Organizational Policy Supports Families in Times of Crisis

FREDERICKSBURG, VA

THE CHALLENGES

Fredericksburg, VA, located halfway between Washington, DC, and Richmond, VA, is a historic city founded in 1728 as the port for Spotsylvania County. It has long been a center for commerce and is home to the University of Mary Washington. In recent years, Fredericksburg has experienced rapid growth in population (just over 10% from 2000 to 2006) as populations from the Washington, DC, suburbs in Northern Virginia have moved out seeking more affordable housing (U.S. Census Bureau, 2008). With the rapid population growth has come increasing cultural diversity with a doubling of the foreign-born population and a threefold increase in Hispanic/Latino residents from 1990 to 2000 (State of the Cities Data Systems [SOCDS], 2008). In addition, the Catholic Diocese of Arlington, VA, established a refugee resettlement center in the Fredericksburg area bringing families from Burundi, Iraq, Iran, Kenya, Pakistan, and Somalia, speaking multiple languages, to the area.

MediCorp Health System is a not-for-profit regional system of 28 health care facilities and wellness services that serves the Fredericksburg area. Like health care systems throughout the United States, MediCorp has been challenged with serving the increasingly diverse population in its area. The system actively solicits community input about its services through a “Great

Ideas" program, in which individuals are encouraged to make suggestions for improvement of MediCorp services. Through this mechanism, community advocates from the Hispanic/Latino community expressed concern that because of language access problems, Spanish-speaking patients were not receiving the same quality of care as their English-speaking counterparts. MediCorp was faced with the challenge of creating an organizational response to the demographic changes in the Fredericksburg area.

Mary Washington Hospital, Fredericksburg, VA.

THE STRATEGY

Responding to the challenge of increasing diversity in the Fredericksburg area, MediCorp created a structure within the institution to oversee and promote cultural and linguistic competence throughout the system. The strategy was to create a position, the Coordinator of Cultural Services, within the Department of Community Programs. The Coordinator of Cultural Services organizes and ensures that interpretation and translation services are provided to patients within MediCorp Health System. In addition, the Coordinator takes the lead on developing partnerships with key community constituencies, such as the Refugee Services Center, the Islamic Center, the Disability Resource Center, and multiple organizations in the Hispanic/Latino community, such as LUCHA Ministries. For example, Pamela Thorpe, the current Coordinator, reports that she organizes an annual health fair in partnership with UNION Radio (the local Spanish-language radio station) and the Mexican Consulate to connect with the Hispanic/Latino community. MediCorp staff can call on Ms. Thorpe and these partnerships as they work to address cultural needs and preferences of patients they encounter.

Since culturally competent organizations work to institutionalize cultural knowledge throughout the organization, Ms. Thorpe uses the knowledge she gains to train other employees of MediCorp Health System and to support them in implementing their roles. The Coordinator of Cultural Services is responsible for orientation training for all clinical and non-clinical associates addressing patients' rights and responsibilities, including available resources to ensure language access. Training for clinical staff addresses personal biases and attitudes and cross-cultural interactions with patients who receive care from MediCorp Health System. These sessions provide training for all clinical staff including nurses, technicians, health unit coordinators, and students. Having a structure in place to address cultural and linguistic competence can empower, enable, and support the staff to implement these practices.

THE ACTION

Mary Washington Hospital, in Fredericksburg, delivered 4,119 babies in 2007. Tammy Ruiz, R.N., the Perinatal Bereavement Coordinator, says, "The Family Birth Place at Mary Washington Hospital considers it just as important to care for families in times of tragedy as in times of joy." Beliefs and practices related to loss and bereavement vary greatly across cultures. Being able to identify, have respect for, and provide services that address the diverse cultures served by the hospital is a challenge. Mary Washington Hospital staff, through the Cultural Services structure, are supported to develop knowledge and skills and feel empowered to adapt the care they give to families to meet specific cultural preferences and needs.

When there is a perinatal death at Mary Washington Hospital, the nursing staff and Ms. Ruiz, the Perinatal Bereavement Coordinator, are prepared to quickly support the family. Using the knowledge gained through partnerships with community organizations, working with cultural brokers, and having respectful dialogue with each family, the Family Birth Place works to provide culturally and linguistically competent care to the bereaved family. The Coordinator of Cultural Services supports these activities at MediCorp Health System level.

Ms. Ruiz shares an example that illustrates how an organization and its staff can adapt their practices to provide culturally competent bereavement support.

"In late 2007, I was alerted to a case that was unfolding quickly in the Labor & Delivery area. A young, very traditional Muslim family had just received the devastating news that their first child, a full-term unborn son, had died. Our challenge was to deliver the baby, care for the family, and assist them in making funeral arrangements, all in a way that

the family would perceive as respectful and sensitive.

"We faced numerous challenges to which the bedside nurses quickly responded. First, we asked the family to share with us the aspects of their traditions that would be most helpful for them to carry out at this difficult time and to please tell us how we could assist them. A basic need was to arrange for food to be ordered and delivered to the mother's room late in the evening so that at sundown, they could break the daylight fast they were observing for Ramadan.

"We are accustomed to catering to the requests of laboring mothers, but because this family was clearly led by the men in the family, we were respectful to their pre-existing family structure and presented the father with bereavement care options *for him to consider* and then discuss with the mother. The mother requested to have a female caregiver deliver the baby, so a midwife was arranged to deliver the baby. The delivery took place at a change of shift, threatening the continuity we had established, but the day nurse, Emily, agreed to stay and complete the delivery with the mother.

"Preparing a deceased baby for family viewing is a specialized skill, so I came in after-hours to assist the bedside nurses in this

The Action Continued

task. We knew and confirmed with the family that it was against their tradition to touch the dead, so we had to modify our usual approach of bringing in the baby for the family to hold one last time. After we washed and dressed him in a blanket (it was a religious practice not to see the baby unclothed), we placed the baby in a rolling scale so that he could be easily seen by the family members present without being touched.

"Our standard of care is to do tasteful and sensitive digital photos, foot impressions, and creation of mementos. The father did not want us to perform these services, so we took a single picture of the baby's foot and showed it to the father. He then agreed to additional photos and even asked for some specific ones. The mementos were archived to be picked up when the family members were ready for them.

"The family wanted the baby ceremonially washed at the mosque and buried prior to sundown the day after his birth. After much coordination with all parties concerned, the men in the family brought a beautiful casket to the hospital the next morning, where I placed the baby and discharged him to the men in his family. They took him to the mosque where he was later picked up by a funeral home.

"It was very important to the family that they take the baby to the mosque themselves. The father was concerned that people might wonder why the casket was in his car on the way to the mosque, so we gave him a copy of the Hospital Record of Death, the Report of Spontaneous Fetal Death, a letter from me explaining the joint plan that was developed with the family, and contact information for questions. I also worked with the funeral home to ensure that proper documents were filled out. Since it was unusual for a family to take a body from the hospital, I contacted Hospital Administration and Security to apprise them of our plan and documented which policy we were following.

"The women in the family stayed in the mother's room and, even in their grief, told me that they could tell that it was a lot of work for us to have done things as they wanted, and that it was very much appreciated.

"I was struck with the sense of purpose that I saw on the face of the child's grandfather as he turned away from me carrying the casket I had just handed to him. I knew that if we had not accommodated their wishes, we would have taken something from them that was not ours to take."

WHY IT WORKS

The culturally and linguistically competent bereavement support that is provided at Mary Washington Hospital is possible because of two key factors. First, there is an institutional structure that supports practitioners—in this case, the Perinatal Bereavement Coordinator. She was not only supported in learning about and addressing the family's cultural beliefs and practices, but she was also empowered to address hospital policy to make the family's plan work. Specifically, she was quickly able to address the issue of a family taking the body. Second, this approach works because Ms. Ruiz is a practitioner who has developed the awareness, knowledge, and skills to work effectively in cross-cultural situations and to provide modeling and leadership for the nursing staff in labor and delivery to support preferences and needs of families.

THE NCCC PERSPECTIVE

The National Center for Cultural Competence (NCCC) chose this promising practice because it exemplifies key values, policies, and practices of culturally and linguistically competent care that include the following:

1. Culturally competent organizations design and implement services that are tailored to the unique needs and preferences of individuals, families, and communities served.
2. Practice is driven by client preferences, not by culturally blind or culturally free interventions.
3. Cultural competence involves working with natural, informal support and advocacy associations; ethnic, social and religious organizations; and spiritual leaders and healers.
4. Organizational structures are needed to support a practice model that incorporates cultural and linguistic competence.
5. The organization has structures to ensure meaningful participation of consumers and communities in planning, delivering, and evaluating services.

Additional NCCC resources on cultural and linguistic competence:

Bridging the Cultural Divide in Health Care Settings: The Essential Role of Cultural Broker Programs
http://www11.georgetown.edu/research/gucchd/nccc/resources/brokering.html

Body, Mind and Spirit: Toward a Biopsychosocial-Spiritual Model of Health
http://www11.georgetown.edu/research/gucchd/nccc/body_mind_spirit/index.html

Policy Brief: Infusing Cultural and Linguistic Competence into the Multiple Systems Encountered by Families Following the Sudden Unexpected Death of an Infant
http://www11.georgetown.edu/research/gucchd/nccc/documents/SIDS_ID_PB_Aug_03.pdf

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ACKNOWLEDGMENTS

The Promising Practices for Cultural and Linguistic Competence in Addressing Sudden Unexpected Infant and Child Death and Pregnancy Loss series was developed by the National Center for Cultural Competence by Suzanne Bronheim, Ph.D. The NCCC would like to thank the programs featured in this series for their time and effort in providing the information about their promising practices.

About the National Center for Cultural Competence

The **National Center for Cultural Competence (NCCC)** provides national leadership and contributes to the body of knowledge on cultural and linguistic competency within systems and organizations. Major emphasis is placed on translating evidence into policy and practice for programs and personnel concerned with health and mental health care delivery, administration, education, and advocacy.

The NCCC is a component of the Georgetown University Center for Child and Human Development (GUCCHD) and is housed within the Department of Pediatrics of the Georgetown University Medical Center.

The NCCC provides training, technical assistance, and consultation; contributes to knowledge through publications and research; creates tools and resources to support health and mental health care providers and systems; supports leaders to promote and sustain cultural and linguistic competency; and collaborates with an extensive network of private and public entities to advance the implementation of these concepts.

The NCCC provides services to local, state, federal, and international governmental agencies; family advocacy and support organizations; local hospitals and health centers; healthcare systems; health plans; mental health systems; universities; quality improvement organizations; national professional associations; and foundations. In addition, the NCCC's on-line training, publications, and products are accessed by tens of thousands of individuals each year.

The NCCC is funded and operates under the auspices of Cooperative Agreement #U40-MC-00145 and is supported in part by the Maternal and Child Health program (Title V, Social Security Act), Health Resources and Services Administration, U.S. Department of Health and Human Services (DHHS).

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