

Self-Assessment of Cross Cultural End-of-Life Care

Supportive Care Coalition

This assessment tool is an appendix to the System Assessment Tool and focuses on the vulnerable time at the end-of-life. The assessment tool will allow organizations to self-rate their structures as present or not present. Given this rating, they will also be able to self rate their own perception of actual effectiveness in assisting to meet the stated objective or outcome. This self-analysis, along with information from patients, families, bereaved families, community faith leaders, and professionals, will assist organizations to target interventions for rapid cycle improvement. Systems may not personally offer specific services or programs, but have a method in place to refer persons in a manner that maintains continuity of care.

When focusing on development of culturally competent care, an organization must consider both institutional and individual competence and performance. This requires assessment of each criterion for both capacity and implementation for the institution and the care providers. This assessment is done during a meeting or group discussion. We believe that the process may require up to 2 hours and should be done in at least 2 different sessions. This could be done with existing committees, e.g. palliative care committees, ethics committees, quality committees, diversity committees, etc., or could be done as a structured focus group within your organization. Every effort should be made to include direct care providers with much experience in caring for those from diverse cultures affected by life-threatening illness, representatives from the diverse communities, faith leaders representing the communities, physicians, and chaplains.

OBJECTIVES:

- To provide a tool for organizations and systems to use as they assess themselves by looking at supportive structures that make it possible to deliver outstanding services and which do not unintentionally maintain structures that inhibit such services.
- To be congruent with JCAHO and CLAS standards

The following items are designed to focus on your organization's infrastructure and standards to meet the end-of-life care needs of people from diverse cultures. This tool will only be useful as you communicate with direct caregivers, quality and risk management staff, patients and families who have received care within your facility and the diverse community you serve. The tool includes both institutional and individual competency items. You may not offer some of the items listed directly; however, do assess your partnerships and systems that make those items available for your staff and people you serve.

CAUTION: This tool is designed to focus on infrastructures that are likely to increase the competence of an organization and individual practitioners when serving diverse populations. However, it does not replace the importance of

focus on respect for the individual and his/her specific goals and values regardless of cultural background.

ITEM	P = Present NP=Not Present	Rate its effective implementation 0 = not at all to 10 = fully implemented and effective	Rate priority for action plan 0 = not at all to 10 = undertake within year
Vision and Management Standards			
Vision for excellence in cross cultural end-of-life care is developed and disseminated			
Management standards reflect focus on improving care for the diverse populations served			
Practice Standards (<i>procedures, policies, care protocol</i>)			
Policies, procedures, care protocols reflect specific variations applicable for the diverse populations served			
Standards include assessment of beliefs about illness, treatments, and goals of care			
Standards include strategies to provide gender appropriate care			
Space Standards			
Patient room is structured to honor beliefs and preferences of diverse cultures			
Patient room is structured to support extended family / community visiting			
Visiting Standards			
Unrestricted visitation for families, including extended families and community network			
Spiritual and Religious Standards			
Assessment of spiritual and cultural needs comprehensive			
Care of body after death, request for autopsy, and request for organ donation reflects honoring specific spiritual / cultural standards			

ITEM	P = Present NP=Not Present	Rate its effective implementation 0 = not at all to 10 = fully implemented and effective	Rate priority for action plan 0 = not at all to 10 = undertake within year
Appropriate spiritual support available 24 hours a day			
Bereavement Support Standards			
Environment appropriate and supportive of diverse cultures' expression of grief			
Psychosocial and Emotional Standards			
Standards address pain meaning and expression within the specific culture			
Standards honor specific informational desires and decision making expectations of patient / family / community network			
Communication Standards			
24 hour access to interpreters trained to address end-of-life concerns			
"Truth telling" standards specifically address cultural variations			
Family conferences with interdisciplinary team convened within 72 hours to address treatment goals and wishes of the patient/family			

ITEM	P = Present NP=Not Present	Rate its effective implementation 0 = not at all to 10 = fully implemented and effective	Rate priority for action plan 0 = not at all to 10 = undertake within year
Written and taped patient information translated into primary language at an appropriate complexity level			

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Education (Provided for all leadership team, employed staff, physicians, and volunteers)

Education strategies prepare care givers to deliver culturally competent care and includes culturally specific focus on:

Information needs and decision making role of patient			
Decision making process of the family / community			
Beliefs about cause of illness			
Understanding of chronic, life threatening illness and pain and suffering			
Meaning of pain and			

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expression of pain			
Preferred site of death			
Religious / spiritual tradition and understanding of death and dying			
Gender issues in care delivery			
Care of the body after death including autopsy and organ donation requests			
Beliefs about treatments and treatment goals			
Quality Improvement Standards			
Routine feedback from patients, family caregivers, and bereaved family, and community partners is obtained and assessed for opportunities to improve care			
Community Network and Partnerships			
Frequent meetings held with leaders from diverse communities to obtain feedback and to plan for continual improvement in provision of culturally competent end-of-life care			