

Inspiring Innovation – Meeting Unique Cultural & Religious Patient Needs in a Behavioral Health Setting

Innovation Opportunity

Established in 1894, NewYork-Presbyterian Hospital's Westchester Division in White Plains, New York, is the second-oldest psychiatric hospital in the United States. It provides a full continuum of behavioral health services, drawing patients from the greater New York area and beyond. An important part of its mission is to provide patient-centered, compassionate care for all individuals seeking treatment, including those with special cultural and religious needs.

Historically, Orthodox Jewish community members who sought behavioral health services at NewYork-Presbyterian Hospital's Westchester Division's behavioral health services were cared for on a variety of units within the hospital. Staff members had not been educated about Orthodox Jewish religious traditions and often were not aware of their patients' religious needs. Further, it was difficult for the various units to accommodate special requests that could require making significant adjustments to support and that could impact the larger population of patients receiving care. For example, Orthodox individuals must observe the following traditions:

- Ritual washing of hands upon awakening, observing a kosher diet, and performing daily prayer
- Abiding by the prohibited use of electricity during the weekly Sabbath
- Observing the special traditions, prayers, and rituals that coincide with religious holidays

Unfortunately, many of these patients' unique cultural and religious needs were not fully recognized or addressed during their stay.

Knowing that the ability to comply with religious customs might be compromised in the hospital, Orthodox families would often attempt to provide care at home and put off a needed admission—even if their loved one was in serious crisis. When an admission could not be avoided, families of admitted Orthodox patients would vigilantly visit around the clock to support and advocate for their loved one's religious and cultural needs.

In 2009 NewYork-Presbyterian/Westchester Division launched an initiative to better meet the needs of patients from Orthodox communities. A decision was made to co-locate Orthodox patients together on one unit, 4 North, so that accommodations and support for their religious needs could more readily be met. The unit was renamed "The Horizon" and now provides culturally appropriate care that meets the needs of individuals from the Orthodox tradition.

Target Patient Group

Patient Focus	Orthodox Jewish patients with daily religious and customs and obligations who are admitted for inpatient behavioral health services.
Objective	<p>The objective of this care redesign was to build community trust that Orthodox Jewish patients' cultural and religious customs would be respected during inpatient behavioral health treatment. Goals for the intervention included:</p> <ul style="list-style-type: none"> ▪ Ensuring that those in need of behavioral health care do not delay treatment for fear of having to violate religious practices while admitted ▪ Delivering care that is sensitive to patients' religious needs and traditions (e.g., dietary restrictions, daily prayer rituals) ▪ Educating staff on patients' unique needs and encouraging staff to embrace alternate ways of care delivery to accommodate those needs ▪ Reinforcing that patient-centered care involves caring for the whole person rather than focusing solely on treating the patient's condition

Care Redesign

Innovative Approach	<p>Hospital leaders recognized the importance of improving the level of culturally-sensitive care to serve Orthodox Jewish patients in need of inpatient behavioral health care. To that end, they initiated a plan for designing a special inpatient track that would improve Orthodox patients' comfort with their care during hospitalization. They selected 4 North as the unit for care redesign and invited existing staff members to remain on the unit or relocate to another unit. Staff members from other units were also recruited to apply for open positions within 4 North.</p> <p>For care redesign to be effective, it was important to develop relationships and consult with local Orthodox rabbis to discuss how to support the religious requirements of observant individuals to make them more comfortable on the unit. As a result of the consultations, culturally-sensitive program adjustments were made, including:</p> <ul style="list-style-type: none"> ▪ Providing vessels of water for morning hand washing ▪ Following kosher dietary restrictions in the dining room and the unit ▪ Incorporating time for daily religious observance (<i>See Supporting the Practice of Laying Tefillin</i>) ▪ Separating male and female patients for certain activities to conform with co-interaction restrictions ▪ Following modesty requirements by separating patient bedrooms and bathrooms by gender ▪ Assisting patients in observing rules of the Sabbath (e.g., refraining from directly operating lights or electrical appliances by having staff turn them on/off for patients) ▪ Allowing a rabbi from the community to visit the unit on a daily basis ▪ Celebrating religious holidays on the unit with a local community rabbi
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Community religious leaders provided reassurance that the new inpatient unit would not necessarily have to be operated by observant Orthodox staff, as long as high-quality clinicians received training on the relevant cultural and religious issues. A task force was formed to determine the educational components the staff would need and who would conduct the training. Each staff member on the unit received in-service training that fostered an appreciation of the emotional, cultural, and spiritual needs of the Orthodox patient population.

The new inpatient track, “The Horizon,” opened in September of 2009. It offers the full range of clinical services and is open to all adults—both Orthodox and non-Orthodox—with general psychiatric disorders. The blending of Orthodox and non-Orthodox patients into one unit fosters a feeling of community. Non-Orthodox patients are informed that they are being admitted to an Orthodox unit and very few have requested being removed—most view it as a positive experience.

The new unit has also helped the family members of Orthodox patients to feel welcome and comfortable. In consultation with a bikur cholim rabbi, a hospitality suite for families was established just outside the unit. Family members are encouraged to bring their own food and prayer shawls. Renovation of the hospitality suite was funded by the Orthodox community and is stocked by the community free-of-charge, which is indicative of the partnership the hospital has forged with the Orthodox community.

Hospital leaders are committed to experimenting with new offerings to improve care for Orthodox patients. For example, the hospital had its patient experience survey translated into Yiddish to explore whether patients would prefer them. It was found that Orthodox patients were more likely to respond to this translation than to the English version of the survey. Such commitment to ongoing innovation and evaluation allows the program to continue to evolve and grow.

Critical Success Factors

- **Volume & Co-Location:** NewYork-Presbyterian Hospital's Westchester Division provides behavioral health services to a sizeable volume of Orthodox Jewish patients, warranting consideration of their common needs. This care redesign co-locates Orthodox patients on an inpatient unit designed to accommodate their cultural needs and mitigates the avoidable suffering caused by the typical care that may prevent expression of their religious customs.
- **Interdisciplinary Team:** The unit's nursing staff has a close working relationship with physicians and social workers. This inter-professional collaboration facilitates effective discussion of how to handle cultural or spiritual issues as they arise. When the team is unsure how to handle a specific issue or request, they consult with the bikur cholim rabbi who visits the unit on a daily basis.

Barriers Overcome

- **Community Trust:** Community education and outreach were crucial to success. Previously, Orthodox families were reluctant to take their loved

ones for behavioral health treatment due to concerns that hospitalization would prevent the observance of their religious laws. Consequently, needed care was delayed and Orthodox patients arrived at the hospital in a much more acute state than if they had sought treatment immediately. Through marketing efforts and partnerships with religious leaders in the community, word slowly spread that The Horizon was a safe place for Orthodox patients to receive care. Patients are now seeking treatment earlier than they had been before.

Creating Value for Patients: Measurable Results

- **Earlier Clinical Care:** Prior to establishing The Horizon, families delayed seeking care for their loved ones because of the sense that they could not trust the care setting to honor their cultural and religious needs. Once the patient was admitted, family members would hover over their loved one in order to advocate for them. The care redesign around the spiritual needs of Orthodox patients has created a level of trust between the Orthodox community and the hospital. Patients are seeking care earlier and thus arrive for treatment in a less acute state. There is also a decrease in the amount of time family members stand watch over their loved ones during hospitalization.
- **Operational:** Previously, when care for Orthodox patients occurred across multiple units, there were a greater number of errors in fulfilling special requests. For example, the correct kosher meal may not have been delivered in a timely manner because only one patient on a given unit had this dietary requirement. Care redesign has resulted in staff being able to proactively and efficiently meet an entire spectrum of Orthodox patient needs.
- **Cost:** Despite the customized care protocols, costs have not increased. All patients receive the same standard of care, and the staffing model has not needed to be enhanced. Orthodox patients do not require more care, just care that is more appropriate for them. While special kosher meals do need to be ordered for the new unit, this has not increased cost as the meals would have still needed to be ordered when requested. Many items have also been donated to the unit by the Orthodox community—for example, to stock the family hospitality suite—which is a realized cost savings.
- **Revenue:** The hospital has seen an increase in referrals for Orthodox patients in the community, and an increase in requests by patients to come to The Horizon. Ambulances are bringing patients from a wider range of area and from a farther distance. This helps support the program because it maintains a census of Orthodox patients of approximately 40-50% of the unit's volume.
- **Unexpected Cascading Benefits:** Non-Orthodox patients are informed that they are being admitted to an Orthodox unit and can opt-out. However, most do not opt-out and have found it to be a positive experience. For

example, gender separation on the Orthodox unit has appealed to female patients who would like to be in the all-female area of the unit. Also, the celebration of Orthodox Jewish religious holidays on the unit is extended to members of the Jewish faith on other units. Participation of other patients in the religious celebrations enhances the sense of community not just on the unit, but hospital-wide.

- **Impact on Caregivers:** Staff members from the original unit, 4 North, were invited to remain on The Horizon after care redesign and almost all of them chose to stay. Several caregivers were also recruited from other units to fill vacancies. The resulting care team on The Horizon is diverse in terms of backgrounds and religions. This diversity, coupled with education and training on Orthodox patient needs, has created a care team expert at providing culturally sensitive care. Staff satisfaction has been very high since the unit opened. There is camaraderie among the disciplines on the unit and a strong sense of pride in the care they provide. The unit continues to have exemplary leadership that motivates and inspires the care team.
- **Patient Experience:** Patient experience scores have steadily increased since The Horizon opened in 2009. When compared to a custom peer group benchmark, the unit has achieved the 83rd percentile in the overall rating of care, and ranks above the 90th percentile on the question, "Helpfulness of individual contact with staff." Orthodox patients are no longer concerned that their needs will not be met or understood. They have developed a greater trust in their caregivers and have confidence that their traditions and culture will be affirmed. The Horizon is viewed as a safe place to receive high-quality behavioral health care in a setting that allows them to maintain their religious practice.

Improving the Patient Experience

Meeting Inherent Patient Needs

With care redesign on The Horizon, NewYork-Presbyterian/Westchester Division provides quality behavioral health care in a manner that demonstrates empathy, enhances trust, and expresses appreciation for the culture and traditions of Orthodox patients. The new program directly addresses Orthodox patients' need for personalization of care specific to their cultural and religious traditions.

Preventing Avoidable Suffering

This care redesign removed previous barriers that limited Orthodox patients' ability to participate in their religious obligations. Needs are now anticipated and preparations are in place so that hospitalized Orthodox patients feel readily understood and respected. Orthodox patients must no longer choose between receiving behavioral health treatment or violating their religious rules through non-compliance during care.

Supporting the Practice of Laying Tefillin

The practice of laying Tefillin, or the use of phylacteries, is a daily obligation of men who observe the Orthodox Jewish faith that reaffirms the knowledge and intent of being bound to God in both mind and heart. Tefillin are two small, leather boxes that contain scrolls with verses from the Torah. During required daily prayer, Orthodox men use long leather straps to bind the Tefillin to their bodies, with one strap being wound around the left arm and a second strap attaching the Tefillin to the forehead. Prayers are recited both while putting Tefillin on as well as once the phylacteries are in place. When not in use, Tefillin are stored with reverence.

Individuals who have never witnessed the practice of laying Tefillin—or who do not understand its role in the observant practice—may not appreciate the importance of this tradition and may misinterpret the process of binding these items to the body. Further, in an inpatient behavioral health setting, allowing any patient to have access to long leather straps would typically be prohibited as a safety concern.

Through education and understanding of the importance of these items and this daily practice, a process was developed within the Horizon unit to support the use of Tefillin. The phylacteries are stored appropriately by staff and are provided to patients at the appropriate time of prayer. A process to supervise patients respectfully has been created to ensure safety while also allowing patients to engage in this daily activity. As a result, rather than preventing patients from meeting their religious obligations, they are supported in their traditional acknowledgment of God's role in their lives.

Source: NewYork-Presbyterian Hospital's Westchester Division

Innovation Stories are intended to highlight case studies and examples of organizations successfully applying a quality improvement strategy to innovate and improve. This Innovation Story demonstrates the effectiveness of understanding the needs of a particular patient segment, considering how their needs differ from other patients or differ from the current process, and then redesigning care to better fit those patient needs.