

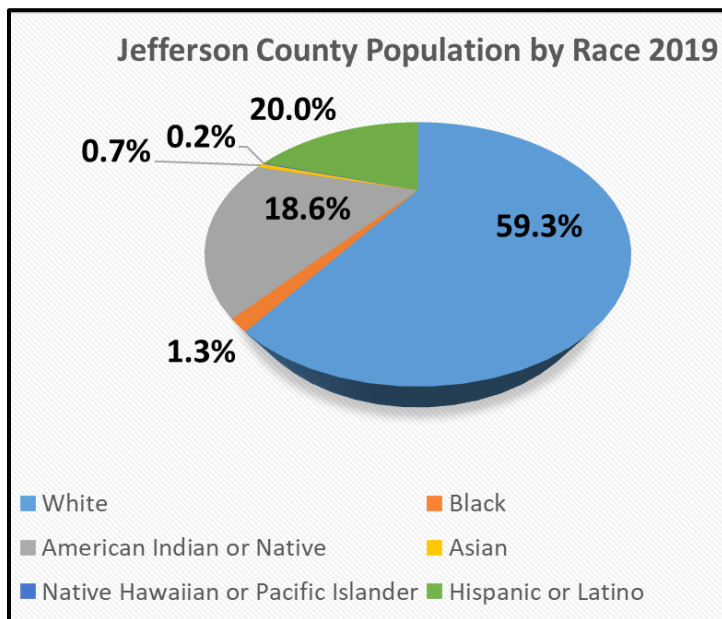
Advancing Transcultural Care through Cultural Competency



St. Charles Madras is a critical access hospital with 25 licensed beds and 240 employees located in Jefferson County, Oregon. The hospital provides surgical services, imaging, intensive care, a Family Birthing Center, medical and emergency care and an outpatient laboratory. It is a certified level IV trauma center. With four hospitals and more than 220 employed medical providers, St. Charles Health System is the largest provider of medical care in Central Oregon. It owns and operates 3 hospitals, a women’s health center and 11 clinics across central Oregon.

Cultural Competency

According to its 2019 community health needs assessment, Jefferson County is almost 60 percent white and 40 percent other. Of the others Native American Indian (NAI) are 18.6 percent and Latino or Hispanic are 20 percent.



St. Charles Madras staff realized through employees’ and patients’ feedback that they weren’t doing enough to provide culturally competent care to its NAI and Latino patients. Some providers said they were worried about how their care might interfere with a patient’s cultural preferences, and patients shared anecdotes of times when healthcare staff treated them with disrespect or a lack of understanding of their cultures. They also observed a significant imbalance in ethnicity across clinical staff.

Led by Candy Canga-Picar, DNP, chief nursing officer, the hospital established a project to promote racial equity in healthcare. There are three major components to her work: how to grow cultural competency among current caregivers, how to empower and involve members of the community from diverse cultural backgrounds, and how to create an organization that, as a whole, understands cultural differences and how they affect care. She found evidence-based training and education in cultural competency and brought these findings to St. Charles Madras.

Culturally competent care is the ability of the organization and its caregivers to provide care that is acceptable to patients with differing values, beliefs, and behaviors. The CAH provides care to both NAI patients and Latino populations. However, based upon the project findings, it is

believed that St. Charles Madras could do more to provide culturally appropriate care as shown by:

1. The narrative comments from nurses indicating their lack of understanding of the NAI culture
2. The anecdotal stories from NAI patients indicating confusion and lack of respect from the caregivers when receiving care at the critical access hospital
3. The senior executive team expressing its interest and deep concern for the lack of cultural competency among the caregivers throughout the healthcare system

Transcultural Care

The transcultural care project attempts to establish cultural competence at St. Charles Madras Hospital by implementing components of the evidence-based guidelines developed by several professional organizations. The belief is that the project will favorably affect the NAI patient engagement or experience measured by the participation rate in the Press-Ganey patient satisfaction survey and the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) satisfaction score.



The chief clinical staff together with a local Indian Health Service (IHS) clinic provider and nurse manager met with leaders from the Confederated Tribes of Warm Springs. The healthcare staff and tribal leaders formed a panel for a cultural summit that featured a lecture on transcultural care. The panel discussed American Indian cultures and history as well as ways providers can adjust their care to better align with a patient's beliefs and traditions.

Establishing trust with the tribal leaders took time. The hospital leadership team worked diligently to remain transparent and humble and listened to the concerns of the tribes. About 110 inpatient providers, care givers and community members attended the summit and completed the initial cultural competency training and education.

After the summit the hospital's nurse leadership and human resources director worked together to rewrite nursing job descriptions to include requirements about participating in cultural competency activities. With assistance from the Oregon Health & Science University, they introduced a clinical protocol established to flag NAI children who have a potentially deadly genetic condition known as CPT1.



St. Charles Madras Hospital also updated its artwork in and around the hospital to better reflect its patient population. For example, the outdoor healing garden has an artistic rendering of a piece of rock art in the Columbia River Gorge called “She Who Watches” along with a sculpture of three salmon, which represent abundance, renewal, fertility, and prosperity.

Tribal leaders participate in the Patient Family Advisory Council (PFAC) formed back in 2018, which also includes leaders from the Latino communities. This formal group meets regularly with healthcare providers to weigh in on policy and program decisions. “The PFAC is the voice of our patients and family members to assist the hospital in improving the quality of care,” Canga-Picar said. The PFAC developed five hospital policies around cultural considerations for NAI patients. In addition, they plan to renovate the Madras Family Birthing Center to visually reflect both Latinx and Native American culture.

Results

Dr. Canga-Picar has noted that the tribe has an oral tradition, so forms are disregarded. Following the advice of the PFAC, the hospital switched from a mailed patient satisfaction survey to a telephone survey, as many community members in the service area would rather share their opinions and experiences verbally instead of in writing.

Hospital staffers have already seen an increase in the number of people who respond to their surveys, from a small number of people to around 25 per fiscal quarter. HCAHPS scores for St. Charles Madras show an increase in survey participants who said they would recommend the hospital: from 60.9% in 2018; to 67.1% in 2019; to 69.9% in 2020. The hospital also saw a drop in the number of patient complaints — from 59 to 13.

The leadership at St. Charles Madras is pleased and inspired by the early results of their efforts, but see the need to continue. “Cultural competency is not a destination,” Dr. Canga-Picar said. “It’s an ongoing journey.”

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