POPULATION-SPECIFIC HEALTHCARE

2017 JHS Annual Mandatory Education
Our Commitment

• The mission of the Jackson Health System (JHS) is to build the health of the community by providing a single, high standard of quality care for the residents of Miami Dade County

• In order to achieve our mission it is essential to identify and respond to the special needs of each customer
Goal of this Program

• To provide effective, equitable, understandable and respectful quality care that is responsive to the diverse needs of our community
Learner Objectives

• Define population specific care and identify the components of our diverse community and JHS’ role in meeting the special needs of all our customers
• Review important aspects of the cultural, communication, age-specific, and physical needs of all patients that play a role in healthcare outcomes
• Identify and use behaviors that address and support the communication needs and cultural values of all of our customers including end of life issues specific to their religion/spiritual beliefs
• Identify the JHS resources available to staff and patients
Diversity

• A multi-cultural perspective takes into account the differences that make us all unique including:
  – Race
  – Ethnicity
  – Nationality
  – Age
  – Religion/Spiritual needs
  – Gender
  – Education
  – Disabilities
  – Language
  – Sexual orientation
  – Specific healthcare needs
Population-Specific Care

- Population Specific Care is a health initiative that requires healthcare providers to identify and respond to the developmental and health needs of their patients including:
  - Culture
  - Language
  - Sexual Orientation
  - Spirituality/Religion
  - Disability
  - Race
  - Socio-Economic Status
  - Age
JHS Focus on Population-Specific Health

- As a part of the JHS initiative to promote population-specific healthcare, we are:
  - Improving access to health care for all healthcare populations throughout the community, close to where our patients live and work
  - Hiring highly skilled physicians, nurses, and allied health professionals who understand the importance of population specific care
  - Establishing a system that is sensitive and effective in meeting the holistic needs of all healthcare populations
  - Providing materials, instructions, and assistance to all of our patients based on their specific needs
Legal and Regulatory Requirement

- Meeting the special needs of our patients and staff is a legal and regulatory requirement by the:
  - Americans with Disabilities Act (ADA) of 1990
  - Section 504 of the Rehabilitation Act of 1973
  - Title VI of the Civil Rights Act of 1964
  - Age Discrimination in Employment Act of 1967
  - Joint Commission and CMS standards
  - Standards for Culturally and Linguistically Appropriate Services (CLAS), 2000, 2013
It’s the Law!

- Title VI of the Civil Rights Act of 1964
  - “No person in the U. S. shall, on the ground of race, color or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance”
  - Interpretation of this act is that health care organizations must ensure equal access and participation for all protected groups
  - See JHS Policy 116 (Compliance with Civil Rights Acts)
Delivering Quality Care

• In order to deliver effective, equitable, understandable and respectful quality care, it is important that all of our employees recognize that there are specific behaviors that we should demonstrate in every patient and family interaction.

• These behaviors pinpoint our goal to fulfill population specific care to everyone we serve and are observable through the acronym PEACE.

• Each employee is expected to engage patient/family with PEACE and managers are expected to regularly round and assess employees in meeting the associated competencies.
Population Specific Care Competencies
Promoting PEACE:

<table>
<thead>
<tr>
<th>EMPLOYEE behavior:</th>
<th>MANAGER assesses employee for:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>P</strong>rofessional</td>
<td><strong>P</strong>rofessional</td>
</tr>
<tr>
<td>Acknowledges the</td>
<td>Provides a friendly</td>
</tr>
<tr>
<td>presence of others</td>
<td>greeting, smiles</td>
</tr>
<tr>
<td><strong>E</strong>mpathetic</td>
<td><strong>E</strong>mpathetic</td>
</tr>
<tr>
<td>Demonstrates</td>
<td>Listens attentively,</td>
</tr>
<tr>
<td>sensitivity and</td>
<td>suspends judgment</td>
</tr>
<tr>
<td>is culturally</td>
<td></td>
</tr>
<tr>
<td>responsive to the</td>
<td></td>
</tr>
<tr>
<td>diverse needs of</td>
<td></td>
</tr>
<tr>
<td>others</td>
<td></td>
</tr>
<tr>
<td><strong>A</strong>ction Oriented</td>
<td><strong>A</strong>ction Oriented</td>
</tr>
<tr>
<td>Responds to</td>
<td>Follows through with</td>
</tr>
<tr>
<td>customers in a</td>
<td>responsibilities</td>
</tr>
<tr>
<td>timely manner</td>
<td></td>
</tr>
<tr>
<td><strong>C</strong>onflict (resolves)</td>
<td><strong>C</strong>onflict (resolves)</td>
</tr>
<tr>
<td>Deals with</td>
<td>Responds calmly and with</td>
</tr>
<tr>
<td>conflict as an</td>
<td>courtesy</td>
</tr>
<tr>
<td>opportunity to</td>
<td></td>
</tr>
<tr>
<td>improve relations</td>
<td></td>
</tr>
<tr>
<td><strong>E</strong>valuate</td>
<td><strong>E</strong>valuate</td>
</tr>
<tr>
<td>Assess results of</td>
<td>Seeks measures to</td>
</tr>
<tr>
<td>each customer</td>
<td>enhance future</td>
</tr>
<tr>
<td>interaction</td>
<td>interactions</td>
</tr>
</tbody>
</table>
Culturally Competent Care

• Providing culturally competent care means that as health care providers we identify and assess the client’s cultural values and beliefs as they affect:
  – Beliefs about the cause and treatment of disease
  – Communication styles
  – How family is defined
  – Life processes (e.g. birth and death)
  – Nutrition choices (vegetarian, kosher, etc.)
  – The patient’s view of westernized medicine

• This assessment will guide the care we provide as the needs of our community continue to change

• Cultural competence is about the ability of the health care provider to intervene appropriately and effectively to accommodate the specific needs of each individual we serve
Spirituality and Religion for All

- Ensure that the patient/family know that we (JHS) recognize the right of our patients to engage in health practices that are meaningful to them.
- Through respectful and sensitive communication, we will identify what their individual health care goals/needs are.

Care should be centered on:
- What makes the patient feel hopeful and brings meaning to their lives.
- Understanding that SPIRITUALITY is not necessarily connected to RELIGION.
Spirituality and Religion for All

• Health care providers will remember CAN in all patient interactions:
  
  C  Cultural awareness (Respecting the cultural aspects that are associated with one’s religion)
  
  A  Assessment of patient (Ask questions about their perspectives, what they believe is important; ask about pain which is often linked to culture and/or religion) See Policies: 400.002, 400.020
  
  N  Negotiate care (Integrate patient’s preferences and work with patients to select therapeutic choices that respect their values)
Spirituality and Religion for all Populations

- Also refer to the patient’s personal information in the chart to see if they noted a particular religious preference.

- Encourage the patient and the patient’s family to use JHS pastoral care services (305-585-2529) when appropriate.
End of Life Care: Culturally Appropriate Encounters

• When a patient is admitted for any reason
  – Identify his/her religion and/or any specific spiritual, ethnic or cultural beliefs and practices that they think may be beneficial to their care/treatment that you should know about.
  – Ask about personal clergy who they may want to contact and always offer JHS Pastoral Care services.

  **Pastoral Care:**
  305-585-2529
  On-call pager: (305) 585-2255 — ID# 2624

  – Discuss Advanced Directives: encourage patient/family through their Clergy/Rabbi and Physician to discuss appointing a healthcare surrogate who is familiar with the patient’s values/beliefs to create a living will to ensure the patient’s choices are honored and carried out.
End of Life Care (Continued)

• **Just Before/After Death**
  - Teamwork is required at all times, but particularly with impending deaths. Contact Pastoral Care to help prepare for the spiritual/religious needs (85-2529) of the patient, to assist with grief and planning needs of the family and for staff who may be experience grief due to the loss of a patient.

  - The attending or resident physician will notify the family/next of kin of the death and the related medical happenings. The family has the right to see the patient, as long as they are present within an hour after the death, and the body has not yet been taken to the morgue. Every effort is made to allow for compassionate viewing of the deceased on the unit.
End of Life Care (Continued)

• Culturally competent care is a deliberate and conscious process – utilize the ABCs:

• **Approach:** Address the patient/family using their last name, don’t interrupt when they are speaking, do an assessment before and after the passing:

  – **Before the passing** - *I know this is a difficult time, is there anything you would like to talk about now that I can help you with? What questions can I answer for you?*

  – **After the passing** - *I am so sorry for your loss… What can I help you with right now? Is there someone I can call for you? Who will be making the decisions?*
End of Life Care (Continued)

• **Behaviors**: Be aware of different expressions of grief, which can range from being extremely stoic to open wailing (avoid judgements and be mindful of your reactions), show compassion, your behaviors contribute to the tone of the encounter which should always denote respect.

  – Show that you are listening to their traditions.
  – Do not show sign that you are in a hurry which for almost all cultures is perceived as disrespectful.
  – Look for ways to demonstrate that you are supporting their traditions.
  – Sacred or traditional objects should be touched without permission, if possible (ask about it’s significance).
End of Life Care (Continued)

- **Communication:** Speak calmly, slowly, softly and respectfully (careful not to be overbearing - This is especially appreciated by Native Americans as silence, calmness and humility are highly valued); use culturally sensitive language: *honor word-choice:* “made his/her transition, passing, in spirit world”, etc.

  - **Helpful words:** *I am here for you. I can't imagine what this is like for you.*
  - **Take all the time you need.**

  - **What NOT to say:** *I know how you feel.* (We never really know how someone else feels.)
  - *Time heals all wounds.* (Not always; although healing takes time).
  - *They’re in a better place* (Avoid platitudes).
End of Life Care (Continued)

- **Religious/Spiritual Discussions Just Before Death**
  - For Christians, for those who desire the Sacrament to be administered it should be during the period just before death.
  - It is critical to talk to the patient/family about their particular religious, spiritual, or Native American tribal traditions so that we at JHS can be a support where we can.
  - Discuss with patient/family if they have a specific person/family member, funeral home, or organization who they want contacted who will care for the body and special requests on how to handle the as required by their spiritual/religious traditions (JHS will make every effort as possible to support the family)
    - Hindu and Islam - preference is a person of their faith (otherwise use gloves)
    - Judaism – (i.e. *Chevra Kaddisha*: Jewish Burial Society), also inquire if they have a *Shomer* (a person who will sit with the body so that it is never unattended) to be contacted.
Socio-Economic Status (SES)

- SES usually pertains to a number of factors including income, occupation and educational level in a group or individual.

- Low SES is considered a risk factor in illness just as is smoking, inactivity, obesity, and stress. Finances and education are often linked to a person’s ability to access healthcare, as well as, dietary and other lifestyle choices.

- As a JHS healthcare provider, we identify our customers and provide assistance, referral and healthcare education to all of our patients including communicating in a sensitive and caring manner to related SES factors which may effect health outcomes.
Miami-Dade County

- Current population; 2,693,117 (U.S. Census7/2015)
  - 66.8% Latino, 18.7% Black/AA, 14.4% White
  - 72% speak a language other than English at home

- Federal Poverty Level (FPL):
  - Almost two-thirds of households earned less than a living income, demonstrating that poverty is an important issue in the county

- Education (% of population with HS diploma or higher)
  - 73% Latino, 72% Black/AA, 92% White

REMEMBER YOUR ROLE:

- Treat every patient/family member with dignity and respect
- Create a patient-focused environment: give personal consideration to identified needs for strategic healthcare interventions
Communication with clients is an integral component of quality health care.

Ineffective or unclear communication can result in harm to patients.

It is our responsibility to identify and respond to any language and communication requirements the patient has.

Assess the patient’s:
- English proficiency
- Hearing ability
- Visual capacity (ability to see)
- Reading ability

See JHS policies:
- 400.0025 Assessment of Patient
- 405 Patients’ Rights and Responsibilities
Communication Tips and Strategies

- Use video remote interpreters, or telephonic interpreters. Do not use a family member:
  - Ask person how he/she prefers to communicate
  - Talk directly to the person, not the interpreter
  - Speak clearly and loudly but do not shout
  - When communicating, maintain eye contact with the person
  - Use facial expressions and gestures as needed
  - Do not talk when the deaf or hard-of-hearing person is engaged in another activity such as reading or signing a document
  - If the person has a service animal, do not interact, pet or speak with the animal

See JHS Policy 185 Request For Interpreter Service
Sexual Orientation

• **Perspectives**
  • Healthcare facilities, in general, can be a source of stress and frustration for patients and their families.
    – This is particularly true for the Lesbian, Gay, Bisexual, and Transgender (LGBT) community who sometimes face homophobia in healthcare resulting in some avoiding getting medical attention out of fear of discrimination
  • At JHS, one of our core values is a “culture of inclusion” fostering qualities such as consideration, acceptance, support and safe environment.
    – Implicit in PEACE is to be welcoming and respectful in all our communication
  • All employees are responsible for contributing to an atmosphere of unbiased openness and affirmation to all we serve
Create an Environment of Trust

Lesbian, Gay, Bisexual and Transgender (LGBT) Community:

- Gain their TRUST by having open honest discussions about their lifestyle, culture, family and community
- Understand the resistance that these patients may have in being honest about their health history and lifestyle that may impact their health
- Be mindful of the effects of social determinants and cultural factors including stigma, discrimination, and violence on the health of LGBT persons and their family
- Respect the patient’s family unit or significant other and be inclusive in your communications about the patient’s health status (as appropriate within JHS policy and procedure)
- Provide ethical, compassionate care when understanding the differences that exist within the LGBT family and community

- Institute of Medicine of the National Academies, (2010)
- Fenway Institute, (2009)
Effective Communication for Children of LGBT Parents

- Work with the LGBT parent on how the children see their significant parenting family roles
- Be sensitive to an open and supportive healthcare experience
- Avoid stereotyping comments such as:
  - Who is the father or mother in the relationship?
  - Use the word Parent instead
- Call the parents by their name
- Help the child come up with and practice appropriate responses to teasing or mean remarks

The Disability Perspective

- The Americans with Disabilities Act of 1990 has similar language as the Civil Rights act and includes persons with disabilities.
- It is JHS’ responsibility:
  - to ensure that persons with disabilities have equal access to all services.
  - to provide sign language interpreters and/or auxiliary aids for persons who are deaf, hard of hearing or visually impaired.
  - to ensure our facilities can be accessed by persons with limited mobility.

See JHS Policy 400.083 Section 504 Grievance Policy
Also Policy 326 Reasonable Accommodations
Addressing Age-Specific Care

Know the age groups of the patient populations served by the organization

Identify and individualize interventions for your patients based on their special needs

Provide choices and control as appropriate

Incorporate family and/or significant others as appropriate

Interventions that require age specific considerations include:

- Physical assessment and interpretation of findings
- Medication and nutrition administration
- Response to questions/involvement in care
- Explanation of interventions and procedures
- Selection and use of medical equipment, supplies
- Strategies and methods for coping with hospitalization
- Methods and tools for education
- Injury risk assessment (falls, skin breakdown)
Tips for Addressing Age-Specific Care

**Children**
- Even children who are the same age can vary widely in their learning skills and communication abilities. Adjust your communication to accommodate the child’s specific needs and capabilities.
- Be mindful of YOUR demeanor and approach; child should be comfortable in the healthcare environment.
- Keep parents and children fully informed. Speak directly to the child, inviting the parents to add information as necessary.
- Give honest information.

**Mature Adults**
- The older population is not homogeneous; in fact, it is one of the most diverse groups in society.
- What is true for one 65-year-old adult is not necessarily true for others.
- Avoid patronizing and ageist assumptions when providing information; how you give the information is important as what you provide.
- Emphasize autonomy; allow them to make informed decisions about care.
Addressing Age-Specific Care (Continued)

Children
- Help prepare the child for the medical procedure
- The use of techniques that break down communication barriers (i.e. humor) contribute to relaxing children and their parents
- Verify listener comprehension during the conversation
- Educate parents about the importance of child safety (care seats, toys, pools), health screening, immunizations and healthy eating, and age appropriate sexual health topics in adolescents

Mature Adults
- Be patient; use age appropriate communication; ask questions (use direct, concrete language, and use a positive tone)
- Verify listener comprehension during the conversation
- Include older adults in the conversation even if their healthcare surrogate is in the room
- Reinforce importance of timely doctor visits, taking medication correctly and nutrition

(Adler and Carlton, 2007.)
JHS Resources

• JHS ADA Coordinator: (305-585-7268)

• Guest Services:
  – Jackson Memorial Hospital (305-585-7341)
  – Jackson North Medical Center (305-654-5060)
  – Jackson South Community Hospital (305-256-5159)
JHS Resources

- Spanish and Haitian Creole interpreters, 24/7 for video remote interpretation (VRI) and telephonic service
- Telephonic Interpreters by Language Line Solutions, 24/7:
  - Main campus and other JHS facilities: 800-874-9426, Client ID – 203067, Personal Code – JHS badge number
  - Jackson North Medical Center: 866-588-4648
  - Jackson South Community Hospital: 877-205-6472
  - Video Remote Interpreter Units (VRI) throughout the hospital
- Sign Language Interpreters at Jackson Main dispatched to JHS facilities by contracted vendors, 85-6316 or 305-585-6316, OR through VRI
- TTY and Closed Caption for deaf and hard of hearing persons:
  - Main campus, 85-6789 (TTY) and 85-6119 (closed caption) .
  - Jackson North Medical Center, 305-654-5098, for both.
  - Jackson South Community Hospital, 305-256-5260, for both
Tips When Using Interpreters

• Always direct statements and questions to the patient.
• Avoid lengthy statements and questions.
• Interpreters will position themselves next to the provider so that the patient will look at both at the same time.
• Interpreters will interpret all indirect conversations, statements made in the presence of the patient.
Educational Resources

• Patient education materials are offered in different languages
  – Assure that education and discharge plans consider the patient’s abilities, preferences, readiness to learn, physical and cognitive limitation, communication and language barriers
  – Use appropriate educational resources and include the patient, family and/or support person

  – Contact department of Education and Development at: 305-585-7134
  – Policy 400.039 Patient and Family Education
Summary

• Jackson Health System is committed to meeting the special needs of all its clients
• This commitment will facilitate our mission of improving the health of the community
• All health care workers are expected to provide culturally competent health care that meets the unique needs and expectations of clients and families
• Organizational resources exist to meet those needs
• In the end, attention to the unique needs of clients will enhance their satisfaction and health status and the overall success of the organization
References


• Communicating With Older Adults. An Evidence-Based Review of What Really Works. 2012 The Gerontological Society of America. All rights reserved. Printed in the U.S.A.


• Department of Regulatory & Economic Resources Planning Research & Economic Analysis, Miami Dade County, June, 2015

• Miami Matters. Powered by Healthy Communities Institute. Copyright © 2015. All rights reserved.
References

- The Joint Commission (2013)