

**CBE ID**

1894

**Title**

Cross-cultural communication measure derived from the cross-cultural communication domain of the C-CAT

**Project**

Patient Experience and Function

**Endorsement Status**

Endorsement Removed

**Is Under Review**

No

**Previous Endorsement Cycle**

Fall 2019

**Removal Date**

Wed, 10/02/2019 - 20:00

**Initial Endorsement**

Thu, 08/09/2012 - 19:35

**Steward**

University of Colorado Center for Bioethics and Humanities

**1.0 New or Maintenance**

Maintenance

**1.1 Measure Structure**

Single Measure

**1.3 Electronic Clinical Quality Measure (eCQM)**

No

**1.6 Measure Description**

0-100 measure of cross-cultural communication related to patient-centered communication, derived from items on the staff and patient surveys of the Communication Climate Assessment Toolkit

**1.7 Measure Type**

Outcome

**1.8 Level of Analysis**

Facility

## 1.9 Care Setting

Inpatient/Hospital, Outpatient Services

### 1.14 Numerator

Cross-cultural communication component of patient-centered communication (aka socio-cultural context): an organization should create an environment that is respectful to populations with diverse backgrounds; this includes helping its workforce understand sociocultural factors that affect health beliefs and the ability to interact with the health care system. Measure is scored on 3 items from the C-CAT patient survey and 16 items from the C-CAT staff survey. Minimum of 100 patient responses and 50 staff responses.

### 1.15 Denominator

There are two components to the target population: staff (clinical and nonclinical) and patients. Sites using this measure must obtain at least 50 staff responses and at least 100 patient responses.

## 1.20 Types of Data Sources

Instrument-Based Data

### 6.1.2 Current or Planned Use(s)

Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

### 6.1.3 Current Use(s)

Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

## Exclusions

Staff respondents who do not have direct contact with patients are excluded from questions that specifically address patient contact.

## Planned Use

Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

## Risk Adjustment

No risk adjustment or risk stratification

## Target Population

Elderly

## Steward Organization

University of Colorado Center for Bioethics and Humanities

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