

## Health Equity Integration Project

Perinatal Quality Collaborative September 14, 2021

John (JC) Cowden, MD, MPH Children's Mercy Kansas City

## **Equality**









## **Equity**









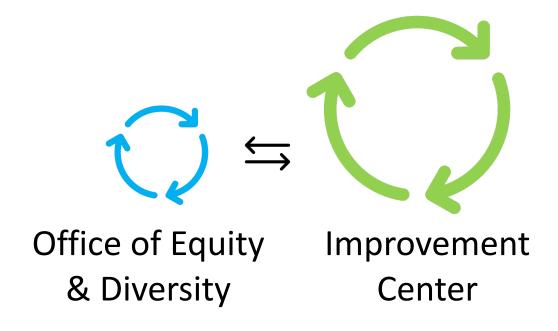
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Equity	attainment of the highest level of opportunity/engagement/health for all <sup>1</sup>
Disparities/inequities	differences in opportunity/engagement/health based on characteristics of individual or group diversity
Diversity	the varied identities and experiences within our teams and the families and communities we serve
Inclusion	inviting all people to take part in building our processes and structures, a necessary step to achieving best outcomes
Bias (implicit or explicit)	preferences in individuals and systems or processes that can drive differences in opportunity/engagement/health
Racism	system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call 'race') <sup>2</sup>
Anti-racism	practice of identifying, challenging, and changing the values, structures and behaviors that perpetuate systemic racism <sup>3</sup>
Cultural humility and competency	attitudes, knowledge, and skills needed to work effectively with those who are different from us, includes cultural awareness/sensitivity/responsiveness
Social determinants of health	conditions in which people are born, grow, live, work and age; shaped by distribution of money, power and resources <sup>4</sup>

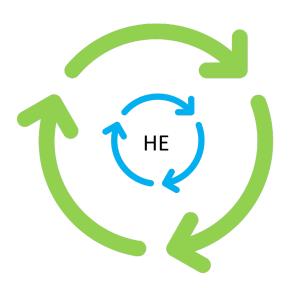
<sup>1.</sup> adapted from Healthy People 2020, https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities; 2. American Academy of Pediatrics, The Impact of Racism on Child and Adolescent Health 3.Ontario Anti-racism Secretariat; 4. World Health Organization, https://www.who.int/social\_determinants/sdh\_definition/en/



## Health Equity Integration Project



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Improvement Center

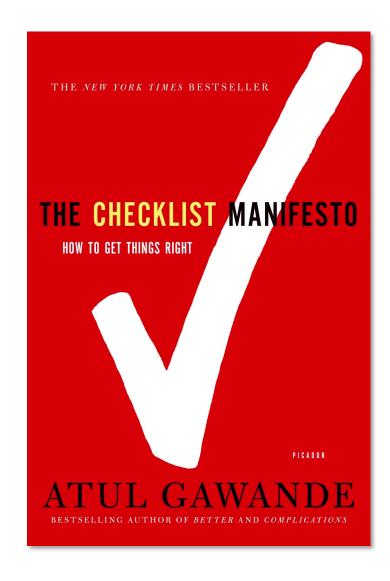
Health equity, like safety, is everybody's work.



Health equity, like safety, is everybody's work.

HEALTH EQUITY

IS OUR
RESPONSIBILITY
EACH AND EVERY
ONE OF US



## **Equality**









## **Equity**





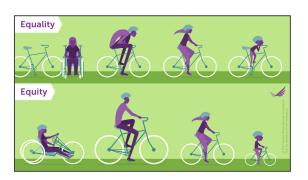




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## Standardize Questions, not Solutions

- 1. Universal Question(s)
- 2. Health Equity/DEI Checklist



# Health Equity Integration Project



- 1. Could specific groups of patients, families, and employees be affected differently by \_\_\_\_\_\_?
- 2. If so, how?
- 3. What are the right questions for us to ask when working on to find and describe such differences?
- 4. How do we act on what we learn?

# Health Equity Integration Project



Clinical Safety

**Evidence Based Practice** 

Patient and Family Experience

**Quality Improvement** 

Performance Improvement

Education



## Clinical Safety Activity



#### Safety event interviews – universal HE question

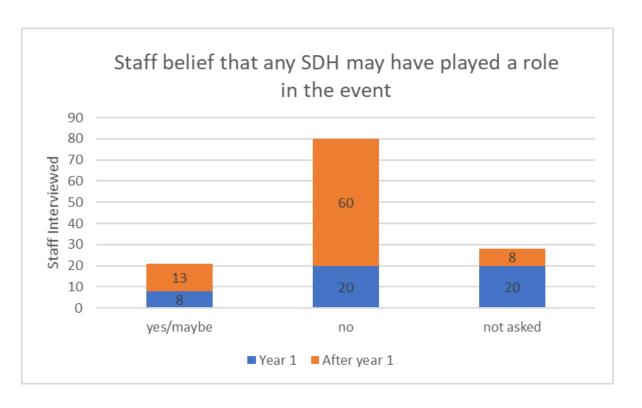
"We have learned in our work that there are many things that can come into play when something unexpected happens, including characteristics of the people involved. For example, a person's background, beliefs, experiences, culture, and other characteristics can affect their behavior, and might play a role in an event. This can be true for patients, family members or staff.

Because of this, we have begun asking everyone involved whether they think any of the following things might have played a role in some way-language, culture, race or ethnicity, age, gender, sexual orientation, religion, or any other characteristic of anyone involved. How do you think characteristics such as these played a role in this event, if at all?"

## Clinical Safety Activity



- 20 safety events over 30 months
- 101/129 interviews (78%) included the HE question
- 58% 1st year, 90% after



# **Evidence Based Practice Activity**



#### Studies that inform Clinical Practice Guidelines

### Abstraction of data on race/ethnicity

Holland 2014	Teresa
Methods	Predictive correlation study
Participants	Participants:
	Setting: USA, Children's hospital in a large upper midwest tertiary care hospital
	Number enrolled into study: N = 197
	· Group 1, Early referral to hospital Discharge Planning (DP) resources (involvement of a DP
	nurse or social worker) : n = 79
	<ul> <li>Group 2, No early referral to hospital DP resources (involvement of a DP nurse or social worker) n = 118</li> </ul>
	Gender, males: (as defined by researchers)
	Group 1 / Group 2 (Only specified by study as a whole): n = 55 (%)
	Race / ethnicity or nationality (as defined by researchers):
	White 89%
	Hispanic/Latino: 8%     Black 3%
	• Asian 2%
	Native Hawaiian/Other pacific islander 1%
	American indian/Alaska native 1%
	Age, mean/median in months/years, range/IQR
	<ul> <li>Group 1 / Group 2 (Only specified by study as a whole): mean 8.7 years (SD 5.9; median 9; range 1 month to 17 years)</li> </ul>
	Inclusion criteria:
	Children age 1 month to 18 years hospitalized for medical or surgical reasons
	Admitted to one of three pediatric acute care nursing units     Had at least one parent/guardian 18 years old or older at the time of the study
	. Had at least the parenty guardian to years old or older at the time of the study
	Exclusion criteria:
	Neonates
	Patients admitted with a primary psychiatric diagnose     Primary household language other than English
	Covariates identified: Not reported

# **Evidence Based Practice Activity**



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	Covariates identified: Not reported



## Patient & Family Engagement Activity



NRC Surveys of Families (after every visit)

Free text comments related to HE collected into database

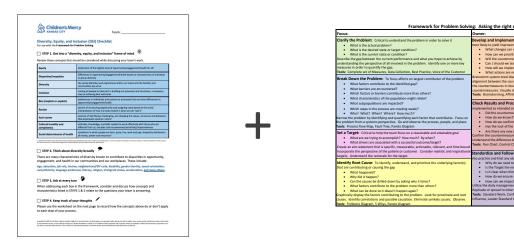
Sent to Office of Equity and Diversity

## **Quality Improvement Activity**



Improvement Academy – Problem Solving Courses

DEI Checklist added to Framework for Problem Solving





#### Framework for Problem Solving: Asking the right questions

#### Focus: Date: Approved: Owner: Clarify the Problem: Critical to understand the problem in order to solve it Develop and Implement Countermeasures: To focus change efforts on the things What is the actual problem? most likely to yield improvement What is the desired state or target condition? What changes can we make that will result in improvement? What is the current state or condition? How can we prioritize the ideas? Describe the gap between the current performance and what you hope to achieve by Will the countermeasure address the root cause(s)? understanding the perspective of all involved in the problem. Identify one or more key Can / should we test it on a small scale? measures in order to quantify the gap. How will we implement? Tools: Complete set of Measures, Data Collection, Best Practice, Voice of the Customer What actions are needed? (what, when, who?) Brainstorm system-level ideas and rank by feasibility and reliability. Recognize the Break Down the Problem: To focus efforts on largest contributor of the problem alignment between the countermeasure and the performance mode it will address. Test What factors contribute to the identified gap? the countermeasures in iterative PDSA cycles. Consider short term and long term What barriers are encountered? countermeasures. Visually display the drivers and countermeasures in a diagram. Which factors or barriers contribute more than others? Tools: Brainstorming, Affinity Diagram, Driver Diagram, PDSA What characteristics of the population might relate? Check Results and Process: To determine if the countermeasures were What subpopulations are impacted? implemented as intended and produced the expected results Which steps in the process are creating waste? • Who? What? When? Where? How much? Did the countermeasure lead to improvement? How do we know if it's normal variation or improvement? Narrow the problem by identifying and quantifying each factor that contributes. Focus on the problem from a systems perspective. Go and observe the process, people, and place. How do we confirm that the process is still working? **Tools:** Process Flow Map, Fault Tree, Pareto Diagram Has the root of the problem been resolved? Are there any new problems/unintended consequences to address? **Set a Target:** Critical to help the team focus on a reasonable and attainable goal Confirm the countermeasure resulted in improvement. Display data in time series. • What are we trying to accomplish? How much? By when? Understand the difference between common cause and special cause variation. What drivers are associated with a successful outcome/target? **Tools:** Run Chart, Control Chart, Confirmation Checklist, Rounding to Influence Create an aim statement that is specific, measurable, actionable, relevant, and time bound Incorporate the perspective of the patient or customer. Consider realistic and inspirationa Standardize and Follow Up: To ensure that an improvement has been embedded targets. Understand the rationale for the target. nto practice and that any abnormalities are made visible when they occur **Identify Root Cause:** To identify, understand, and prioritize the underlying factor(s) Why do we need to standardize? Is the Target the new standard? that are contributing or causing the gap • Is it clear when things are normal versus abnormal? What happened? How do we ensure sustainable improvement? Why did it happen? How can we impact other areas by sharing what we learned? Can the causes be drilled down by asking why 5 times? Utilize the daily management system to confirm sustainability of the improvement. What factors contribute to the problem more than others? Replicate or spread to other areas. Share what you learned. What can be done so it doesn't happen again? Tools: Standard Work, Confirmation Checklist, Confirmation Rounds, Rounding to Graphically display the factors contributing to the problem. Look for proximate and root Influence, Leader Standard Work, Huddle Boards, Methods causes. Identify correlations and possible causation. Eliminate unlikely causes. Observe. **Tools:** Fishbone Diagram, 5 Whys, Pareto Diagram

	Team:
Diversity, Equity, and Ir For use with the Framework for F	
STEP 1. Get into a "dive	rsity, equity, and inclusion" frame of mind
Review these concepts that sh	ould be considered while discussing your team's work.
Equity	attainment of the highest level of opportunity/engagement/health for all <sup>1</sup>
Disparities/inequities	differences in opportunity/engagement/health based on characteristics of individual or group diversity
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STEP 2. Think about div	ersity broadly
— There are many characterist	ics of diversity known to contribute to disparities in opportunity, our communities and our workplaces. These include:
	e, neighborhood/ZIP code, disability, gender identity, sexual orientation, ence, literacy, religion, immigrant status, acculturation, <u>and many others</u> .
	n <b>©</b>
STEP 3. Ask at every tur	n 🏖 in the framework, consider and discuss how concepts and
race/ethnicity, language prefer  STEP 3. Ask at every tur  When addressing each box	
race/ethnicity, language prefer  STEP 3. Ask at every tur  When addressing each box	in the framework, consider and discuss how concepts and 15 1 & 2 relate to the questions your team is answering.
STEP 3. Ask at every tur When addressing each box i characteristics listed in STEF STEP 4. Keep track of yo Please use the worksheet or	in the framework, consider and discuss how concepts and 15 1 & 2 relate to the questions your team is answering.  Sur thoughts for the concepts above do or don't apply a concept of the concepts above do or don't apply the concepts ab
STEP 3. Ask at every tur When addressing each box i characteristics listed in STEF	in the framework, consider and discuss how concepts and 15 1 & 2 relate to the questions your team is answering.  Our thoughts for eccord how the concepts above do or don't apply



STEP 1. Get into a	"diversity, equity, and in	nclusion" frame of mind
--------------------	----------------------------	-------------------------



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## STEP 2. Think about diversity broadly



There are many characteristics of diversity known to contribute to disparities in opportunity, engagement, and health in our communities and our workplaces. These include:

Age, education, job role, income, neighborhood/ZIP code, disability, gender identity, sexual orientation, race/ethnicity, language preference, literacy, religion, immigrant status, acculturation, and many others.

# STEP 3. Ask at every turn When addressing each box in



When addressing each box in the framework, consider and discuss how the concepts and characteristics listed in STEPS 1 & 2 above might relate to the questions you are answering.

## STEP 4. Keep track of your thoughts



Please use the worksheet on the next page to record how the concepts above do or don't apply to each step of your process.

	Te	eam:
Worksheet for considering h	nealth equity in probler	m solving
Please record your group's thoug in the health equity checklist migi process:		nd characteristics of diversity listed ch step in your problem-solving
Box 1. Clarify the problem	Factors identified: Yes	□No
Please explain:		
Box 2. Break down the problem	Factors identified: Yes	□No
Please explain:		
Box 3. Set a target	Factors identified: Yes	□No
Please explain:		
Box 4. Identify root cause	Factors identified: Yes	□No
Please explain:		
Box 5. Develop and implement counter	rmeasure Factors identified:	☐ Yes ☐ No
Please explain:		
Box 6. Check results and process	Factors identified: Yes	□No
Please explain:		
Box 7. Standardize and follow up	Factors identified: Yes	□No
•	_	The state of the s

## **Process Improvement Activity**



Requests for Improvement Institute Support

Investigation includes new HE question

When we look at issues within our work that we hope to address, we have begun regularly thinking about how diversity and inclusion, disparities, and social determinants of health might relate to the issues. Have any of those come up in your conversations so far?



#### Possible responses:

[If "no"] – "No problem – if this project gets assigned to one of our teams, we will be exploring these ideas with you as part of our standard work.

[if "yes"] – "What has come up?" (Record answer) "Great. If this project gets assigned to one of our teams, we will continue to develop these ideas with you as part of our standard work."

## **Education Activity**



Gap analysis of nursing education sessions

Form includes new HE question



#### **GAP ANALYSIS WORKSHEET**

				DATE:
NE PLANNING REQUEST FORM SU				
QUITY, DIVERSITY, INCLUSION, DISF	PARITIES, & SOCIAL DETERMINANTS	<b>Assessed</b> ( <i>see Below</i> ): □ Yes	□ No	
ESSIONAL PRACTICE GAP(S)				
CURRENT STATE	DESIRED STATE	IDENTIFIED GAP	TYPE OF GAP	LEARNING OUTCOME(S)
scribe the current state of practice cluding the problem, if known.	Describe the desired state that the educational activity is designed to promote.	Difference between current state and desired state.	Check which type of gap has been identified.	List learning outcome(s) in behavioral term using a single measurable verb for each. Learning outcomes should fit into one of Miller's zones <sup>1</sup> :
			☐ Knowledge	
			☐ Skills	
			☐ Practice	
			☐ Knowledge	
			□ Skills	
			☐ Practice	



When we assess the learning needs for this education activity, we want to regularly think about how diversity and inclusion, disparities, and social determinants of health might relate to the learning gap(s). Which of these factors listed below might play a role in the gap or the learning outcomes for this activity?
Diversity and inclusion - "When we say diversity, we are talking about the differences in who we are as CMH team members and the differences among the patients, families, and communities we serve; we think of diversity very broadly, including characteristics like age, gender, language, race/ethnicity, income, geography, religion, cultural background, job position, and many others. Inclusion refers to how well we include these different perspectives in our work."
☐ Yes ☐ No
<b>Disparities</b> - "When we say disparities, we are talking about the differences in how care is given to certain groups of patients and families, as well as differences in their health outcomes."
☐ Yes ☐ No
Social determinants of health - "When we say social determinants of health, we are talking about the many social factors, such as where we live, where we work, how much money we have, what communities we are part of, and many others, that directly impact our health."
☐ Yes ☐ No
Please record details in the appropriate columns above.



#### **GAP ANALYSIS WORKSHEET**

DUCATIONAL ACTIVITY TITLE:				DATE:
NE PLANNING REQUEST FORM S	UBMITTED: ☐ Yes ☐ No			
QUITY, DIVERSITY, INCLUSION, DIS	SPARITIES, & SOCIAL DETERMINANTS	Assessed (SEE BELOW): ☐ Yes	□ No	
FESSIONAL PRACTICE GAP(S)				
CURRENT STATE	DESIRED STATE	IDENTIFIED GAP	TYPE OF GAP	LEARNING OUTCOME(S)
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			☐ Practice	



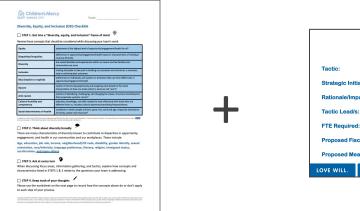
Learners will integrate knowledge into practice as validated by an decrease in the incidence of XYZ measure.

## Strategic Planning Processes



Enterprise Strategic Planning – 19 strategy teams

Equity, Diversity, and Inclusion (EDI) Checklist for Strategy Teams





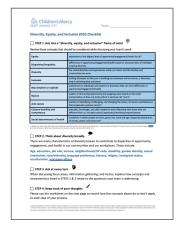
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Social determinants of health  Addition in health (1902 1903 Apr.) Great health  STEP 2. Think about dis  There are many characterise engagement, and health in  Age, education, job role, in	conditions in which people are born, grow, live, work and age; shaped by distribution of money, power and resources*  **CONDITIONS**  **CONDIT
Social determinants of health  ***STEP 2. Think about dh  There are many characterise engagement, and health in  Age, education, job role, ir orientation, race/ethnicity	conditions in which people are born, grow, live, work and age; shaped by distribution of money, power and resources*  recrisity broadly  rersity broadly  rersi
Social determinants of health  Adjustment product from 2021-20 p. Over the time reduction from 100 fro	conditions in which people are born, grow, live, work and age; shaped by distribution of money, power and resources*  recrisity broadly  rersity broadly  rersity broadly  recrisity broadly  rersity broadly  recrisity broadly  resity broadly  recrisity broadly
Social determinants of health  Adjustment production to the product of the produc	conditions in which people are born, grow, live, work and age; shaped by distribution of money, power and resources*  **Commission of the commission of the
Social determinants of health  adjusted by Parkly Parkly 100, 100, 100, 100, 100, 100, 100, 100	conditions in which people are born, grow, live, work and age; shaped by distribution of money, power and resources*  **Commission of the commission of the
Social determinants of health  adjusted by Parkly Parkly 100, 100, 100, 100, 100, 100, 100, 100	conditions in which people are born, grow, live, work and age; shaped by distribution of money, power and resources*  versity broadly  tities of diversity known to contribute to disparities in opportunity, our communities and our workplaces. These include:  scome, neighborhood/ZIP code, disability, gender identity, sexual, language preference, literacy, religion, immigrant status, thers.  ens. information gathering, and tactics, explore how concepts and PS 1 & 2 relate to the questions your team is addressing.  our thoughts  in the next page to record how the concepts above do or don't appli

Mor	ksheet for including equity, diversity, and inclusion in strategy team work
wor	tsneet for including equity, diversity, and inclusion in strategy <u>team work</u>
	e record your group's thoughts about how the terms and characteristics listed in the list might apply to each step in your strategic process:
1. Focu	us areas – How do you decide what to focus on and how is it affected by EDI concepts?
Please	explain:
	rmation gathering – How have you considered diversity and inclusion when gathering information? Is o's voice missing? What data do you need to include all perspectives?
Please	explain:
3. Stra	tegy and tactics – How do your proposed tactics take EDI concepts into account?
	tegy and tactics – How do your proposed tactics take EDI concepts into account?  explain:
Please	explain:
Please Sample	
Please Sample 1.	explain:  e questions to consider for each process/tactic you discuss:  Could specific groups of patients, families, employees, or others be affected differently by
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## Strategic Planning Processes



DEI Takeaways presented from each team, including how tactics were affected







## **Lessons Learned**

Advantages to **integrated** vs **add-on** HE efforts:

Flexible and adaptable to each team's work

Processes become standard work

"Owned" by each team/individual

Broader and deeper engagement among staff

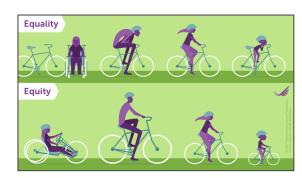
Team culture change

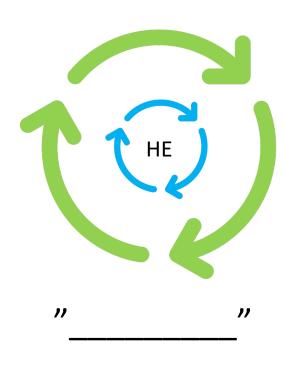
## Primary Tools... standard questions that we always ask

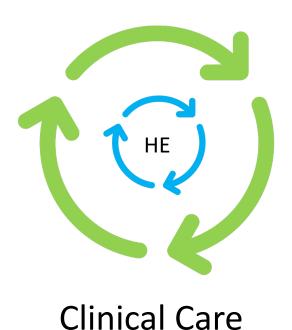
- 1. DEI Checklist
- 2. Universal Question
- 3. Others can be borrowed or created

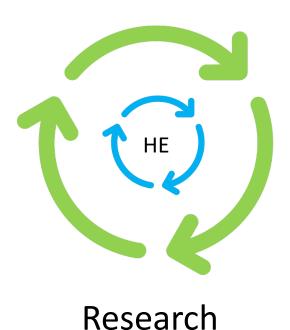


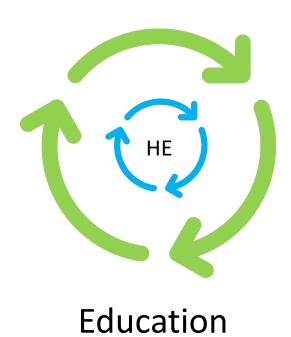


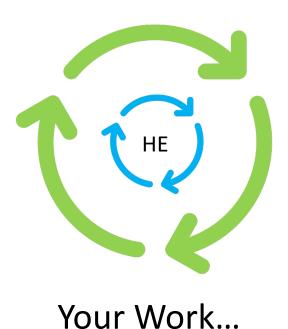


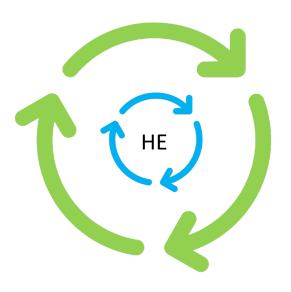












Everyone's Work



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Health Equity Integration Project Coordinator
jrvanroekel@cmh.edu