Providence

2025 Provider Annual Review Training

Special Needs Plan (SNP) Model of Care | Disability Awareness | Cultural Competency and Patient Engagement | Workplace Violence Prevention

CME Accreditation

Faculty Disclosure Summary

The content of this activity is not related to products or services of an ACCME-defined ineligible company; therefore no one in control of content has a relevant financial relationship to disclose and there is no potential for conflicts of interest. All planners and presenters attested that their content suggestions and/or presentation(s) will provide a balanced view of therapeutic options and will be entirely free of promotional bias. All presentations have been reviewed by a planner with no conflicts of interest to ensure that the content is evidence-based and unbiased.

The information provided addresses several requirements of the Accreditation Council for Continuing Medical Education (ACCME) to help ensure independence in CME activities. Everyone in a position to control the content of a CME activity must disclose all relevant financial relationships with ineligible companies to the CME provider. This information must be disclosed to participants prior to the beginning of the activity. Also, CME providers must mitigate relevant conflicts of interest prior to the educational activity. The ACCME defines "ineligible companies" as those whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients. Among the exemptions to this definition are government organizations, non-health care related companies and non-profit organizations that do not advocate for commercial interests. Circumstances create a "conflict of interest" when an individual has an opportunity to affect CME content about products or services of an ineligible company with which he/she has a financial relationship. ACCME focuses on financial relationships with ineligible companies in the 24-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 24 months that create a conflict of interest.

Accreditation with Commendation

CME Accreditation Information
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Swedish Medical Center and Providence St. Joseph Health. Swedish Medical Center is accredited by the ACCME to provide continuing medical education for physicians.

AMA PRA Category 1 Credits™
Swedish Medical Center designates this internet enduring material for a maximum of 1.25 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Providence SWEDISH

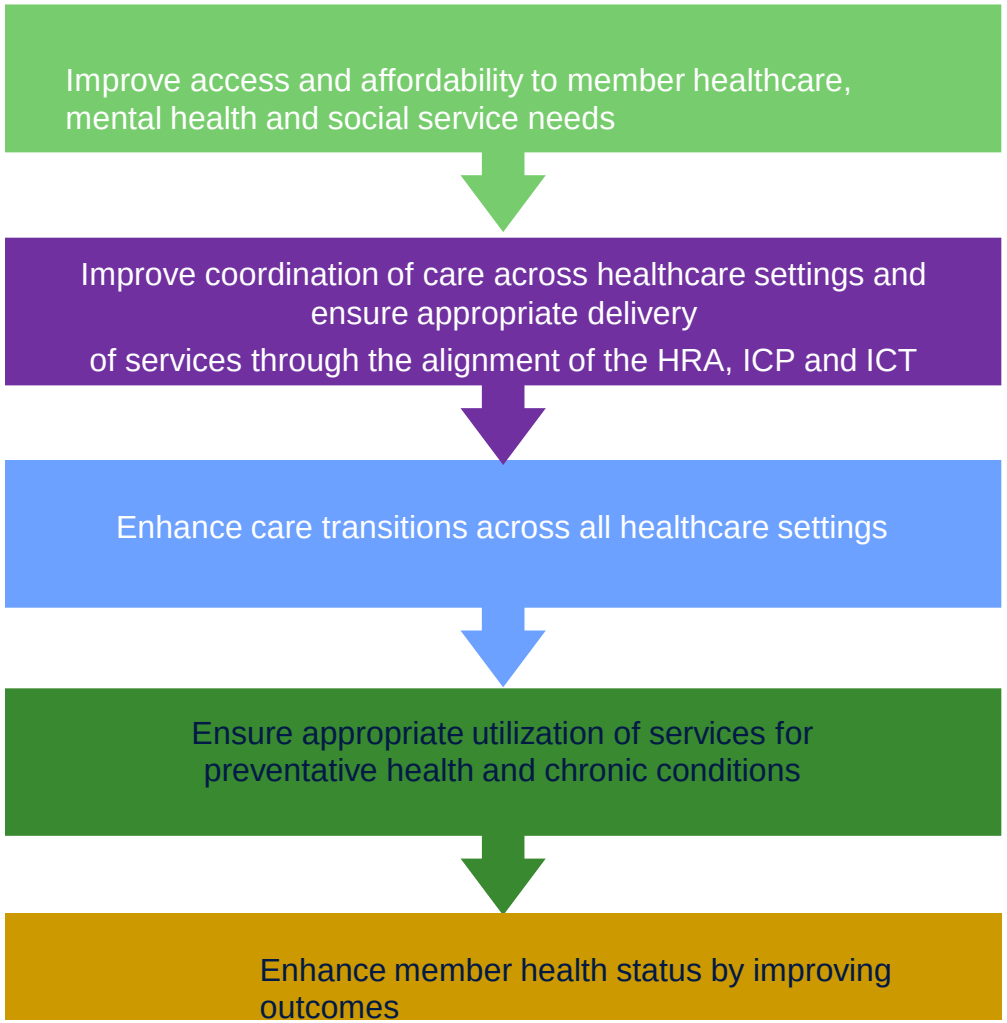
Providence

Annual Special Needs Plan (SNP) Model of Care Training

Ambulatory Care Management

2025

Special Needs Plan: Goals



Special Needs Plan: MOC

- **Model of Care (MOC):** CMS requires SNP Plans to develop a MOC that describes their approach to caring for their target population. The SNP MOC is a working framework on how the SNP proposes to coordinate the care of the SNP enrollees.
- **Required Training:** CMS requires all employed and contracted staff, who provide direct and indirect care coordination services to SNP members, to complete initial SNP MOC training and annually thereafter. Delegates this requirement to each medical group to provide initial and annual training for all employed and contracted staff and maintain the documentation of that training.

Types and Eligibility

Chronic Special Needs Plan (C-SNP)

- Eligibility Verification within 30 days post enrollment
  - Balance-Heart First: Chronic Heart Failure, Cardiovascular Disease or Diabetes
  - Village Health: End Stage Renal Disease (ESRD)

Fully Integrated Dual Eligible Special Needs Plan (FIDE- SNP/DSNP)

- Eligibility Verification Monthly and eligible to receive all Medicare and Medi-Cal benefits
  - Connections
  - Connections at Home: In addition, will meet Nursing Facility Level of Care (NFLOC) which qualifies them for home and community-based services.

Institutional Special Needs Plan (I-SNP)

- Eligibility Verification Annually
  - Embrace Plan

D-SNP Focus: Connections & Connections at Home

Connections:

Designed for people who have both Medicare and Medi-Cal

Including Medicare benefits, all Medi-Cal benefits, plus drug coverage and extra benefits like transportation, dental, vision coverage, acupuncture, hearing and more.

Connections at Home:

Designed for people who have both Medicare and Medi-Cal, and meet the State of California criteria for nursing facility level of care and live in their own home or nursing facility

As the only FIDE SNP in California, SCAN provides and administers all the Medicare benefits, all Medi-Cal benefits, drug coverage, including Long Term Services and Supports (LTSS) in designated counties (below).

California - LA, RV, SB, SD

Only FIDE SNP in CA

Connections at Home: LTSS Qualifying Criteria

Criteria:

- Chronic medical conditions that affect member's daily functioning
- Activity of Daily Living (ADL) deficits (requires physical assistance with at least 1 ADL)
- Skilled need- requires intermittent or constant nursing monitoring of health conditions
- Live in the service area (LA, Riverside, San Bernardino & San Diego)
- Members are assessed every year to ensure that they continue to qualify to receive services.

Services include:

- Care coordination
- Personal Care and light homemaking
- Travel Escort for medical appointments
- Home delivered meals
- Incontinence and hygiene supplies
- Bathroom DME
- Nutritional supplements (Rx required, not as sole source of nutrition)

For More Information:

- If you have a member who may qualify for LTSS, please contact us via Member Services: 800-559-3500, or our LTSS Call Center: 800-887-8695.

D-SNP Requirements

Alzheimer's Disease and Related Dementias (ADRD) Training

Dementia care training is an integral part of the Interdisciplinary Care Team (ICT) component to ensure an understanding of Alzheimer's Disease and Related Dementias (ADRD) including symptoms and progression, behaviors and communication problems caused by and/or related to ADRD, caregiver stress and management, and community resources available for those affected by ADRD.

D-SNP Requirements

Enhanced Care Management

SCAN provides ECM services to members identified as meeting the criteria for the following 4 ECM populations:

1. Adults Living in the Community and at Risk for Long-Term Care Institutionalization
2. Adult Nursing Facility Residents Transitioning to the Community
3. Adults without Dependent Children/Youth Living with Them Experiencing Homelessness
4. Adults At Risk of Avoidable Hospital or ED Utilization

- Enhanced Care Management services include but are not limited to: outreach and engagement, enhanced coordination of care, health promotion, comprehensive transitional care, member and family supports; coordination of and referral to community and social support services, and comprehensive assessment and care management plan: through primarily in-person contact or if in-person contact is unavailable or does not meet the needs of the Member, alternative methods (i.e., telehealth) will be used in accordance with Member choice.

The 4 Elements of Model of Care

Overall Special Needs Plan Population Type
-Chronic SNP **(C-SNP)**
-Fully Integrated Dual Eligible SNP **(FIDE-SNP)**
-Institutional SNP **(I-SNP)**

MOC 1: Description of SNP Population
Subpopulation – most vulnerable

MOC 3: Provider Network
- Specialized Expertise
- Use of Clinical Practice Guidelines and Care Transition Protocols
- MOC Training for Provider Network with signed attestation
- Staff/Providers deliver care to SNP members must complete annual MOC training

Population → Care Coordination → Provider Network → Quality Measurement and Performance

MOC 2: Care Coordination

-Health Risk Assessment **(HRA)**
-Face to Face Encounter
-Individual Care Plan **(ICP)**
-Interdisciplinary Care Team **(ICT)**
-Care Transition Protocols **(CT/TOC)**

MOC 4: Quality Measurement and Performance
- Quality Performance Improvement Plan
- Measurable Goals and Health Outcomes
- Measuring Patient Experience of Care
- Ongoing Performance Improvement Evaluation
- Dissemination of SNP Quality Performance
- Quality Measure Monitoring
- SNP model of care program evaluation process
- Quality Improvement Plan

Face to Face Encounters

Face to Face Encounter - New Requirements

Within the first 12 months of enrollment, as feasible and with the member's consent, the organization conducts face-to-face encounters to deliver health care, care management or care coordination services.

A face-for-face encounter must be either in person or through a visual, real-time, interactive telehealth encounter.	The encounter must be between the member and representative from any of the following: • A member of the ICT • Organization's case management and coordination staff. • A healthcare provider contracted with the health plan.

Health Risk Assessment (HRA) Triggers

- "Poor" self-rated health
- 8 or more medications
- Moderate to Severe Depression (PHQ-2)
- Difficulty with ADLs – (Bathing, Eating & Toileting)
- 3 + Falls in the last year
- 3+ SNF admissions in the last year
- 3 + ER visits in the last year
- Report difficulty managing health condition
- 3 + hospital admissions in the last year
- Requests a Case Manager/RN

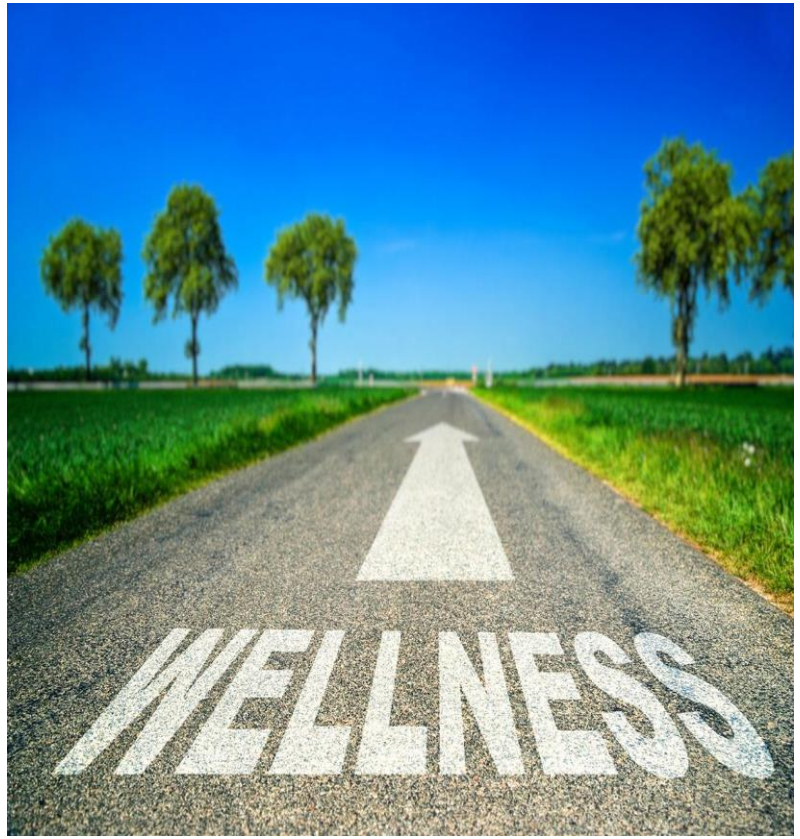
Member Benefits

Health Risk Assessment (HRA)-Health Plan performs an initial HRA

Transportation–the number of medically related trips up to unlimited may be under the health plan or Medicaid benefit and vary according to the specific SNP and region

In addition, SNP plans may have benefits for **Dental, Vision, Podiatry, Gym Membership, Hearing Aides or lower costs for items such as Diabetic Monitoring supplies, Cardiac Rehabilitation. CSNP Focus – Balance includes $0 insulin benefit, including coverage through the gap. T**hese benefits vary by region and type of SNP.

Individualized Care Plan (ICP)



- Review Health Risk Assessment/SCAN's Individual Care Plan for triggered patients
- Complete Clinical Review
- Outreach to member: Outreach to member, documenting attempts and outcome within 30 days of receipt of trigger report
- Review all triggers with the member on your outreach and assess for any other concerns, determine acuity level and need for case management.
- Review all findings in your Interdisciplinary Rounds
  - Developed based on the patient's assessment and identified problems
  - Includes patient's self-management plans and goals
  - Includes barriers and progress towards goals
- Shared with patient/caregiver, PCP, and any settings where the patient has a transition of care: Hospital, Skilled Nursing Facility
- Updated with changes to health such as new diagnosis, hospitalization, or at least annually and communicated to ICT and patient
- Must be completed within 30 days of notification by Health Plan trigger and/ or change of health status per CMS/Health Plan requirement

When to Update the Care Plan

- Clinical review identifies a change of health status not reflected on the SCAN care plan
- During member outreach/assessment, a new concern is identified
- As a result of Interdisciplinary Team review
- A change of health status that occurs at any point during the member journey (e.g. admit/discharge from a facility)

Send the revised care plan to the member and PCP

Interdisciplinary Care Team (ICT)

- All SNP members require interdisciplinary care
- **Interdisciplinary care can be formal or informal**
- **Our *formal* ICT team meets weekly** and consists of Medical Director, Social Worker and SNP Care Management nurse
  - Patients/caregivers are invited to ICT during the initial assessment and care plan sign-off. They have the right to opt in or out of participation.
  - The PCP is invited to join the weekly ICTs
- ***Informal*** ICT can occur in person, over the phone or electronically between any two members of the patient's care team

Transition of Care (ICT)

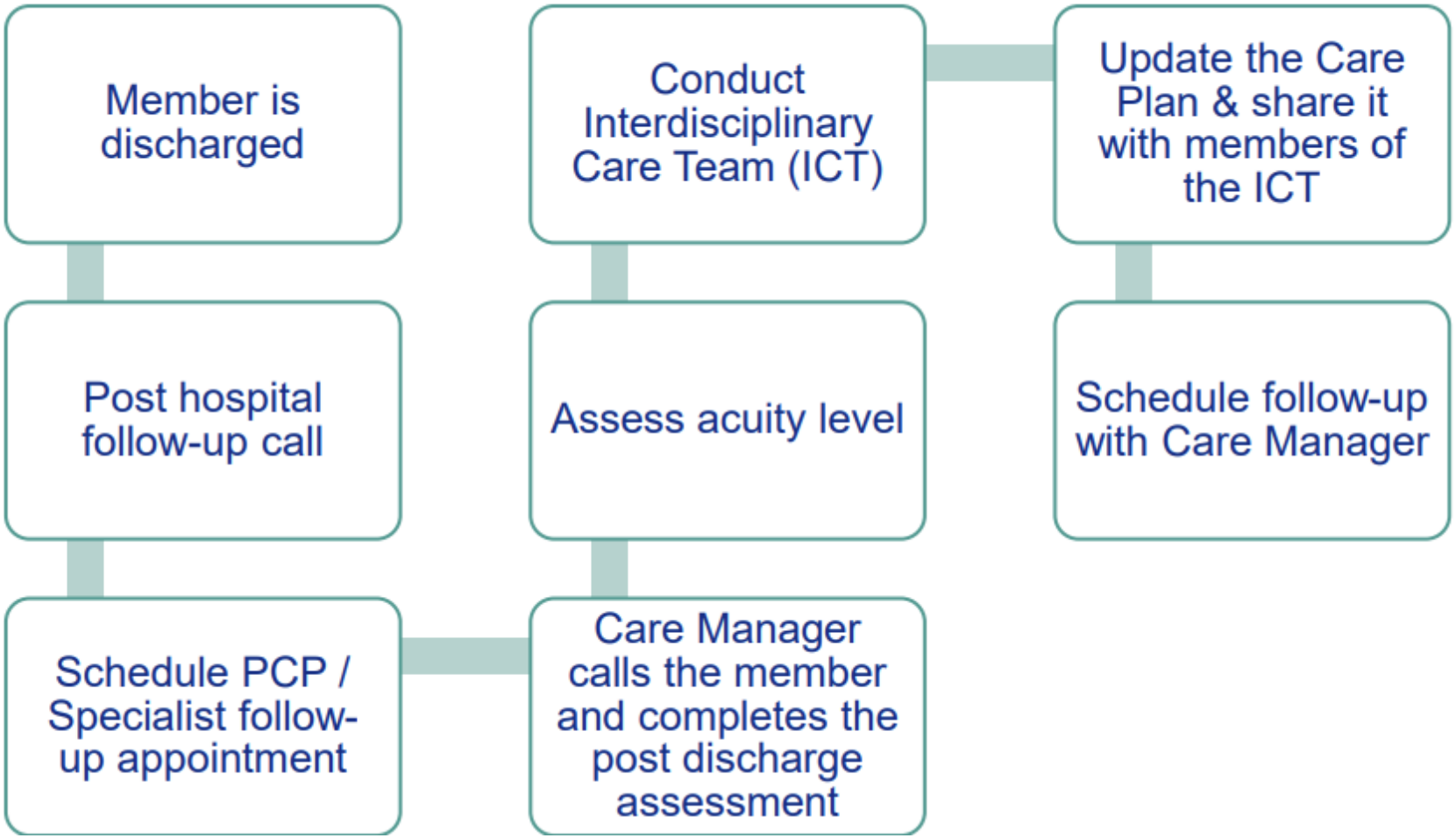
- Patients are at risk of adverse outcomes when there is a transition between settings
- Patients experiencing an inpatient transition are identified
- The patient's care plan is shared between care settings upon admission
- PCP is notified of patient's discharge

Discharge follow up call is made to patient

Care Manager to review the following:

- ❑ Discharge instructions and verify understanding
- ❑ Medications and ensure new prescriptions have been filled and picked up
- ❑ Follow-up appointments in place
- ❑ Home Health start date and confirm they have been in touch with the patient (if applicable)
- ❑ Durable medical equipment has been delivered (if applicable)
- ❑ Additional education around diagnosis, symptoms, when to call the doctor
- ❑ Nurse Advice Line and Urgent Care Center information provided
- ❑ Questions the patient/family/caregiver may have

Coordinating Care Transitions



Care Transitions (CT) Documentation

Care Transitions documentation must include:

- "Patient outreach was completed/attempted within 5 business days of discharge from one setting to another".
- Notification to PCP within five business days of discharge
- Ensure follow-up services and appointments are scheduled within 5 business days of transition
- The team ensures there is an identified provider directing the member's care and any other providers who need to be aware of the transition are notified.
- Care plan transferred between settings before, during, after transition of care
- Member coaching occurred
- Members of the ICT and members/caregivers have access to the plan of care

Advance Directive

Advance Directive is an ongoing conversation that:

- Involves *shared decision making* to clarify and document an individual's wishes, preferences, and goals regarding future medical care.
- This comprehensive process is critically important to ensuring patients receive the medical care they want in the event they lose the capacity to make their own decisions.
- PCPs are required to educate and should encourage each Member to complete an advance directive and document in the Member's medical record
- Completed advance directives must be placed in a prominent place in the Member's medical record (See 42 CFR 422.128(b)(1)(ii)(E)).

Resources: PREPARE (prepareforyourcare.org)

SNP MOC Oversight (Annual Audit)

Schedule and timely submission

Scheduled Annually – SCAN will coordinate with Compliance and Ambulatory Care Management teams

Request for audit document

Timely Submission of audit documents

Corrective Action Plan – Creating a Successful Response

<u>This includes MOC training with proof of attestation for the Primary Care Physicians/Specialty Providers of selected patient files.</u>

Audit Performed

Ensure appropriate participants available for case review

Notification of Audit Outcome

Pass

CAP

Once CAP is issued, we cannot change audit results for untimely submission of documents

Correction Action Plan Process

Perform Root Cause Analysis - the "why" deficiency occurred.

Corrective Action Plan - Group plan for correcting deficiency including Implementation Date(s)

Responsible Individual- Must be a person not a department

Repeat Deficiencies

Each repeat deficiency requires new Root Cause

Analysis and Corrective Action Plan.

File Review Deficiencies

File Review Deficiencies require Root Cause

Analysis and Corrective Action Plan including implementation of any process change **(including staff training, etc.)**

Role of SNP Care Manager

- ❑ Reviews Health Risk Assessment (HRA) from Health Plan
- ❑ Performs an assessment of medical, psychosocial, cognitive and functional status
- ❑ Develops a comprehensive individualized care plan with member input
- ❑ Identifies barriers to goals and strategies to address
- ❑ Discusses member care at Interdisciplinary Care Team (ICT) meetings
- ❑ Facilitates transitions of care calls after an ED visit or acute hospitalization
- ❑ Provides personalized education for optimal wellness
- ❑ Encourages preventive care such as flu vaccines and mammograms
- ❑ Reviews and educates on medication regimen
- ❑ Promotes appropriate utilization of benefits
- ❑ Assists member to access community resources
- ❑ Assesses cultural and linguistic needs and preference

Your Role as the Physician

- ✓ Review comprehensive and individualized care plans created for each patient
- ✓ Encourage your patients to engage with their assigned SNP Care Managers and take advantage of the benefits.
- ✓ Participate in ICT meetings for your patient if necessitated
- ✓ Collaborate with patient care during Transitions to reduce gaps in care and readmission risk
- ✓ Provide medical documentation necessary to the SNP Care Manager for the assessment and care planning process
- ✓ Encourage and support your patients to complete their Annual Wellness visits with you and your team

Providence

Disability Awareness

2025

Objectives

- Explain the prevalence and types of disabilities within Providence’s population
- Identify and explain the legal requirements related to access for person with disabilities
- Define the basic rights of persons with disabilities
- Identify the physical accessibility components at a provider's office that are assessed and reported.
- Define your responsibilities in interacting with members, visitors, patients & their companions with disabilities.
- Use appropriate terminology and proper etiquette when interacting with people with disabilities
- Identify available resources and community resources.

Definitions: Impairment vs Disability

Functional Limitations

- Difficulty completing basic or complex activities because of a physical, mental, or emotional restriction.
- May be due to behavioral and/or chronic health conditions.

Functional Capabilities

- Strengths of a person with a disability to perform certain activities, with or without accommodations.

Impairment

- Alteration of a person's health status as assessed by medical means
- Typically identified with an organ or body part
- Ranges from mild (pinky amputation) to severe (tertraplegia)
- Does not include impact on person's ability to function in society

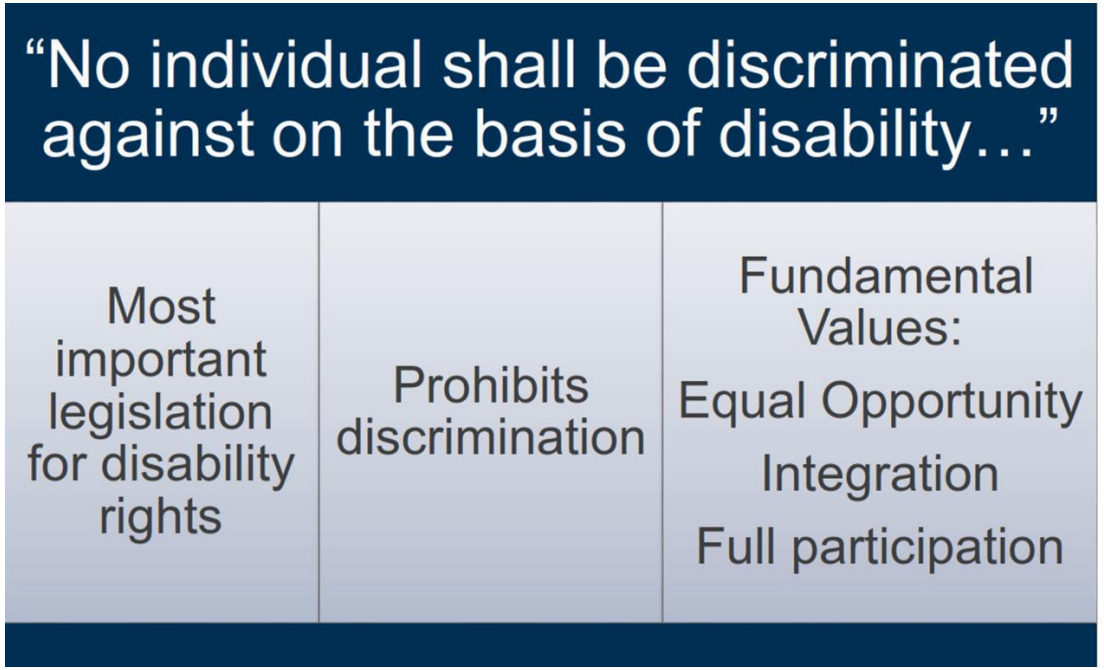
Disability

- A physical or mental impairment that substantially limits one or more of the major life activities (mobility, cognitive, vision, speech, or hearing)
- Birth (congenital) to acquired over lifetime
- Visible or hidden

Americans with Disabilities Act (ADA)

The ADA requires:

- Medical care providers make their services available in an accessible manner.
- Policies, procedures and guidelines be in place regarding non-discrimination based on disability.
- Providence is committed to providing equal access for members and their companions with disabilities.



The Rehabilitation Act of 1973

Section 504- Prohibits discrimination due to disabilities in programs that receive federal funding

"No qualified individual with a disability …shall be excluded from, denied the benefits of, or be subjected to discrimination under" any program activity.

Program accessibility

Effective communication

Accessible construction and alterations

Section 508- Requires electronic and information technology to be accessible to people with disabilities including employees and members of the public

Visual and audio outputs, optical aids

Accessibility- related software: Jaws (job access with speech)

The Olmstead Decision

Olmstead, or Olmstead v. LC, is the name of the most important civil rights decision for people with disabilities in our country's history. This 1999 United States Supreme Court decision was based on the Americans with Disabilities Act. The Supreme Court held that people with disabilities have a qualified right to receive state funded supports and services in the community rather than institutions when the following three-part test is met:

- The person's treatment professionals determine that community supports are appropriate;
- The person does not object to living in the community; and
- The provision of services in the community would be a reasonable accommodation when balanced with other similarly situated individuals with disabilities.

Most Integrated Setting

Integrated setting

- Refers to a setting that, “enables individuals with disabilities to interact with nondisabled persons to the fullest extent possible”
- Term means services and benefits to persons with disabilities should not be separate or different from a person without disabilities unless the separate programs are necessary to ensure that benefits services are equally effective

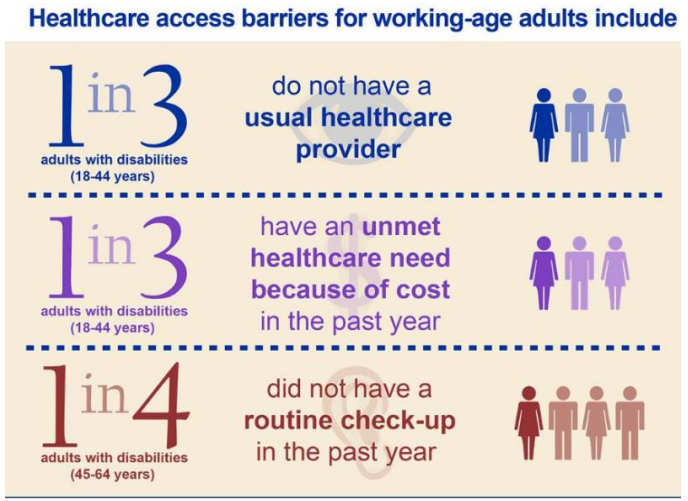
Least restrictive

- Least restrictive environment is terminology for educations settings
- All other settings use the term “integrated setting”
- A “least restrictive environment/setting possible” means members are treated in an environment and manner that respects individual worth, dignity, privacy and enhances their personal autonomy.

Disabilities and Healthcare Access

- Persons with disabilities and functional limitations may encounter environmental barriers to care.
- Most difficult barriers to overcome are attitudes.
- Focus on individual's ability rather than on disability.

Physical Access	Communication Access	Program Access
Ability to get: • To • Into • Through • Onto	**Ability to::** • Understand what is being asked • Use the information given • Result in effective communication	**Participate in:** • Health education • Prevention & treatment • Community-based programs



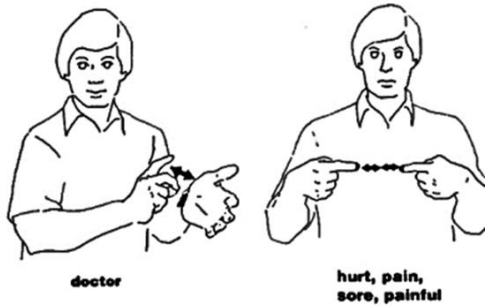
Accessibility Requirements for Providers

- **<u>Intended to meet the needs of any patient to improve program access and health outcomes</u>**

- Department of Health Care Services (DHCS) requirement MMCD PL 12-006 requires California plans " to assess the physical accessibility of provider sites, including specialist and ancillary service providers that serve high volume of seniors and persons with disabilities."
- Required for all Medi-Cal contracted providers

Physical access

Effective communication



Reasons for Accommodations

Functional limitations may create a need for accommodations such as:

- Physical accessibility.
- Changes to provider office policies.
- Accessible exam or medical equipment.
- Effective communication.
- Member and health education materials in alternate formats.
- Physical disabilities may be more obvious, but unseen mobility issues are more common.
- For example, a member may experience an issue with physical ability to move around or walk a distance due to hip or knee problems, breathing issues, weakness, etc.

Never assume to know the member's disability

Types of Physical Accommodations

- Put yourself in the position of a person who is sight impaired, uses a wheelchair or is hard of hearing. Then think about what you would need to access information or simply enter an office
- Can you think of additional common types of physical accommodations? There are many barriers to access that are often overlooked by people who don't need them.
- These are everyday things we use, including: elevator, doors, doorways, hallways, restrooms, parking lots, telephones, forms and documents

Speech Disabilities

Members with speech disabilities may use:

- Their own voice
- Letter board
- Pen and paper
- Augmentative and alternative communication devices
- Speech generating devices (SGDs) “talk” when certain letters, words, pictures, or symbols are selected
- Speech-to-speech relay services (STS)
- A call that uses a specially-trained communications assistant

Speech disabilities can be:

- Developmental
- Result of illness or injury
- No speech
- Difficult to understand

Communication Tips

When talking about a disability or with a person with disabilities, focus on the person, not the disability, avoid negative language and use people-first language

If you have trouble communicating:	
Ask the member how he or she wants to communicate	Speak slowly, clearly and patiently, and give time to respond

Don't:
Assume — which also includes not assuming someone from another culture understands American Sign Language.
Rush or ask the member to hurry.

Use People-First Language			
Person with a disability	Person who is deaf	Person who uses a wheelchair	Person with an intellectual disability

Avoid Negative Language:
Handicapped person, blind person, wheelchair-bound or mentally retarded

Communication Tips

Members with mental health and/or substance abuse conditions may need consideration:

- Know how to get help in the event of a crisis, remain calm and offer support
- Keep stress levels to a minimum
- Change words you use
- Ask what environment they are most comfortable in

DON'T:

- Finish their sentences or cut them off
- Mimic or mock their speech
- Assume you know what they are saying
- Be patronizing

Resources and Authorities

- Contact the member's assigned health plan for interpreting services
- Centers for Disease Control and Prevention, Disability and Heath www.cdc.gov/disabilities
- Deaf and disabled telecommunications program (DDTP)1-800-806-1191 http://ddtp.cpuc.ca.gov
- California telephone access program https://www.youtube.com/watch?v=9j3lwGUvS0c
- California relay services (CRS) http://ddtp.cpuc.ca.gov/default1.aspx?id=1482
- Title 29, The United States Code, Section 794 (section 504 of The Rehabilitation Act of 1973)
- Americans with Disabilities Act of 1990
- DHCS Facility Site Review (FSR), Physical Accessibility Review Survey (Attachment C- "29 elements")
- Department of Health Care Services (DHCS)

Providence

Cultural Competency and Patient Engagement

2025

What is Culture?

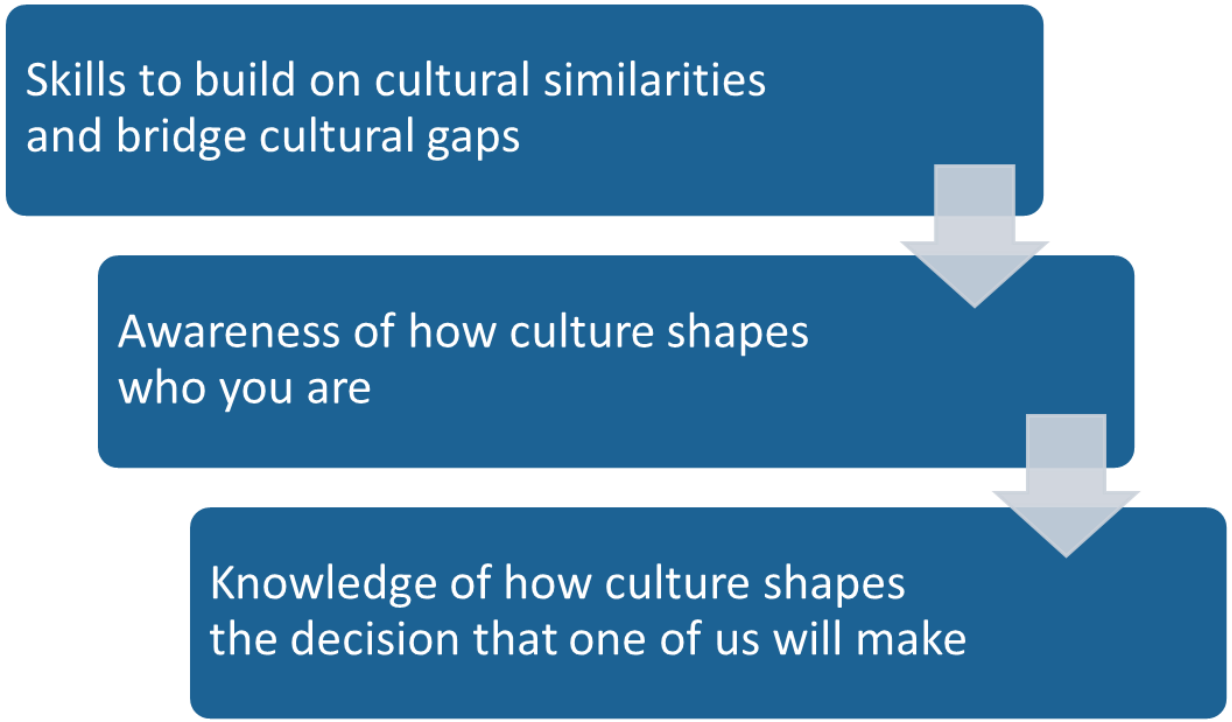
- Culture refers to integrated patterns of human behavior that includes language, thoughts, actions, customs, beliefs, values, and institutions that unite a group of people.

- We use it to create standards for how we act and behave socially.

[1]Source from http://minorityhealth.hhs.gov and The Cross Cultural Health Care Program

Building Cultural Engagement

Culture is not only learned but it is shared, adaptive, and is constantly changing.



Individual Culture

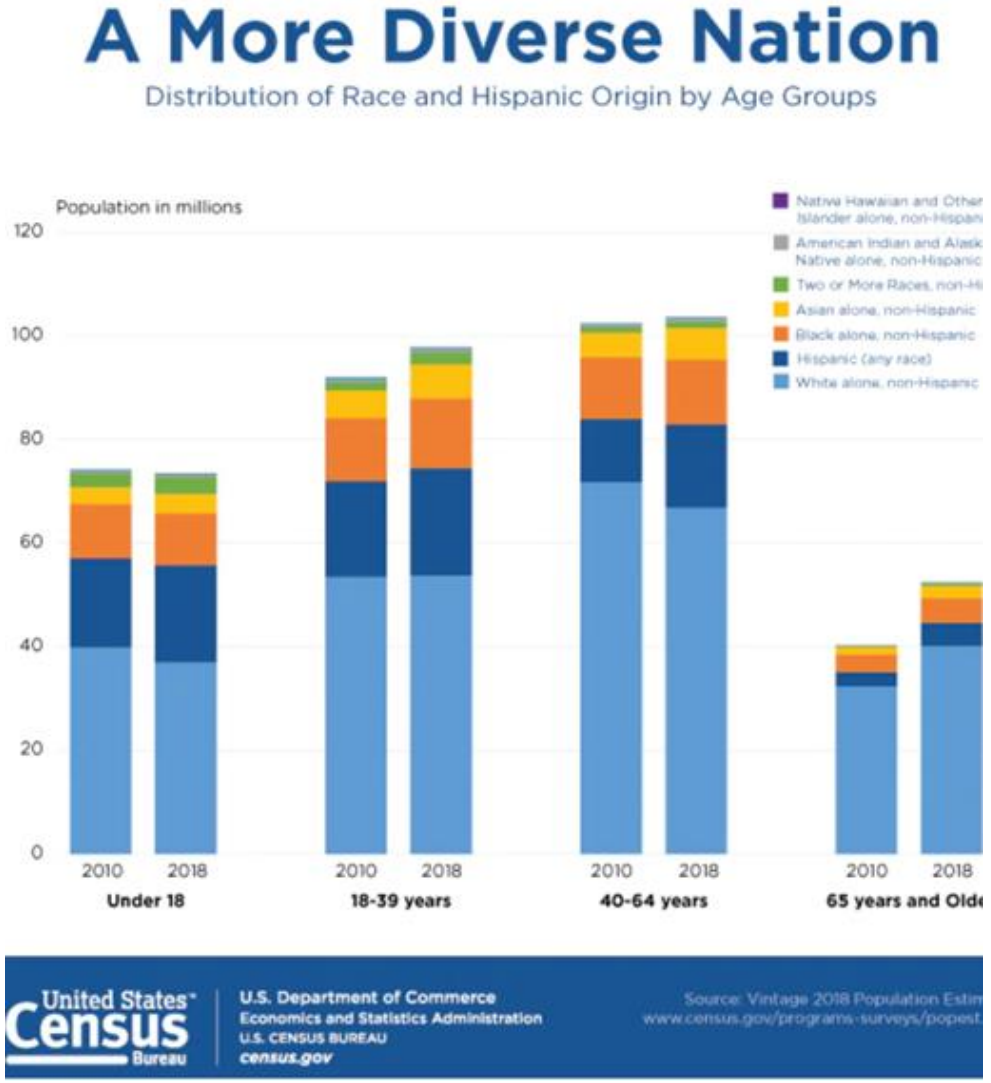
- Our view of illness and what causes it.
- Our attitudes toward doctors, dentists, and other health care providers.
- When we decide to seek our health care provider.
- Our attitudes about seniors and persons with disabilities.
- The role of caregivers in our society.
- Culture is a unique representation of the variation that exists within our society.

The Health Care Encounter

- It is important to keep in mind, everyone brings their cultural background with them.
- There are many cultures at work in each health care visit.
- Our personal culture includes what we find meaningful-beliefs, values, perceptions, assumptions and explanatory framework about reality.
- These are present in every communication.

Did You Know?

- 1 in 6 people living in the US are Hispanic (almost 57 million)
- By 2035, this could be nearly 1 in 4. (CDC, 2015)
- 20% of people living in the U.S. speak a language other than English at home (CIS, 2014).
- Latino population in the U.S. has grown by 43% between 2000 and 2010 (Census, 2011)
- 17% of the foreign-born population in the U.S. are classified as newly arrived (arriving in 2005 or later). (Census, 2011)



Barriers vs. Benefits

Barriers to communication	Benefits of clear communication
Speech patterns, accents or different languages may be used (Linguistic)	Safety & Adherence
Many people are getting health care coverage for the first time (Limited Experience)	Physician & Patient
Cultural Barriers	Satisfaction
Each person brings their own cultural background and frame of reference to the conversation (Cultural)	Office Process
Health system have specialized vocabulary and jargon (systemic Barriers)	Saves Time & Money

Clear Communication

Possible patient thoughts…

- I tell you I forgot my glasses because I am ashamed to admit I don't read very well.
- I don't know what to ask and I am hesitant to ask you.
- When I leave your office, I often don't know what I should do next.
- I'm very good at concealing my limited reading skills.

Here's what your team can do…

- Use a variety of instruction methods.
- Encourage open-ended questions
- Use Teach Back Method or "Show Me" method.
- Use symbols, color on large print direction or instructional signs.
- Create a shame free environment by helping with materials.

Clear Communication

Possible patient thoughts…

- I put medication into my ear instead of my mouth to treat an ear infection because the instructions said, "*For Oral Use Only*".
- I am confused about risk and information given in numbers like % or ratios. How do I decide what I should do?

Here's what your team can do…

- Explain how to use the medications that are being prescribed.
- Use specific, clear & plain language on prescriptions.
- Use plain language to describe risks and benefits, avoid using just numbers.

Clear Communication

Possible patient thoughts…

- I am more comfortable waiting to make a health care decision until I can talk with my family.
- I am sometimes more comfortable with a doctor of my same gender.
- It's important for me to have a relationship with my doctor.

Here's what your team can do…

- Confirm decision-making preferences.
- Office staff should confirm preferences during scheduling.

Clear Communication: Limited English Proficiency

Possible patient thoughts…

- My English is pretty good but at times I need an Interpreter.
- Some days it's harder for me to speak English.
- When I don’t seem to understand, talking louder in English intimidates me.
- If I look surprised, confused or upset I may have misinterpreted your nonverbal cues.

Things the provider team can do :

- Office staff should confirm language preferences during scheduling.
- Consider offering an Interpreter for every visit.
- Consider the volume and speed of the patient’s speech
- Mirror body language, position and eye contact.
- Ask the patient if they're unsure.

Language Assistance Services

Language assistance is available at no cost

- Interpreter support available.
- Sign language Interpreters.
- Speech to text interpretation for hearing loss in patients who do not sign.
- Member informing materials in alternative formats (i.e., large print, audio, and Braille).

Contact the health plan for assistance with language services

Use Professionally Trained Interpreters

Hold a brief introductory discussion with the Interpreter to …

- Introduce yourself and give a brief nature of the call/visit.
- Reassure the patient about your confidentiality practices.
- Be prepared to pace your discussion with the patient to allow time for interpretation and avoid interrupting during interpretation.

Alternate Formats Are Required

- Under Title II of the Americans with Disabilities Act and Section504 of the Rehabilitation Act of 1973, federally conducted and assisted programs along with programs of state and local government are required to make their programs accessible to people with disabilities as well as provide effective communication.

- Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Under the act, a physician and surgeon is required to demonstrate satisfaction of continuing education requirements, including cultural and linguistic competency in the practice of medicine, as specified.

- Effective communication means to communicate with people with disabilities as effectively as communicating with others. Alternative communications that support a patient encounter include Sign Language Interpreters, Tactile Interpreters, captioning and assisted listening devices.

References

- Culture and Cultural Competency U.S. Department of Health and Human Services (n.d.). The Office of Minority Health. Retrieved from http://minorityhealth.hhs.gov/
- Clear Communication: The Foundation of Culturally Competent Care Health Industry Collaboration Effort , Inc. (2010, July). Better communication, better care: Provider
- tools to care for diverse populations. Retrieved from http://www.iceforhealth.org/library/documents/ICE_C&L_Provider_Tool_Kit.10-06.pdf
- U.S. Department of Health and Human Services, Office of Minority Health (n.d.). Handouts: Theme 1: BATHE Model (1.3). In The facilitator's guide: Companion to: A physician's practical guide to culturally competent care (pp. 145-145). Retrieved from https://cccm.thinkculturalhealth.hhs.gov/PDF_Docs/Physicians_QIO_Facilitator_GuideMEDQIC.pdf
- Weiss, B. D. (2007). Health literacy and patient safety: Help patients understand; Manual for clinicians (2nd ed.). Chicago, IL: American Medical Association Foundation. Retrieved from http://med.fsu.edu/userFiles/file/ahec_health_clinicians_manual.pdf
- National Patient Safety Foundation: Ask Me 3 materials for providers. Retrieved from http://www.npsf.org/?page=askme3

Providence

Workplace Violence Prevention

2025

Agenda

- Background on Workplace Violence Prevention
- Responding to an Event
- Resources Available

Providence

Our Healing Environment

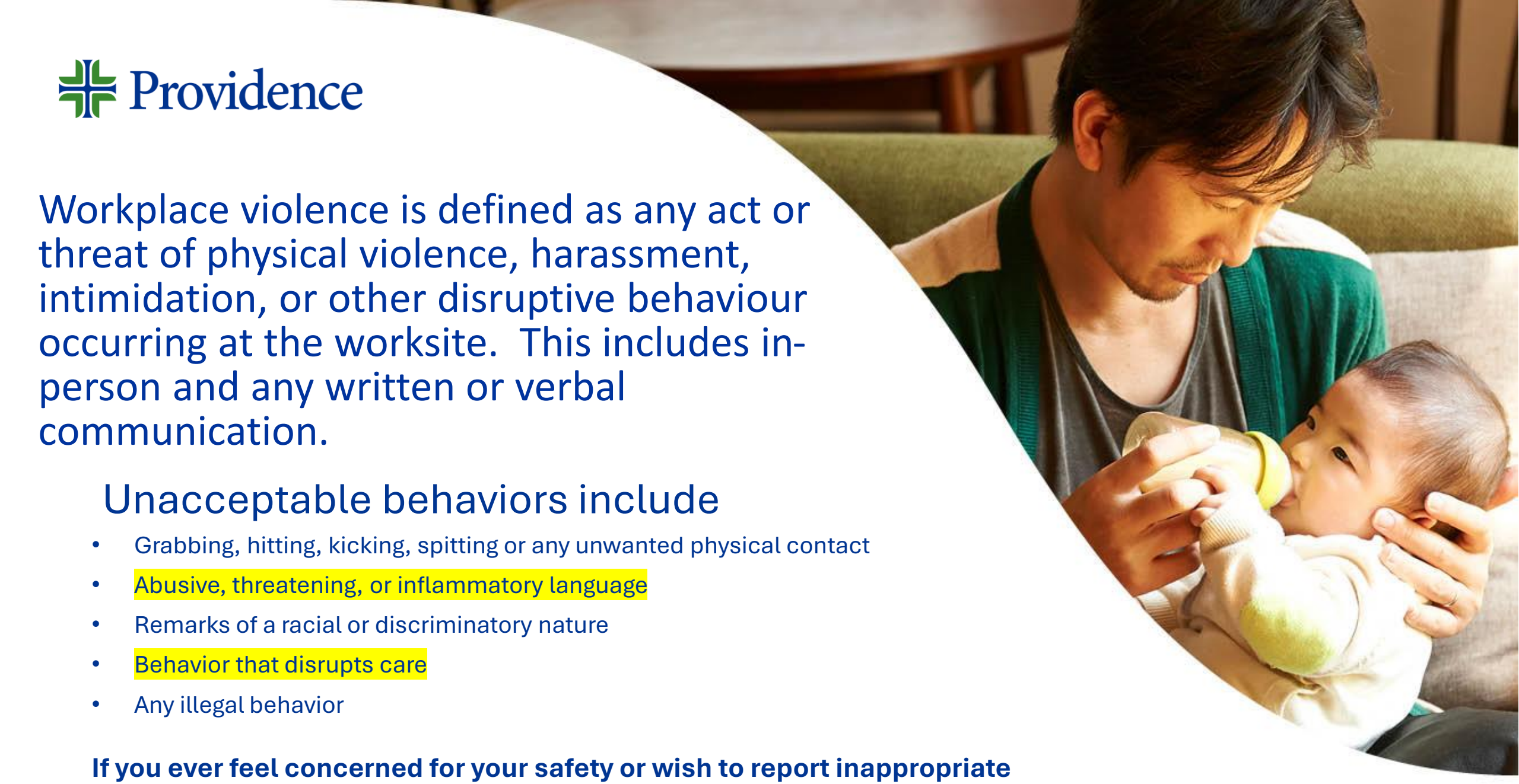
Providence is committed to ensuring a safe and healing environment for all the people we serve and for our care teams.

We believe that healing is best nurtured with **compassion and respect**, and in the absence of intimidation, fear or violence.

We are dedicated to keeping you as **informed and comfortable** as possible.

You are an important part of keeping our environment safe by treating others with **dignity, respect, and compassion**.

Providence



Workplace violence is defined as any act or threat of physical violence, harassment, intimidation, or other disruptive behaviour occurring at the worksite. This includes in-person and any written or verbal communication.

Unacceptable behaviors include

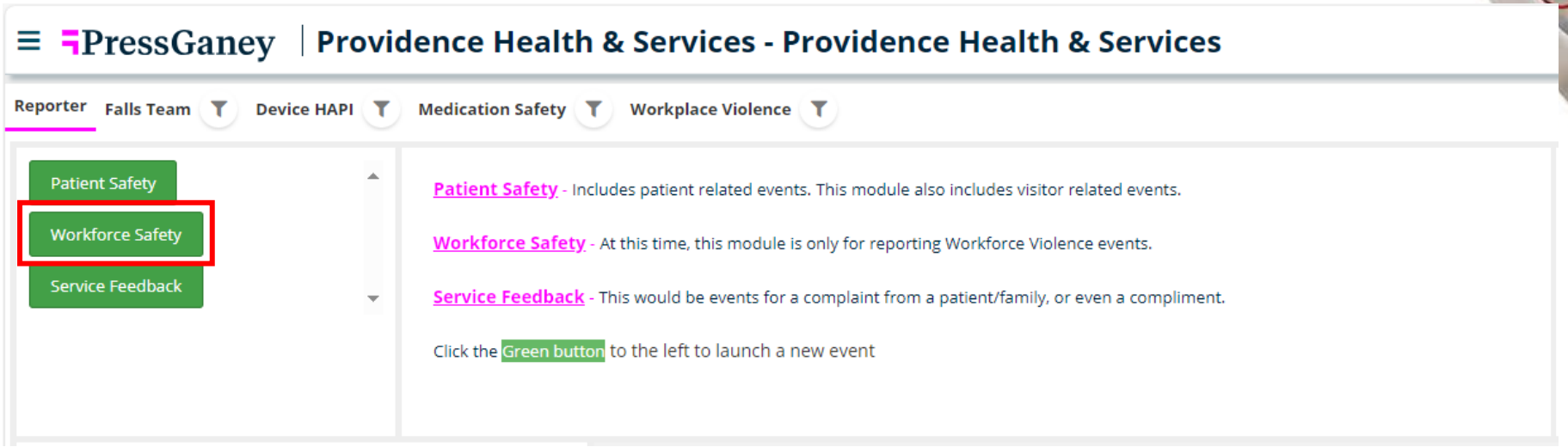
- Grabbing, hitting, kicking, spitting or any unwanted physical contact
- Abusive, threatening, or inflammatory language
- Remarks of a racial or discriminatory nature
- Behavior that disrupts care
- Any illegal behavior

If you ever feel concerned for your safety or wish to report inappropriate behavior, please talk with a member of your care team immediately

Providence

Responding to an event:

- Ensure all impacted individuals are safe.
- Compassion is key before going into details and learning from an event.
- Provider, Caregiver or Manager can submit a HRP report via Speak Up for Safety on your desktop.



Providence

Responding to Incidents:

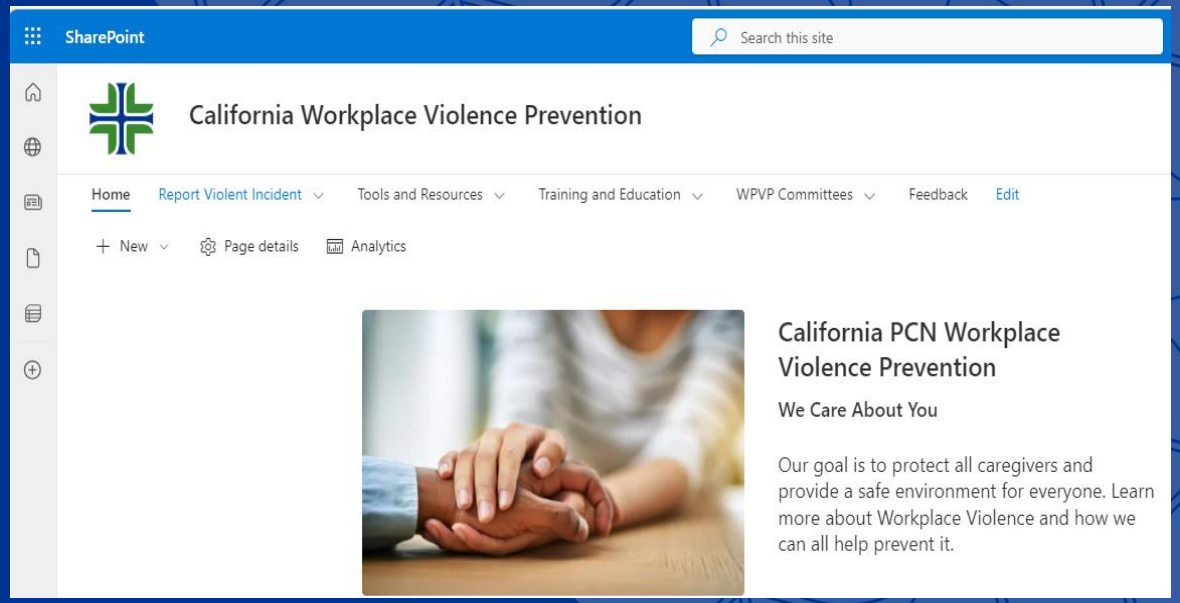
- After an HRP incident has been submitted, a care team of professionals will review and provide next steps.
- Incidents reported will not be shared with perpetrator and retaliation is prohibited.
- Workplace Violence Prevention team will assess workplace violence hazards and mitigate where possible.
- If you would like to report a concern anonymously, please report to the Integrity Hotline at 888-294-8455 or by visiting www.Providence.org/IntegrityOnline

Resources

- Providence has Safety Professionals dedicated to providing a safe and healing environment for all the people we serve and for our care teams.

To reach our 24/7 security team please call 714-712-3500 or email PMFsecurity@Providence.org

- AVADE De-Escalation Training Available for Clinic Staff
- California Workplace Violence Prevention - Home (sharepoint.com)
- Choose Well Resources.
  - All Resources | Choose Well (mychoosewell.org)



Providence

Education Completion Attestation

STOP!

To be marked complete for reviewing this education, please fill out the Education Attestation. It will take less than 3 minutes of your time.

There is an option to have a Certificate of Completion sent to your email of choice.

Next slide contains instructions on how to obtain CMEs for this education.

CME Evaluation and Claiming Credit

In order to obtain your credits/certificate for this Swedish CME activity, you will need to complete the course evaluation using the link or QR code below. The final page of the evaluation will have a link to claim your credit.

https://forms.office.com/r/4a2HuJykCS

CME Evaluation Form: Model of Care (MOC), Cultural Competency, Disability, etc (25)

The maximum number of credit hours for this activity is 1.25. Your certificate will auto-populate after you submit your hours. Print, email or save your certificate *(you may need to have pop-ups enabled on your browser).*

Questions? Email cme@swedish.org

Providence SWEDISH