organization's cultural values;
2. Cultural competency training, linking the training content with central office;
3. Strategies for providing culturally sensitive care and meeting the needs of local cultures in the various RPHs;
4. Communication with other RPHs about successful strategies and tools; and
5. Quality assurance and performance improvement.

D. Procedure

1. At pre-screening and/or admission, RPH staff should strive to provide the following patient-centered care:
 - a. RPH staff should reasonably assure that psychiatric illness, rather than a cultural issue or misunderstanding, has been the cause of the chief complaint for hospitalization; and
 - b. Every limited English proficiency (LEP) patient should be identified promptly by RPH staff to assure that interpreter services are available and utilized.
2. During assessment and treatment, RPH staff should assure the following:
 - a. Identify relevant cultural and language issues;
 - b. Provide interpreters in a timely manner as appropriate;
 - c. The RPH should assure that each patient's spiritual/religious needs are addressed:
 - i. Each patient shall be free to practice his or her religious faith provided the activity does not pose a safety issue for the patient or others and does not substantially alter the provision of mental health treatment; and
 - ii. RPH staff should make reasonable efforts to provide spiritual resources, including spiritual literature or access to spiritual counsel.
 - d. Individual dietary needs should be accommodated within reason;
 - e. RPH staff should permit patients to wear apparel appropriate to their religious or cultural beliefs when such apparel does not pose a safety risk, interfere with the treatment of the patient or of other patients, or significantly alter the provision of services; and

- f. RPH staff should address rooming and privacy needs and issues with sensitivity.

E. Monitoring and Quality Improvement

1. Each RPH shall assure that these guidelines are incorporated into the policy framework of the RPH.
2. The RPH shall collect data on the cultural demographics of the population served.
3. The objectives and monitoring of the RPH are to accomplish the following:
 - a. Monitor adherence to hospital programs and activities related to improving cultural competence, such as comparative length of stay, readmission rate, patient satisfaction;
 - b. Elicit input from consumer, families, staff, and community organizations in the development and monitoring of systems and performance quality; and
 - f. Communicate results of performance/improvement activities to the RPH Executive Committee and Governing Body/ODMH leadership annually.
4. With input from the above, the plan will be updated annually to provide continual improvement.

G. Staff Education and Training

1. Training objectives include the following:
 - a. Provide training for new and existing employees;
 - b. Train managers and supervisors in the provision and monitoring of culturally competent services; and
 - c. Update the training as appropriate to accommodate the changing needs of the community.
2. Targeted training areas for specialties/disciplines/teams should include the following:
 - a. The principles of culturally competent assessment and treatment of patients; and
 - b. Education about the customs of local cultural and religious groups.