One Hospital's Journey to a Culture of Health Equity: Lessons Learned from a Rural Community

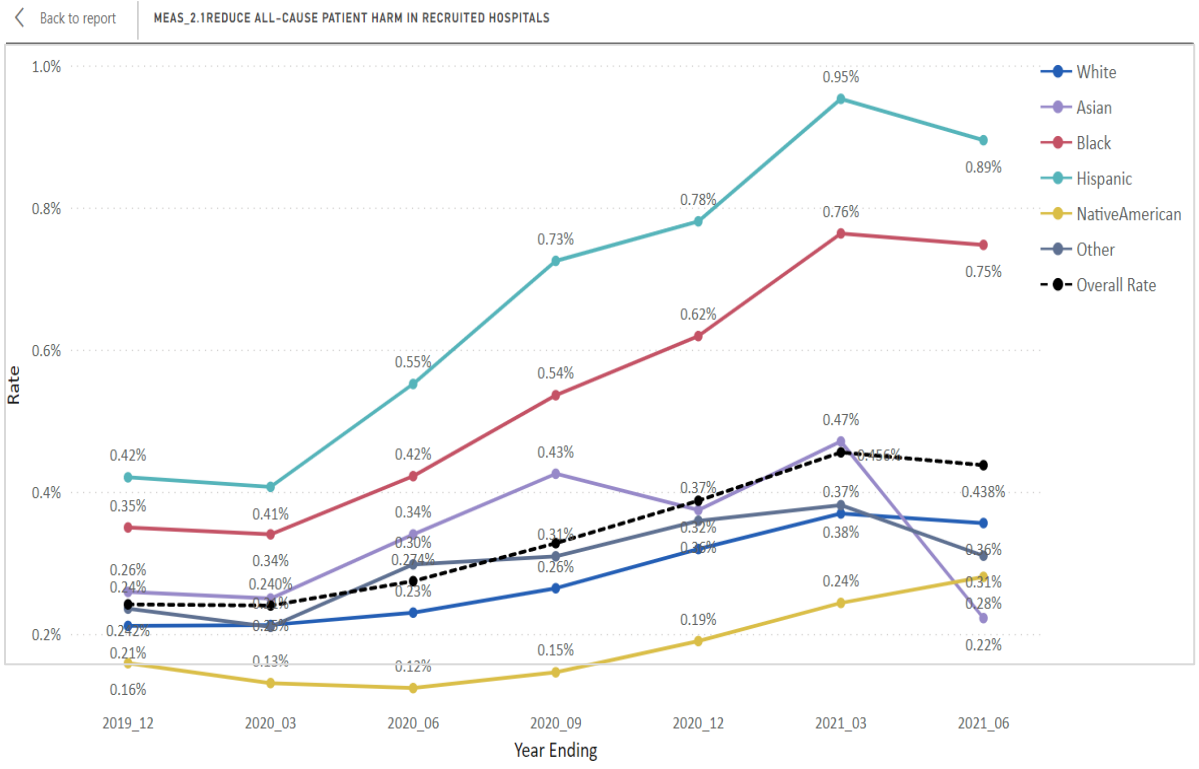
Below is a Change Pathway based on Jefferson Healthcare's **HQIC presentation** on November 23, 2021. Use the steps below for performance improvement and action planning.

Why Now

According to the U.S. Census Bureau, by the year 2050, minorities will comprise the majority of the U.S. population. Hispanics, Asians and Black populations will grow at faster rates than other racial/ethnic groups. Hospitals provide patient care to various racial/ethnic groups and other historically vulnerable patient populations, whether serving in a large urban area or small rural community. Some populations can have higher cancer rates, for example, while others might be more likely to be obese or use tobacco. These differences in health or medical conditions are called health disparities, and they can have a profound impact on the public health of a community. Health equity is getting rid of these health disparities or unfair differences in how people are provided health care.

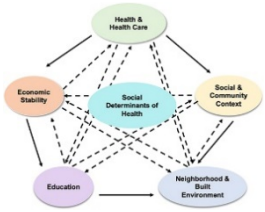
National Trends/Data

A best practice for hospitals is to address health disparities by analyzing their patient population's race, ethnicity and language (REaL) data. According to Alliant HQIC (150 hospitals), the Hispanic population is the highest, followed by the Black population, for the all-cause harm measure that includes CAUTI, CLABSI, C diff, pressure injuries and sepsis. Source: CMS Medicare Claims, NHSN data.



Researchers believe that "social determinants" impact health outcomes 80-90% of the time, and the actual medical care impacts only 10-20%. Yet, the estimated 95% of health expenditures are medical costs.

- Health outcome contributors:



80% - 90%
social determinants

10% - 20%
medical care

Consider Common Barriers

- Inconsistent process/emphasis on asking for race, ethnicity and language data
- Belief that once a patient is in the system, the information does not need to be re-assessed
- Staff missing the connection to the 'why'
- Lack of standard onboarding and training materials in all departments
- Staff concerns: offending patients, assuming patients don't want to answer, don't want to put anyone 'on the spot'
- Lack of buy-in from the highest level in the organization
- Lack of integration of health equity data with quality measures
- Impact of COVID on hospitals and high turnover with staff

Identify a Root Cause and Goal

Fill in the **Fishbone Diagram** to identify the causes and effects of an event and get to the root cause.

Fill in the **PDSA Worksheet** to identify your goal and complete the Plan-Do-Study-Act cycle to test change and improvement.

Leading Interventions and Practices

Beginner	Intermediate	Expert
Identify a leader or champion	Ask a PFAC member to assist with patient data collection/self-questionnaire	Write health equity goals into critical documents such as mission statements and strategic plans
Complete the **Health Equity Organizational Assessment** (HEOA)	**Collection and Use of Race, Ethnicity and Language (REaL) Data**	Ask the CEO to sign the **#123forEquity pledge**
Workforce or **patient education** regarding the	Implements interventions (e.g., process redesign) to	Use reporting mechanism (e.g., equity dashboard) or **Diversity,**

collection of patient self-reported REAL data	address gaps in care and **improve patient outcomes**	**Inclusion and Equity Report** to communicate patient population outcomes widely within the organization and with community partners or stakeholders.
Locate and review your hospital's **Community Health Needs Assessment** (CHNA)	Investigate **research grants** and funding opportunities (e.g., Robert Wood Johnson Foundation)	Appoint a Chief Diversity, Equity and Inclusion Officer **(WellStar Health System)**

Craft Your AIM Statement

By (date), the team at (hospital) will implement (intervention) to improve (the problem) by (how much) to benefit (for whom).

Example: By March 2022, the Patient Registration team will provide data collection training using the Data Collection Training toolkit for at least 90% of staff to improve data collection and decrease the "unknown" category of Race, Ethnicity and Language (REaL) patient demographic data by 25%.

Reach out to your HQIC performance improvement coach for assistance.

Patient and Family Engagement & Health Equity

Institute for Patients and Family-Centered Care (IPPC) Resources

- Diverse Voices Matter: Improving Diversity in Patient and Family Advisory Councils
- Strengthening Diversity in Research Partnerships
- Spotlight Videos

Resources

1. Health Equity Resource Package (on Alliant website)
2. Achieving Health Equity (CMS/Medicare Learning Network) – a two-hour online course on how to identify and eliminate health disparities in organizations
3. Centers for Disease Control and Prevention – Social Determinants of Health (SDOH): Know What Affects Health
4. Rural Health Information Hub – Tools to Assess SDOH in the Rural Health setting
5. Agency for Healthcare Research and Quality – Tools, resources, and information on SDOH
6. Health and Human Services Healthy People 2030: Social Determinants of Health
7. PREPARE: Protocols for Responding to and Assessing Patient's Assets, Risks, and Experiences
8. AHA Institute for Diversity and Health Equity

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