

COMPLIANCE CONCERNS:



Caregiver Education: Cultural and Linguistic Competency

Barbara Stover Gingerich RN MS FACHE CHCE

Cultural and language barriers have seen increased focus and attention in recent years. This is due in part to the 1994 United States Congress (P.L. 101-527) that mandated the Office of Mental Health [OMH] to improve the capacity of care professionals to address the cultural and linguistic barriers to health care delivery. Also included in this mandate was the requirement to increase access to health care for limited English-proficient people. Other expectations were established by the United States Congress, House Committee on Appropriations, 103rd Congress 2nd Session, Report 103-553. These included the need for the OMH to support the research, development and evaluation of new and innovative models. The Disadvantaged Minority Health Improvement Act of 1990 put additional emphasis on these requirements. As a result of these initiatives and mandates, OMH established the Center of Cultural and Linguistic Competence in Health Care [CLCCHC] in 1995. The primary purpose of the CLCCHC is to address limited English populations' health needs and to promote the development of health care professionals' capacities and understanding of cultural and linguistic barriers to health care delivery. The desired end result was to increase limited English-speaking individuals' access to health care. High on the list of intervention strategies to emphasize were the identification and prevention of risk factors in these populations.

National Standards on Culturally and Linguistically Appropriate Services (CLAS)

The national standards of practice for patients' cultural and linguistic accessibility to health care are available on the web, at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. These 14 standards focus on three aspects of culturally and linguistically appropriate services. These are Culturally Competent Care (Standards 1-3), Language Access Services (Standards 4-7), and Organizational Supports for Cultural Competence (Standards 8-14). The three types of

Continued on page 2

INSIDE THIS ISSUE

**Succession Leadership
Planning**

**Risk Control:
Special Events and
Fundraisers**

Who To Contact

INSERT

**Cultural Diversity
in Employee Relations and
Serving Your Community**

We welcome your comments and questions.

Bruce Williams
Update
P.O. Box 2726, York, PA 17405
1-800-233-1957

www.hccs.com



Caregiver Education: Cultural and Linguistic Competency

Continued from page 1

standards are mandates, guidelines, and recommendations. The mandated CLAS standards refer to Federal requirements and must be adhered to by recipients of Federal funds. Guidelines standards are those that OHM advises to be adopted relative to Federal, state and national accreditation agencies' mandates. Standard 14 is focused on informing the public about activities and is the only standard recommendation, which is suggested for voluntary adoption by health care organizations. Standard 1 forms the foundation of cultural and linguistic care in that it states

“Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.”

[<http://www.minorityhealth.hhs.gov/templates/>]

Achieving Competency

As a result of these mandates and initiatives, cultural and linguistic competency became a priority for providers in their ongoing efforts to provide quality and comprehensive care. Staff education to achieve competency and identifying resources that supplement providers' skills and expertise are two approaches being used in addressing this care priority. Along with the need to develop the staff's skills and knowledge, it was also important to improve patient and family assessments and education provided. The focus of assessments and education is patient safety and care quality.

Cultural and Language Barriers to Patient Care

Non-verbal, as well as verbal communication is an important area to consider when conducting patient and family assessments and interviews. The non-verbal areas for consideration include one's physical posture, including head, hand and arm movements, the physical

proximity between persons, making physical as well as eye contact and one's expressions.

It is necessary for staff to have an awareness of other cultures' interpretations of expressions, such as smiling, winking, blinking and crying. In addition, there are cultures that believe that direct eye contact is a sign of respect, while to others it is a sign of disrespect. Physical hand signs also have differing meanings to different cultures, so it is important to not make even common and simple gestures, such the OK sign with one's hands as a form of communication, as it could be misinterpreted [<http://www.erc.mhs.org/>].

■ Posture, physical space and touching, including a simple handshake, need to be considered in keeping with the patient and family's cultures and tradition. Staff should be aware of these and other non-verbal communications present during patient and family interactions. In addition for the need to understand the importance of facial expressions, hand, head and arm movements and eye contact, providers need to follow several other key approaches to patient interactions. These include the need to allow the patient and family to take the lead in the interaction, to allow the patient and family to offer their hand for a handshake and to observe and be aware of the patient and family's apparent comfort zone relative to physical space. Prior to beginning the physical assessment, it is also important to explain what is going to occur and why it is important to their overall care and recovery.

■ In some cases, staff will need to include an interpreter in both the assessment and education process for patients and families with linguistic barriers. This could include individuals with no understanding of English, with English as a second language and/or those with limited English proficiency [LEP]. In approaching patients and families from a different culture with or without a different primary language, good communication skills need to be displayed. These include asking open ended questions, providing time for the individual to respond, to listen to the complete response, clarify your

understanding of what was stated and ask questions reassessing the patient and family's understanding of what has been discussed. In addition, it is important to actively include the patient and family in decision making and problem solving and to not predetermine the usual treatment regimen and outcomes. The patient and family members need to be actively involved in treatment and outcome goals, in order to assure agreement and compliance towards the established outcome. A guide to non-verbal communications is available from Management Sciences for Health in Cambridge Massachusetts by accessing <http://erc.msh.org/>.

Cross-Cultural Patient Safety

In order for the provider to deliver patient care in a safe manner, it is important however that the staff understand that linguistic competency is more than the ability to speak and understand a language. It is also an understanding of how the individual's cultural orientation impacts the interpretation and meaning of the spoken and written word.

Examples of steps the organization can take to enhance cross-cultural patient safety include development of staff's cultural knowledge base, integration of cultural awareness throughout the organization, supporting culturally focused care and encouraging receptivity to diverse treatment options and alternative care regimens. It is important to work collaboratively with existing diversity communities present within the organization's catchment area. [<http://www.hrsa.gov/culturalcompetence/>]

Patient, Family and Family Caregiver's Education

Educating patients, families and family caregivers is an essential element in maintaining safety within the home. In today's global environment, education that can be understood and followed regardless of the primary language of the patient and family is a critical component of the education provided. Interpreters should be present to assist in the admission and education process, either in person or via telephone during the onsite visit. In addition, there are many resources available via Internet

and published works. It is important to determine the quality of the resources obtained by having an individual familiar with the language, such as an interpreter, or linguistic professional review the materials. In addition, an evaluation of the resource for its age/comprehension level is also important. Some examples of language specific resources available include crutch walking in simplified Chinese, English, French, Hindi, Japanese, Korean, Russian, Somali, Spanish and Ukrainian from Health Information Translations. This source also has 16 additional exercise and rehabilitation patient education tools in many languages.

Following the education, assessment and evaluation of the patient's understanding, as well as ability to retain and follow the information are necessary in order to evaluate the education provided and its effectiveness. All education should be documented in the medical record, along with the presence of interpreters and/or the patient's refusal to have an interpreter present. In addition, the content, format, and language in which the education was provided should also be included in the medical record, along with who provided the education and what, if any, family members and caregivers were present for the education session. Staff should remember to document follow-up evaluation, along with any reinforcement and re-education provided as well. Copies of resources used should be available within the organization.

Other Resources:

Agency for Healthcare Resource and Quality [AHRQ] - This agency, which is part of the Department of Health and Human Services [DHHS], makes its listing of resources available on its website [<http://www.ahrq.gov>] and links to its resources and links that focus on improving cultural and linguistic competency in delivering health care. These resources can be browsed and linked to from <http://www.ahrq.gov/browse/hlitix.htm>.

Association of Asian Pacific Community Health Organizations (AAPCHO) - This national association focuses on the needs of Asian

Americans, Native Hawaiians and other Pacific Islanders requiring health care, including advocacy and education. This group seeks to identify and address unique and diverse health needs of these populations. Its website provides an extensive literature database for health care professionals to access who are seeking to improve their individual understanding of these populations. Access to this database is via the association's website [<http://www.aapcho.org>] and resources can be linked to from <http://www.aapcho.org/site/aapcho/content.php?type=1&id=9765>.

It is important to
promote an
understanding of
cultural and linguistic
barriers to health care
delivery.

EthnoMED - EthnoMED is a joint program between University of Washington Health Sciences Libraries and Harborview Medical Center's Interpreter Services Department/Community House Calls Program (ISD/CHC). This organization is located in the Seattle, Washington area, but offers a multitude of ethnic and cultural resources applicable to other geographic locations beyond the Seattle area. The program grew out of the Community House Calls program, which found that it was serving families from Cambodian, Ethiopian, Hispanic, Oromo, Somali, Tigrean and Vietnamese backgrounds, and thus developed materials for these groups as well as Chinese, Korean and Hmong populations. Its website, <http://ethnomed.org/>, provides links to resources, but in addition it has available for downloading and printing patient education tools in ten languages at <http://ethnomed.org/patient-education>.

Health Information Translations - This health education collaboration formed by three of Central Ohio's largest health care organizations, is focused on improving care for limited

English proficient patients. Bringing together the combined resources, the group has produced numerous translated patient education materials. There are over 18 languages represented in the translated patient education materials available by accessing the organization's website and link to patient education at <http://www.healthinfotranslations.com/about.php>. Topics are varied and applicable to all care settings, for example, crutch walking translated into ten languages as noted above is available via this website. For a more complete listing of language translations available please access <http://www.healthinfotranslations.com/languages.php>.

Summary

There are many research projects and studies focused on the level and comprehension of patients in comparison to the educational materials provided. Davis notes in his study that the "average reading comprehension of public clinic patients was 6th grade 5th month, while most patient education materials required a reading level of 11th to 14th grade, and standard institutional consent forms required a college-level reading comprehension." [Davis, et al]. This does not equate to safe quality and informed care. As a result of this and many similar studies, it has been the general consensus that patient education resources be written at a fourth- fifth grade level of understanding. Organizations should evaluate existing and any newly developed education tools relative to the level of comprehension and understanding required for appropriate use with patients, as they strive to enhance cross-cultural patient care safety and quality. ❤️

References

- Davis TC, Crouch MA, Wills G, Miller S & Abdehou DM. The gap between patient reading comprehension and the readability of patient education materials. *Journal of Family Practice*. Volume 31[5]. pp. 533-538.
<http://erc.msh.org/mainpage.cfm?file=4.6.0.htm&module=provider&language=English>
<http://www.hrsa.gov/culturalcompetence/>
<http://www.minorityhealth.hhs.gov/templates>



Succession Leadership Planning

Barbara Stover Gingerich, RN MS FACHE CHCE

As organizations grow and develop, their leaders need to expand their skills and expertise. In many cases, leaders develop along with the organization and as a result, the leadership and organization are congruent in focus and mission. However, when it becomes necessary to find new leadership, it is important that the selected leader is the right choice for the organization. Selecting the right leader requires an understanding of organizational lifecycles and where the organization is in its own lifecycle. Organizational lifecycles are a factor that affects the skill set required of the organization's leaders. Matching the leader to the organization's lifecycle, focus and mission is key to a successful transfer of leadership. To prepare for a change in leadership, many organizations use a succession planning approach to leadership recruitment and development.

Organization Lifecycles

Because organizations progress through lifecycles, with specific characteristics at each stage in the lifecycle, it is important to understand the organization's stage of development when seeking new leadership. Each stage of development has distinct power focus, attitudes and

behaviors that are characteristic of it.

The terms often applied to the organization's lifecycles are birth, youth, midlife and maturity. The characteristics of each lifecycle stage relate to the degree of bureaucracy, centralization, formalization, administrative intensity, division of labor, internal systems and the use of

lateral teams and taskforces.

In another organization lifecycle classification, Simon identifies the life stages of non-profits as the following:

- *Stage One:* Imagine and Inspire ("Can the dream be realized?")
- *Stage Two:* Found and Frame ("How are we going to pull this off?")

- *Stage Three: Ground and Grow* (“How can we build this to be viable?”)
- *Stage Four: Produce and Sustain* (“How can the momentum be sustained?”)
- *Stage Five: Review and Renew* (“What do we need to redesign?”) [Simon, 2001]

There are many descriptive classifications for organization’s lifecycle. What is most important is that the board and existing leadership know where the organization is in its lifecycle.

Succession Leadership Planning

Succession planning is important to the organization in order to assure there are seasoned leaders in place over the long term. Good succession planning leads to decreased risk exposure, consistency of message within the marketplace, a consistent leadership model, business continuity and enhanced staff morale. By having a succession plan in place the organization’s transition to new leadership can be seamless and smooth.

One key to succession planning is development of a pool of qualified leaders and managers within the organization. Through development and succession planning, the organization is better able to:

- Prepare existing staff for key roles
- Develop internal talent
- Achieve long-term growth
- Improve the overall workforce capabilities
- Improve staff commitment and retention
- Assist staff to attain career development goals
- Support staff during their tenure with the organization
- Improve recruitment results
- Monitor proficiency and competency
- Identify gaps in skills
- Complement existing staff skills with new hire skills

Why Succession Planning is Needed

The Federal Office of Personnel Management [OPM] reports that over 34% of the Federal civilian workforce is over 50 years old and that more than one third of the workforce is eligible for retirement. As a result, there will be a new influx of workers and leaders into the market and into organizations.

The process is
important to every
member of the team,
with an end result
of higher morale and
motivation across the
entire organization.

OPM believes that succession planning establishes a process that recruits employees, develops their skills and abilities, and prepares them for advancement while retaining them, which in turn assures a good return on investment of the organization’s training funds [www.opm.gov].

Developing the Succession Plan

In order to develop a succession plan, it is necessary to understand the organization’s long-term goals, objectives and mission and to identify and determine workforce developmental needs. In addition to targeting the executive leadership positions, organizations are advised to include other key positions in other job categories, such as registered nurses and home nursing assistants. Developing existing staff makes internal candidates better prepared to take on leadership roles.

The Succession Plan

Key steps to succession plan development include selecting the positions within the organization to be targeted, identifying clearly the complement of skills and abilities required to fill these positions and identifying potential

internal candidates for permanent or interim assignments. If there are internal candidates, the next steps are preparing internal candidates in advance and selecting and implementing strategies for employee development of potential candidates, which include training, development, coaching, mentoring and on the job training. It is also usually necessary to develop an external recruiting strategy that includes a profile of potential recruits and to establish a contingency plan for managing operations if a key position is vacated with little or no notice.

Taking this proactive approach to succession planning focuses on succession development, which is intended to be more comprehensive. This approach includes conducting a competency and skills gap analysis that allows the organization to proactively address gaps that could result in a negative impact on the organization. The proactive approach also includes activities geared to improving the competencies and skills of existing staff, so that in the event a critical position is vacated suddenly, the organization is better prepared to address key functions and decrease significant impacts to the organization.

The internal interim leaders, who retain the expertise and knowledge of the organization, are able to maintain continuity of services and retain existing relationships. Interim leadership provides the board with the time to recruit permanent leaders who will retain the culture and mission of the organization.

Succession Planning Evaluation

The board and executive team should periodically evaluate the succession plan and the development of internal candidates, and evaluate progress towards achieving its established succession planning goals. The board and executive team need to collaborate on the establishment of specific goals and outcomes and the time frame for reevaluation and revision of the existing plan. These goals and outcomes that result from the organization’s evaluation and assessment should be realistic, direct and simple.

Succession Leadership Planning

Continued from page 5

Managing Change

No matter how well the staff is prepared for a leadership transition, there is still change that occurs and for that reason, during the transition of leadership, it is important that principles of change management be employed. Following a structured approach to succession planning and leadership transition assists in a smooth change process. Using principles of change management of a controlled approach and a predefined framework allows for a smooth transitioning to be achieved. Change management entails involving the people the change affects and understanding that individuals react differently to change. It also understands that emotions are integrated into the individual's reaction to change. It is important to acknowledge that individuals might feel a sense of loss during the transition and to accept these emotions and feelings.

Key strategies for successful management of change include: identifying different change responses, addressing how individual needs will be met, keeping individuals informed, providing education about the reasons for change and the desired outcomes, setting realistic expectations, providing time for asking questions and listening to fears and concerns. Maintaining open ongoing communication throughout the process, while maintaining good management practices form the foundation for successful change management.

Summary

In some cases organizations are seeking to retain the existing organizational culture, while in other cases, the desire is to transform the organization. If the new leadership is seeking to retain the existing organizational culture, the transition to new leadership is usually easier. However, in some cases the organization is seeking a more comprehensive change than just changing a member of the executive team. When there is a transformational leadership

change, the goal is to bring about positive changes in followers as well. As a result of these positive changes individuals become more energetic, enthusiastic and passionate. Bass has suggested that there are four elements of transformational leadership. They are encouraging creativity and exploration of new ways, offering support to individuals and fostering open lines of communication, possessing a clear vision with passion and ability to articulate the vision and serving as a role model creating respect and trust throughout the organization [Bass, 1985]. While the process is important to transformational leaders, it is also important to every member of the team, with an end result of higher morale and motivation across the entire organization. Inspiring leaders bring about changes in expectations, perceptions and motivations, with all working towards common objectives and vision. Through a well thought out and implemented succession plan, the board and organization are better able to achieve the desired continuity, outcome and end results. ♥

References:

Bass, BM. (1985). *Leadership and Performance*. NY: Free Press.

Simon, JS. [2001]. *Five Life Stages of Nonprofit Organizations: Where You Are, Where You're Going, and What to Expect When You Get There*. Amherst H. Wilder Foundation: St Paul MN.

Workforce and Succession Plan. Retrieved on February 8, 2010 from http://www.opm.gov/hr/employ/products/succession/succ_plan_text.htm



Risk Control: Special Events and Fundraisers

Hospice, home care and community-based organizations often plan and present special events as fundraising activities. These events are generally a means of raising awareness about the organization's mission, as well as raising funds for special programs and services.



Betty Norman
BSN, MBA,
CPHRM

A well-managed event can generate positive publicity and generate needed funds. It is advisable, however, to proactively address the risk exposures that are inherent in such events before getting too far into the planning process.

One of the most important steps in the planning process is choosing the type of event and venue. There need to be controls in place so that decisions related to special events are thoughtfully made and approved by senior management, including the Board of Directors. Some issues to consider when planning such events include:

- Will the event increase awareness of the organization and its mission?
- Is the event mission appropriate? If something would go wrong at the event, the media and community response should not be, "What were they thinking?"
- Are there unacceptable risks associated with the type of event or venue? Events involving carnivals, motor vehicles, pyrotechnics and/or events that are on or around water are obviously more risky than a fashion show or golf outing.
- Does the organization have the

resources and skills needed to manage the event? Will all activities be handled in house by employees or volunteers or will some of the functions be contracted out? If services are contracted out, it is important to have a written agreement outlining all the involved parties' responsibilities.

Once the type of event and venue has been chosen, it is advisable to identify an event manager and a team to coordinate the event. The event manager assumes overall responsibility and leadership for the planning process. Other responsibilities might include: media liaison, food/beverage coordinator, communication with third parties and participants/attendees, registrations and management of donations.

Will Alcohol be Served?

While serving alcohol at a fundraising event is not an unusual occurrence, it does bring an additional risk exposure. These days more and more event hosts are being held accountable for the actions of their guests when they leave an event.

Obviously alcohol consumption should not be the focal point of the fundraising event. Even when alcohol is served, the focus of the event should be on networking and socializing rather than drinking. When serving alcohol it is recommended that you also always serve food.

Always offer non-alcoholic alternatives and make sure that your bartenders are well versed in recognizing the signs of intoxication and how to handle them. It is recommended that only trained, professional bartenders be utilized when alcohol is being served. It is also important to anticipate the end of the event and stop serving alcohol at least an hour before hand.

Risk Management Checklist

Consideration should be given to assigning a risk/safety coordinator for each event. The organization's Safety Director could serve in this role or in an advisory capacity.

Risk Management goals should include:

- A Proactive Health and Safety Risk Assessment - Review activities from past similar events. Evaluate any

incidents or near misses that may have occurred. Injuries to volunteers seem to be the most frequently reported incidents. How can such incidents or injuries be avoided for this event?

- Off-Site Event Planning - Operate legally and in compliance with any contracts or agreements with third parties, such as facility owners and/or service providers. Obtain permits from county or township if needed. Review the environment and consider the level of risk to participants and/or environment.
- Assurance of Adequate Insurance Coverage - Contact your insurance carrier to inform them of the event and ensure coverage. Advise your carrier if alcohol will be served at the event.
- Injury Prevention - This includes injury to employees, volunteers, spectators, participants and others. If there is a reasonable possibility that injuries might occur (such as for events involving sporting activities such as 5K runs, ball games, horse-back rides, etc.), provisions should be in place to ensure an immediate and appropriate response to any injuries that might occur. All event team members should know the steps to take should a participant require first aid or if a medical emergency arises.
- Post-Event Analysis - Once the special event/fundraiser has concluded, bring the team back together to analyze the successes and any possible failures or shortcomings of the event. Review any incident reports that were generated. Get as much feedback as possible from participants and team members and use that information to set the stage for planning the next event.

In summary, managing special event risks requires a proactive team approach. The time spent in the planning process and addressing all potential risk exposures prior to the actual event will contribute to the event's overall success and to your reputation in the community. ❤️

Resources:

Nonprofit Risk Management Center
(www.nonprofitrisk.org)

Who to Contact

Hospice and Community Care Insurance Services • P.O. Box 2726, York, PA 17405
1-800-233-1957 • Fax: 717-747-7021 • hccis.com

Members who insure directly with us (not through another agent or broker), please request Certificates of Insurance, submit claims, make policy changes, or ask questions about your policies, by contacting the Customer Service Representative responsible for your state.

Tracy Guinn, Ext. 7597

Western States: AK, AR, AZ, CA, CO, HI, IA, ID, IL, IN, KS, LA, MI, MN, MO, MT, ND, NE, NM, NV, OK, OR, SD, TX, UT, WA, WI, WY

Sheila Simmons, Ext. 7595

Eastern States: AL, CT, DC, DE, FL, GA, KY, MA, MD, ME, MS, NC, NH, NJ, NY, OH, PA, RI, SC, TN, VA, VT, WV

Insurance Brokers, please contact the Underwriter responsible for your state.

Mike Hetrick, Ext. 7535

West: AK, AZ, CA, HI, ID, NV, OR, UT, WA

Greg Lindstrom, Ext. 7561 – *Southeast:* FL, NC

Sheree Van Natter, Ext. 7566

Northeast: CT, DC, DE, IN, KY, MA, MD, ME, MI, NH, NJ, NY, OH, PA, RI, VA, VT, WV

Sheri Eckenrode, Ext. 7588 – *South Central:* LA, TX

Sarah Vail, Ext. 7541

Midwest: AL, AR, CO, GA, IA, IL, KS, MO, MN, MS, MT, ND, NE, NM, OK, SC, TN, WI, WY

Administered by Glatfelter Underwriting Services, Inc.
and Glatfelter Insurance Services in CA, MN, NY, TX, and UT
and Glatfelter Brokerage Services in NY

To print additional
copies of the newsletter,
visit our web site at
www.hccis.com

P.O. Box 2726, York, PA 17405

Hospice and Community Care Insurance Services
A Division of Glatfelter Insurance Group

Update

PRSRST STD.
U.S. POSTAGE
PAID
YORK PA
PERMIT NO. 631