

Implementing a Cultural Competency Protocol and Assessment Tool in an Urgent Care Setting: A Quality  
Improvement Project.

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THIS PROJECT IS IN PARTIAL FULFILLMENT OF THE DEGREE REQUIREMENTS FOR THE DOCTOR OF NURSING PRACTICE AT TOURO UNIVERSITY NEVADA

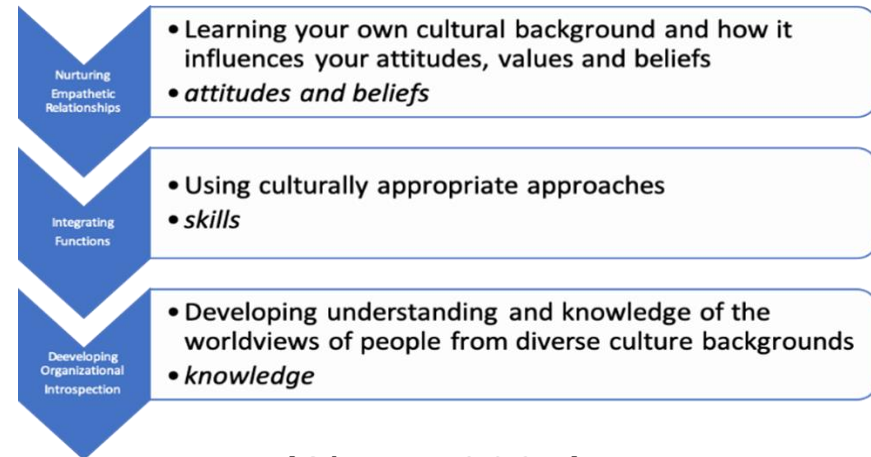
# Overview of the Project

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AIM- To identify gaps and barriers in the clinic setting that diminish the care given to the diverse population.

Training and creating a tool was achieved.

Key clinical-leadership implications.



(Skeet, 2021)

Main point

Is to Implement a Cultural Competency Protocol and Assessment Tool in an Urgent Care Setting

# Problem and Background:

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Pertinent background information

Site: An urgent care clinic in Jacksonville TX offering urgent care needs in rural East, TX

Problem addressed by the project

Lack of a cultural competency tool to help improve cultural sensitivity in the clinic

Lack of a protocol for staff and providers to assess patients' cultural preferences to improve care in diverse patients

## Issues with cultural competency



(Jovanovski, 2020)

## Culturally Competent challenges



(Dickenson, 2022)

## patient dissatisfaction



Center for disease control and Prevention, (2023)

## Numerous staff complaints



(Larson, 2012)

# Problem and Background cont'd....

# Literature review

The impact of provider self-  
assessment regarding  
cultural competency

Benefits to implementing a  
cultural competency  
protocol.

Impact of cultural  
competency training

Benefits of documenting  
patient cultural preferences



Lim (2022)

## Literature review cont'd....

- The themes that emerged
- i) Cultural competency and the National CLAS standard
  - ii) Cultural challenges related to patient and provider communication and barriers to providing equitable medical care to patients.
  - iii) Addressing incidence and prevalence of care disparities and cultural competence
  - iv) Cultural competency assessment tools

National guidelines-

The National CLAS standard-Its goal is intended to advance health equity, improve quality and eliminate health disparities.

(OMH.,2021)



(McDermott, 2023)

Literature review cont'd...

# Aims and Objectives

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In the 4-week time frame the project aimed at

identifying gaps and barriers in the clinic setting that provide suboptimal care given to the diverse population.

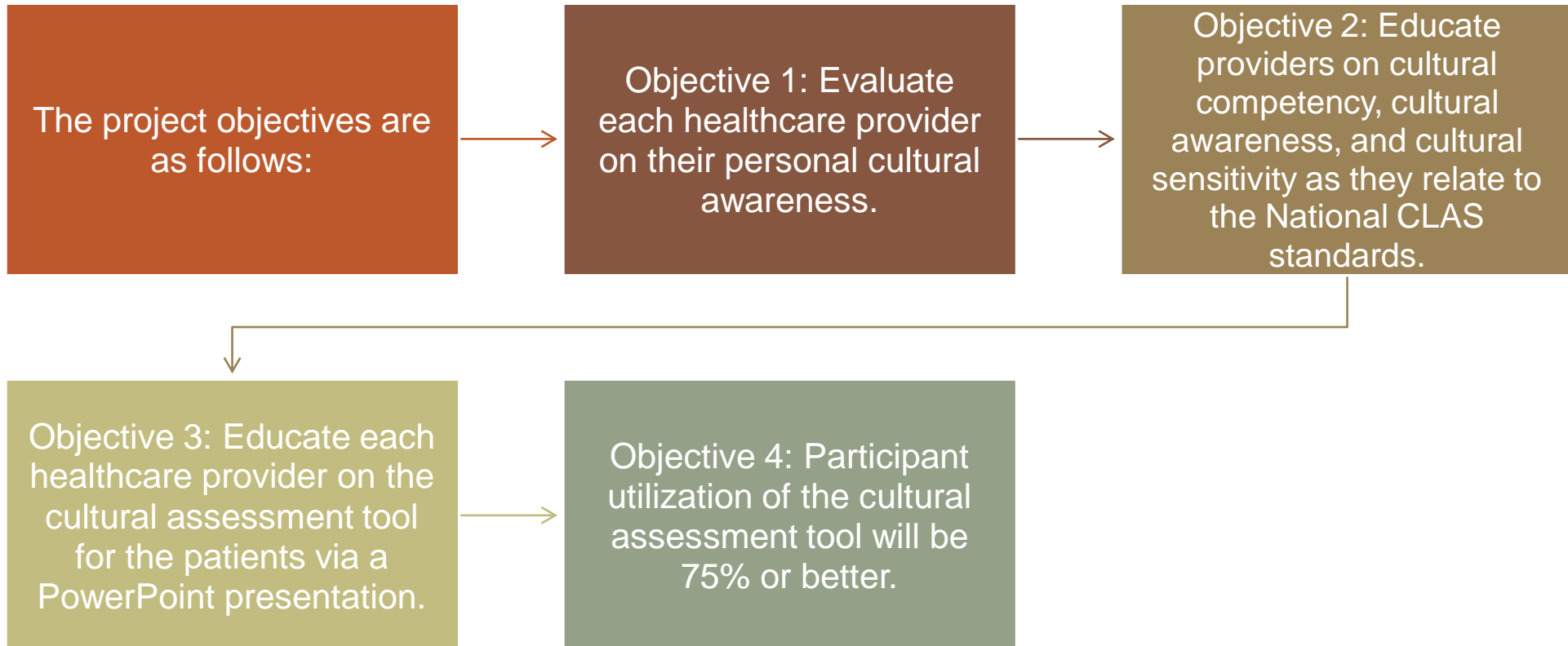
educating providers on cultural competency, cultural awareness, cultural sensitivity, and cultural assessment tools for the patients.

Each healthcare provider evaluating their personal cultural awareness and increasing provider knowledge of patient cultural preferences to meet the needs of a diverse patient population.



# Aims and Objectives cont'd.

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# Framework for Quality improvement project

PDSA Cycle Model was used to implement the project at the project site.

The justification for the PDSA cycle model approach is to deploy quality improvement ideas into practice immediately (Chen et al., 2020).

**Plan-** DNP lead planned to train staff and providers

**Do-**DNP lead trained staff and providers

**Study-**This phase is the data analysis phase

**Act-**Retrain



- The project site is in Jacksonville, TX.
- About 75-100 patients visit the clinic weekly.
- 276 diverse patients visited the project site during implementation.
- Direct population: Healthcare providers
- Indirect population: Patients from diverse cultures



(JACKSONVILLE, TEXAS, 2022)



# Methodology cont'd....

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- Power point presentation occurred in week 1 in two separate sessions since there are 2 separate work rotations.
- Project implementation occurred from week 2 through week 4.
- Chart audits- The chart audits were for compliance
- Data collection-184 diverse patients agreed to participate

# Methodology cont'd....

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(Eclinical works, n.d.)

Project tools-Provider self cultural assessment tool and patient improvised cultural assessment tool

No adjustments were made to the implementation timeline

-Barriers in the implementation process- System issues

- Since this was quality improvement project there was no requirement for an Institutional Review Board (IRB).

# Methodology contd....

Chart audit tool to monitor provider compliance in administering patient improvised cultural competency tool

Week	#diverse population patients	% patient cultural assessment tool returned
2		
3		
4		

Chart audit tool for documentation of cultural competency tool by providers in EcW EMR

PROVIDERS	Number of patients seen by the provider	Number of diverse patients in clinic seen by provider	Number of diverse patients seen- who agreed for tool usage	Number of diverse patients refusing to do the cultural assessment
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

IMPLEMENTATION TIMELINE



# Results

Table 1: Chart audit tool to monitor provider compliance in administering patient improvised cultural competency tool

Week	#diverse population patients	% patient cultural assessment tool returned
2	57	(46)-80% OF THE TOOL WAS RETURNED AND SCANNED
3	74	(54)72.9% OF THE TOOL WAS RETURNED AND SCANNED
4	123	(84)68.2% OF THE TOOL WAS RETURNED AND SCANNED

Table 2: Chart audit tool for documentation of cultural competency tool by providers in EcW EMR

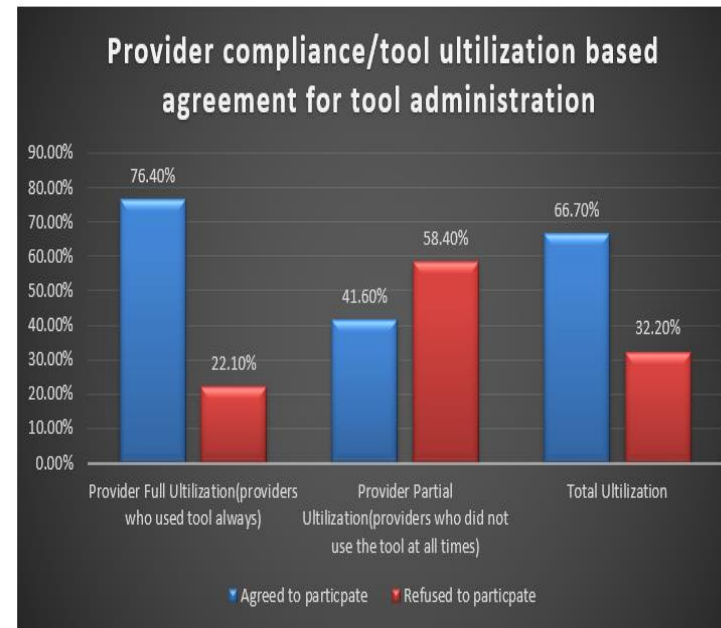
PROVIDERS	Number of patients seen by the provider	Number of diverse patients in clinic seen by provider	Number of diverse patients seen-who agreed for tool usage	Number of diverse patients refusing to do the cultural assessment
1	56	35	22	13
2	52	22	14	8
3	49	23	12	11
4	24	5	5	0
5	13	10	9	1
6	30	18	11	7
7	47	23	15	8
8	47	30	17	13
9	38	23	14	9
10	48	43	33	10
11	54	18	14	4
12	19	4	3	1
13	28	17	9	8
14	14	2	1	1
15	21	5	5	0

## Chi-square of independence of provider participation in administering patient

Chi-square of independence for Provider Participation

		Participation		Total	
		Agreed	Refused		
Utilization of tool	Full Utilization	Count	152	44	199
	% within the utilization of the tool		76.4%	22.1%	100.0%
Partial utilization	Count	32	45	77	
	% within the utilization of the tool		41.6%	58.4%	100.0%
Total	Count	184	89	276	
	% within the utilization of the tool		66.7%	32.2%	100.0%

Provider compliance on utilization of the improvised cultural competency tool in the administration of the patient.



# Results cont'd...



<https://pixabay.com/vectors/team-teamwork-group-success-people-4630294/>





# Limitations

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## **Bias**

- The EcW and internet issues
- Managers' negative behavior

## **Design Limitations**

- Training on cultural competency is complex
- one location which limited the reliability of the findings.

## **Data Collection**

- Short time frame
- Clinic closures

Data Analysis-

Retraining providers.



# Conclusions

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Implementing a cultural competency protocol in the urgent care setting positively changed the clinic's present circumstances and organization, which justified the need for an outlined protocol to improve patient cultural competency in the clinic.

- Usefulness of the project
- Sustainability
- Implications for practice in the field
- Nursing Practice
- Policy

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# APPENDIX C&D- PROJECT TOOLS

## Project tools

### Appendix C — Cultural competence self-test

The following self-assessment can assist physicians in identifying areas in which they might improve the quality of their services to culturally diverse populations.

#### Promoting Cultural and Linguistic Competency

##### Self-Assessment Checklist for Personnel Providing Primary Health Care Services

Directions: Please enter A, B or C for each item listed below.

A = Things I do frequently

B = Things I do occasionally

C = Things I do rarely or never

#### Physical Environment, Materials & Resources

1.  I display pictures, posters, artwork and other decor that reflect the cultures and ethnic backgrounds of clients served by my program or agency.
2.  I ensure that magazines, brochures and other printed materials in reception areas are of interest to and reflect the different cultures of individuals and families served by my program or agency.
3.  When using videos, films or other media resources for health education, treatment or other interventions, I ensure that they reflect the cultures and ethnic background of individuals and families served by my program or agency.
4.  I ensure that printed information disseminated by my agency or program takes into account the average literacy levels of individuals and families receiving services.

#### Communication Styles

1. When interacting with individuals and families who have limited English proficiency, I always keep in mind that:  
 Limitations in English proficiency are in no way a reflection of their level of intellectual functioning.  
Their limited ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their language of origin.  
 They may or may not be literate in their language of origin or English.
2.  I use bilingual-bicultural staff and/or personnel and volunteers skilled or certified in the provision of medical interpretation during treatment, interventions, meetings or other events for individuals and families who need or prefer this level of assistance.
3.  For individuals and families who speak languages or dialects other than English, I attempt to learn and use key words in their language so that I am better able to communicate with them during assessment, treatment or other interventions.

### Appendix D — Improvised Cultural Assessment Tool for patients.

- 1) Do you have any dietary preferences related to your religious or cultural beliefs?
- 2) Are there any special foods in your culture for different illnesses or for your health and wellbeing?
- 3) Do you use home remedies that might be useful when someone is ill?
- 4) What do you think a provider should know about your culture if a family member is hospitalized?
- 5) Who makes the health decisions in your family?
- 6) Are there any special beliefs regarding organ donation or blood transfusions that are held in your culture?
- 7) Is there anything I should know about your culture, beliefs, or religious practices that would help me take better care of you?
- 8) Do you have any dietary restrictions that we should consider as we develop a food plan to help you lose weight? Or help improve your diabetes or blood pressure or high cholesterol, kidney disease or gout etc.
- 9) How would you like your family members to be involved in your care?

(Agency for Healthcare Research and Quality, 2020) ;(Fraser Health Authority, n.d)