



Cross-Cultural Client Safety

Achieving Cultural Safety in Health Services: Understanding & Responding to the Underlying Cultural Factors

Helen Cromarty, RN, HBScN, *Special Advisor for First Nations Health Care*
 Roger Walker, MPA, MHA, CHE, *President and CEO*

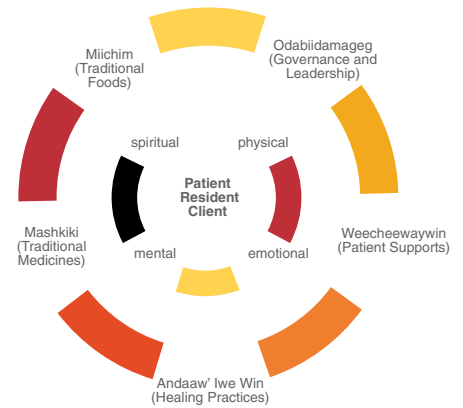
Background

Cultural safety is an emerging area of focal interest in patient safety programming and policy.

Genuine cross-cultural competency in health requires the effective integration of traditional and contemporary knowledge and practices on both an individual and an organization-wide basis. In a multi-cultural setting, both quality of care and patient safety are optimized by moving beyond cultural competence.

Sioux Lookout Meno Ya Win Health Centre

SLMCH has a specific mandate among Ontario hospitals, to provide a broad set of services that address the health and cultural needs of a largely Aboriginal population.



Cross-Cultural Client Safety Analytical Framework

Cultural safety is defined as the safe practice and successful delivery of health care services across the barriers to understanding and identifying client needs. It includes overcoming the obstacles to implementing prescribed remedial or supportive actions.

Sioux Lookout Meno Ya Win Health Centre *menoyawin* model of care has identified numerous core risk factors and potential mitigation strategies. These factors are summarized below. The analytical framework categorizations extend beyond the patient safety programming already in place related to infection control, medication errors, adverse events, and other typical health service safety issues.

These include the issues of understanding stemming from *language* and *world-view* differences, and incorporate other important potential root causes related to client safety and risk. The platform of safety issue categorization outlined below assists in both prospective and retrospective risk management. These analytical and assessment factors include:



1. linguistic

potential for misunderstanding descriptions of the presenting symptoms, etc. and/or the prescribed course of diagnostic or therapeutic intervention – terminology limitations in a language, idiom and vernacular, and non-verbal communications may also be critical factors.

2. cultural

potential for misunderstanding the cultural context of the presenting pathology and/or the ability to successfully implement a prescribed course of action in the face of contradictory world views, value sets, norms and mores

3. medical literacy

varying medical literacy rates among different populations, especially where native languages do not include medical or related terminology, and where cultural or ethnic variations in access and use of medical/health services impact the effectiveness and outcomes of those services in reaching diverse populations, or ability to navigate the system because of a lack of familiarity

4. program or practice

conventional services/practices contrasted with traditional practices specific to the culture(s) in question

5. context or structural

potential for misunderstanding or mishap due to cultural habitats and (lack of) knowledge associated with them

6. systemic

disconnects between mainstream systems and specific population providers including territoriality, overlaps, gaps, differing approaches, jurisdictional differences, etc. – often relates to access and availability

7. genetics

failure to know of or take into account inherent issues in a population

8. racism/discrimination

manifestations of bigotry, prejudice or intolerance that result in the differential provision of services or care as the result of ethnic or racial factors

9. power, history and politicization of health

spotlight on individual issues at the risk of disrupting energy and resources from other priorities, often associated with ties to treaty rights to health, or racial discrimination as an underlying issue – relates to historical issues and grievances, failure to consult, and/or power/control issues eg. political agendas of self-governance, autonomy, self-reliance, or community engagement

This framework is already proving helpful in establishing an SLMHC organizational culture of safety.

Cultural Safety Continuum

The Sioux Lookout Meno Ya Win Health Centre's (SLMHC) model of care and cross-cultural patient safety framework may assist patients/clients, providers, administrators, and policy-makers with an enhanced ability to make appropriate choices, and to find pathways to true healing while ensuring that the required care is competently, safely and successfully provided.

Our comprehensive *menoyawin* model of care focuses on cross-cultural integration in five key aspects of all of our services:

Odabiidamageg (*governance & leadership*)

Wiichi'iwewin (*patient and client supports*)

Andaaw'iwewin (*traditional healing practices*)

Mashiki (*traditional medicines*)

Miichim (*traditional foods*)

We believe that our organization-wide approach will result in a culture of safety and fully complement our strategic purposes.

Evaluation & Results

- Specific cross cultural patient safety indicators are under development
- Access and satisfaction indicators generally show improvement
- Early identification and remedy of process breakdown
- Early adoption of potential promising practices of interest to many others
- Emerging baseline comparative data

Conclusion

SLMHC is moving rapidly toward becoming an organization where mainstream Euro-Canadian and Aboriginal stakeholders are equally comfortable and fluent in any SLMHC context. There is a growing sense of identity and ownership. The net result will be safer, more accessible, more effective quality care.