**Cultural Competency**

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General Information

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F726 Nursing Services from the CMS State Operations Manual, Appendix PP, states, “With regard to health care, cultural competence is a set of behaviors and attitudes held by clinicians that allows them to communicate effectively with individuals of various cultural backgrounds and to plan for and provide care that is appropriate to the culture and to the individual.”[[1]](#footnote-1)

**Description**

Culture, ethnic customs, religion, and beliefs can influence how residents understand health concepts, how they take care of their health, and how they make health decisions. Without proper training, caregivers may deliver medical advice without understanding how health beliefs and cultural practices influence the way the advice is received and interpreted. Asking residents about their cultural and ethnic identification and primary language can help caregivers engage the residents so that, together, they can create care plans that are consistent with the residents’ values.

The Agency for Healthcare Research and Quality (AHRQ) offers these examples of how religion, culture, and ethnic customs can influence how residents interact with caregivers:

* **Health beliefs:** In some cultures, people believe that talking about a possible poor health outcome will cause that outcome to occur.
* **Health customs:** In some cultures, family members play a large role in health care decision making.
* **Ethnic customs:** Differing roles of women and men in society may determine who makes decisions about accepting and following through with medical treatments.
* **Religious beliefs:** Religious faith and spiritual beliefs may affect health care-seeking behavior and person’s willingness to accept specific treatments or behavior changes.
* **Dietary customs:** Disease-related dietary advice will be difficult to follow if it does not conform to the foods or cooking methods used by the resident.
* **Interpersonal customs**: Eye contact or physical touch will be expected in some cultures and inappropriate or offensive in others.[[2]](#footnote-2)

AHRQ recommends addressing residents’ cultural values specifically in the context of their care and then documenting their responses in their medical records. For example:

* “Is there anything I should know about your culture, beliefs, or religious practices that would help me take better care of you?”
* “Do you have any dietary restrictions that we should consider as we develop a food plan to help you lose weight?’
* “Your condition is very serious. Some people like to know everything that is going on with their illness, whereas others may want to know what is most important but not necessarily all the details. How much do you want to know? Is there anyone else you would like me to talk to about your condition?”
* “What do you call your illness and what do you think caused it?”
* “Do any traditional healers advise you about your health?”[[3]](#footnote-3)

“Cultural competencies help staff communicate effectively with residents and their families and help provide care that is appropriate to the culture and the individual. The term cultural competence (also known as cultural responsiveness, cultural awareness, and cultural sensitivity) refers to a person’s ability to interact effectively with persons of cultures different from his/her own.”[[4]](#footnote-4)

Current and projected demographic changes across the United States demand health care institutions continuingly address the cultural needs of their clients and the cultural competencies of their staff. F838 Facility Assessment from the CMS State Operations Manual, Appendix PP, states, “The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually.”[[5]](#footnote-5)

The National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care were developed by the Office of Minority Health, U.S. Department of Health and Human Services in April 2013. The 15 guiding principles are included in the chart on the following page.

| **National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care[[6]](#footnote-6)** | |
| --- | --- |
| **Principal Standard** | Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. |
| **Governance, Leadership, and Workforce** | Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources. |
| Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area. |
| Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis. |
| **Communication and Language Assistance** | Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services. |
| Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing. |
| Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. |
| Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area. |
| **Engagement, Continuous Improvement, and Accountability** | Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization’s planning and operations. |
| Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities. |
| Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery. |
| Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area. |
| Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. |
| Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints. |
| Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public. |

**Suggestions for Resources/Data to Support the Competency**

The CMS State Operations Manual, Appendix PP, identifies the following resources for informational purposes only:

* The National Center for Cultural Competency

<https://nccc.georgetown.edu/index.html>

* The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (developed by the Office of Minority Health in HHS)

<https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf>

**Suggested Competencies for Staff**

* Language and communication
* Health beliefs and practices
* Religious beliefs regarding healthcare interventions and end of life
* Role(s) of family members in decision making
* Dietary
* Grooming and dressing

**1a. F-Tag Reference General Information**

The primary F tags that could be cited during a survey that are related to Cultural Competency include:

* F726 Competent Nursing Staff
* F838 Facility Assessment

There are a wide variety of F tags associated with Resident Assessments and Comprehensive Resident Centered Care Plans that could also be cited. Additionally, F838 Facility Assessment could be cited.

**1b. Link to Critical Element Pathway**

CMS-20062 “Sufficient and Competent Nurse Staffing Review” is a guide for surveyors that includes observations, interviews, and record reviews. Each surveyor will make general observations while completing their initial pool process and/or investigations. Residents, resident representatives, or family members will be interviewed throughout the survey process to determine staff sufficiency and competency. If concerns are identified for either area, surveyors will conduct interviews with licensed nurses and nursing aides, the DON, and Staff Development Coordinator and will review both resident records and facility records and documents.

CMS-20062 “Sufficient and Competent Nurse Staffing Review”

**References:**

* Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>
* Consider Culture, Customs, and Beliefs: Tool #10. Content last reviewed February 2015. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool10.html>
* The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care - Office of Minority Health. April 2012: <https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf>
* Centers for Medicare & Medicaid Services. LTC Survey Pathways (Download): <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes.html>

1. Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-1)
2. Consider Culture, Customs, and Beliefs: Tool #10. Content last reviewed February 2015. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool10.html> [↑](#footnote-ref-2)
3. Consider Culture, Customs, and Beliefs: Tool #10. Content last reviewed February 2015. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool10.html> [↑](#footnote-ref-3)
4. 4,5 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-4)
5. [↑](#footnote-ref-5)
6. U.S. Department of Health & Human Services. National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice: <https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf> [↑](#footnote-ref-6)