360° Organizational Assessment:

A C•CAT Informational Webinar

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Research Associate
Ethics Group

Mikaela Louie
Program Manager
Cultural Competency
Agenda

- Introductions
- Introducing the C•CAT
  Andrew Jager
- CCHCP Program Features
  Mikaela Louie
- Questions and Closing
Objectives

- **What** the C•CAT measures
- **How** the C•CAT can help your organization manage risk and improve care
- **Why** CCHCP is the best C•CAT consultant for your organization
Communication Quality Improvement

Using validated measures to assess and improve health care organizations’ communication

July 23, 2013
High-quality health care requires good communication

Safety: Gaps/lapses in communication lead to unexpected outcomes, medical errors

Quality: Patients who understand health messages are more likely to adhere to therapy, follow-up

Respect: Shared-decision making requires good communication, understanding

Equity: Quality of communication a likely factor in unequal treatment/health disparities

Satisfaction: Improved communication correlated with patient satisfaction and trust
All patients benefit from good health communication

There are communication-vulnerable patient groups:

- Low health literacy
- Limited English proficiency (LEP)
- Minority racial/ethnic background
- Culture that health professionals at organization do not understand well
- Those who are frightened or confused due to illness, unfamiliar surroundings
Communication occurs in organizational contexts ("climate")

- Health communication has been extensively studied in recent years.
- Most studies have explored communication in patient-clinician dyads.
- Yet, work on patient safety and quality improvement has moved towards focusing on organizational factors ("climate"), as well as individual behaviors.
Organizational Climate & QI

Organizational “climate” affects delivery of care in many ways:

- Patient safety, risk
- Staff satisfaction/commitment to quality
- Organizational learning
- Odds of success/failure in QI
Assessing communication climate and its role in quality care

- Developed by AMA and multi-stakeholder body in consultation with expert panel
- Validated in multiyear, national field-test
- 7 of 9 domains endorsed by NQF Health Disparities and Cultural Competency Steering Committee
- Included in NQMC, Diversity Rx databases
National Quality Forum (NQF) is a multi-stakeholder, national non-profit organization with a three-part mission:

• Build consensus
• Endorse national consensus standards
• Promote national goals
Measurement domains of patient-centered communication

- Regular Evaluation of Performance
- Language
- Workforce Development
- Patient Engagement
- Culture
- Data Collection
- Community Engagement
- Health Literacy
- Commitment to Effective Communication
C•CAT assesses communication as an organizational behavior

360° assessment of communication climate at health care organizations, incorporates perspectives of:

- Staff (clinical and non-clinical)
- Patients
- Executive Leadership
- Policymakers
C•CAT incorporates multiple perspectives on communication

Patient
Did doctors ask you to repeat their instructions?

Executive
How many of your clinicians have received specific training on ways to check whether patients understand instructions?

Staff
Have you ever received specific training on ways to check whether patients understand instructions?

Policy
Is it hospital policy for staff members to ask patients to repeat instructions?
Examples of C•CAT surveys

Instruments for review at: ama-assn.org/go/ccat

Paper survey
iPad app survey
Web-based survey
## Patient Survey Respondents

<table>
<thead>
<tr>
<th>Language</th>
<th>Number of Surveys Printed</th>
<th>Number of Surveys Returned</th>
<th>Estimated Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>590</td>
<td>191</td>
<td>34%</td>
</tr>
<tr>
<td>Spanish</td>
<td>110</td>
<td>48</td>
<td></td>
</tr>
</tbody>
</table>

## Staff Survey Respondents

<table>
<thead>
<tr>
<th>Type</th>
<th>Number of Email Surveys Distributed</th>
<th>Number of Email Surveys Returned</th>
<th>Number of Paper Surveys Printed</th>
<th>Number of Paper Surveys Returned</th>
<th>Estimated Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4,772</td>
<td>1,698</td>
<td>300</td>
<td>39</td>
<td>39%</td>
</tr>
</tbody>
</table>

## Executive Survey Respondents

<table>
<thead>
<tr>
<th>Type</th>
<th>Number of Email Surveys Distributed</th>
<th>Number of Email Surveys Returned</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12</td>
<td>8</td>
<td>67%</td>
</tr>
</tbody>
</table>

## Data Collection Period

<table>
<thead>
<tr>
<th>Type</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Collection Opened</td>
<td>August 18</td>
<td></td>
</tr>
<tr>
<td>Electronic Data Collection</td>
<td>September 2</td>
<td>Paper Data Collection Closed</td>
</tr>
<tr>
<td>Closed</td>
<td></td>
<td>September 11</td>
</tr>
</tbody>
</table>

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The table below shows the overall domain scores for “General Hospital” and the comparable domain scores from our benchmarking database. Domain scores are a composite of multiple survey items from both the staff and patient surveys, giving equal weight to staff and patient perceptions and experiences.

<table>
<thead>
<tr>
<th>Domain</th>
<th>General Hospital Score</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership Commitment</td>
<td>75.5</td>
<td>78.4</td>
</tr>
<tr>
<td>Information Collection</td>
<td>78.7</td>
<td>55.4</td>
</tr>
<tr>
<td>Community Engagement</td>
<td>77.4</td>
<td>78.8</td>
</tr>
<tr>
<td>Workforce Development</td>
<td>73.0</td>
<td>75.9</td>
</tr>
<tr>
<td>Individual Engagement</td>
<td>75.4</td>
<td>77.9</td>
</tr>
<tr>
<td>Cross-Cultural Communication</td>
<td>73.5</td>
<td>74.8</td>
</tr>
<tr>
<td>Language Services</td>
<td>78.4</td>
<td>68.7</td>
</tr>
<tr>
<td>Health Literacy</td>
<td>68.3</td>
<td>77.4</td>
</tr>
<tr>
<td>Performance Evaluation</td>
<td>57.2</td>
<td>64.8</td>
</tr>
</tbody>
</table>
C•CAT domains are correlated with patient-reported quality, trust

Table 4. Multivariate\textsuperscript{a} Relationship Between Organizational Performance in Each Communication Domain and Patient-Reported Measures of General Quality and Trust

<table>
<thead>
<tr>
<th>Communication Domain</th>
<th>I Receive High-Quality Medical Care OR (95% CI)</th>
<th>My Medical Records Are Kept Private OR (95% CI)</th>
<th>If a Mistake Were Made in my Health Care, the System Would Try to Hide It From Me OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational commitment</td>
<td>1.34 (1.22-1.54)</td>
<td>1.22 (1.05-1.40)</td>
<td>0.73 (0.66-0.86)</td>
</tr>
<tr>
<td>Data collection</td>
<td>0.95 (0.90-0.95)</td>
<td>1.00 (0.95-1.05)</td>
<td>1.0 (1.00-1.05)</td>
</tr>
<tr>
<td>Workforce development</td>
<td>1.47 (1.28-1.69)</td>
<td>1.28 (1.10-1.47)</td>
<td>0.73 (0.62-0.86)</td>
</tr>
<tr>
<td>Engage community</td>
<td>1.54 (1.28-1.76)</td>
<td>1.28 (1.10-1.54)</td>
<td>0.73 (0.59-0.86)</td>
</tr>
<tr>
<td>Engage individuals</td>
<td>1.40 (1.22-1.61)</td>
<td>1.22 (1.05-1.40)</td>
<td>0.73 (0.62-0.86)</td>
</tr>
<tr>
<td>Health literacy</td>
<td>1.40 (1.22-1.61)</td>
<td>1.28 (1.10-1.47)</td>
<td>0.73 (0.62-0.86)</td>
</tr>
<tr>
<td>Language services</td>
<td>0.90 (0.82-0.95)</td>
<td>1.05 (0.95-1.16)</td>
<td>1.0 (0.90-1.16)</td>
</tr>
<tr>
<td>Cross-cultural</td>
<td>1.28 (1.16-1.40)</td>
<td>1.16 (1.05-1.28)</td>
<td>0.82 (0.73-0.90)</td>
</tr>
<tr>
<td>Performance monitoring</td>
<td>1.40 (1.22-1.54)</td>
<td>1.22 (1.05-1.40)</td>
<td>0.73 (0.66-0.86)</td>
</tr>
</tbody>
</table>

Abbreviations: OR, odds ratio; CI, confidence interval.
\textsuperscript{a}Results are adjusted for patient age, sex, education, and language ability, and reflect the effects of 5-point changes in domain scores.

Health Literacy
An organization should consider the health literacy level of its current and potential populations and use this information to develop a strategy for the clear communication of medical information verbally, in writing, and using other media.

The following describes how well General Hospital performed relative to this domain by displaying selected results from each of the C•CAT assessment tools.
Selected Survey Results
The table below presents a few key items from the executive, staff, and patient surveys in the domain of **Health Literacy**. The “Issues,” on the far left of the table, represent key areas within this domain, which are addressed by the particular set of questions listed on the right side of the table. The issues and questions in the table represent some items that have a significant impact on this domain, but they do not represent all questions included in the domain score calculations.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Survey Recipient</th>
<th>Item Number</th>
<th>Staff &amp; Patient Survey Questions &amp; their Feelings</th>
<th>n</th>
<th>% Adequate Training or % Always*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicating with patients in plain language instead of using technical terms</td>
<td>Executive</td>
<td>E.56</td>
<td>Staff have been adequately trained on the importance of communicating in plain language.</td>
<td>8</td>
<td>25.0%</td>
</tr>
<tr>
<td></td>
<td>Staff</td>
<td>S.54</td>
<td>Staff have been adequately trained on the importance of communicating in plain language.</td>
<td>798</td>
<td>62.4%</td>
</tr>
<tr>
<td></td>
<td>Patient</td>
<td>P.24</td>
<td>Patient understood the doctor’s instructions.</td>
<td>102</td>
<td>81.9%</td>
</tr>
<tr>
<td>Checking whether patients understand instructions</td>
<td>Executive</td>
<td>E.57</td>
<td>Staff have been adequately trained on ways to check whether patients understand instructions.</td>
<td>8</td>
<td>12.5%</td>
</tr>
<tr>
<td></td>
<td>Staff</td>
<td>S.55</td>
<td>Staff have been adequately trained on ways to check whether patients understand instructions.</td>
<td>812</td>
<td>61.7%</td>
</tr>
<tr>
<td></td>
<td>Patient</td>
<td>P.17</td>
<td>Doctor asked patient to repeat their instructions.</td>
<td>126</td>
<td>27.8%</td>
</tr>
</tbody>
</table>
Detailed Scores
Health Literacy

Key Findings from Organizational Workbook
The following results from the completion of the organizational workbook represent the consensus responses of the team completing the workbook. This team completed one workbook and chose the final answers that best reflected the majority opinion of the group.

<table>
<thead>
<tr>
<th>Question Number</th>
<th>Question</th>
<th>Team Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>O.20</td>
<td>Does the hospital effectively train employees to serve patients with limited health literacy?</td>
<td>No</td>
</tr>
<tr>
<td>O.37</td>
<td>Does the hospital track the literacy and education levels of its community?</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>O.67</td>
<td>Is it hospital policy for staff members to ask patients to repeat instructions? (use the teach back or &quot;show me&quot; method)?</td>
<td>Needs Improvement</td>
</tr>
</tbody>
</table>
Some benefits of C•CAT results

• Easy-to-understand scores in 9 domains – useful for developing targeted QI interventions
• Key items show variable perspectives on important issues
• In-line with Joint Commission *Roadmap* and CLAS Standards – useful for documenting compliance with accreditation and regulatory standards
• Benchmarking database shows performance relative to peer organizations
Thank you!

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“Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals that enable effective interactions in a cross-cultural framework.”

Terry Cross
NWICWA
We train healthcare teams to **communicate effectively** in cross cultural settings.

Recognized as a **leader in the field of language access and cultural competency training** with 21 years of experience.
Mission

To serve as a bridge between communities and health care institutions to advance access to quality care that is culturally and linguistically appropriate.
Why CCHCP?

• Expertise

• Professional

• Wide Network
C•CAT: CCHCP Program Features

- Basic Needs Assessment and consultation
- Coordination support
- Qualitative measures
  - Focus groups, key informant interviews, site visits
- In-depth analysis of assessment results
- A final report with recommendations
Quality Improvement: CCHCP Programs

1. **Bridging The Gap:**
   Medical Interpreter Training

   ◦ 40 hour curriculum
   ◦ Meets pre-requisite for national certification
   ◦ Training of Trainers Institute to build capacity
2. Patient Guides Training Program

- A career ladder for medical interpreters to assist with patient navigation
- A practical curriculum that prepares Patient Guides to provide culturally competent care coordination
- 24 hours of additional in-person training and instruction for medical interpreters
3. **Cultural Competency: Training and Consulting**

- 16 hours of available curriculum
- Customized training curriculum to fit need
  - Health Literacy, Unconscious Bias, Navigating Cultural Bumps, and more
- Training of Trainers Institute to build capacity
Compelling Reasons for Language Access and Cultural Competence

1. Demographic changes
2. Patient safety
3. Joint Commission requirements and Title VI
4. Medicaid Expansion
5. Readmission Penalties

“Linguistically and culturally appropriate care has a direct impact on quality and safety, and is a growing issue that is not going to go away.”

Paul M. Schyve, M.D., Senior Advisor, The Joint Commission
Cultural Competence

“The state of being capable of functioning effectively in the context of cultural differences.”

Terry Cross
NWICWA
Stay Connected!

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“Every single human interaction is cross-cultural.”
Questions?

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