CulturaLink: Bridging Gaps. Enhancing Results.
**CulturaLink Assessment Tools**

As part of any quality improvement initiative, an organization must continuously evaluate *how diverse populations are currently served* and identify areas for improvement along with perceptions, barriers and challenges that might exist when healthcare providers try to meet the needs of the changing demographics in its marketplace. A comprehensive evaluation would include all critical areas of the organization that impacts or affects the development of population specific competency plans. These plans are necessary in order for the organization to demonstrate the knowledge and skills necessary to provide service appropriate for the age, disease process, cultural and spiritual needs of the patient population served.

Three type of assessments are available through CulturaLink (description which follows):

1. Johns Hopkins COA 360
2. AMA C-CAT (Communication Climate Assessment Tool) Quantitative Assessment
3. CulturaLink Cultural & Linguistic Competence Assessment

**1. COA 360 QUANTITATIVE ASSESSMENT**

Developed by Johns Hopkins researchers, the COA360 is a multilevel, evidence-based cultural competency tool that dynamically evaluates the readiness of a healthcare organization or clinical unit to meet the needs of a rapidly diversifying U.S. population. Uniquely, rather than focusing on a single health care provider, the COA360 provides a multidimensional and synergistic view of the institution from the perspective of its administrators, healthcare providers, non-provider staff, and patients.

This web-based assessment tool uses a combination of subjective and statistical data to produce scores for each of the 14 COA360 domains based on the 14-item CLAS standards established by the United States Department of Health and Human Services, Office of Minority Health (2001). The result of this web-based tool is a 360-degree assessment similar to 360-degree assessments regularly used in leadership/management and organizational assessments. The report provides feedback for each of the 14 CLAS standards based on a set of questions developed to measure each standard, as well as the relevant Joint Commission standards. Also, the Joint Commission produced an extensive guide linking the CLAS Standards to relevant existing Joint Commission accreditation standards. The COA360 can also be linked to the cultural competency domains identified by the Joint Commission.

**ASSESSMENT COMPONENTS**

- Surveys for:
  - Administrators
  - Patients/ Clients,
  - Clinical Staff.
2. AMA C-CAT (COMMUNICATION CLIMATE ASSESSMENT TOOL) QUANTITATIVE ASSESSMENT

Effective communication is critical for informed consent, patient engagement in their care, and ensuring health care quality and safety. Health care organizations share a fundamental ethical obligation to facilitate the communication of information that patients must understand and use to improve their own health. Patient and staff cultural beliefs and values, linguistic diversity, and literacy levels can affect communication as can organizational factors such as the availability of interpreters, appropriate signage, patient education materials and the presence or absence of communication training and other resources. As a result, it can be helpful for organizations to understand the degree to which their organizational environment supports effective communication with diverse patient populations.

The AMA assessment process consists of a 360-degree assessment of the communication environment in a health care organization in 9 specific domains, allowing resources to be targeted for improvement exactly where they are needed. This assessment is available in a web-survey format or printed version in both English and Spanish.

CulturaLink has been designated a trained and approved consultant to perform this type of analysis. The toolkit, a statistical and quantitative approach, will enable an organization to generate meaningful data and actionable results by providing an:

- In-depth 360 degree view of current patient centered communication efforts across the enterprise
- Comparing performance across units and between facilities
- Obtain information to develop or refine targeted performance improvement plans
- Understand the status of the health system regarding language
- Be able to categorize facilities according to different indicators (market, beds, etc.)

ASSESSMENT COMPONENTS

The assessment consists of:

- **The Staff Survey** asks clinical and non-clinical staff members about their understanding of organizational policies, their experiences at the organization, and their practices when communicating with patients with diverse communication needs. To provide optimal and statistically meaningful results, it should be filled out by at least 50 clinical and non-clinical staff (nurses, physicians, technicians, housekeeping, interpreter services, engineering, receptionists, admissions, etc.). In organizations with fewer than 50 staff, it should be distributed to all staff. Clinical staff is defined as practitioners and others who deliver direct patient care or who communicate directly with patients or families about treatments and decision-making.

- **The Patient Survey** focuses on patients’ experiences with regard to communication in the organization. To obtain the most reliable results, this survey should be filled out by at least 100 patients from any unit that is being assessed.
• **The Executive Survey** assesses senior management understanding of organizational commitment and performance in regard to communication, staff communication skills and patient experiences. This survey is typically completed by the top executives in the organization.

• **The Organizational Policy Team Workbook** is designed for a team of internal staff who are familiar with organizational policies and practices in regard to communication. The team is asked to compile, evaluate and report on key documents, policies and practices the organization might have in place in order to ensure effective communication with patients. Completing the workbook also requires a ‘walk-around’ evaluation of the organization and answers to certain workbook questions are to reflect the consensus of the internal assessment team.

• The Toolkit includes **Focus Group and Interview Protocols** for leadership, staff, interpretation staff and patients (both proficient in English and with limited English proficiency). These qualitative data collection tools have two goals:
  1. Obtain feedback from patients, staff members, and executives who may not respond to a survey; and
  2. Discuss issues in more detail than is possible on a short survey

**MEASUREMENT DOMAINS**

The assessment includes a series of coordinated measures in each of nine domains. The nine domains are as follows:

1. **Organizational commitment**—the organization’s leadership commitment, capacity, and resources devoted to meeting the communication needs of the populations it serves.

2. **Information Collection**—the organization’s use of standardized qualitative and quantitative collection methods and uniform coding systems to collect and use valid, reliable demographic data on the populations it serves.

3. **Community Engagement**—the organization’s efforts to understand and to reach out to the communities it serve.

4. **Workforce Development**—the organization’s workforce structure and ability to meet the communication needs of the population it serves, including recruitment and retention as well as workforce training.

5. **Individual Engagement**—the organization’s efforts to engage individuals in their own care.

6. **Cross-Cultural Communication**—the organization’s efforts to create an environment that is respectful of populations with diverse backgrounds, including helping the workforce to understand and address socio-cultural factors that affect health care.
7. **Language Services**—the organization’s effort to provide and monitor the language access assistance that is required to communicate effectively with the populations it serves.

8. **Health Literacy**—the organization’s efforts to address health literacy as a factor affecting communication.

9. **Evaluating Performance**—the organization’s efforts to regularly monitor its performance with regard to each of the prior content areas using structure, process, and outcome measures.

The AMA assessment can be conducted in up to three departments within a healthcare facility. A hospital designated liaison will work with staff to ensure the assessment is completed.

### 3. **CulturaLink Comprehensive Organizational Cultural Competence Assessment – Quantitative and Qualitative**

CulturaLink’s Comprehensive Cultural Competence Assessment is a combination of an Organizational Assessment, Patient Access Point Communication Tracer, and Patient Focus Groups, all designed to identify perceptions, barriers and challenges that might exist when healthcare providers try to meet the needs of the changing demographics in their marketplace. In addition, **CulturaLink will analyze the information gathered to provide clients interested in ensuring compliance with the new Joint Commission requirements for Advancing Effective Communication, Cultural Competence, and Patient- and Family Centered Care.** These requirements were developed to increase quality and safety through effective communication, cultural competence and patient and family centered care.

The scope of the assessment will include a review of main hospital services, along with physician practice focus groups to determine what challenges are being faced at the primary care/specialty care areas. The assessment is an exploratory **quantitative and qualitative** study that seeks to collect data that accurately represents your hospital’s ability to:

- determine what gaps, if any, there are in service delivery to diverse patients
- validate existing practices;
- determine if the proper infrastructure is in place to support a diverse patient population
- provide information on staff learning needs to improve competencies

This assessment will provide significant insights into potential operational strategies and tactics at a system and individual hospital level that will be designed to guide your organization in the advancement of your cultural competence initiative. The end result aligns with NQF’s goal to build an evidence base for cultural competency that would result in improved health outcomes, a sharper focus on the patient at the center of care, treatment of the patient as an individual rather than as a set of symptoms or illnesses, and decreased system costs.
The assessment includes three different approaches according to the target to be evaluated:

- **Organizational Assessment:**
  Through a comprehensive data gathering methodology that includes quantitative data gathering (AMA CCAT or COA 360), interviews, and focus groups, the cultural assessment addresses *if an organization has or exhibits particular behaviors that are evident or manifest in a culturally competent organization, across the spectrum of critical areas or organizational domains.*

- **Patient Access Point Communication Tracer:**
  A key factor in the cultural evaluation process is the assessment of *patient access points to determine the communication needs of LEP patients as they navigate the health system.* The purpose is to observe barriers faced by diverse patients before, and during their health care encounter; as well as identify patient and staff experience.

- **Patient Assessment:**
  The patient assessment will look for *patients’ perceptions, views and opinions related to LEP and culturally diverse patient’s access to care,* and how it is influenced by cultural, racial/ethnic backgrounds and linguistic abilities; as well as community needs, expectations and organizational perception.

The results of this assessment will represent a benchmarking of each focus area observed according to:

- **CLAS Standards** *(National Standards for Culturally and Linguistically Appropriate Services in Health Care, Office of Minority Health – U.S. Department of Health and Human Services)*;

- **NQF** identified guiding principles for culturally competent care and endorsed framework that consists of domains and preferred practices

- **The Joint Commission service excellence principals and recommended practices for delivery of culturally competent patient centered care; elements of performance for Advancing Effective Communication, Cultural Competence, and Patient and Family Centered Care standards of practice.**

**Deliverable and Outcomes**

The results of this assessment will help your organization gain a broad perspective of its policies, programs, and procedures relevant to ethnic and cultural concerns. According to NQF, cultural competency is achieved through policies, learning processes, and structures by which organizations and individuals develop and support the attitudes, behaviors, practices, and systems that are needed for effective cross-cultural interactions.

Once findings are identified and measured through the cultural competence assessment, CulturaLink delivers a report with a set of recommendations and tactics specific to the organization’s needs, and actions that your organization may wish to take to ensure effective cross-cultural interactions and have your staff demonstrate population specific competencies.
By following this action plan, your organization can achieve outcomes that:

- Develop an organization that provides culturally competent care
- Increase market share/revenue for volume and growth
- Increase patient satisfaction scores through improved services
- Improve patient safety to diverse populations
- Reduce cost of services to diverse populations
- Reduce staff and provider frustration when dealing with diverse patients
- Efficient use of staff and provider time
- Reach full compliance with Title VI, CLAS and Joint Commission standards