



*Cultural Diversity
in Homecare*



OVERVIEW:

As home health care providers we encounter people from all walks of life. Since home is the primary place which our patients and their families live by their own cultural standards, it is important that we respect their values, beliefs and rituals. Often times gender or race are what we use to define a particular culture when in all reality, either represent a true culture. Cultural awareness is a key component in responding to and communicating with all different types of people. *It is important to know that we will be talking about generalizations and we need to be culturally sensitive and aware to each patient individually.*

FACTS ABOUT CULTURAL DIVERSITY

“Culture” is a term many people think they understand. However, because the word is often used for describing things other than culture, there is a lot of misunderstanding.

Culture is a social pattern of behaviors, beliefs and characteristics of a group of people that is passed on from generation to generation. *Cultural characteristics and very different from physical characteristics. Many people with the same physical characteristics do not have similar cultural characteristics,* thus, it is important we don't prejudge based on our patients appearance.

EASTERN ASIAN AND PACIFIC ISLANDERS (Chinese, Koreans, Japanese, Vietnamese, Hmong, Indonesians, Filipinos and Samoans)

Often there are special diets taken during times of illness. Fish, fruits, vegetables are the primary diet, along with small amounts of chicken, pork and beef. In most of these cultures, a meal is almost like a ceremony and should not be interrupted. Amongst this group there are also several religions practiced including Confucianism, Buddhism, Taoism, Islam, Shintoism, and Roman Catholic. Many times medicinal herbs, folk remedies and rituals are used to prevent or treat illness along with the use of health or spiritual healers. Many believe in reincarnation. Drawing blood may be upsetting to this group. *There is a tendency to hide outward signs of pain, so it may be difficult to make an assessment of patient's actual pain level.*



HAITIAN, PEURTO RICAN AND CUBAN

Diet is important to this group. Many people believe that food has “hot/cold” properties and these must be balanced to have harmony. Some believe illness is supernatural and caused by evil spirits or enemies of deceased relatives. They may wear amulets to protect against evil spirits. Use of herbs and rituals for healing are common. Many people from this group are suspicious and fear hospitals.

RELIGION AND FASTING

It is important to keep in mind that not all members of a particular religious group will hold the same beliefs. The term fasting and the beliefs about fasting may vary in different religious groups as well as within believers of the same religious group. Most of the time “fasting” does not mean to totally go without food. There are many different types of fasts. It does commonly refer to light meals, with not snacks in between. *Almost always, rules of fasting do not apply to the elderly or very ill.*

BAPTIST

Almost all Baptist groups prohibit alcohol as a beverage. Many groups believe in faith healing or “laying on of hands” by preachers or others empowered by God to heal. Many believe medical treatment cures them by God working through the doctors and nurses. Mission work is generally very important to this group. Many may refuse the use of ventilators or resuscitation as they believe it interferes with God’s will.

CHURCH OF CHRIST. SCIENTIST (Christian Scientist)

No dietary restrictions, however most do not drink alcohol. They are generally opposed to all medications and medical treatment. There are “Practitioners or Readers” who assist families in time of illness. The Christian Scientist Church does not have any type of clergy, priests, or preachers. Lay members lead all services.



ISLAM (Muslim or Nation of Islam) (Ramadan about mid Aug to mid Sept)

Muslims do not eat pork or pork products and generally do not use alcohol. During Ramadan (the last month of the Mohammedan year) they do not eat during daylight hours. They accept standard medical care, and generally oppose faith healing. Muslims perform prayers five times daily. There is usually ritual washing after prayers. There are several different sects of Islam and each is somewhat different.

JEHOVAH'S WITNESS

Witnesses eat meat, but only if blood has been drained. They are absolutely opposed to blood transfusions, as well as any vaccines made with blood components. Otherwise, they accept standard medical care. They do not participate in or celebrate nonreligious holidays. They do not salute the flag, nor recite any pledges and will not bear arms in military service.

JEWISH (Passover usually end of March to first week April – Hannakuh Usually about 1st week Dec, lasts 8 days)

Dietary habits depend upon whether they are Orthodox, Reform, or Conservative. The Jewish do not eat pork, only meat that comes from animals that eat vegetables, have cloven hooves, or chew their cud. Meat must be ritually slaughtered to make it "kosher". They do not eat seafood unless it has scales or fins. Orthodox and other Jewish who strictly observe kosher laws never combine meat products and dairy products, and do not store them together. They may have two sets of dishes and two refrigerators; one for meat and one for dairy. During Passover, they do not eat any leavened bread (containing yeast or any products that cause it to ferment and rise). They may refuse surgery during the Sabbath (sundown on Friday until sundown on Saturday). Since Kosher foods are high in sodium, patient on low salt diets do not have to use kosher meats. Jewish generally oppose prolonging life with life-support. Amputated limbs and other parts of the body removed by surgery are given to family for burial. On the Sabbath, Orthodox Jews do not use cars, do not cook nor do work of any kind.



ROMAN CATHOLIC

Catholics fast and do not eat meat on Ash Wednesday or Good Friday. Most still do not eat meat on Fridays during Lent, and some Catholics still follow old practice of not eating meat on any Friday of the year. The Church does not approve use of contraceptives, abortion, or fertility treatments. Most request anointing of the sick during major illness. Homecare patients may refuse to eat or drink for an hour before someone is bringing them communion. The authority over all Roman Catholic churches is the Pope.

RUSSIAN ORTHODOX OR GREEK ORTHODOX

Although different, they share many of the same beliefs. They do not eat meat/dairy products on Wednesday or Friday. Most believe in divine healing, however they are not opposed to standard medical care. Most Russian Orthodox wear a cross necklace that is only removed when absolutely necessary and replaced as soon as possible. *Never remove a necklace without first asking the patient or family.*

POINTS TO REMEMBER

- Do not draw conclusions about a patient based on his or her culture. Every patient has is an individual. We need to recognize that people of different cultural groups might have very different views about eating habits, child rearing, cleanliness, privacy, and health care.
- The more we learn about different cultures and the better understand them, the better clinicians we will be. Always respect and do not interfere with cultural beliefs. Remember that every household is different and the people living there may have different standards and their own rules. One of our biggest roles is to respect the rights of patient in their own homes.
- It is important to be aware and identify what your own cultural beliefs are. Otherwise, you might not know how these beliefs might affect the manner in which you approach other people.



- You should never try to change a patient's cultural beliefs, or try to convert them to your own.
- If you reason to believe that some cultural practices are actually harming your patient, call your Clinical Coordinator to discuss and notify the physician. Don't directly interfere.
- Most importantly, you must realize that not all members of the same cultural group will behave exactly the same.

STANDARDS OF CONDUCT/ETHICAL BEHAVIOR

Policy No. 1-019.1

PURPOSE

To provide an ethical framework and standards of conduct for personnel.

POLICY

The organization and its employees must, at all times, comply with all applicable laws and regulations. The organization will not condone the activities of personnel who achieve results through violation of the law, unethical business or patient care practices.

All business conduct will be above the minimum standards required by law. Accordingly, all staff must ensure that their actions cannot be interpreted as being in violation of the laws and regulations governing the organization's operations. Staff uncertain about the application or interpretation of any legal requirements should refer the matter to their supervisor/manager, who if necessary, should seek appropriate legal advice.

The Standards of Conduct will be reviewed at new employee orientation and annually thereafter. The Standards of Conduct will be part of the Employee Handbook and the employee will sign an acknowledgement of receipt and understanding of its contents at hire.

PROCEDURE

1. Personnel will complete daily assignments as scheduled or assigned by the supervisor. If an emergency arises, personnel will notify their immediate supervisor as soon as possible during the workday.
2. Personnel will not leave the field or their work area without completing the scheduled visits/shifts/deliveries for that day or their work assignments for that day.
3. All paperwork or electronic documentation will be completed in a timely, accurate manner. Any falsification of documentation in the clinical/service record and billing record may result in disciplinary action, including termination.
4. All representation of the organization in marketing literature or verbal presentations is to be accurate and truthful. Only care and services that the organization is capable of providing either directly or through written contracts is to be promised to potential referral sources. No gifts or free services will be offered to induce referrals.

- P. Excessive absenteeism or tardiness
- Q. Endangering the welfare of others
- R. Divulging confidential information concerning patients, organization personnel, or the organization through verbal or written communication which includes social media (e.g. Facebook, Twitter, LinkedIn)
- S. Leaving organization premises on a scheduled workday without authorization
- T. Failure to maintain personal appearance

Clinical Personnel Only

10. Patient contact personnel will adhere to the following guidelines:
- A. Do not give home phone numbers to patients, families, or caregivers.
 - B. Dress according to organization policy.
 - C. Avoid engaging in personal discussion with patients, families, or caregivers.
 - D. Avoid voicing personal opinions about patients, families or caregivers.
 - E. Do not offer medical advice.
 - F. Do not smoke during home visits.
 - G. Do not expect or accept meals from patients, families, or caregivers.
 - H. Avoid abusing patient's hospitality, use the telephone only in emergency situations, to call the office or to call into Electronic Visit Verification System (EVV).
 - I. Be punctual and responsible.
 - J. Do not transport patients, families, or caregivers in a car unless permissible by program.
 - K. Do not take anyone into the patients' homes without administrative and patient approval.
 - L. Complete all patient care documentation timely and accurately to comply with all governmental laws, rules and regulations.
 - M. Do not falsify dates, signatures or notes in the patient's clinical record.
11. All patient contact personnel will communicate with the office to confirm itinerary and to give and receive reports according to organization policy.

PURPOSE

To support the implementation of the Patient Self-Determination Act within the framework of state and federal law and organization policies.

POLICY

Community Choice Home Care, Inc. recognizes that all adult persons have a fundamental right to make decisions relating to their own medical treatment, including the right to accept or refuse medical care. It is the policy of Community Choice Home Care, Inc. to encourage individuals and their family/caregivers to participate in decisions regarding care, treatment, and services. Valid Advance Directives, such as living wills, Durable Powers of Attorney, and DNR (Do Not Resuscitate) or DNI (Do Not Intubate) orders will be followed to the extent permitted and required by law. In the absence of Advance Directives, Community Choice Home Care, Inc. will provide appropriate care according to the plan of care/service or as authorized by the attending physician. Community Choice Home Care, Inc. will not determine the provision of care/service or otherwise discriminate against an individual based on whether or not the individual has executed an Advance Directive.

Definitions

1. Adult: A person 18 years or older, or a person legally capable of consenting to his/her own medical treatment.
2. Advance Directives: A document in which a person states choices for medical treatment.
3. Attending Physician: The physician who is primarily responsible for the medical care of a patient while receiving home care services.
4. DNR (Do Not Resuscitate): A medical order to refrain from cardiopulmonary resuscitation if the patient's heart stops beating.
5. DNI (Do Not Intubate): A medical order to refrain from inserting life-sustaining breathing and/or feeding tubes, if the need arises.
6. Patient Self Determination Act: A federal statute enacted as part of the 1990 Omnibus Budget Reconciliation Act (OBRA) (PL 101-508) which requires, among other things, that health care facilities provide information regarding the right to formulate Advance Directives concerning health care decisions.
7. Patient Representative: A person appointed to make decisions for someone else. He/she may be formally appointed (as in a durable power of attorney for health care) or, in the absence of a formal appointment, may be recognized by virtue of a relationship with the patient (such as the patient's next of kin or close family/caregiver).

8. ***Terminal Condition:*** An incurable condition caused by an injury, disease, or illness, which regardless of the application of life-sustaining procedures, would within reasonable medical judgment produce death, and where the application of life-sustaining procedures only postpones the moment of death of the patient.
9. ***POLST/MOLST:*** Physician (Medical) Orders for Life-Sustaining Treatment is a physician order that helps give seriously ill patients more control over their end-of-life care. It does not replace an Advance Directive. There are a number of states which have established a POLST/MOLST program. Visit www.polst.org.

PROCEDURE

1. Upon admission, the clinician will provide information regarding a patient's right to make decisions concerning health care, which include the right to accept or refuse medical or surgical treatment, even if that treatment is life-sustaining, the right to execute Advance Directives, and applicable organization policies. Written information designed for this purpose will be provided to the adult patient. The clinician will document in the clinical/service record that the information was provided and document all discussions concerning Advance Directives.
2. If the patient lacks a decision-making capacity, the admitting clinician will provide information and direct inquiry about Advance Directives to the patient's representative. The clinician/technician will document that the patient representative received information and his/her name and responses will be noted in the clinical record.
3. If conditions are such that it is not practical to provide information to the patient or his/her representative at the time of admission, such information will be provided as soon as feasible after admission.
4. During the admission/evaluation visit, the admitting clinician will ask the patient or his/her representative whether or not he/she has completed an Advance Directive, Durable Power of Attorney (DPOA), living will, or DNR/DNI order. If an Advance Directive has been completed, the clinician/technician will ask for a copy of the Advance Directive so it will be placed in the clinical/service record. If a copy is not immediately available, the patient will be informed that it is his/her responsibility to provide a copy of the Advance Directive to the organization as soon as possible.
 - A. Verify that the photocopy is an exact copy of the original and mark the top of the copy ("Copy From Original"). Document in the clinical/service record the date of the request and to whom the request was given.

5. If a copy of the patient's Advance Directive is not available to the organization, the clinician/technician will discuss the contents of the Advance Directive with the patient and/or patient representative and document the contents of the Advance Directive in the clinical/service record and communicate the contents to other home care providers, but clearly document that it is unverified.
6. When applicable, the admitting clinician/technician will document if the patient has executed an Advance Directive on the clinical/service record and notification of information will be made to the attending physician on the plan of care.
7. The patient will be encouraged to participate in all aspects of decision-making regarding home care and treatment. Statements by a competent patient of his/her desire to accept or refuse treatment will be documented in the patient's clinical record.
8. All clinicians/technicians providing care/service for the patient will:
 - A. Review the Advance Directive and report any discrepancies between the Directive and current treatment/service plan to the attending physician, Program Director, and the patient
 - B. Utilize available educational materials to answer the patient's questions about Advance Directives, durable power of attorney, or living wills
 - C. Encourage the patient to discuss questions and concerns with appropriate individuals such as the physician, family/caregiver, and his/her selected advocate
 - D. Assist the patient who wants to develop an Advance Directive by obtaining a form and providing access to the outside individuals as necessary to execute the directive
9. An Advance Directive will be implemented as follows:
 - A. The Durable Power of Attorney for an Advance Directive is effective *only* when the patient is unable to participate in his/her own medical treatment decisions.
 - B. The attending physician and another physician or a licensed psychologist must document in the patient's clinical record that the patient is unable to participate in medical treatment decisions.
 - C. The patient's designated advocate can then make medical treatment choices based on the Advance Directive. The patient advocate may make a decision to withhold or withdraw treatment that allows the patient to expire. This is done *only* if the patient expressed, in a clear and convincing manner, that the advocate is authorized to make such a decision, and acknowledges that such a decision would or could allow the patient's death.

- D. Executing and implementing an Advance Directive is a process, not a one (1)-time event. On an ongoing basis, personnel will keep the patient, family/caregiver, and patient's representative up to date concerning the patient's medical condition. They will discuss the patient's preferred course of treatment as his/her condition changes. The discussions will be documented in the clinical/service record.
10. Educational information about Advance Directives and Community Choice Home Care, Inc.'s policies and procedures regarding Advance Directives will be provided to the medical, nursing, and allied health professionals, as well as home care personnel and volunteers during the orientation period.
11. In order to educate the community about Advance Directives, Community Choice Home Care, Inc. will participate in community forums, as appropriate, and make written materials available regarding Advance Directives.
12. If the state and/or region has endorsed the use of POLST/MOLST, the organization will utilize the state and regional specific forms and guidelines. (For more information: www.ohsu.edu/polst.)