Hospital Quality Improvement

Collaborators:

Alabama Hospital Association
Comagine Health
Georgia Hospital Association
KFMC Health Improvement Partners
Konza
Alliant Quality

Health Equity Resource Package

Review the topic areas below and click on the links for resources and examples to improve health equity.

Contents

Organizational Assessments and Culture

1	**Organizational Assessment Tool (MHA)** The American Society of Healthcare Risk Management has created this Equity of Care Assessment Tool to help determine your organization's cultural competency; to assist in identifying potential gaps in equity of care and to help focus efforts on work that will enhance healthcare risk management. This tool is not a complete listing of all actions needed to address cultural diversity or cultural competence within organizations, but is a good first step in conducting an equity of care gap analysis.
2	**Building an Organizational Response to Health Disparities (CMS, 2020)*** This resource features a compilation of reports, guides, toolkits, training tools, webinars, books and articles regarding REaL data collection, stratification and use. **contains links to other resources*
3	**A Practical Guide to Implementing the National CLAS Standards: For Racial, Ethnic and Linguistic Minorities, People with Disabilities and Sexual and Gender Minorities (CMS, 2016)** The purpose of this toolkit is to enable organizations to implement the National CLAS Standards and improve health equity. It is organized according to the enhanced National CLAS Standards, and provides practical tools and examples of CLAS, in addition to efforts to implement the National CLAS Standards that can be adapted for use by health care organizations.

ALLIANT QUALITY
The Quality Improvement Services Group of ALLIANT HEALTH SOLUTIONS

www.alliantquality.org

This material was prepared by Alliant Quality, the quality improvement group of Alliant Health Solutions (AHS), the Hospital Quality Improvement Contractor (HQIC) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
Publication No. AHSHQIC-TO3H-21-693

Organizational Assessments and Culture

4	**Community Health Needs Assessment (CDC, 2018)** A community health assessment (sometimes called a CHA), also known as community health needs assessment (sometimes called a CHNA), refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis. **Community Health Assessment Toolkit (ACHI, 2017)** This toolkit offers a nine-step pathway for conducting a community health needs assessment and developing implementation strategies. **Example of a Community Health Needs Assessment (AnMed Health, 2018)**
5	**Social Determinants of Health (SDOH) (CDC, 2021)** Social Determinants of Health (SDOH) are conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes. **Healthy People 2030 (ODPHP, 2020)** Healthy People 2030 uses a place-based framework that outlines five key areas of SDOH.
6	**#123 for Equity Pledge to Act (AHA, 2015)** The American Hospital Association (AHA) launched the #123 for Equity Pledge to Act Campaign in July 2015, building upon the National Call to Action to Eliminate Health Care Disparities. With two years of progress, the pledge now urges hospital and health system leaders to continue to develop and implement strategies to increase the collection and use of race, ethnicity, and language preference and sociodemographic data, advance cultural competency training, and increase diversity in leadership and governance.
7	**Protocol for Responding to and Accessing Patient's Access, Risk and Experiences (PRAPARE) Tool (2019)** The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) is a national effort to help health centers and other providers collect the data needed to better understand and act on their patients' social determinants of health.

Data Collection, Training and Stratification

8	**Create the Data Infrastructure to Improve Health Equity (IHI, 2019)** This guide provides examples of how organizations have built the infrastructure to improve health equity. Each strategy includes a brief description, key recommended actions, examples of specific changes that organizations tested for each action, challenges and mitigation strategies, lessons, and additional tools and resources.
9	**Reducing Health Care Disparities: Collection and Use of Race, Ethnicity and Language Data (AHA, 2013)** This guide includes two sections, which will address both the collection and use of REaL data. The first section provides a four-step approach on how to obtain an accurate and usable REaL data set. The second section discusses how hospitals and care systems can use REaL data to achieve clinical, operational and financial and population health benefits.

This material was prepared by Alliant Quality, the quality improvement group of Alliant Health Solutions (AHS), the Hospital Quality Improvement Contractor (HQIC) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
Publication No. AHSHQIC-TO3H-21-693

Data Collection, Training and Stratification	
10	**New York State Health Department Toolkit (2014)*** New York State Health Department Toolkit is designed to help hospitals, ambulatory care centers, community health centers, and other users understand the importance of collecting accurate data on race and ethnicity. By using this toolkit, health care organizations can assess their organizational capacity to collect this information and implement a systematic framework designed specifically for obtaining race and ethnicity data directly from patients and enrollees or their caregivers in an efficient, effective and respectful manner. **see Section IV*
11	**Guide to Demographic Data Collection in Healthcare Settings (Sinai Health System, 2017)** This guide was developed to help healthcare organizations overcome these challenges and embrace the opportunities in standardized demographic data collection. The goals of the guide are the following: explain the rationale for and importance of demographic data collection, highlight the impact of demographic data collection on improving health care quality, and provide evidence-based guidance, tools, and resources for demographic data collection.
12	**NYSPFP On-Demand Training: Race, Ethnicity and Language (REaL) Data Collection: How and Why We Ask*** This program is for frontline staff and focuses on strategies aimed at collecting race, ethnicity, and language (REaL) data to ensure that quality and equitable health care is delivered to all patients. Within the e-learning program, the participant will be guided to learning specific data collection strategies and best practices to improve and increase patient self-identification of race, ethnicity and language (REaL) information to help patients, families, and/or their caregivers understand why we collect REaL data. This skill-based training is tailored to frontline staff responsible for registering patients in addition to other providers who may collect patient demographic data. **Free resource that requires registration; for an organization, click hospital not on list (last option)*
13	**How Race and Ethnicity Data is Collected and Used (Colorado Trust, 2013)** This paper examines the reasons behind collecting race and ethnicity data in health care, and how to overcome some of the obstacles that may arise in doing so. It looks at procedures that health care organizations can adopt regarding such data and current best practices around collecting, analyzing, using, and reporting race and ethnicity data to complement other health equity efforts. Case study examples illustrate how some Colorado organizations participating in The Colorado Trust's Equality in Health initiative have learned to collect and use race and ethnicity data to improve the services they offer. Overall, data can be an important tool in providing quality health care services for all patients.
14	**Inventory of Resources for Standardized Demographic and Language Data Collection (HHS, 2021)** Resources in this document include the following: minimum standards for data collection as outlined by the U.S. Department of Health and Human Services, best practices and guidelines for health care organizations in implementing standardized data collection, including information to address key challenges in collecting these data, and training tools and webinars to help health care organizations educate their staff on the importance of standardized data collection and best practices for data collection.

This material was prepared by Alliant Quality, the quality improvement group of Alliant Health Solutions (AHS), the Hospital Quality Improvement Contractor (HQIC) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
Publication No. AHSHQIC-TO3H-21-693

Interventions and Quality Outcomes

15

Health Equity Examples from Healthcare Systems

- **Henry Ford Health System (MI, 2011)**
  Henry Ford Health System launched its "We Ask Because We Care" campaign in 2011 to improve its collection of patient data. In 2020, several system hospitals exceeded a goal to collect race, ethnicity, and language preference information from more than 90% of patients. The data has helped Henry Ford better understand patient barriers to better care outcomes, including housing, transportation, and food access. More than 79,000 screenings were performed in 2020 to assess and develop a plan to address these societal factors.

- **Novant Health (NC)**
  Novant Health's mission is to improve the health of communities, one person at a time. To support this mission, their President and CEO signed the #123forEquity Pledge to Act to eliminate healthcare disparities in April 2016 and a multi-disciplinary team was identified to focus on health equity. This team discovered a disparity in pneumonia readmission rates. The Novant Health team performed 100 comprehensive medical record reviews, looking at 29 clinical and socioeconomic data elements to understand the root causes of this disparity. As a result, Novant Health identified opportunities related to the discharge process, patient support after discharge, comorbidities, and mortality rate. The team formed five workstreams to develop targeted interventions: discharge, population health, home visits, access to healthcare, and creating awareness. Within one year, between January-September 2017, Novant Health successfully closed the gap: the disparity for African American patients who were readmitted with a diagnosis of pneumonia was reduced by 50% (from 4% to 2%) in comparison to the other populations served. This project has created a framework and blueprint that is being utilized for other health equity initiatives both within the system and in the communities that Novant Health serves.

- **Improving Quality Outcomes – Parkland Health (TX, 2020)**
  Using data generated by the Parkland Center for Clinical Innovation (PCCI), an independent collaborator, Parkland identified women at risk for breast cancer who are economically vulnerable and experience challenges accessing care. The initiative is part of AHA's Hospital Community Cooperative and is focused on reducing cancer disparities by addressing health-related social needs.

16

How US News' Top 10 Hospitals Are Addressing Health Disparities (Aug 2020)
Becker's Hospital Review asked the top 10 hospitals named to the U.S. News and World Reports' 2020-21 Best Hospitals Honor Roll to reveal how they are working to limit health disparities.

17

Guide to Reducing Disparities in Readmissions (CMS, 2018)
The goals of the guide are to provide the following: an overview of key issues related to disparities in readmissions, a set of activities that can help hospital leaders address readmissions in this population, and strategies aimed at reducing readmissions in diverse populations.

18

Voice of Patients and Families (IPFCC, 2018)
A guide to increasing diversity in patient and family councils as well as spotlight videos.

- Guide
- Spotlight Videos

This material was prepared by Alliant Quality, the quality improvement group of Alliant Health Solutions (AHS), the Hospital Quality Improvement Contractor (HQIC) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
Publication No. AHSHQIC-TO3H-21-693

	Communication of Findings and Equity Reports to the Board
19	**Creating Equity Reports: A Guide for Hospitals (2008)** This guide provides a framework for equity reporting and sharing lessons learned from experiences with creating and using such reports.
20	**Health Equity: The Case, the Call, and the Commitment - Annual Report (AnMed Health, NC, 2020-2021)**
21	**Diversity, Inclusion and Equity Report (Novant Health, NC, 2020)**

	Websites
22	**AHA Institute for Diversity and Health Equity**
23	**CMS Equity Awards**

This material was prepared by Alliant Quality, the quality improvement group of Alliant Health Solutions (AHS), the Hospital Quality Improvement Contractor (HQIC) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
Publication No. AHSHQIC-TO3H-21-693