hospitals in pursuit of excellence
Accelerating Performance Improvement

HPOE *Live!*

2016 Webinar Series

The presentation will begin shortly.

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ILPEx Illinois Performance Excellence
2014 Silver Award Recipient

INSTITUTE FOR DIVERSITY in Health Management
An affiliate of the American Hospital Association

American Hospital Association

HRET HEALTH RESEARCH & EDUCATIONAL TRUST
In Partnership with AHA

INSTITUTE FOR DIVERSITY in Health Management

An affiliate of the American Hospital Association

Our Mission

Founded in 1994, the Institute for Diversity in Health Management is committed to advancing diversity in health care leadership and eliminating health care disparities.

Programs and Member Benefits

National Leadership and Education Conference

The 2016 National Leadership and Education Conference will be held June 21–22, 2016 in Philadelphia. This premier biennial conference gathers executives, diversity officers and human resource personnel from around the country to learn about the latest trends in health care diversity management.

Summer Enrichment Program (SEP)

The SEP offers 10-week, paid immersive internships to bright, young diverse graduate students at hospitals and health systems across the country.

Certificate in Diversity Management Fellowship (CDM)

This 12-month fellowship focuses on the practice of diversity management in today's health care organizations. It is designed to meet the development needs of students and professionals charged with managing or leading diversity initiatives in their health care organizations.

Additional member benefits include access to…

- Career Center
- American Leadership Council for Diversity in Healthcare
- Consulting Services **and much more!**

For more information on these programs or the value of an Institute membership, visit us at **www.diversityconnection.org**.

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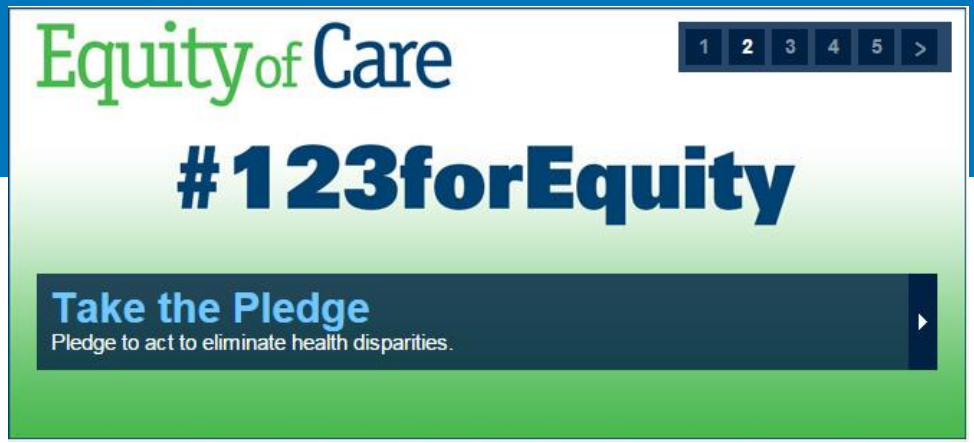
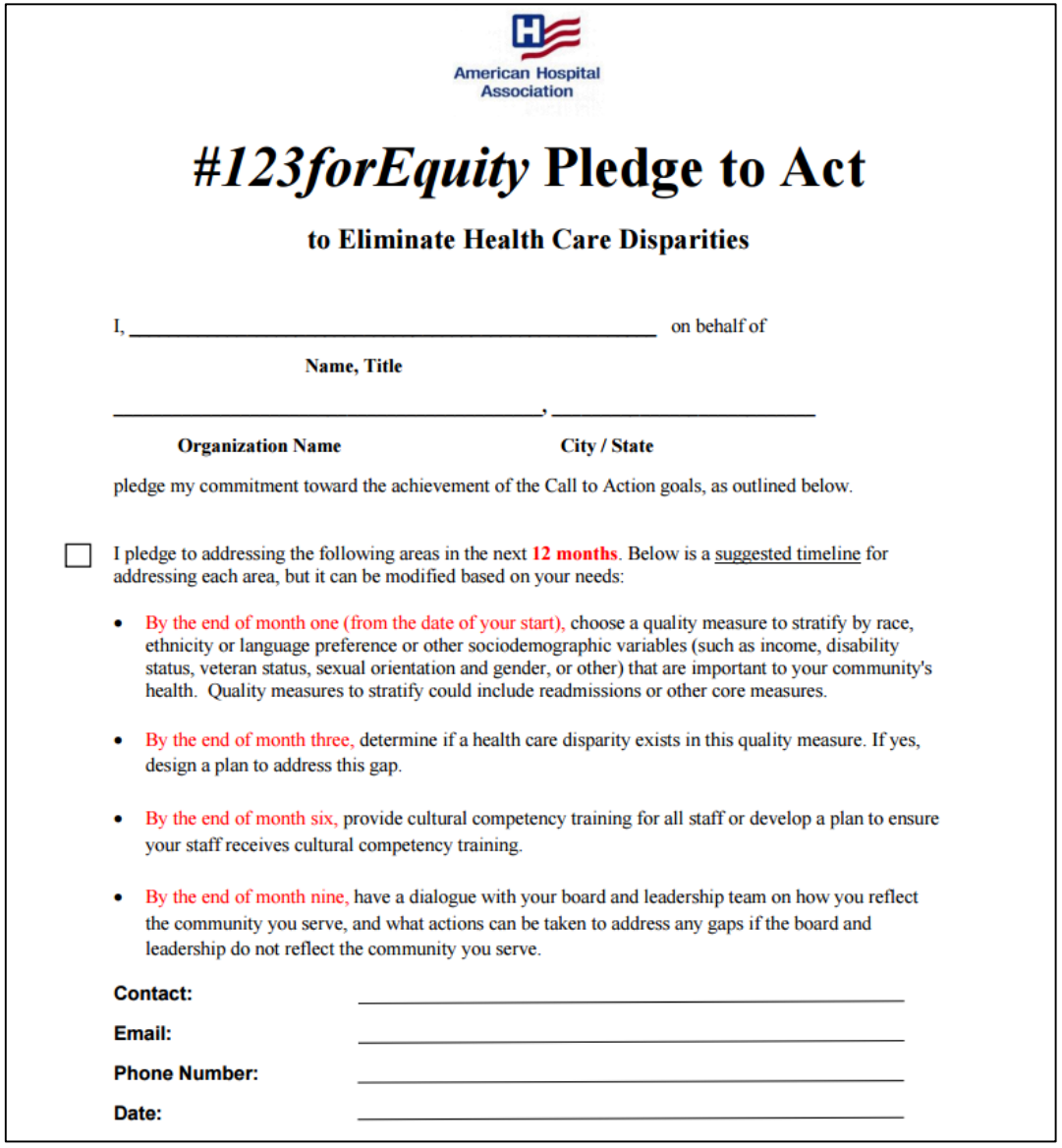


#123forEquity Pledge to Act

TAKE THE PLEDGE - Pledge to achieve the three areas of the Call to Action within the next 12 months.

TAKE ACTION – Implement strategies that are reflected in your strategic plan and supported by your board and leadership. Provide quarterly updates on progress to AHA and your board in order to track progress nationally.

TELL OTHERS – Achieve the goals and be recognized. Tell your story and share your learnings with others in conference calls and other educational venues including social media to accelerate progress collectively.



American Hospital Association

#123forEquity Pledge to Act

to Eliminate Health Care Disparities

I, _____ on behalf of

Name, Title

_____, _____

Organization Name **City / State**

pledge my commitment toward the achievement of the Call to Action goals, as outlined below.

☐ I pledge to addressing the following areas in the next **12 months**. Below is a suggested timeline for addressing each area, but it can be modified based on your needs:

- By the end of month one (from the date of your start), choose a quality measure to stratify by race, ethnicity or language preference or other sociodemographic variables (such as income, disability status, veteran status, sexual orientation and gender, or other) that are important to your community's health. Quality measures to stratify could include readmissions or other core measures.
- By the end of month three, determine if a health care disparity exists in this quality measure. If yes, design a plan to address this gap.
- By the end of month six, provide cultural competency training for all staff or develop a plan to ensure your staff receives cultural competency training.
- By the end of month nine, have a dialogue with your board and leadership team on how you reflect the community you serve, and what actions can be taken to address any gaps if the board and leadership do not reflect the community you serve.

Contact: _____

Email: _____

Phone Number: _____

Date: _____

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What CMS Is Doing to Achieve Health Equity

Cara V. James, PhD
CMS Office of Minority Health
April 2016

"Working to Achieve Health Equity"

CMS OMH Mission and Vision

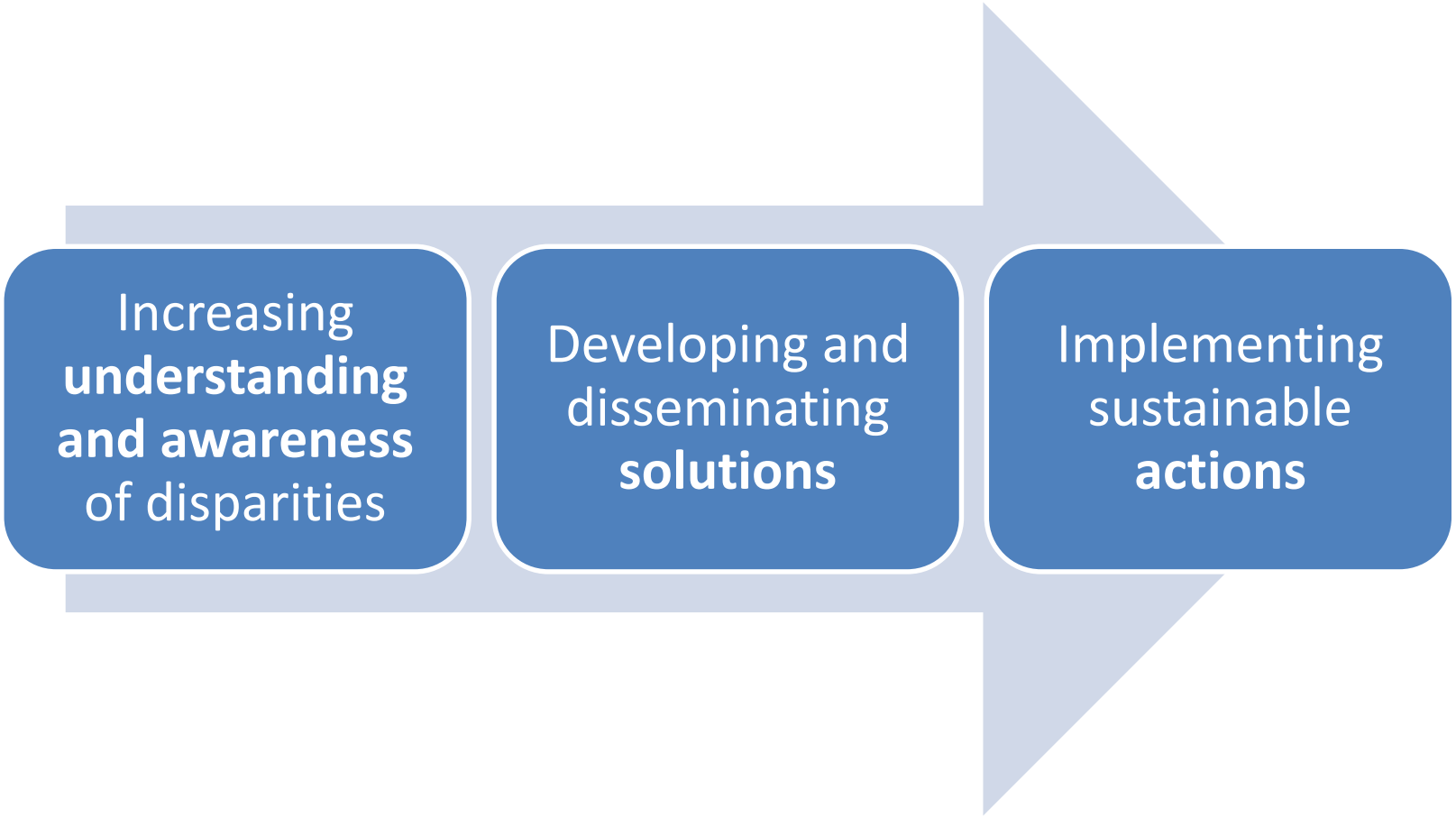
Mission

To ensure that the voices and the needs of the populations we represent (racial and ethnic minorities, sexual and gender minorities, and people with disabilities) are present as the Agency is developing, implementing, and evaluating its programs and policies.

Vision

All CMS beneficiaries have achieved their highest level of health, and disparities in health care quality and access have been eliminated.

CMS Health Equity Framework



CMS Equity Plan for Improving Quality in Medicare

- A four-year strategic plan that includes six priority areas
- First CMS plan to address health equity in Medicare
- Identifies multilevel solutions to reduce disparities in Medicare.

Read the CMS Equity Plan for Medicare at [go.cms.gov/cms-omh](go.cms.gov/cms-omh)

Priority 1: Expand the collection and analysis of standardized data

CMS OMH will facilitate the **collection, analysis, and reporting of standardized data** on race, ethnicity, language, sexual orientation, gender identity, and disability status.

Priority 2: Evaluate disparities impacts and integrate equity solutions across CMS programs

CMS OMH will work with colleagues to increase understanding of the **disparities impacts** of CMS programs and **to build equity solutions** into ongoing and future programs.

Priority 3: Develop and disseminate promising approaches to reduce health disparities

CMS OMH will **develop, test, and diffuse promising approaches** to reducing health disparities. We will start by focusing on readmissions and improving nursing home care for vulnerable populations.

Priority 4: Increase the ability of the health care workforce to meet the needs of vulnerable populations

CMS OMH will promote a **culturally competent workforce and multidisciplinary teams** by building the science and business case for community health workers and by building capacity for providers to meet national CLAS standards.

Priority 5: Improve Communication and Language Access for Individuals with Limited English Proficiency and Persons with Disabilities

CMS OMH will help **improve communication for vulnerable populations** by assessing language access needs, educating providers, and sharing best practices.

Priority 6: Increase physical accessibility of health care facilities

CMS OMH will **measure the physical accessibility of health care facilities** for people with disabilities and identify effective strategies to improve access .

Looking Ahead

- Implementing a Dynamic Plan
  - We know that this plan will continue to evolve and develop over time.
- Strengthening Partnerships
  - We recognize that success requires the support and engagement of many partners.
- Evaluating Progress
  - We will assess the impact of our priorities and activities.

What is *From Coverage to Care*?

- C2C is an effort to help educate consumers about their new coverage and to connect them with primary care and preventive services that are right for them so they can live long, healthy lives.

- C2C builds on existing networks of community partners to educate and empower newly covered individuals.

From Coverage to Care Resources

- Enrollment Toolkit
- Roadmap
  - Poster Roadmap
  - Consumer Tools
    - Insurance card
    - Primary Care vs. ER Care
    - Explanation of Benefits
  - Pull-out steps
- 5 Ways to Make the Most of Your Coverage
- Prevention Resources
- Discussion Guide
- Video vignettes

Print copies available. Go to **go.cms.gov/c2c.**

Conclusion

"A journey of a thousand miles begins with a single step." (Lao-tzu, 604 BC - 531 BC)

Together we can ensure that all Americans have access to quality affordable health coverage, and that health disparities are eliminated.

OMH@cms.hhs.gov

A Journey Towards Equity: Tales of the Wild West

Lori Marshall, PhD, MSN, RN

Administrator, Patient Family Education & Resources

Chair-CHLA Diversity Council

David Davis, MN, RN,

Vice President and Chief Quality Officer

Contact e-mail: lmarshall@chla.usc.edu

Webinar Objectives

- Explain the key steps to Using a case review process, reflect on one hospitals Equity Journey and .
- Recognizing opportunities that tie Disparity/Equity to a health systems existing efforts.
- Apply insights to create a simple and sustainable equity program for your health system.

Forward
An Introduction by the Author

Children's Hospital Los Angeles

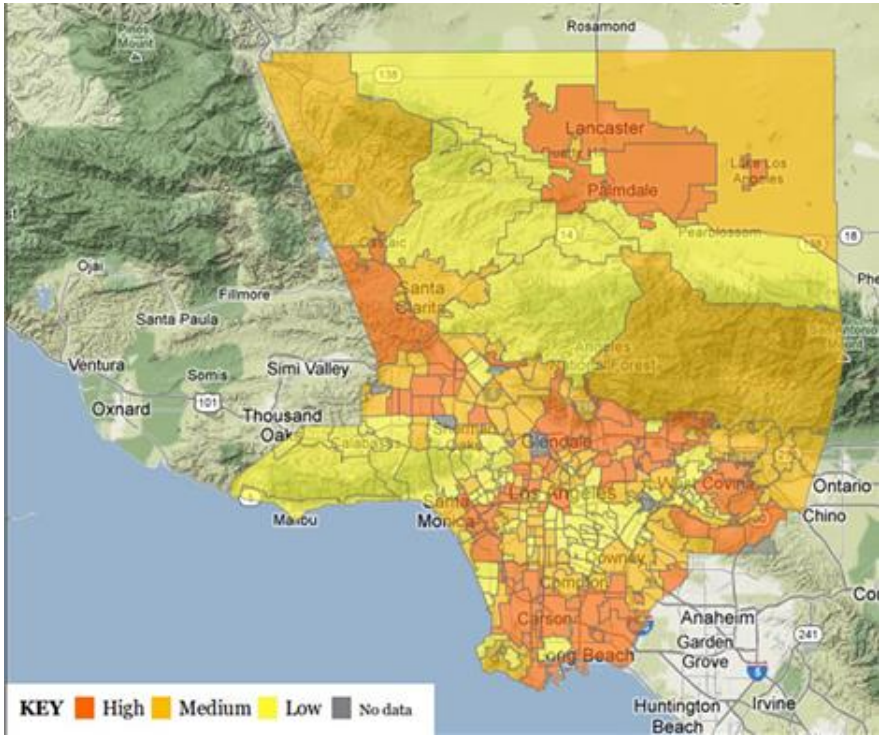
About CHLA:

- Founded in 1901
- 357 Beds
- Over 5,500 Employees
- 802 Medical Staff
- Magnet Designated
- 93 Pediatrics Residents & 116 Fellows
- Affiliated with USC since 1932
- Ranked 7th U.S. News & World Report and 1st in California
- Largest pediatric hospital in Southern California.

Background

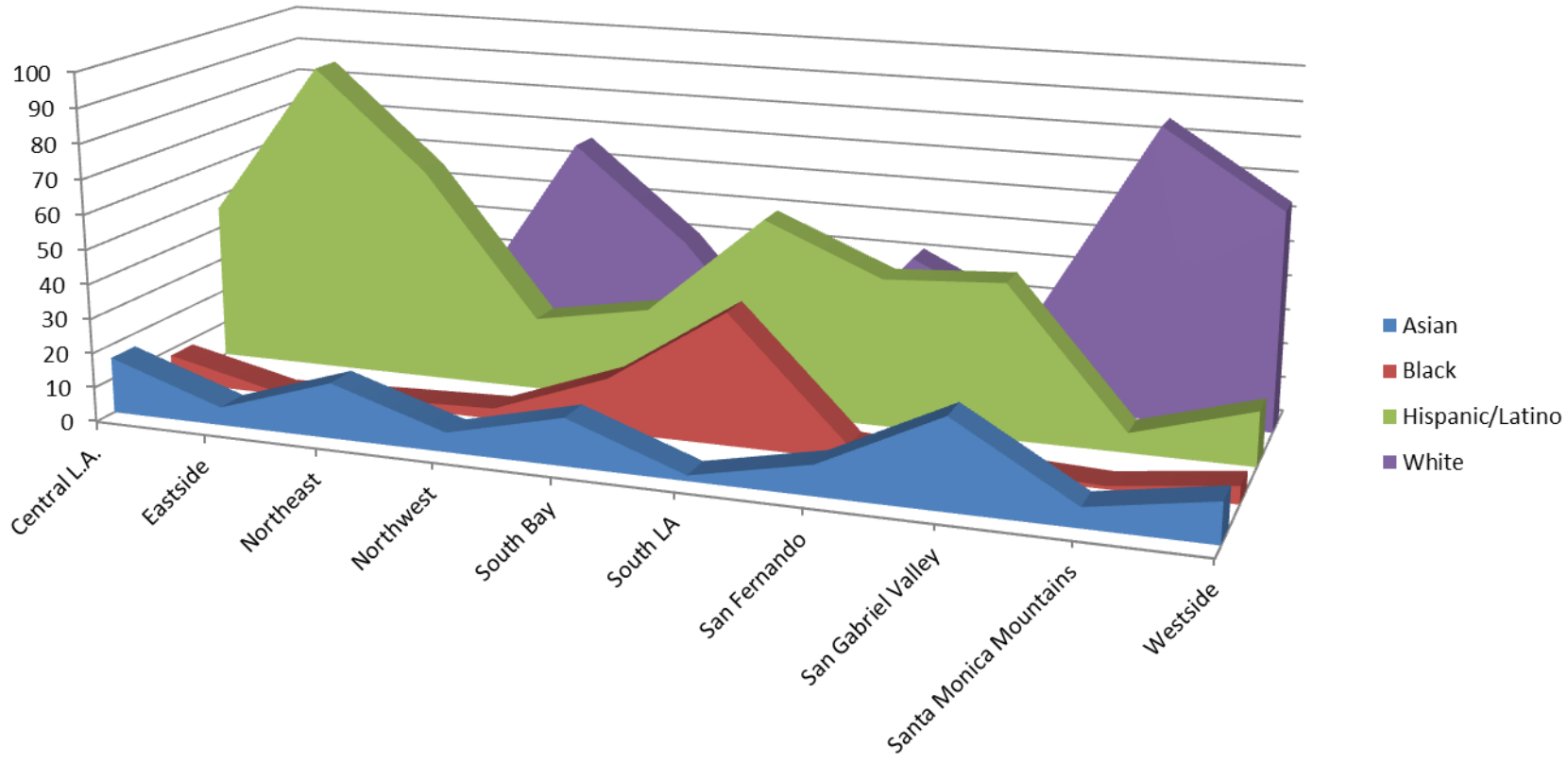
CHLA is surrounded by one of the most religiously, ethnically, and racially diverse counties.

Los Angeles also presents diversity in socioeconomic status with Bel Air to the West, South Central below and Skid Row in the middle.



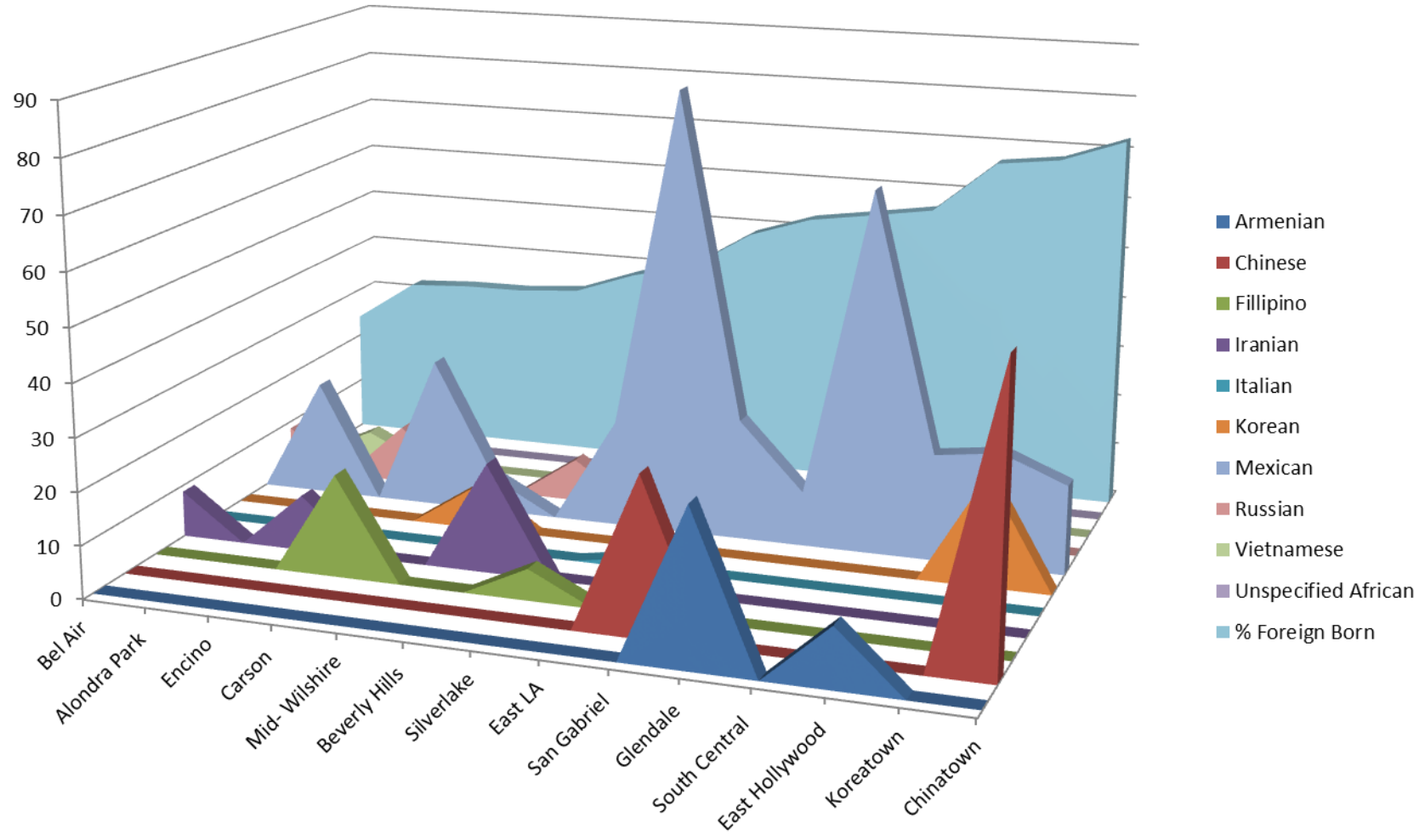
http://maps.latimes.com/neighborhoods/diversity/neighborhood/list/

LA's Regions by Ethnicity



http://maps.latimes.com/neighborhoods/diversity/neighborhood/list/

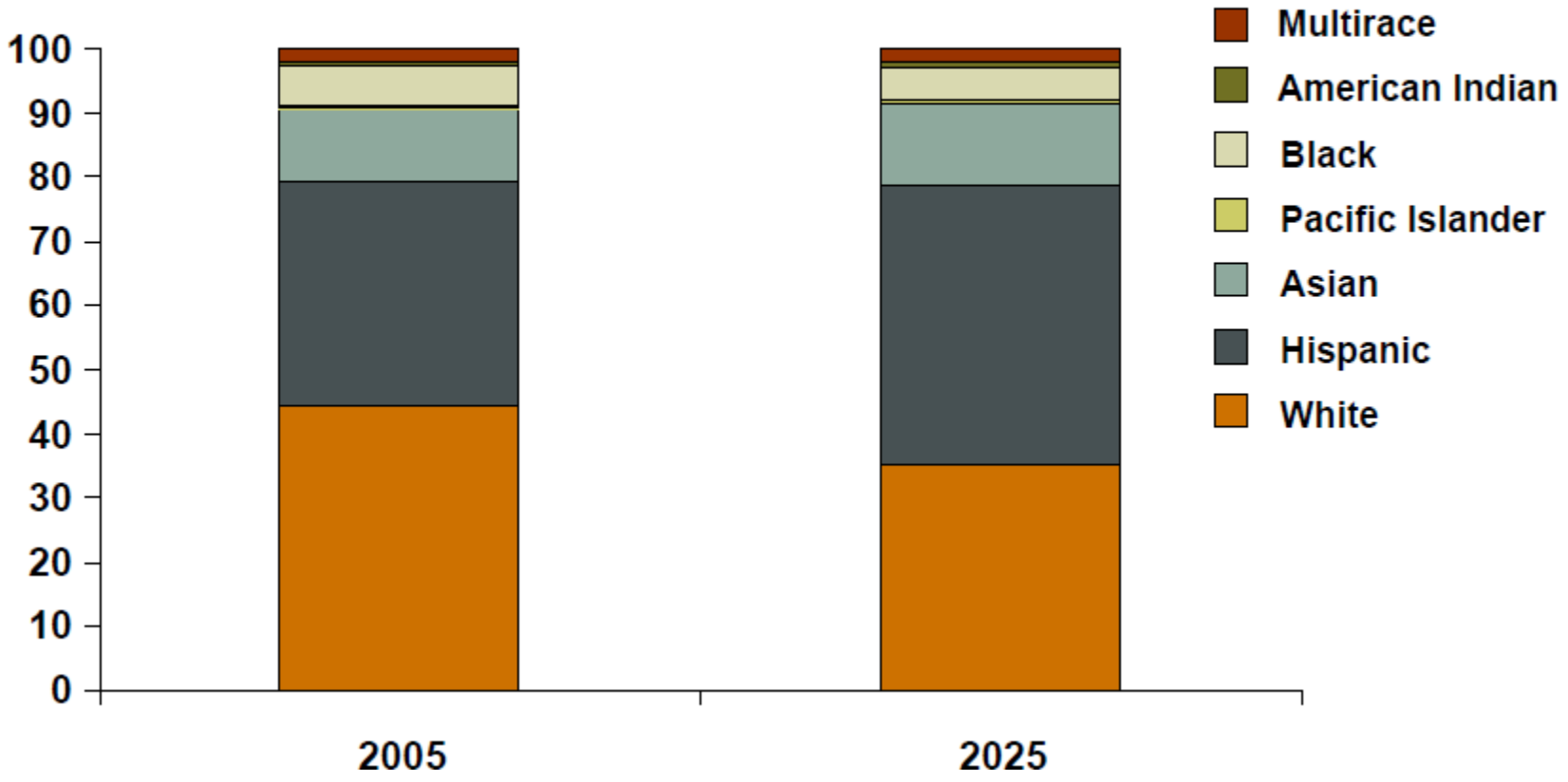
Ancestry/Immigration



http://maps.latimes.com/neighborhoods/diversity/neighborhood/list/

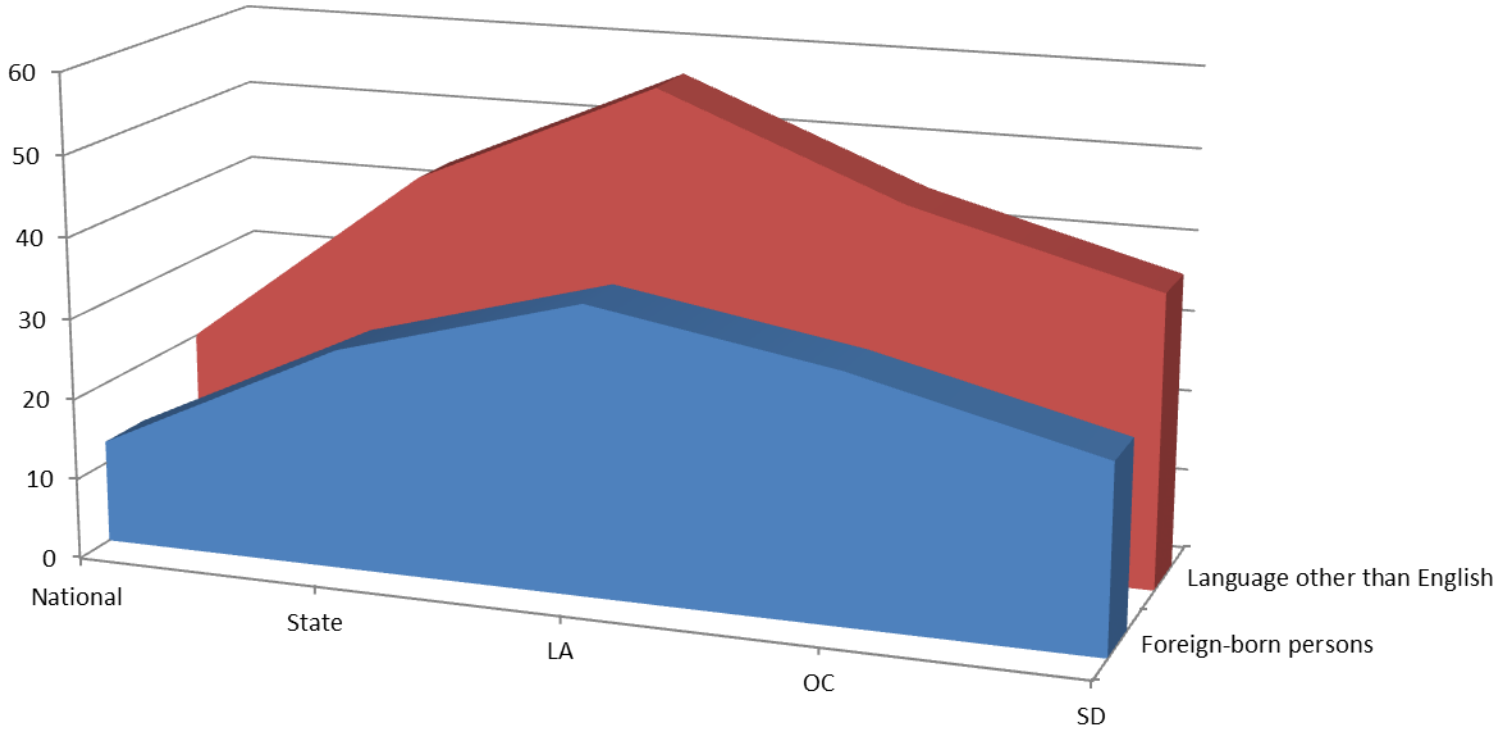
Our Future

Ethnic Composition of California, 2000 and 2025



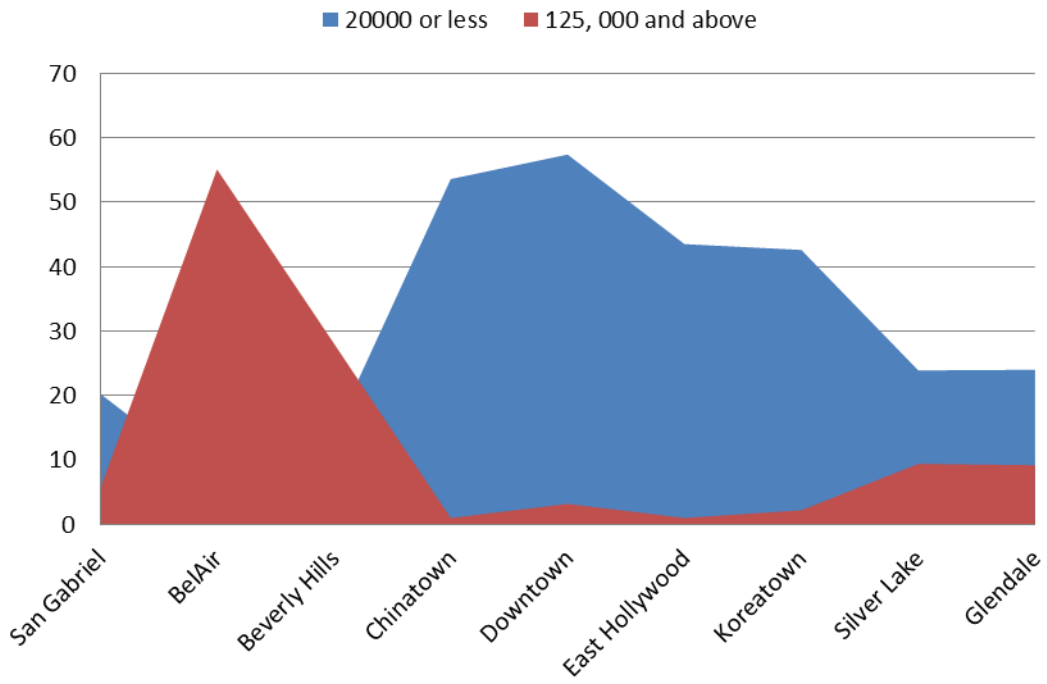
Source: California Department of Finance and PPIC projections

Language Spoken at Home/Foreign Born



http://quickfacts.census.gov/qfd/meta/long_POP815210.htm

The Income Dichotomy



http://maps.latimes.com/neighborhoods/diversity/neighborhood/list/

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Respect and Dignity

Information Sharing

Participation

Collaboration

Family/Person Centered Care

Diversity, Disparity and Equity Efforts 1960-2007

- Early pioneers in Family Centered Care- 60's
- Language and Cultural Services department for over 20 years
- Diversity Council 2006-2009
- Community based programs focused on supporting minorities and underserved youth via several programs that introduce them to health careers, and give practice work experience.
- Limited physician research centered on equity/disparity.
- CEO Hired – Among 3.8 % Hispanic/Latino CEO's in nation
- Founding member→ Institute for Diversity (IFD) – AHA
- Diversity in workforce has been long been recognized. Domestic Partner benefits offered for over 20 years.

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Chapter 1
Getting Ready for a Date

Diversity, Disparity and Equity Efforts 2008-2011

- Community based programs focused on supporting minorities and underserved youth via several programs that introduce them to health careers, and give practice work experience.
- 200+ community partnerships
- Health Needs Assessment lead by Office of Community Affairs.
- More interest by Physicians for equity/disparity research.
- Elizabeth Nguyen, MA -Commissioner CCHI helped drive national certification for medical interpreters
- Pediatric Residency program focused on program improvements to attract minority trainees.
- Restarted Diversity Council 2011
- Widened the our “disparity lens” with a strategic health system approach
- Updated policies using Dr. Betancourt's Disparity Framework.

Strategic---Assessment and Planning

- Inventory Efforts
- Review Best Practices
- Complete the AHA-Assessment – this became guide for what to address and a report card on progress.
- Develop a Disparity/Equity Strategic Plan
- Identify resources needed to develop knowledge around diversity, disparity, and equity

CHILDREN'S HOSPITAL LOS ANGELES
FY15 to 17 STRATEGIC INITIATIVES & OBJECTIVES

Diversity/Equity/Access/Cultural Competency *Executive Sponsors –* *CEO-R. Cordova/VP PCS-CNO-M. Hacker*	Responsible Party	Status Update
Deliver high quality, equitable, culturally and logistically responsive care to the diverse community we serve - locally, nationally and globally.		
A. Workforce- Management/Leadership Team Development 1. Develop and implement Leadership training modules and activities that elevate the competencies of leading a diverse workforce by June 30, 2015. a. Revise current In-Use Cultural Competency Module to emphasize content on filters and unconscious bias. i. Provide one day with in-depth sessions by national expert (poss. David Hunt) to TOD, Div Council and Management/Leadership team by Dec 30, 2014. b. Promote manager recruiting coaching program to raise awareness of unconscious biases that may surface during the hiring process. c. Expand management team to serve as an educational forum. d. Establish a partnership between the Center for Global Health, Diversity Services, and Spiritual Care to develop and deliver training that enhances cultural, knowledge, and awareness. 2. Embed content on cultural knowledge, awareness and sensitivity into iTransform/ICARE by June 30, 2015. a. Update/revise the course section regarding "perception" when giving care and managing the patient experience to include information about the cultural competence continuum (from destructiveness to proficiency). 3. Tie cultural competency with patient satisfaction, family centered care, service excellence and workforce performance. Collaborate with the Service Excellence Council to review and evaluate data found in the Health Equity Dashboard (see item B.2.c and d) and implement appropriate changes by December 30, 2014.	TOD Team TOD Team, Recruitment Team TOD Team Mae-Fay Koenig, Dagmar, Elizabeth N., Rima and Joyce Javier TOD Team Lisa Schiller, Cynde Herman, Elizabeth Nguyen, Alex Field	In process: Cynde Herman, Leticia Valadez and TOD in preparing next itransform series in partnership with an Advisory Committee: Sharon Chinn, Mark Spears, Lori Marshall, David Davis, Suzanne Taylor, Thomas Harris. Dave Hunt coming to CHLA Feb 23, 2015 • Management team development in discussion with the itransform Advisory group on how to embed, link and leverage the management team meeting as a development forum. • Group to serve as SME for TOD team. • Content woven into new series. Complete. Health Equity Dashboard presented at 10/14 Service Excellence Council , PCS Research Council Dec 3, 14 adn Disparity/ Equity Collaborative Dec 17 2014. 2015 plan for clinical care areas determined at Collaborative.

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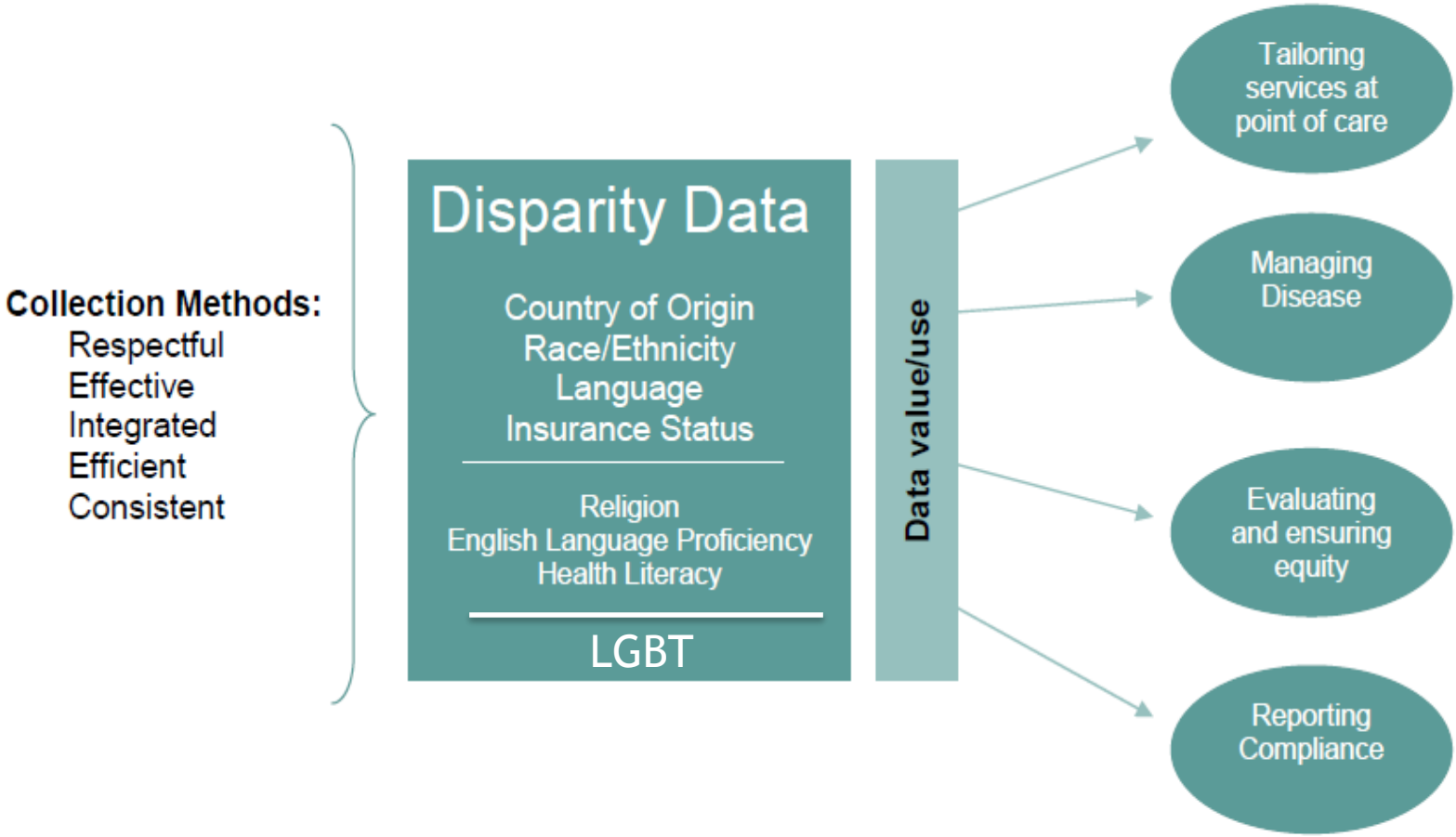
Chapter 2-
The Courtship- Equity as a Suitor

Diversity, Disparity and Equity Efforts 2012-2014

- Dabble in the data
- Strengthen the role of the Diversity Council
- Forge new internal partnerships
- Build knowledge base
  - Attend IFD Conference and other learning forums
- Get better at dabbling with the data
- Improve data collection tools and processes
- Implemented the 1st Professional Ladder for Language Staff
- Implemented Video Remote Interpreting – Health System wide
- Created 1st Equity Dashboard
- Healthcare Equity Index- Human Rights Campaign- Leader Status

Realized Our Data was Not Accurate and Limited



Source: Handbook on the Collection of Race/Ethnicity/Language Data in Medical Groups. Minnesota Community Measurement (2010).

1st Equity Dashboard

- Patient Demographics
- Workforce Demographics
  - **Staff/Patients Race -Comparison**
- Language Utilization
- Patient Satisfaction
- Workforce Survey
- Clinical Metrics

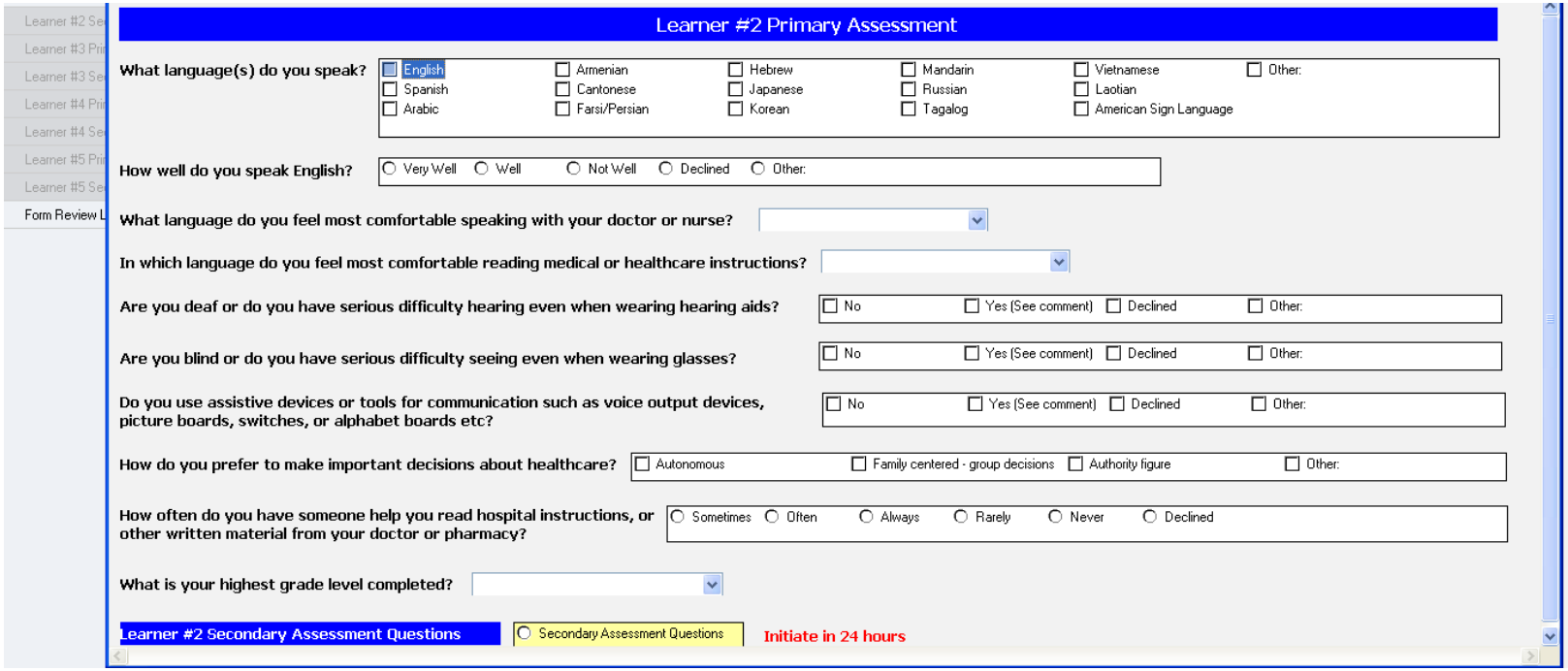
  - Analyze Appendicitis and Pneumonia by race/ethnicity, Language, gender and Insurance type.
  - Expanded analysis to look at Access (no shows and cancellations)

Disparity/Equity Patient Experience - NRC Items

- Listen carefully
- Explain thing to you in a way that was easy to understand
- Treated with courtesy and respect

Focused on Data Collected & Collection Process

- Learning & Care Management Needs Assessment



- Changes to the STAR system (Mother/Father—Parent/Parent)

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Ethnicity/Race

This information is private.

We want to make sure that all our patients get the best care possible. We would like you to tell us your racial/ethnic background so that we can review the treatment that all patients receive and make sure that everyone gets the highest quality of care.

I would like you to describe your race or ethnic background. You can use specific terms such as Korean, Haitian, Somali etc.

Which one describes your race/ethnicity? Select all that apply.

Hispanic/Latino

- ☐ Mexican
- ☐ Mexican American
- ☐ Chicano
- ☐ Cuban
- ☐ Guatemalan
- ☐ Honduran
- ☐ Puerto Rican
- ☐ Salvadorian
- ☐ Other Central American
- ☐ South American
- ☐ Unavailable/Unknown
- ☐ Declined
- ☐ Other:

American Indian/Alaska Native

American Indian

List Tribe

Alaskan Native

List Tribe

Asian

Asian

- ☐ Asian-American
- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Pakistani
- ☐ Thai
- ☐ Vietnamese
- ☐ Other:

Black/African American

Black

- ☐ Black not-specified
- ☐ African American
- ☐ Cuban
- ☐ Haitian
- ☐ Other:

African

- ☐ Central African Republic
- ☐ Brundi
- ☐ Congolese
- ☐ Ethiopian
- ☐ Nigerian
- ☐ Somalian
- ☐ Somalian-Bantu
- ☐ Sudanese
- ☐ Other:

Native Hawaiian/Other Pacific Islander

Pacific Islander

- ☐ Fijian
- ☐ Guamanian
- ☐ Native Hawaiian
- ☐ Polynesian
- ☐ Samoan
- ☐ Other:

White (includes Middle Eastern & North African)

Eastern European

- ☐ Belorussian
- ☐ Bosnian
- ☐ Croatian
- ☐ Czech
- ☐ Polish
- ☐ Romanian
- ☐ Russian
- ☐ Serbian
- ☐ Ukrainian
- ☐ Other:

Middle Eastern/North African

- ☐ Afghan
- ☐ Armenian
- ☐ Egyptian
- ☐ Emirati
- ☐ Iranian
- ☐ Iraqi
- ☐ Israeli
- ☐ Kuwaiti
- ☐ Lebanese
- ☐ Palestinian
- ☐ Qatari
- ☐ Saudi Arabian
- ☐ Syrian
- ☐ Tunisian
- ☐ Other:

White/Western European

- ☐ American/White not-specified
- ☐ English
- ☐ French
- ☐ German
- ☐ Irish
- ☐ Italian
- ☐ Scottish
- ☐ Other:

- ☐ multiracial
- ☐ multiracial unspecified
- ☐ Unavailable/Unknown
- ☐ Declined
- ☐ Other:

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Chapter 3-
Committed Relationship with Equity

Diversity, Disparity and Equity Efforts 2015

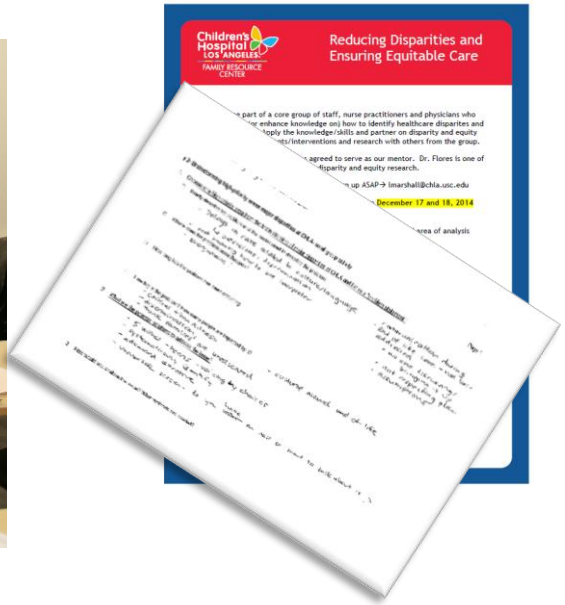
- Forge external partnership
  - Disparity Equity Collaborative
- Continuing to improve data collection tools and processes
  - Race/Ethnicity
  - Gender Identity and Pronoun
- Publication Professional Ladder for Language Staff

  Marshall, L., Fischer, A., Noyes, A, Cordova, R., Gutierrez, Y., & Alford, L. **(2016).** A Professional Ladder for Interpreters: Improving Quality and Outcomes of Care in a Health System. In press. *Jt Comm J Qual Patient Saf. (Due out April 2016)*

- Healthcare Equity Index- Human Rights Campaign- Leader Status

Disparity Equity Collaborative

- Innovative interprofessional disparity/equity partnership
- Unique structure ensures that the identification, analysis, reporting and improvement/elimination functions for disparity/equity are embedded within patient care services.
- It becomes core and central to the work and provision of care.



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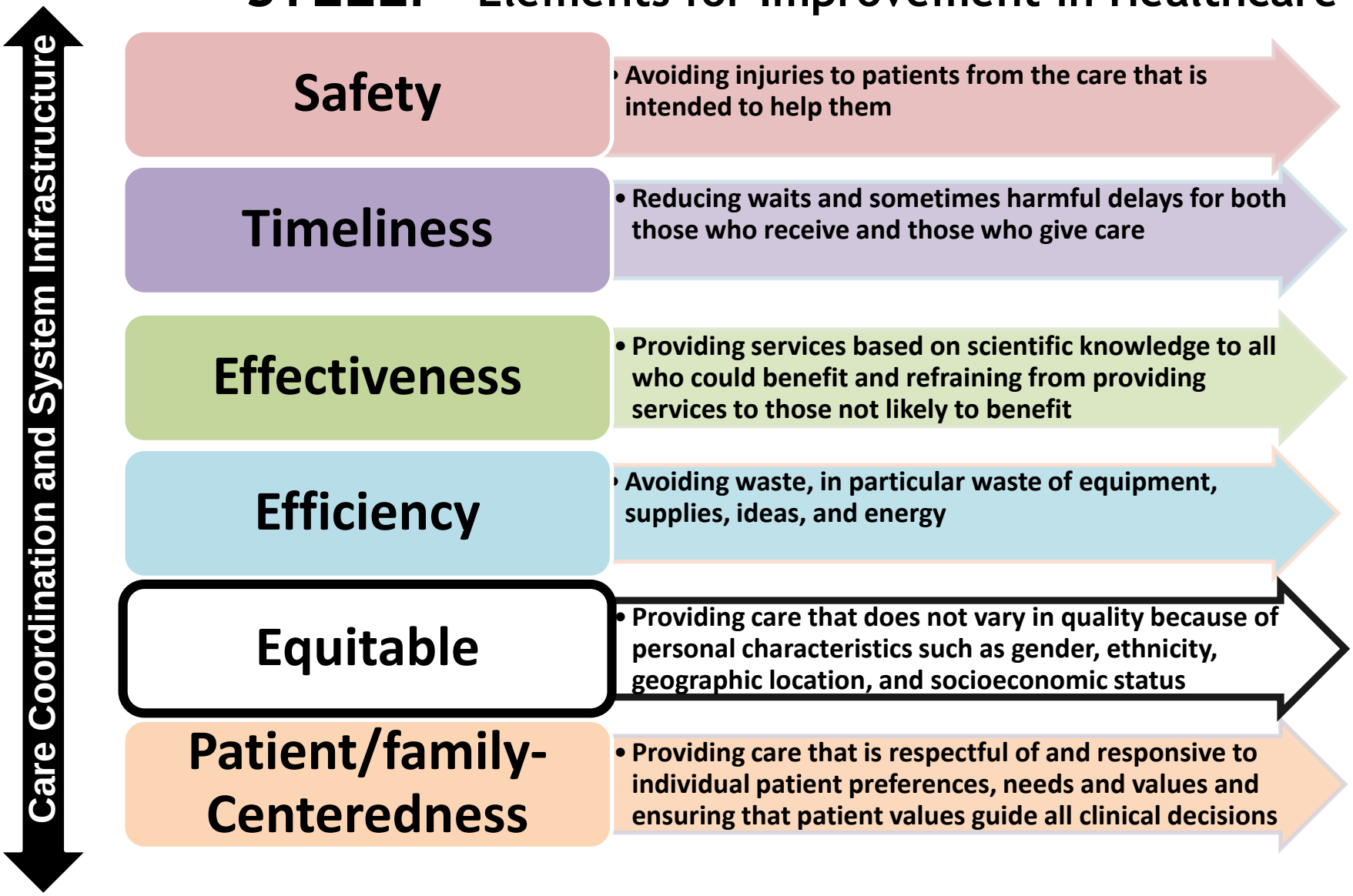
Chapter 4-
Marriage of Equity and Quality

Diversity, Disparity and Equity Efforts 2016

- Healthcare Equity Index- Human Rights Campaign- Leader Status
- New Cohort Disparity Equity Collaborative
- Enhance internal partnerships
- Strengthen voice of Diversity Council
- Align efforts with Quality
  - People
  - Process
  - Structure
- Expand Quality Strategy to include equity
- Develop infrastructure for research and analytics
  - Hired Outcomes Specialist to support disparity/equity collaborative and analytics

Institute of Medicine:

STEEEP- Elements for Improvement in Healthcare



Quality Domains and Metrics

Safety	• SSEs, HACs, missed alarms due to communication failures, medication reconciliation.
Timeliness	• 3rd available appts, influenza vaccination rates, days to appt, ED throughput.
Effectiveness	• Care coordination metrics, delayed discharges, severity adjusted LOS, asthma HCP.
Efficiency	• Care variation elements, MAP utilization, OR turnaround times.
Equity	• Care equity and disparity, patient and family education.
Patient/family-Centeredness	• Patient experience/satisfaction, advance directives, advance care planning, 48hr post-discharge follow-up.

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Chapter 5-
A Future Life Together

Treatment differences

Outcomes

Language Resources

Patient and family education

Access to care and preventive health

Morbidity

Family/Person Centered Care + Equity

Insights on our Journey

- **It is a journey…take the 1st step!**
  - Don't let budget (or lack of) stop forward motion and progress.
  - Find a couple of champions, let them go!
  - Use the **Institute for Diversity- HRET Diversity Benchmarking Survey** to guide areas of improvement/measure progress.
  - View equity as an important thread for the quality/safety strategy.

Insights on our Journey

- **Leverage existing roles.**
  - Expand competencies of key roles to support the more sophisticated analysis/research methods.
  - Create meaningful partnerships between areas to be more comprehensive and strategically connected.
  - Provide education to increase understanding on the factors impacting disparities and how to eliminate them. Work reflects the disparity/equity lens.

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Insights on our Journey

- **Leverage existing efforts and PFCC/PCC Frameworks**
  - Use existing performance improvement projects and goals and overlay the a simple set of disparity equity measures.
    - Race/ethnicity= aimed toward 1 category.
    - Insurance (Public/Private)
    - Language → English vs. your top language (s)
- Critical connections between safety and equity of care.

Flores, G. & Ngui, E. (2006) Racial/Ethnic Disparities and Patient Safety Pediatr Clin N Am 53; 1197-1215

    - Language for example
      - Serious medical errors and adverse medical events
      - Errors of clinical consequence

Please take this survey:

https://www.surveymonkey.com/r/hpoe-webinar-04-28-16

The Institute for Diversity in Health Management is proud to present these upcoming Diversity Dialogues:

Wednesday, May 18th, 2016 12:00 p.m. CT (1:00 ET)

Veteran Healthcare: A Population Based Approach

Duration: 90 minutes

Presenters: Eric B. Johnson, Jr. MPSA, CAAMA, CHS, CHEP, CDP, CPS, Senior Project Manager for Operations, Lehigh Valley Health Network, Ronald J. Steptoe, CMR, DABDA, CEO, Warrior Centric Health, LLC, A Steptoe Group Company

Wednesday, June 29, 2016 12:00 p.m. CT (1:00 ET)

Skagit Regional Health - This Institute member was named a Leader in LGBT Healthcare Equality in the Human Rights Campaign's 2016 Healthcare Equality Index (HEI)

Duration: 60 minutes

Presenters: Gregg A. Davidson, President and CEO, Skagit Regional Health, Dr. Connie Davis, Chief Medical Officer, Skagit Regional Health and Anthony Young, Diversity Ambassador, Skagit Regional Health

For more information on upcoming Diversity Dialogue webinars, visit us here.

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2016 Webinar Series

Upcoming HPOE Live! Webinars

May 2, 2016

- Transforming Nursing Home Care with the Green House Model

May 16, 2016

- Use Real-time Health Information to Improve Inpatient Care

For more information go to www.hpoe.org