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2016 Webinar Series

The presentation will begin shortly.

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Creating a Health Equitable Organization at Navicent Health

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CEO and President
Navicent Health

5 December 2016

About Navicent Health

Navicent Health, located in Macon, Georgia, is central Georgia's premier health system whose primary purpose is to coordinate the Medical Center, Navicent Health and other affiliated entities in their mission of providing a comprehensive continuum of high quality, reasonably priced healthcare services to the region. Navicent Health has more than 800 beds for medical, surgical, rehabilitation and hospice purposes as well as diagnostic and home care services. The health system includes:

- **Medical Center, Navicent Health**, a nationally recognized tertiary teaching hospital
- **Children's Hospital, Navicent Health**, the region's only dedicated pediatric hospital
- **Medical Center of Peach County, Navicent Health**, a rural critical access hospital
- **Rehabilitation Hospital, Navicent Health**, the region's oldest and most experienced rehabilitation provider
- **Pine Pointe Hospice, Navicent Health**, which provides palliative and hospice care in homes and in its facility
- **Carlyle Place, Navicent Health**, the area's first continuing care retirement community
- **Navicent Health Foundation**, the philanthropic arm of Navicent Health
- **Putnam General Hospital**, a rural critical access hospital (Management Agreement)
- **Monroe County Hospital**, a rural critical access hospital (Management Agreement)

Equity at Navicent Health

Executive Summary

- Many efforts in Health outcomes disparities resolution and research have occurred or are underway
- Program in cultural competency and engagement for all associates, physicians, leaders are expanding
- Ongoing diversity and inclusion in leadership and governance are critical for success
- Community partnerships and engagement are robust
- Equity 123 pledge has been a catalyst for the next level of performance

Reducing Disparities

Initiatives

- **Mercer School of Medicine-Navicent Research partnerships (~50)***
 - Funding
 - Staffing
 - Patient contacts
- **Quality /Safety program addresses disparities 2015**
 - Heart Failure outcomes in African Americans
 - Asthma admissions in African American children
 - Geriatric trauma care improvement
 - All PI projects will address disparities going forward
 - Pediatric suicide prevention

Reducing Disparities

Initiatives

- **Coordination with Mercer Center for Rural Health/Disparities**
 - TRACE-CORE HF Outcomes disparities resolution
- **Research results implemented in all patients**
 - Transition in Palliative care counselor interventions
 - Screening ETOH brief intervention and referral treatment (SBIRT)
- **Ongoing research**
 - Bereavement care in SNF elderly (grant)
 - Reproductive Health disparities
 - ED utilization reduction
- **Ongoing staffed positions working in disparities reduction**
 - Population Health case managers (5) intervene for underserved
 - WT Anderson Health clinic operated , funded services (many)
 - Palliative care outreach (10) for EOL patients

Becoming Culturally Competent

Initiatives

- **Recommitted to Cultural competency core training 2013**
 - Core training module developed
 - Part of the improving the patient experience program
 - Mandatory for all patient care associates; voluntary, and encouraged for all others
 - Mandatory for all beginning associates
 - Computer based learning module addressing diversity in place
 - Additional Cultural awareness training is offered in many different departmental formats
- **Human resource policies, addressing diversity:**
 - Equal opportunity
 - Patient Right's
 - Language (interpreting) services
- **Commitment to diversity and inclusion in hiring**
 - Employment application states commitment to non-discrimination based on compliance with state and federal
 - Mandatory Equal Employment Opportunity posters displayed in all the areas where interviews are conducted
- **Diversity and inclusion policy in support of our patients, employees, associates, vendors and other partner associates**

Becoming Culturally Competent

Initiatives

- Online training modules available to all employees to use in our Center for Learning to continually build cultural competencies
- Language Services available to insure all patients needing this assistance are accommodated
- An engaged and diverse leadership team committed to creating and retaining a diverse and inclusive organization:
 - Encouraging proactive steps to insure diverse candidate slates of qualified candidates to fill positions
 - Processes in place to identify and develop high performers; insuring leadership development (including cultural awareness and engagement) is provided
 - Internal and external coaching opportunities for executives and top talent leaders with goal to "coaching culture" by 2017
 - National Standards for Culturally and Linguistically Appropriate Services (CLAS)

Senior Leadership & Governance Diversity

Initiatives

- **Develop an engaged and diverse leadership team committed to creating and retaining a diverse and inclusive organization:**
 - Proactively develop talent to ensure diversity among qualified candidates
 - Identify and develop high performers thorough leadership development training
 - Create a "coaching culture"
- **The following organizational changes were made to support the initiatives:**
 - Redesign of Navicent Health's governance structure
 - Restructuring of the executive team and integration of diverse talent profiles
 - Use of the Best People Review to identify talent for promotion and upward mobility

Senior Leadership & Governance Diversity

Initiatives

- Programs and changes implemented by Navicent Health provide the framework and the ability to execute our commitment to diversity and inclusion. The information noted below supports the significant progress made in creating a diverse leadership team:

Governance		
Board Membership	% Diverse	% Non-Diverse
2012	33%	67%
2015	29%	71%

Committee Members	% Diverse	% Non-Diverse
2012	0%	100%
2015	37%	63%

Leadership		
Executive Team	% Diverse	% Non-Diverse
2012	0%	100%
2016	15.38%	84.62%

Middle Management	% Diverse	% Non-Diverse
2012	13.22%	86.78%
2016	17.27%	82.73%

% **Diverse**: defined as people of color (all non-Caucasian races and ethnicities), both male and female.

% **Non-Diverse**: defined as Caucasian male and female.

Engaging with Community on Equity*

Initiatives

- Partnerships (Board participation, funding, support, for an underserved population)
- Community Health Works
- First Choice Federally Qualified Health Center
- Macon Volunteer clinic/Surgery for People in need (SPIN)
- Rock Springs Volunteer clinic
- Daybreak program
- Area Agency on Aging
- Shalom Zone
- Bo's Camp
- Health Fairs with disparities themes (4-6 per year)

*Innumerable Navicent Health employees participate in these programs

Equity at Navicent Health

Key Achievements

- Took the AHA Equity 1, 2, 3 pledge in 2015
- Took action
 - Established an Equity of Care Oversight committee
 - CEO chair, including staff and community members
 - Diversity and Inclusion in Leadership subcommittee
 - Assuring access in hiring process for diverse candidates
 - Mentoring and coaching diverse candidates
 - Cultural Engagement subcommittee
 - Cultural competency training program expansion
 - Utilize the National Standards for Culturally and Linguistically appropriate Services (CLAS) as a guide
 - Health Disparities Resolution subcommittee-Quality Improvement Projects (2) underway with disparities resolution goals
 - Disparities confirmed (Adult HF, Ped asthma)
 - Interventions under development
 - Disparities assessment will be ongoing in all PI projects
- Dialogue with Board/leadership is underway
 - Board HR subcommittee presentation
 - Board of Trustees Equity plan presentation May 2016

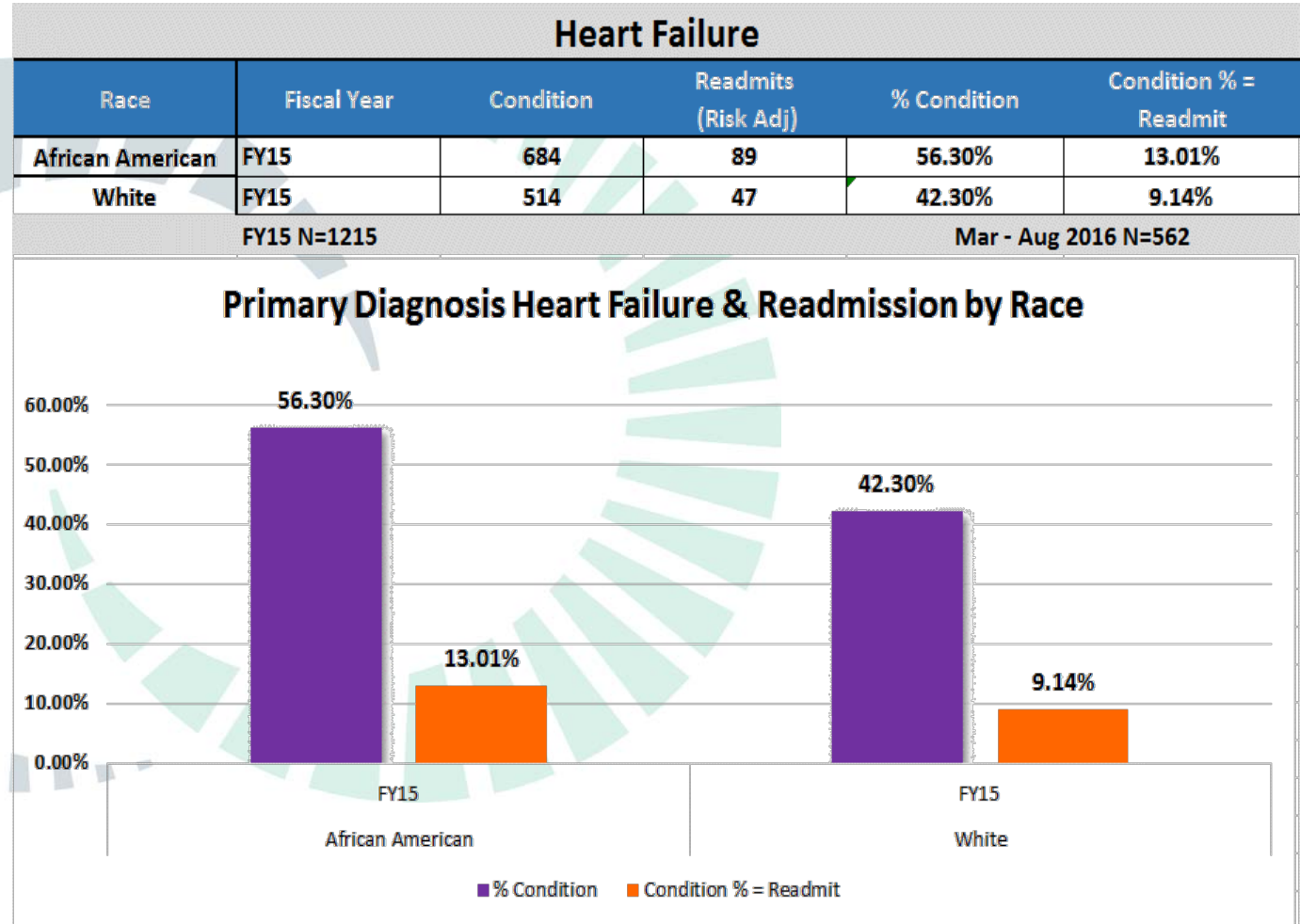
Risk Adjusted HF Data- Race FY 2015 (Baseline)

Z Score Calculator for 2 Population Proportions

- Defects in Population "African American": 89
- Population "African American": 684
- Defects in Population "White": 47
- Population "White": 514
- Significance Level: 0.05
- Two Tailed Z Test

Result: The Z-Score is 2.0886. The p-value is 0.03662. **0.03662. The result is significant at $p < 0.05$.** The proportion of Yes or No responses for Observation 1 is 0.13. The proportion for Observation 2 is 0.091.

Interpretation: The proportion of African American and White persons with Heart Failure are not equal at a 95% level of significance.



Heart Failure Outcomes Disparities Resolution

Initiatives

- Pop Health-palliative care case manager dedicated (NP backup)
- Focus on high risk population
- Pre-discharge connection and assessment
- Insure post discharge physician follow up in seven days (HF Clinic default)
- Motivational interviewing
- Health literacy
- Medication adherence program
- Behavioral health assessment
- Dietary compliance program
- Integrated Care management/post discharge provider communication
- Advanced directive, palliative and supportive care determination
- Post discharge collaboration and alignment
- Self management (patient/family) engagement
- Post discharge lifeline 'contingency' establishment

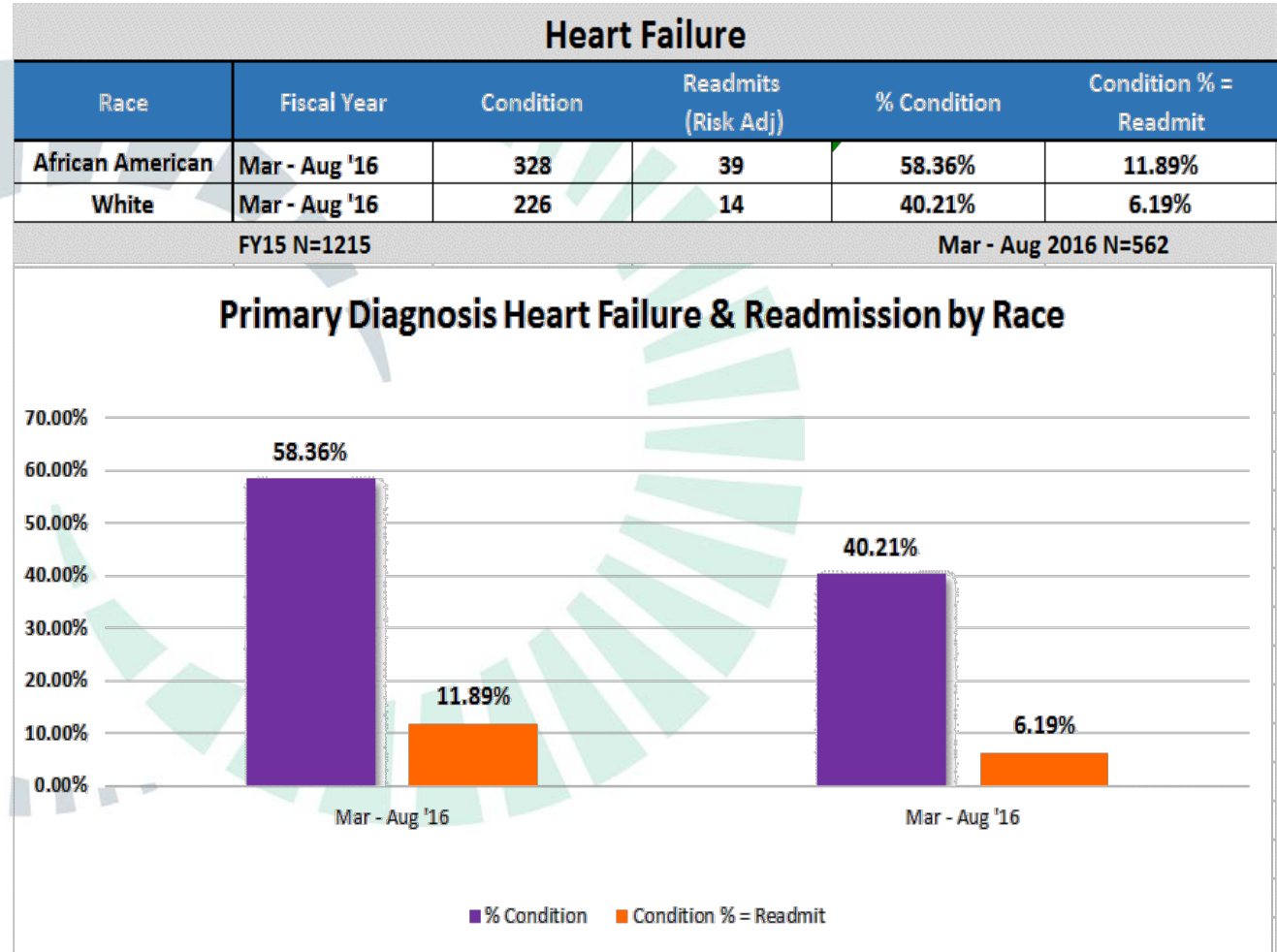
Risk Adjusted HF Data- Race March – August 2016 (YTD)

Z Score Calculator for 2 Population Proportions

- Defects in Population "African American": 39
- Population "African American": 328
- Defects in Population "White": 14
- Population "White": 226
- Significance Level: 0.05
- Two Tailed Z Test

Result: The Z-Score is 2.2399. The p-value is 0.02510. **0.02510. The result is significant at $p < 0.05$.** The proportion of Yes or No responses for Observation 1 is 0.119. The proportion for Observation 2 is 0.062.

Interpretation: The proportion of African American and White patients with Heart Failure are not equal at a 95% level of significance.



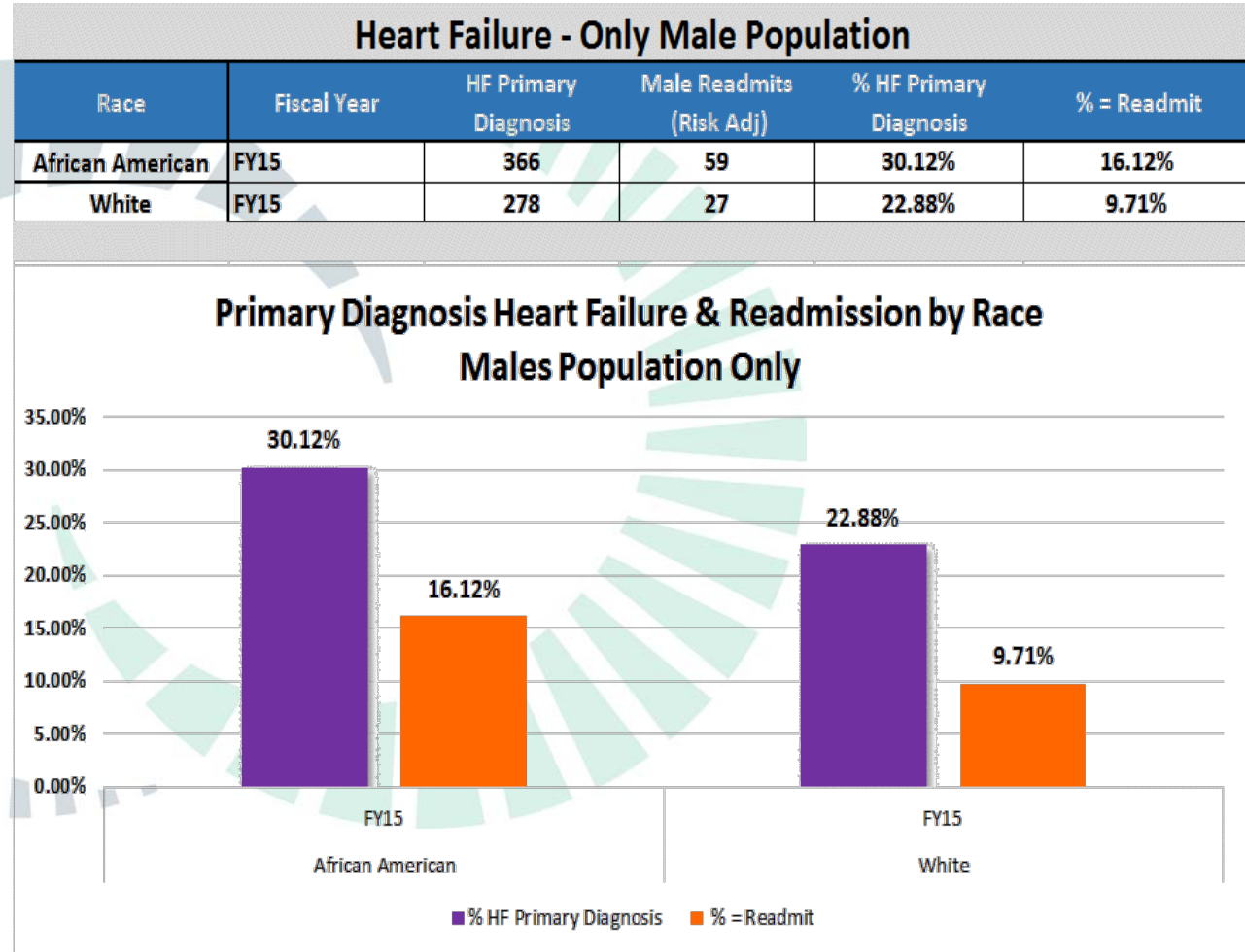
Risk Adjusted HF Data- Race – Males FY 2015 (Baseline)

Z Score Calculator for 2 Population Proportions

- Defects in Population "African American": 59
- Population "African American": 366
- Defects in Population "White": 27
- Population "White": 278
- Significance Level: 0.05
- Two Tailed Z Test

Result: The Z-Score is 2.3679. The p-value is 0.01778. **0.01778. The result is significant at $p < 0.05$.** The proportion of Yes or No responses for Observation 1 is 0.161. The proportion for Observation 2 is 0.097.

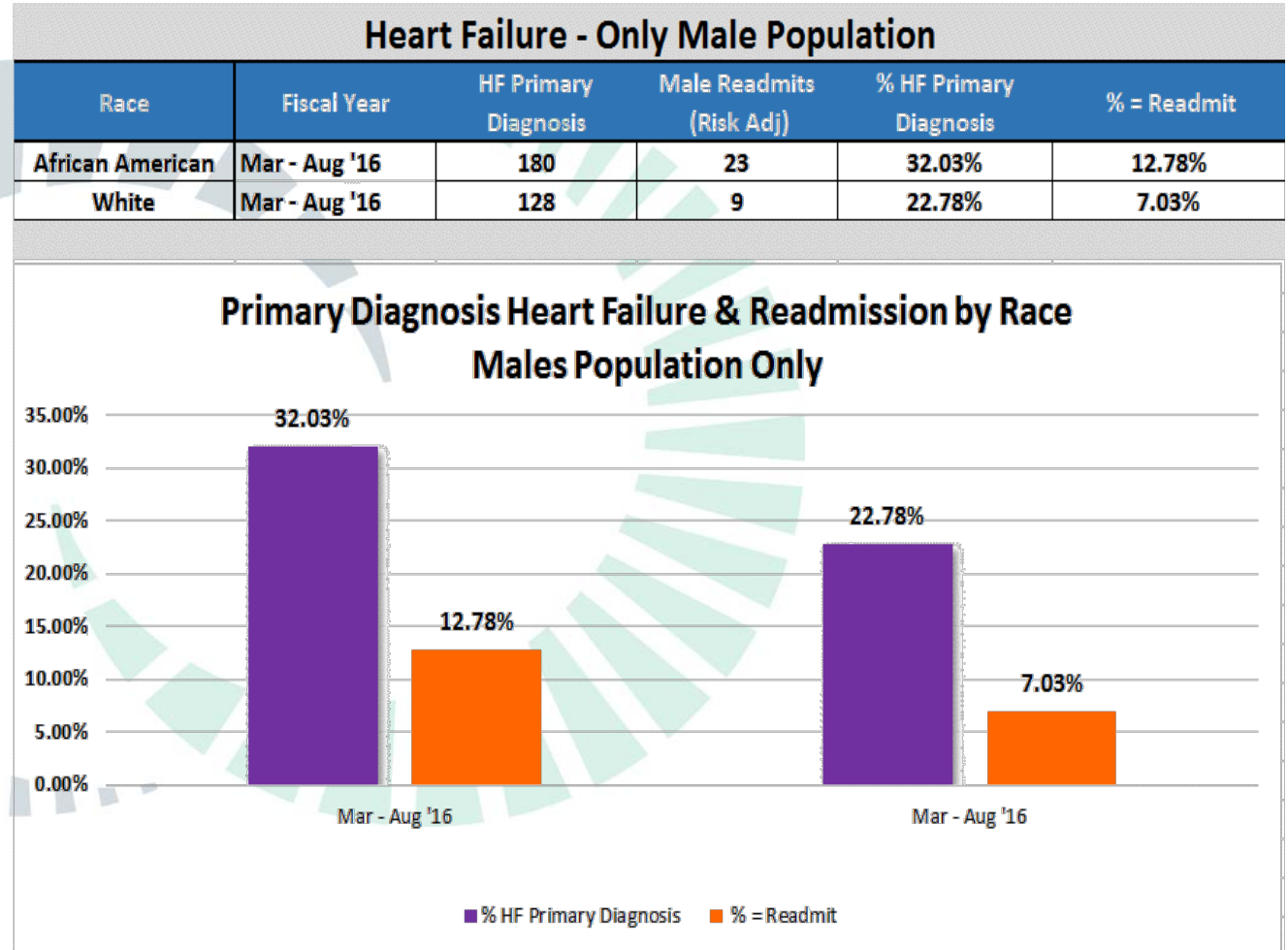
Interpretation: The proportion of African American and White Males with Heart Failure are not equal at a 95% level of significance.



Risk Adjusted HF Data- Race - Males Mar – Aug 2016 (YTD)

Z Score Calculator for 2 Population Proportions

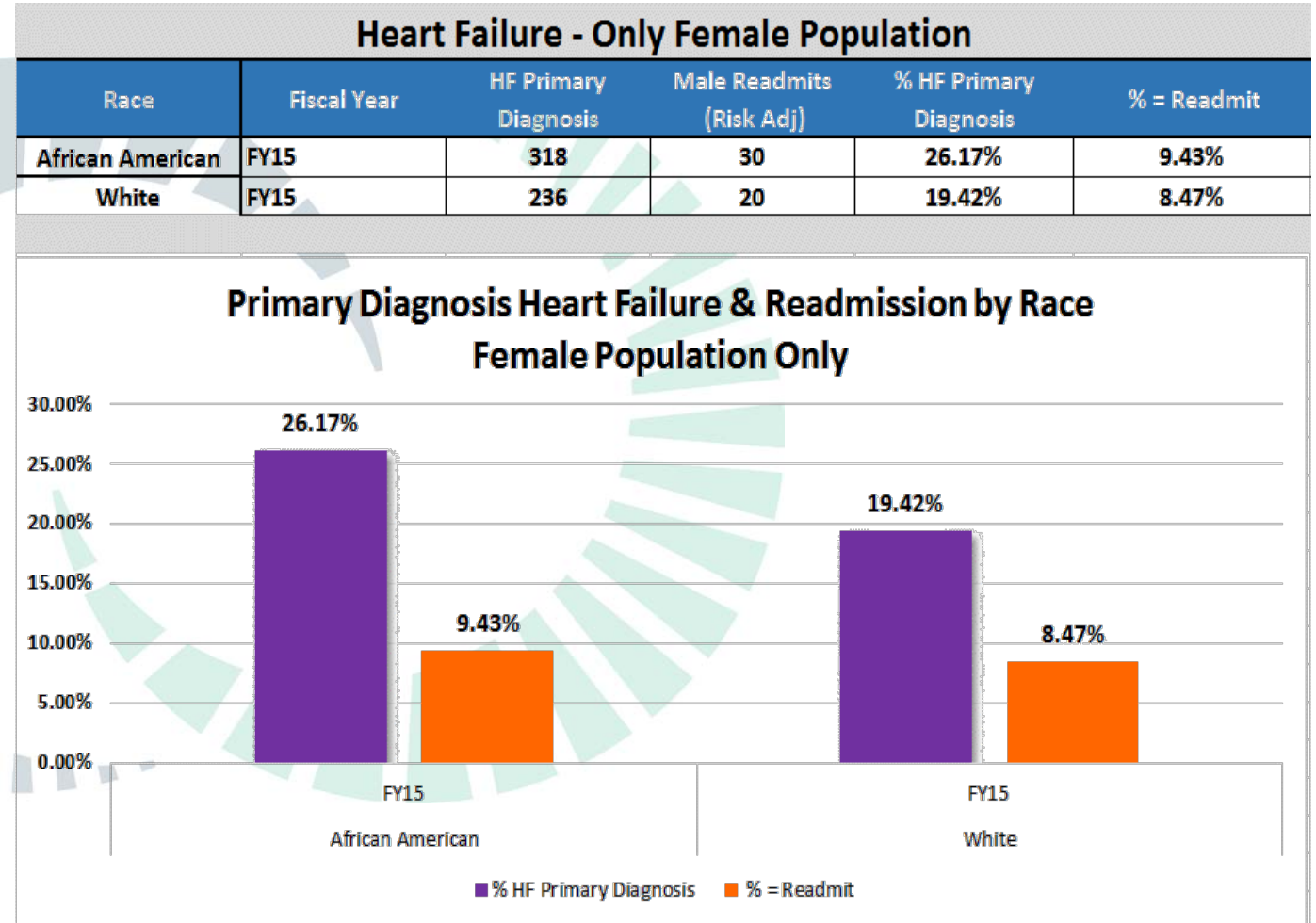
- Defects in Population "African American": 23
- Population "African American": 180
- Defects in Population "White": 9
- Population "White": 128
- Significance Level: 0.05
- Two Tailed Z Test
- **Result:** The Z-Score is 1.6289. The p-value is 0.10310. The result is not significant at $p < 0.05$. The proportion of Yes or No responses for Observation 1 is 0.128. The proportion for Observation 2 is 0.07.
- **Interpretation:** The proportion of African American and American and White Males with Heart Failure are not statistically different at a 95% level of significance.



Risk Adjusted HF Data- Race – Females FY 2015 (Baseline)

Z Score Calculator for 2 Population Proportions

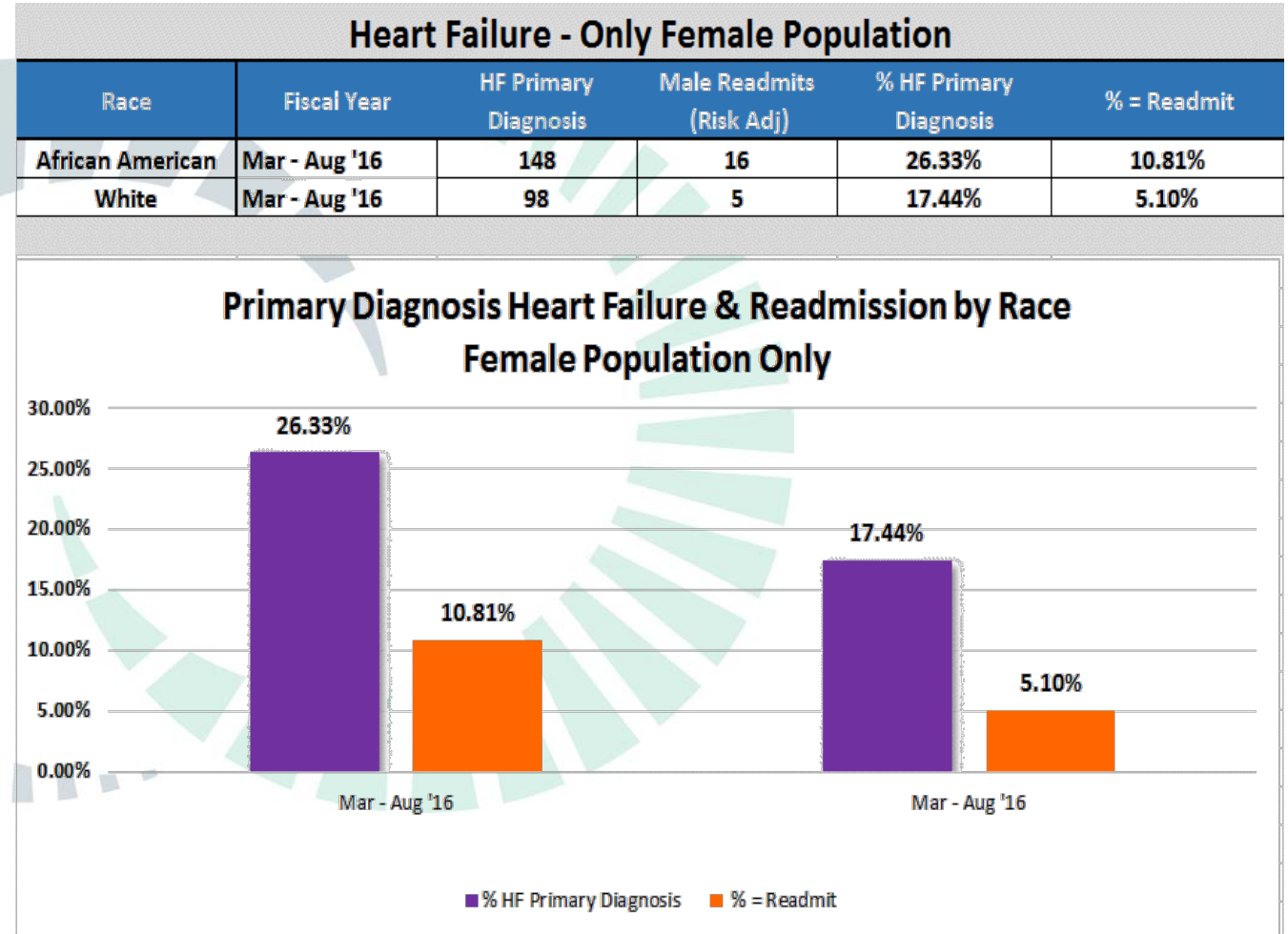
- Defects in Population "African American": 30
- Population "African American": 318
- Defects in Population "White": 20
- Population "White": 236
- Significance Level: 0.05
- Two Tailed Z Test
- **Result:** The Z-Score is 0.3897. The p-value is 0.69654. The result is not significant at $p < 0.05$.
The proportion of Yes or No responses for Observation 1 is 0.094. The proportion for Observation 2 is 0.085.
- **Interpretation:** The proportion of African American and White Females with Heart Failure are not statistically different at a 95% level of significance.



Risk Adjusted HF Data- Race - Females Mar – Aug 2016 (YTD)

Z Score Calculator for 2 Population Proportions

- Defects in Population "African American": 16
- Population "African American": 148
- Defects in Population "White": 5
- Population "White": 98
- Significance Level: 0.05
- Two Tailed Z Test
- **Result:** The Z-Score is 1.5687. The p-value is 0.11642. The result is not significant at $p < 0.05$. The proportion of Yes or No responses for Observation 1 is 0.108. The proportion for Observation 2 is 0.051.
- **Interpretation:** The proportion of African American and American and White Females with Heart Failure are not statistically different at a 95% level of significance.



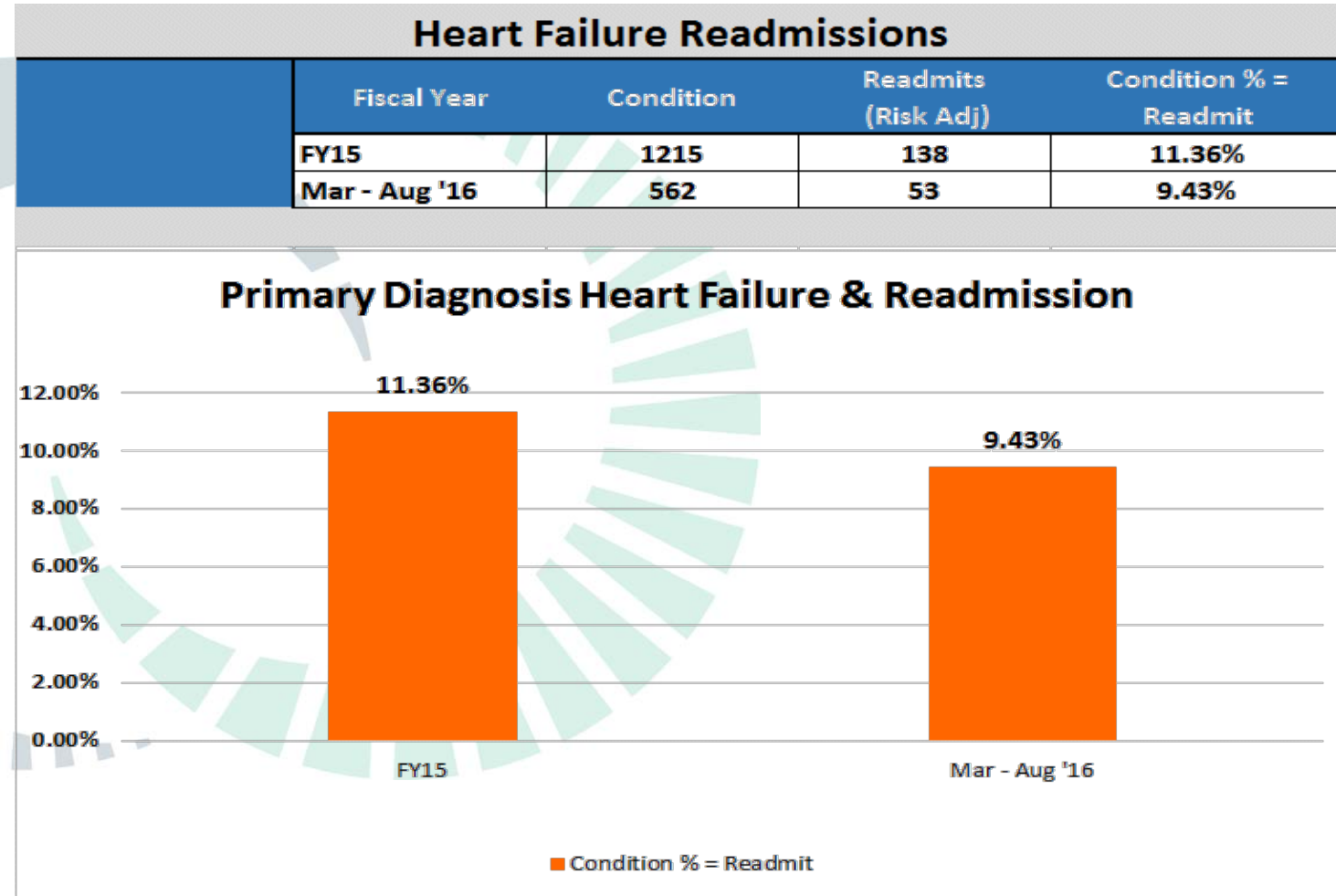
Risk Adjusted HF Readmission Data FY 2015 compared to Mar-Aug 2016

Z Score Calculator for 2 Population Proportions

- Defects in Population "FY15": 138
- Population "FY15": 1215
- Defects in Population "Mar-Aug '16": 53
- Population "Mar-Aug '16": 562
- Significance Level: 0.05
- Two Tailed Z Test

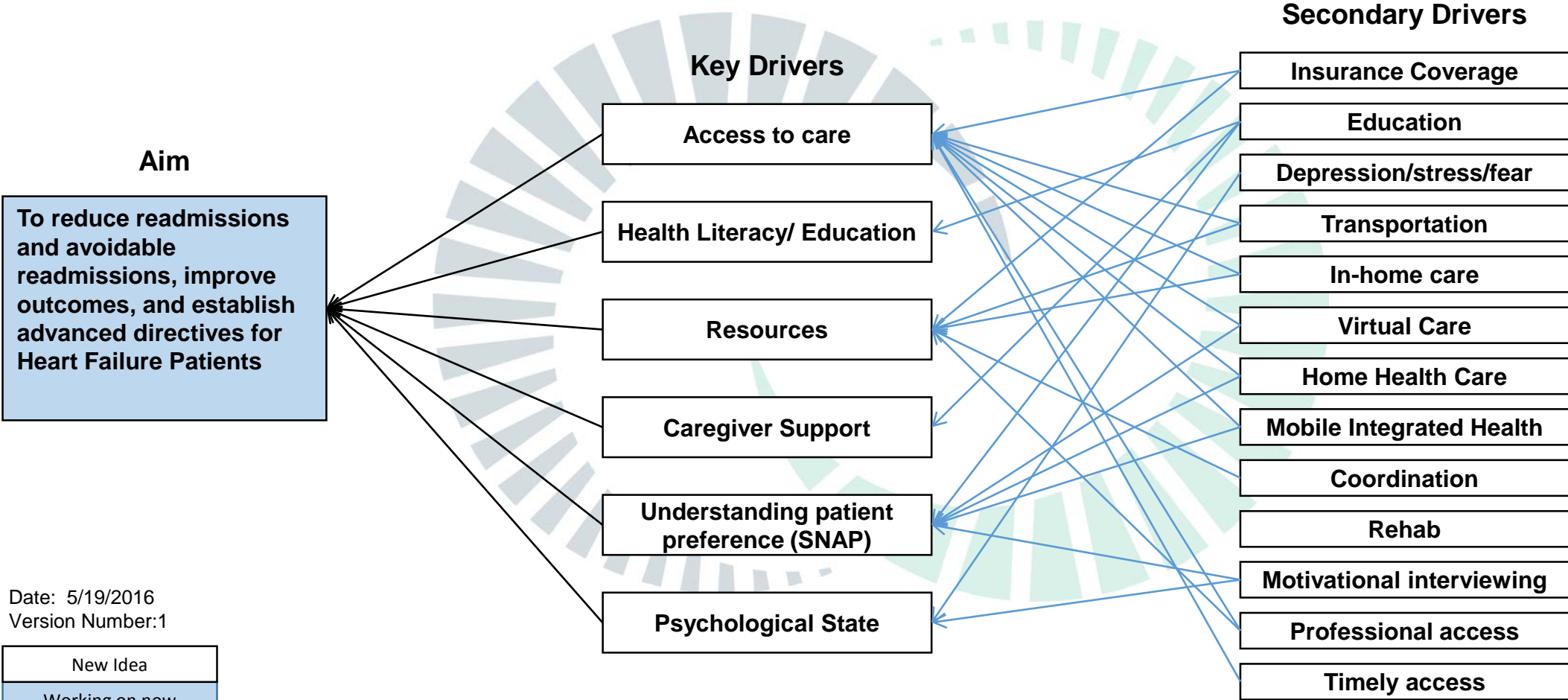
- **Result:** The Z-Score is 1.2199. The p-value is 0.22246. The result is not significant at $p < 0.05$. The proportion of Yes or No responses for Observation 1 is 0.114. The proportion for Observation 2 is 0.094.

- **Interpretation:** The proportion of African American and American and White Females with Heart Failure are not statistically different at a 95% level of significance.



Heart Failure Driver Diagram

Project Title: Decreasing Health Care Disparities In Heart Failure Care at Navicent Health

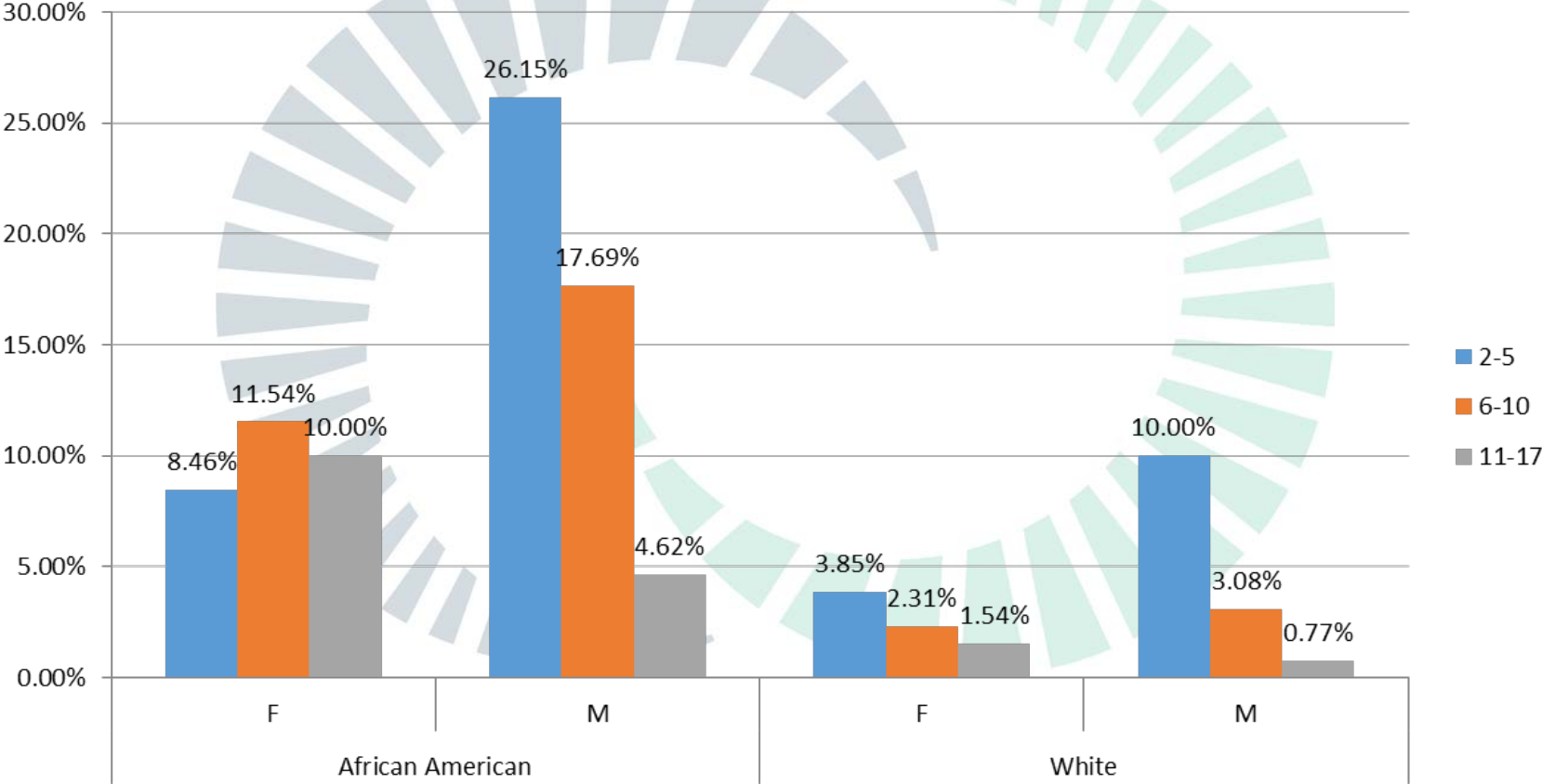


Date: 5/19/2016
Version Number:1

New Idea
Working on now
Completed

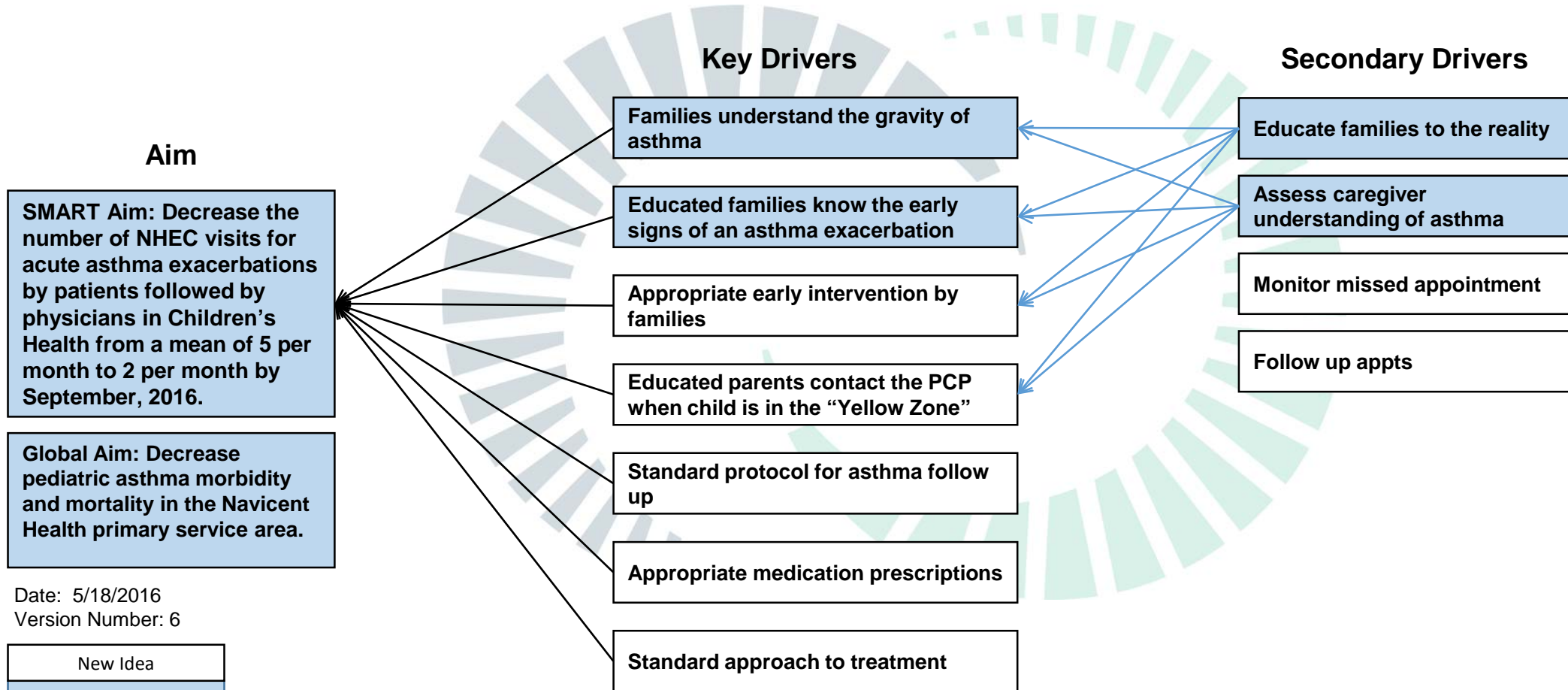
Childhood Asthma- Risk Adjusted

CHILDHOOD ASTHMA HOSPITAL ADMISSIONS BY RACE, SEX, & AGE



Pediatric Asthma Driver Diagram

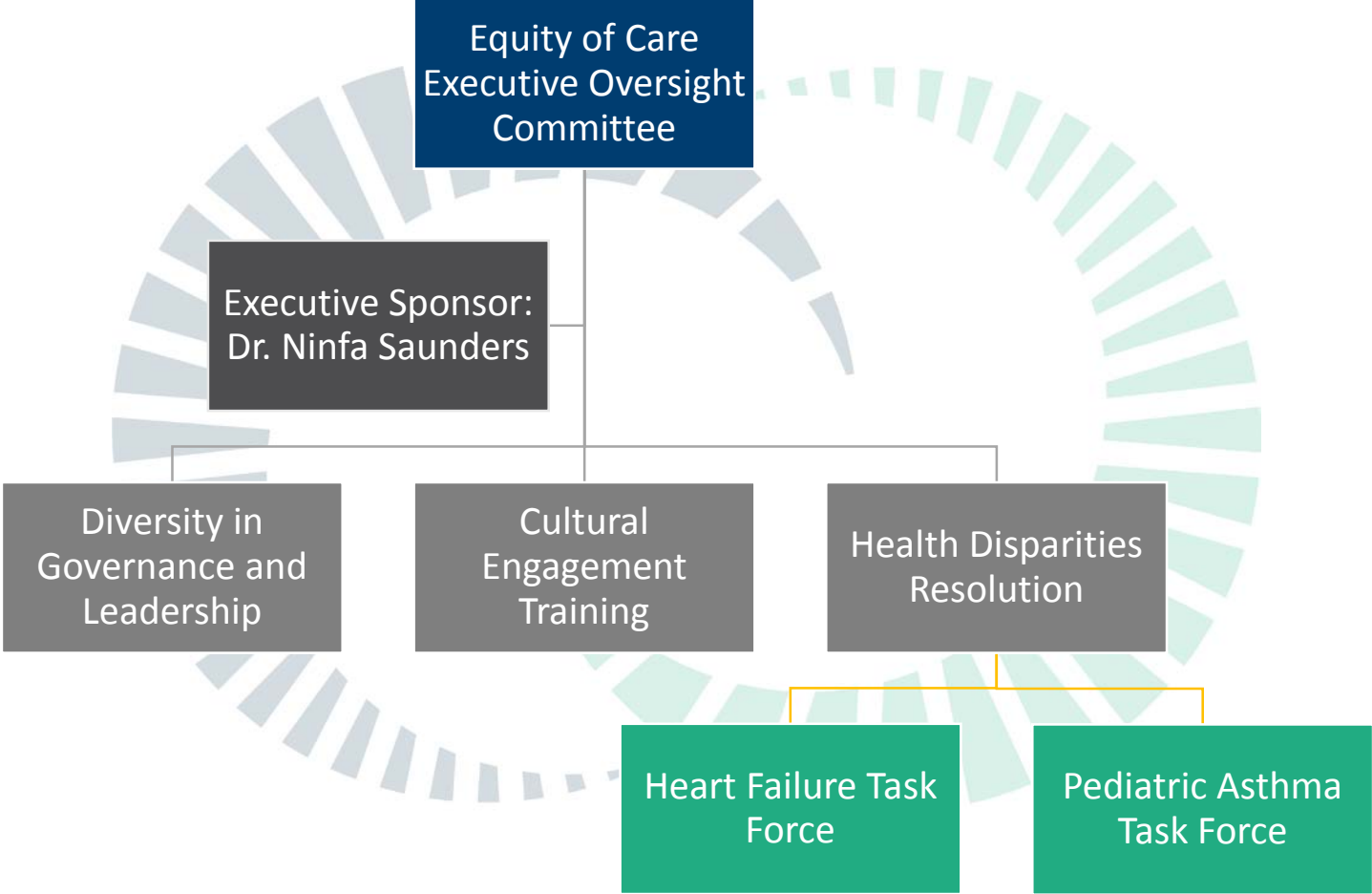
Project Title: Decreasing Health Care Disparities In Asthma Care at Navicent Health



Date: 5/18/2016
Version Number: 6

New Idea
Working on now
Completed

Equity of Care Oversight Committee



Culturally and Linguistically Appropriate Services

Initiatives

- **Principal Standard**

1. Provide effective, equitable, understandable and respectful quality care and services that responsive to diverse cultural health beliefs and practices, preferred languages, health other communication needs.

- **Governance, Leadership and Workforce**

2. Advance and sustain organizational governance and leadership that promotes CLAS and equity through policy, practices and allocated resources
3. Recruit, promote and support a culturally and linguistically diverse governance, leadership workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership and workforce in culturally and linguistically policies and practices on an ongoing basis.

Culturally and Linguistically Appropriate Services

Initiatives

• Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and
6. Inform all individuals of the availability of language assistance services clearly and in their language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages used by the populations in the service area.

Culturally and Linguistically Appropriate Services

Initiatives

• Engagement, Continuous Improvement and Accountability

9. Establish culturally and linguistically appropriate goals, policies and management accountability, them throughout the organizations' planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-measures into assessment measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan implement services that respond to the cultural and linguistic diversity of populations in the
13. Partner with the community to design, implement and evaluate policies, practices and services to cultural and linguistic appropriateness.
14. Create conflict- and grievance-resolution processes that are culturally and linguistically identify, prevent and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all constituents and the general public.



NavicentHealth

*Everything about us is all about **you.***

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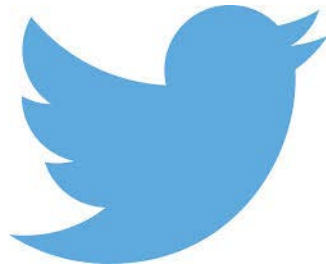
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