

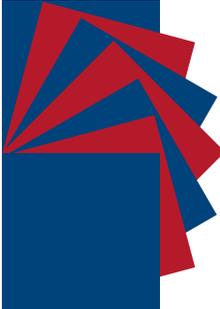
# Beyond Compliance: The Need for a Systems Approach to Address Joint Commission Cultural Competence Standards

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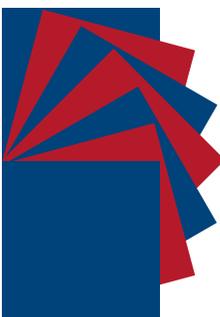


# Presenter Disclosures

**Janice L. Dreachslin, Ph.D. and Rob Weech-Maldonado, Ph.D.**

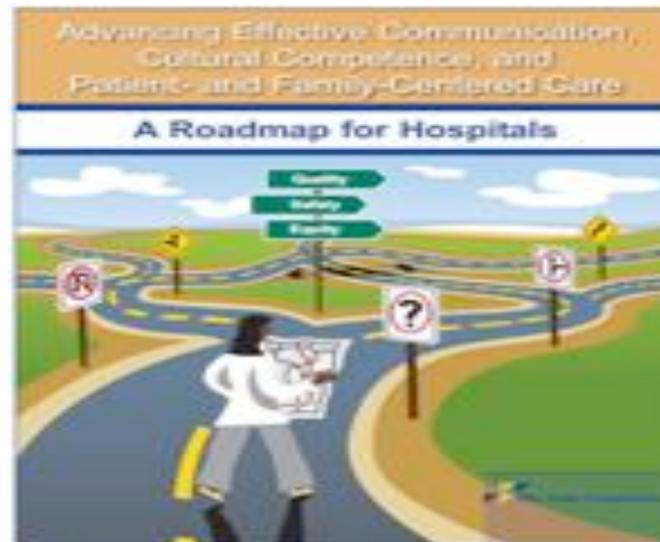
- (1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

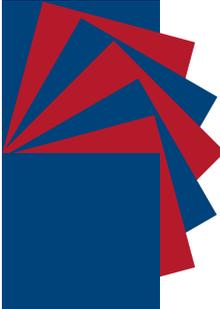
**No Relationships to Disclose**



# Joint Commission

- Joint Commission: Accreditation standards for culturally competent patient-centered care
- [http://www.jointcommission.org/PatientSafety/HLC/HLC\\_Develop\\_Culturally\\_Compotent\\_Pt\\_Centered\\_Std.htm](http://www.jointcommission.org/PatientSafety/HLC/HLC_Develop_Culturally_Compotent_Pt_Centered_Std.htm)





# Overview of the Proposed Standards

Source (slides 5-8): The Joint Commission, New & Revised Standards & EPs  
for Patient-Centered Communication

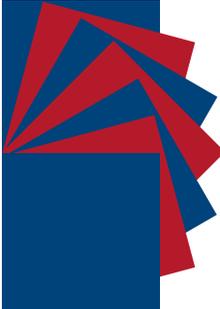
Accreditation Program: Hospital

Pre-Publication Version ©2010 The Joint Commission

<http://www.jointcommission.org/Standards/Pre-PublicationStandards/>

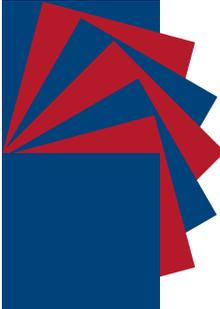
Select: 'Patient-Centered Communication Standards' to print PDF

Accessed 10/14/2010



# Qualified Language Interpreters & Translators

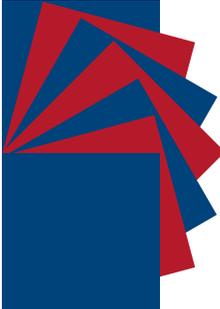
- “Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964 (inclusion of these qualifications will not affect the accreditation decision at this time.)”



# Effective Communication with Patients: Care, Treatment, Services

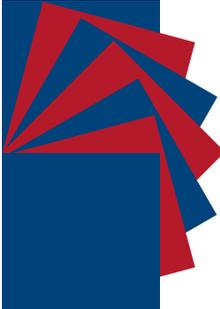
- “The hospital identifies the patient’s oral and written communication needs, including the patient’s preferred language for discussing health care.”
- “The hospital communicates with the patient during the provision of care, treatment, and services in a manner that meets the patient’s oral and written communication needs”

Note: These elements of performance will not affect the accreditation decision at this time



# Race/Ethnic & Other Demographic Data Collection

- “The medical record contains the patient’s race and ethnicity.”
- “Note: this element of performance will not affect the accreditation decision at this time.”
- Other new required data elements include:
  - Gender
  - Legal status of patients receiving behavioral health services
  - Communication needs, including preferred language



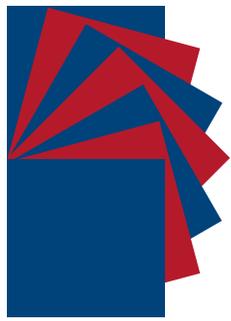
# Respect for Patient Rights

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

(This element of performance is already in place in the existing Standards)

- “The hospital allows a family member, friend, or other individual to be present with the patient for emotional support during the course of stay.”
- “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.

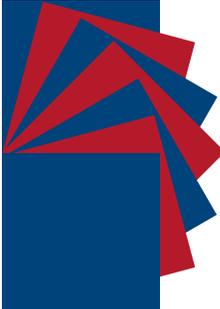
(These 2 elements of performance will not affect accreditation decisions at this time)



# **Beyond Compliance: A Systems Approach to Diversity & Cultural Competence**

Evidence Base

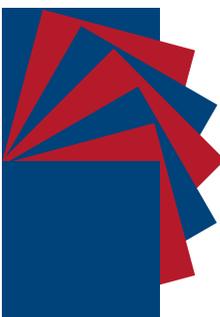
Research & Best Demonstrated Practices



# Today's Reality



- Racial and ethnic disparities in healthcare access, treatment, outcome, & satisfaction
- Racial, ethnic, & gender disparities in career accomplishment & satisfaction with workplace equity & opportunity



# Cultural Competence

National Quality Forum. (2008). Endorsing a Framework and Preferred Practices for Measuring and Reporting Culturally Competent Care Quality. Washington DC: National Quality Forum.

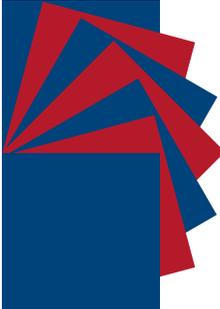
The National Quality Forum (NQF) (2008. p3) defines cultural competency as the:

- "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"

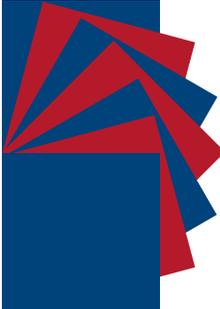




# Strategic Diversity Leadership

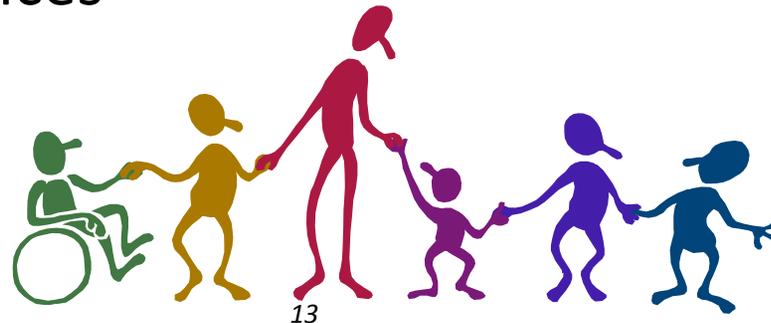
- “Diversity leadership is a differentiation strategy that is responsive to demographic shifts and changing social attitudes among both the patients and the workforce.” (Dreachslin, 1999:428)

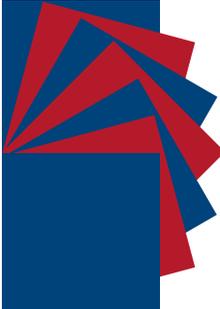




# Why Diversity Leadership Matters So Much

- What leaders believe about diversity drives the extent and nature of an organization's diversity initiatives
- Diversity sensitive orientation (DSO) characterizes the extent to which leaders believe:
  - That customer diversity should be an important driver of strategy
  - That workforce demographics should reflect customer demographics
- When coupled with an external strategic orientation, DSO is a strong predictor of the strength and range of diversity management practices





# 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

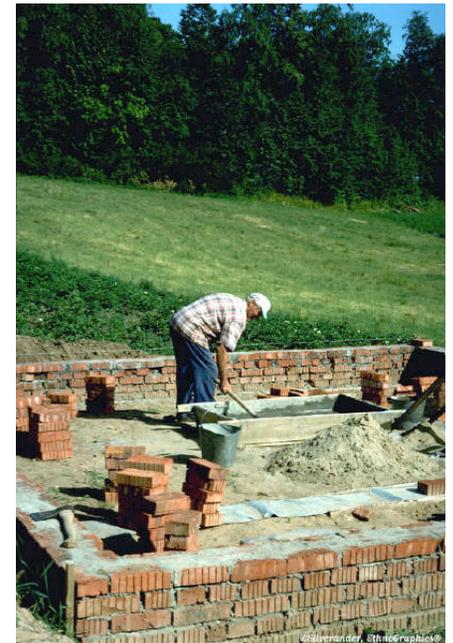
- Routine assessment of diversity goal achievement as part of strategic planning

## Accountability

- Dedicated person, office or committee assigned responsibility to promote the hospital's cultural diversity goals

## Community Involvement

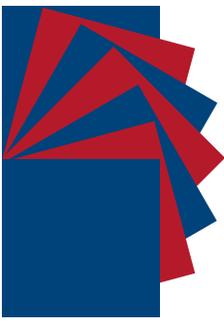
- Annually report to the community about the hospital's performance in meeting the cultural and language needs of the service area.



Source: Weech-Maldonado, R., M.N. Elliott, C. Schiller, A. Hall, J.L. Dreachslin, and R.D. Hays. 2007a. "Organizational and Market Characteristics Associated with Hospital's Adherence to the CLAS Standards." Presentation at the *APHA Annual Meeting* in Washington, D.C. on November 5, 2007.



National Center for Healthcare Leadership  
Leading 21<sup>st</sup> century healthcare

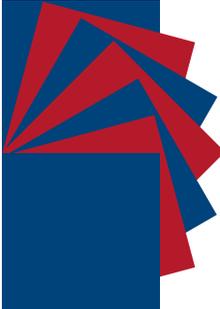


# Diversity Leadership-CWF Study

Source: Weech-Maldonado, R., M.N. Elliott, C. Schiller, A. Hall, and R.D. Hays. 2007b. "Does Hospital's Adherence to the CLAS Standards Predict Diverse Patients' Experiences with Inpatient Care?" Presentation at the *APHA Annual Meeting* in Washington, D.C, November 5

- Diversity leadership results in greater adherence to the CLAS standards
- Adherence to the CLAS standards resulted in significant increases in CAHPS scores for all patients, irrespective of race, ethnicity or primary





# National Quality Forum (NQF) Voluntary Consensus Standards

45 endorsed practices

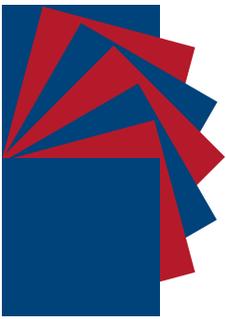
<http://www.qualityforum.org/>

- Leadership
- Integration into management systems & operations
- Patient-provider communication
- Care delivery and supporting mechanisms
- Workforce diversity and training
- Community engagement
- Data collection, public accountability and quality improvement
  - [www.hretdisparities.org](http://www.hretdisparities.org).

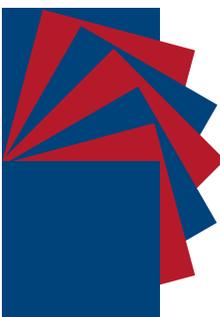


NCHL

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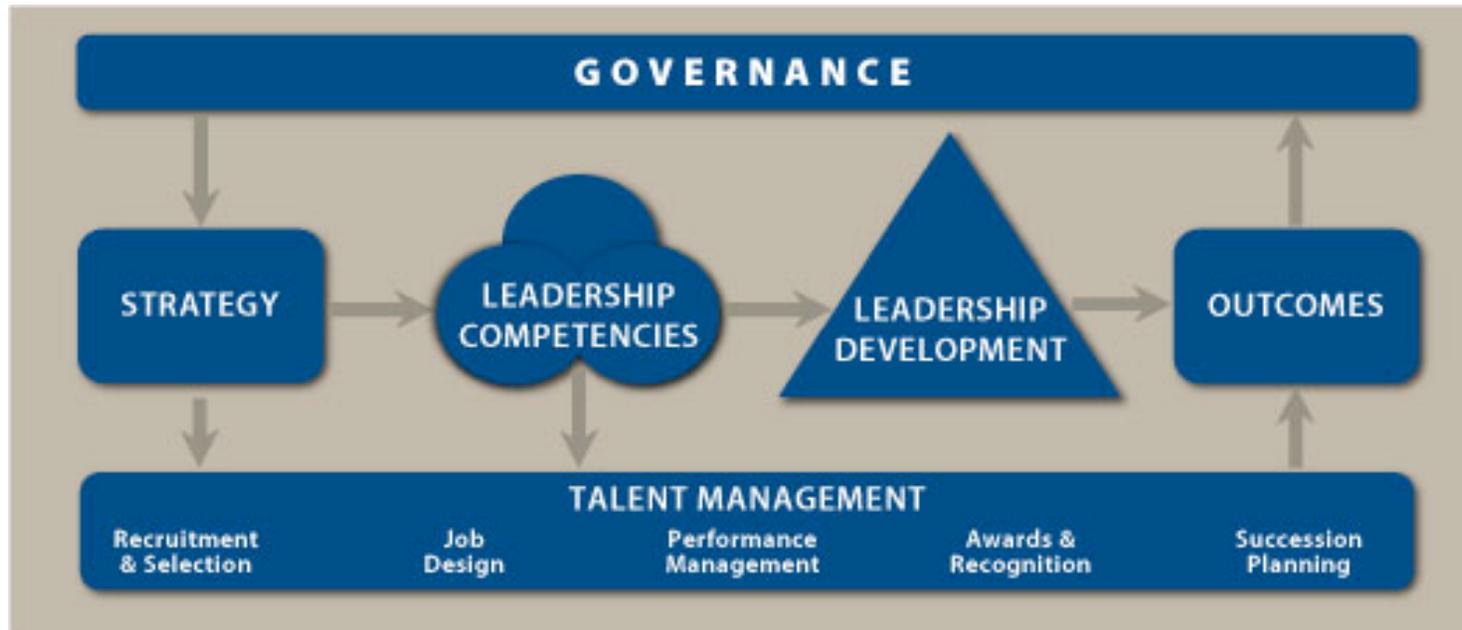


# Systems Approach to Diversity Leadership and Joint Commission Effective Communication, Cultural Competence, & Patient-Centered Care Readiness



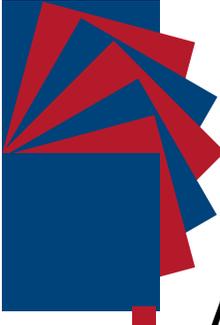
# NCHL Leadership Development & Transformation System

*Aligning leadership development and business strategy*



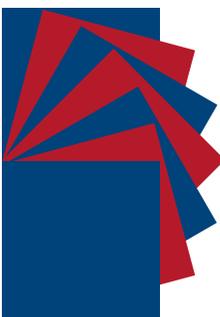
The key principles for managing innovation and performance improvement that are essential for systematic and sustainable change:

- Leadership development and organizational business strategy are aligned
- Board is accountable for leadership succession
- Learning is competency-based, inter-professional, and action-oriented
- Key talent management and strategic human resource processes are integrated and aligned
- Leadership development dashboard tracks key measurable outcomes



# The Process

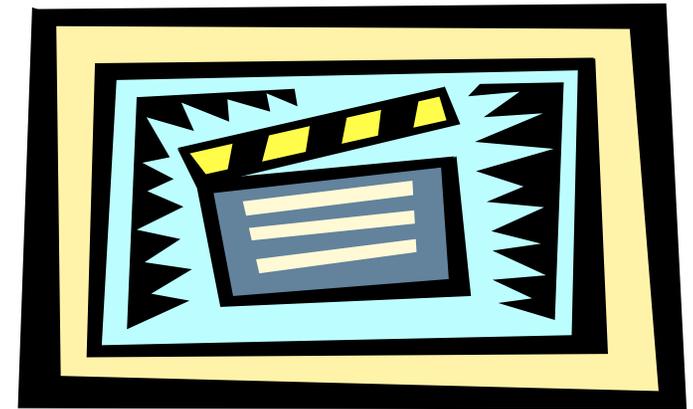
- Assess Baseline Performance
  - NCHL Diversity Leadership Assessment: focus on leadership & diversity management infrastructure
  - CCATH: focus on policies & practices for delivery of culturally and linguistically appropriate care
- Map results to the proposed Standards and to models of best demonstrated practices such as the NQF Voluntary Consensus Standards
- Identify Gaps
- Develop & Implement an Action Plan to Close the Gaps

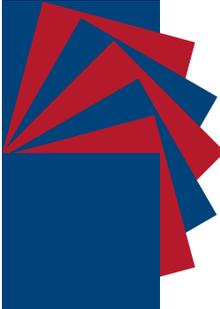


# ENABLE

Source: Dreachslin, J.L. & Hobby, F. (2008). Racial and ethnic disparities: Why diversity leadership matters. Journal of Healthcare Management, 53(1), 1-12.

- Given the right infrastructure, employees are empowered and enabled to build personal and organizational diversity leadership skills.
- 4 key areas for executive action:
  - Policies: ‘diversity talk’
  - Procedures: ‘diversity walk’
  - Plant/Technology
  - People: cultural competence & concordance



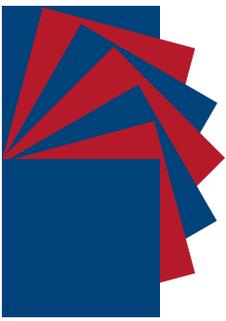


# CULTIVATE

Source: Dreachslin, J.L. & Hobby, F. (2008). Racial and ethnic disparities: Why diversity leadership matters. Journal of Healthcare Management, 53(1), 1-12.

- *Formal mentoring programs.* Such programs ensure that the human tendency toward similarity/attraction does not adversely affect the quality and diversity of the pipeline.
- *Professional development and training.* This builds human capital through enhanced technical and interpersonal skills, including cultural competence and diversity management at all levels of the organization.
- *Work–life balance and flexible benefits.* Intangible advantages like these aid in the recruitment and retention of diverse staff.
- *Employee Resource Groups.* Such groups address the social/emotional needs of diverse staff and capitalize on the power of diversity.



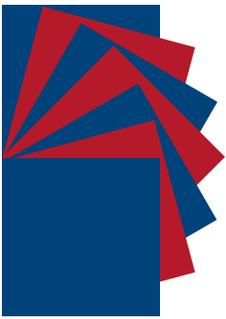


# REINFORCE - Goals, Metrics, Continuous Improvement

Source: Dreachslin, J.L. & Hobby, F. (2008). Racial and ethnic disparities: Why diversity leadership matters. Journal of Healthcare Management, 53(1), 1-12.

- Strategic plan should include goals for diversity:
  - Workforce
  - Customers
  - Suppliers
- Routine assessment and feedback on diversity goal achievement
- Dedicated person, office or committee assigned responsibility to promote the hospital's cultural diversity goals
- Annually report to stakeholders about the organization's diversity performance





# Questions/Interaction

