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Mario Carranza BSN-RN

Sara McCarthy BSN-RN

Courtney Rittenhouse BSN-RN

Ashley Silberg BSN-RN

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Published In/Presented At

Carranza. M, McCarthy. S, Silberg. A. (2017, August 25). *Cultural competence- identifying cultural practices upon admission to medical surgical unit*. Poster Presented at: LVHN Vizient/AACN Nurse Residency Program Graduation Lehigh Valley Health Network Allentown, PA.

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Cultural competence- identifying cultural practices upon admission to medical surgical unit

Mario Carranza BSN-RN, Sara McCarthy BSN-RN, Courtney Rittenhouse BSN-RN, Ashley Silberg BSN-RN

Lehigh Valley Health Network, Allentown, Pennsylvania

Background

- “Cultural competence is an ongoing process in which health care providers should continuously strive to achieve to work with a diverse population of individuals or families” (Campinha-Bacote, 2002).
- During initial admission assessment, patient’s are asked “what cultural practices are important for us to know?”
- Joint Commission Accreditation requires health care facilities to provide cultural competent care.
- Press-Ganey (patient satisfaction survey) asks “to what extent were your cultural needs met?”

PICO Question

- Will a tool to expand on the admission question, “what cultural practices are important for us to know?” identify more patient specific cultural practices for patients on 6B and 6C?

Evidence

- Improving culturally competent care involves applying knowledge of how culture influences the patient’s health beliefs, practices, and communication (Beard, Gwanmesia, & Miranda-Diaz, 2015).
- “Effective and respectful communication is essential to nursing process” (Marion, 2016).
- “During the decision-making process, patients should be allowed to use their values to guide their decision making” (Beard et al., 2015).
- “Nurses are in positions ideally suited to advocate for and lead inter-professional teams to identify the cultural and linguistic needs of the consumer” (Marion, 2016).

Implementation

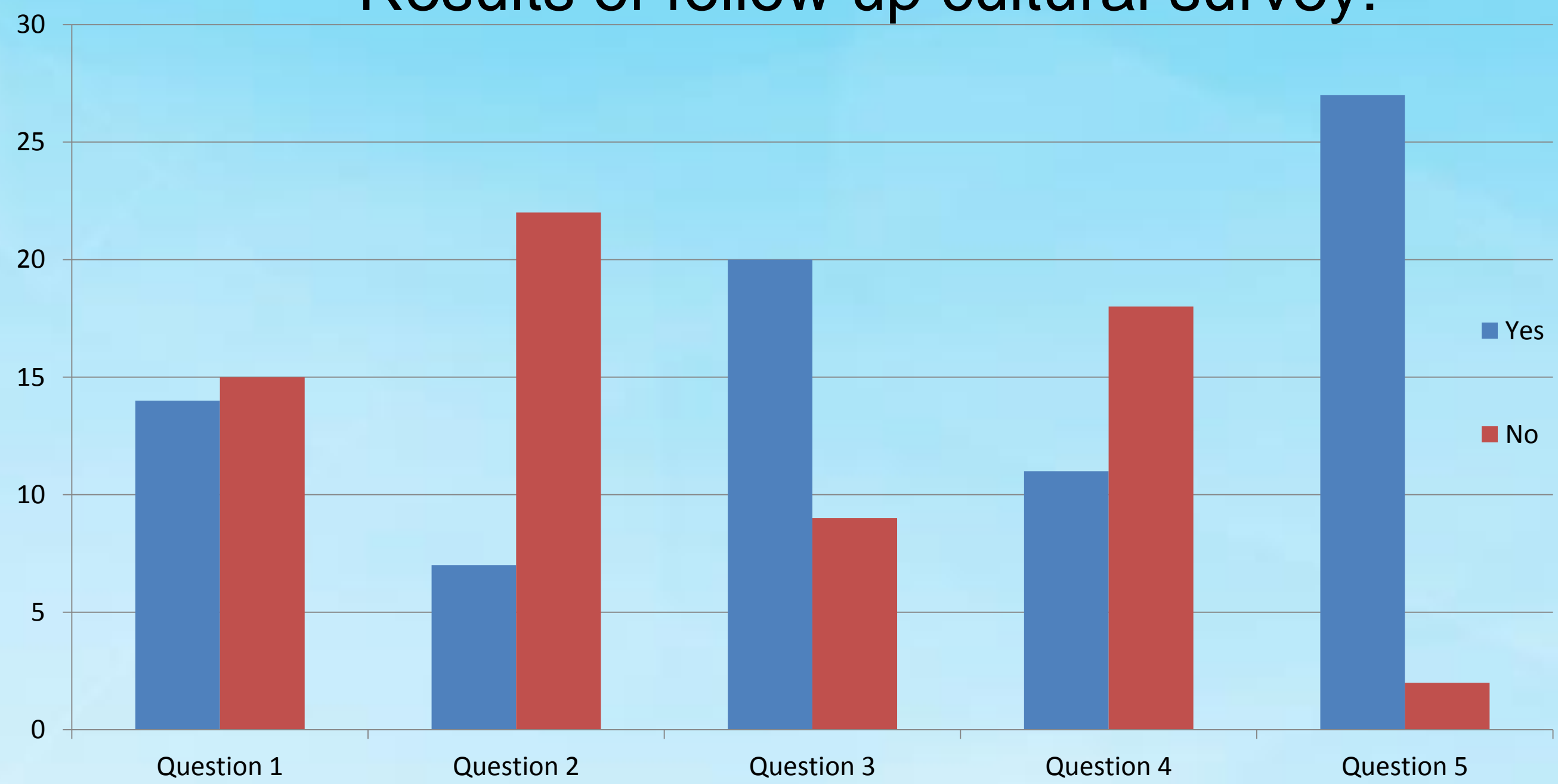
- Ask required admission question “what cultural practices are important for us to know?”
- If patient responds “no”, ask 5 follow up questions:
 1. Do you have a preference on how we refer to you?
 2. Do you have any dietary preferences we should know about?
 3. Is there anything that helps you to sleep better?
 4. Do you have any specific practices that helps to improve your health?
 5. Are you willing to have any gender working with you?
- Patient’s answer to each question will be collected as a yes/no, while also having the ability to expand and provide specific information for the RN

Outcome

Demographics

- 29 Patients of 6B +6C surveyed on admission
- Gender: 14 Males, 15 Females
- Age Range: 34-94

Results of follow up cultural survey:



Conclusion

Information relevant to improving patient care and patient satisfaction is missed when asked initial admission question. Asking more specific cultural questions during admission identified patient preferences that would not have otherwise been known.

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