Today’s Objectives

• Explain the important role equity in health care quality improvement efforts;
• Describe effective approaches health service organizations have taken to integrate equity into their organizational quality and safety strategies; and
• Identify strategies and resources to eliminate disparities and improve outcomes in conditions such as readmissions, heart disease, and diabetes.
Knitasha Washington, DHA, MHA, FACHE
Dr. Washington is a prominent figure in healthcare transformation serving in the capacity of thought-leader, patient advocate and performance improvement expert who has worked with healthcare systems, U.S. government agencies and numerous policymaker groups to ensure that the rights of all patients are respected; particularly the most vulnerable populations while improving quality and cost structures. She is the Executive Director of Consumers Advancing Patient Safety, a nonprofit organization dedicated to fostering the role of the consumer as a partner in pursuing healthcare that is safe, compassionate and just. Dr. Washington also heads an independent consulting firm ATW Health Solutions based in Chicago. Shaped by her passion and belief in social justice, Knitasha has earned recognition nationally for work in both health equity and patient safety.
Safety, Quality and Equity

Of the IOM’s 6 Aims of Improvement

• Safe
• Effective
• Patient-centered
• Timely
• Efficient
• Equitable (has been the least of these to focus on)

Anthony T. Washington Sr.
12/16/1949 – 08/13/2009
A Powerful Model

Stimulus  Response
Choice: The Most Powerful Model

Stimulus  CHOICE  Response
Our Choices Matter Immensely

We Can Achieve Our Aims (Resilience, Better Care, Joy in Practice, Equitable Outcomes and More) by Choosing to Make Them Happen
Why Health and Healthcare Disparities Matter

• Racial, ethnic, and socioeconomic disparities in clinical practice demonstrate that health care is not equitable

• Disparities affect us all, not just the groups facing them:
  • Disparities cost the United States up to $309 billion annually
  • Readmissions cost Medicare ~$26 billion, $17 billion of which is potentially avoidable.
Patient and Provider Challenges

Patient Challenges

• Low health literacy
• Lower household incomes
• Housing insecurity
• Lack of healthy food options
• Limited public and private transportation
• Co-morbid chronic conditions
• Live in vulnerable communities
• Limited access to a primary care providers
• Rare/non-existent specialty care
• Higher rates of substance abuse

Provider Challenges

• Time constraints
• Short supply of support staff
• Technology resources and constraints
• Small business framework
• Scarcity of trained workforce
• Rapidly changing updates and legislative mandates
• Multiple sub-cultural health beliefs of patients
• Lack of patient “concurrence” with treatment plans
• Trust concerns with government programs
• High number of uninsured patients
Example Disparities in Quality and Safety Outcomes

- People in poor households received worse care than people in high-income households for about 28% of patient safety measures.
- In 2014, the rate of inpatient sepsis was worse for patients with Medicaid or no insurance than for patients with private insurance.
- Racial and ethnic minority populations are more likely than their white counterparts to be readmitted within 30 days of discharge.
- Greater use of the emergency room has been linked to homelessness.
- Social isolation has been identified as a risk factor for stroke and heart attack.
- Diabetes-related hospital admissions have been attributed to food insecurity.
• Acknowledge the role health systems play in disparities.
• Understand the business case.
• **Be intentional** about creating a more equitable and values-driven organization that supports achievement of the **highest level of health for all people.**
Equity in Action

What can your organization do different?
Practical Application of Equitable Strategies in Healthcare Service Delivery

- **Operational Excellence**
  - Formally aligning organizational quality strategy with equity (program goals and objectives).
  - Integrating equity principles and examples into leadership training and development.

- **Clinical Outcomes Improvement**
  - Stratifying and reporting quality metrics by patient demographics (i.e. race, ethnicity, sex, payer, etc.).
  - Transforming care delivery through implementation of clinical outcomes improvement projects (readmissions, Sepsis, immunizations, etc.).

- **Patient Experience and Person and Family Engagement (PFE)**
  - Creating Patient and Family Advisory Councils (PFAC) to improve quality and safety.
  - Stratifying and reporting survey data by patient demographics and patient care areas.

- **Human Resources**
  - Stratifying and reporting Press Ganey Employee Engagement results by employee demographics.
  - Workforce development goals (nursing, physicians, etc.).

- **Equity as a Cross-Cutting Imperative**
  - Facilitating opportunities to align Human Resources (workforce), PFE with operations and clinical effectiveness goals.
Medicare FFS 30-day, All-Cause Readmission Rates for Hospitals with High (>16%) and Low (<16%) Minority Populations

Source: Evaluation Contractor analysis of Medicare claims data
Note: Higher-minority hospitals are defined as those with >=16 percent of discharges accounted for by minority patients; lower-minority hospitals are all other hospitals. Includes all U.S. acute care, Maryland, cancer, and critical access hospitals.
Based on data representing the third quarter of 2017, Black patients have a higher rate of readmissions than other races, as follows: Black (13.58%), White (11.25%), Other (10.42%), Asian (10.22%), and Unknown (7.50%). Black patients account for only about 22% of the total discharges. While white patients are nearly 65% and Asians about 3%. The Other category makes up 9% and the Declined, Unknown and Unavailable categories make up the remaining 1% of the total discharges (labeled Unknown).
Using Equitable Strategies and Methods

Exploring the Opportunities
- Quality Outcomes Data
- Safety Outcomes Data
- Patient Satisfaction Data
- Employee Satisfaction Data
- Cost Data

Understanding the Opportunities
- Real Data (Race, Ethnicity and Language)
- SDOH Data (Social Determinants of Health Data)
- Z Codes (ICD10 and predictive modeling)

Engaging Patients and Families and Other Support Resources (limited list)
- Patient and Family Advisory Councils (PFACs)
- Community Health Needs Assessments (CHNA)
- Readmissions Interviews
Z codes: Z55-Z65- Persons with potential health hazards related to socioeconomic and psychological circumstances:

- Z55 Problems related to education and literacy
- Z56 Problems related to employment and unemployment
- Z57 Occupational exposure to risk factors
- Z59 Problems related to housing and economic circumstances
- Z60 Problems related to social environment
- Z62 Problems related to upbringing
- Z63 Other problems related to primary support group, including family circumstances
- Z64 Problems related to certain psychosocial circumstances
- Z65 Problems related to other psychosocial circumstances
# Health Equity – a Strategic Imperative

## AT THE FOREFRONT

**UChicago Medicine**

**Diversity & Inclusion Strategy Overview**

This enterprise-wide strategy encompasses the University of Chicago Medicine and Biological Sciences Division and the Pritzker School of Medicine. The full version of the strategy, developed through facilitated sessions with clinicians, faculty, administrators, students, and staff from across the enterprise, includes action items and metrics for monitoring and assessing progress and goal attainment.

<table>
<thead>
<tr>
<th><strong>WORKFORCE</strong></th>
<th><strong>INCLUSION</strong></th>
<th><strong>EQUITY</strong></th>
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<tbody>
<tr>
<td><strong>Goals</strong></td>
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<td>Recruit, promote and develop faculty, leadership, staff, students and trainees that are representative of the patient populations and communities we serve.</td>
<td>Build and sustain an inclusive environment that is recognized as a model internally and externally for promoting respect, valuing differences between people, ideas and encouraging engagement.</td>
<td>Transform to a culturally and linguistically competent organization without variation in patient outcomes across populations as measured by stratified performance metrics.</td>
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## Objectives

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<td>- Recruit diverse internal and external candidates for faculty, leadership and professional positions</td>
<td>- Ensure that diversity, inclusion and cultural competence knowledge, skills and behavioral expectations are integrated into key human resources processes</td>
<td>- Institute practices for cultural and linguistic competence, and health literacy to impact patients’ health outcomes and experience</td>
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<tr>
<td>- Provide leadership development for all faculty, leadership, staff, students and trainees with a particular focus on minorities and women</td>
<td>- Provide venues such as Diversity Dialogues and Employee Resource Groups (e.g. Lesbian, Gay, Bisexual, Transgender) for discussing challenges and opportunities related to diversity, inclusion and cultural competence and to develop mechanisms to address them across the UCMBSD</td>
<td>- Institutionalize on-going training for all faculty, administrators, leadership, and staff in cultural and linguistic competency, health literacy, and patient-centered care</td>
</tr>
<tr>
<td>- Develop pipeline programs and talent review processes to identify and mentor diverse candidates at all levels of the organization for promotion and advancement</td>
<td>- Actively involve patients and families in their own care and quality improvement initiatives</td>
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</tr>
<tr>
<td>- Utilize the BSD Diversity Committee and Trainee Committee to support the diversity objectives for our population of graduate students, postdocs and fellows</td>
<td>- Implement Business Diversity Best Practices across the enterprise</td>
<td>- Integrate equity indicators and methods into the UCM quality improvement processes to improve health outcomes and the patient experience</td>
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**Diversity & Inclusion Steering Committee | D & I Faculty Advisory Board | Human Resource Committee | Diversity & Equity Committee**
Health Equity – a PFE Imperative

Person and Family Engagement (PFE) - “persons, families, their representatives, and health professionals (clinicians, staff, and leaders), working in active partnership at various levels—direct / point of care, organizational design, policy, and procedure; organizational governance; and community / policy making—across the health care system and in collaboration with communities to improve health, health care, and health equity.”


Healthcare Research & Education Trust (HRET)
Person and Family Engagement Framework

Framework for Engaging Health Care Users

**Individual**
- Increase the skills, knowledge and understanding of patients and families about what to expect when receiving care.
- Demographics
- Prior Experience
- Knowledge Skills
- Attitudes

**Health Care Team**
- Promote shared understanding of expectations among patients and providers when seeking care.
- Bedside Inpatient Unit
- Emergency Department
- Clinic
- Exam Room
- Home

**Organization**
- Encourage partnerships and integrate the patient and family perspective into all aspects of hospital operations.
- Hospital
- Patient-Centered Health Home (PCHH)
- Accountable Care Organization (ACO)

**Community**
- Expand the focus beyond the hospital setting and find opportunities to improve overall community health.
- Schools
- Neighborhoods
- Public Health
- Faith-based Groups
- Community Groups
- Coalitions

Information Sharing... Shared Decision Making... Self-Management... Partnerships

Source: AHA COR, 2013.
St. Bernard Hospital: PFACQS
Lessons Learned

• For the council to be effective in helping the hospital make meaningful changes, it must be reflective of the patients served and the staff that care for them.

• Important that organization teams examine and define vulnerable populations.
  • Who are the unheard voices that need to be amplified?

• Discuss and formalized plan for recruitment
  • Community groups that have supported and challenged the hospital
  • Word of mouth
  • Partnering with specific departments and personnel
  • Letters and phone calls
Please tell us about yourself and your experience or interest in engaging patients and family members to improve the care we offer at St Bernard. The information you share is kept private.

Your Name: ________________________________
Address: ________________________________
City_________________ State_________ Zip code_________
Email: ________________________________
Home Phone: ______________________ Mobile/Cell: ______________________

Please tell us about your racial and ethnic background. This will help us ensure diversity in the membership of the Patient Family Advisory Council for Quality and Safety.

1) What is your ethnic background?
   a. ___ Hispanic, Latino, or Spanish
   b. ___ Not of Hispanic, Latino, or Spanish origin
   c. ___ Mexican, Mexican American, Chicano
   d. ___ Puerto Rican
   e. ___ Cuban
   f. ___ Some other Hispanic, Latino, or Spanish origin
   g. ___ Do not know
   h. ___ Do not want to say

2) What is your race? (One or more can be checked)
   a. ___ American Indian/Alaska Native
   b. ___ Asian
   c. ___ Black or African American
   d. ___ Native Hawaiian/Other Pacific Islander
   e. ___ White
   f. ___ Some other race
   g. ___ Do not know
   h. ___ Do not want to say

3) What is your age range?
   a. ___ 18-30
   b. ___ 31-40
   c. ___ 41-50
   d. ___ 51-60
   e. ___ 61+

4) Do you work or volunteer in your community?
   a. __ Yes  __ No

5) If you work or volunteer in your community, where do you work or volunteer?
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

6) Why are you interested in volunteering your time to work with the Council to improve care at St. Bernard Hospital?
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

7) What do you think patients and families will bring to Council efforts to offer excellent care and service?
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

8) What services have you or your family received at St. Bernard Hospital?
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
PFE Construct for Quality Improvement

- Point of Care
- Organizational and Committee Level
- Governance Level
- Community Level
Background: connecting PFE to outcomes

30-day potentially unplanned readmission by PFE metric implementation

- **Aggregate of N = 140 Vizient HIIN hospitals**
- **High PFE performers meet four or five PFE metrics**
- **Low PFE performers met three or fewer PFE metrics**
Project design: connecting PFE to outcomes

Objective:
To determine if a correlation exists between PFE implementation and improved outcomes.

Analysis questions:
Do hospitals perform better in quality and safety when they have PFE implemented within their organization?

Do hospitals perform better in quality and safety when PFE is integrated into quality improvement programming?

What impact does the voice of the patient have on an organization’s quality and safety performance?
Patients First logic model

- Managed quality and safety programs
  - Budget
  - Metrics
  - Accountability
  - Structure

- Hospital commitment and strategy

- Five HIIN PFE metrics

- PFE-integrated quality and safety

- PFE-enhanced quality and safety culture

- Total hospital quality and safety performance
  - Level of quality and safety
  - Quality and safety system alone
  - Quality and safety system plus PFE

HIIN = Hospital Improvement Innovation Network
### Results: outcomes measures

#### Quantitative Analysis

<table>
<thead>
<tr>
<th>Outcome Measures</th>
<th>Hospital Count</th>
<th>Lowest Performers</th>
<th>Middle Performers</th>
<th>Highest Performers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls*</td>
<td>79</td>
<td>+0.09</td>
<td>-0.24</td>
<td>-0.40</td>
</tr>
<tr>
<td>Readmissions*</td>
<td>69</td>
<td>+0.23</td>
<td>0.00</td>
<td>-0.21</td>
</tr>
<tr>
<td>SSI Hip and Knee**</td>
<td>59</td>
<td>+0.25</td>
<td>-0.15</td>
<td>+0.09</td>
</tr>
<tr>
<td>Sepsis**</td>
<td>90</td>
<td>+0.12</td>
<td>+0.30</td>
<td>+0.11</td>
</tr>
<tr>
<td>Iatrogenic Delirium**</td>
<td>75</td>
<td>+0.01</td>
<td>+0.19</td>
<td>+0.30</td>
</tr>
<tr>
<td>Ventilator-Associated Events**</td>
<td>67</td>
<td>+0.17</td>
<td>+0.43</td>
<td>-0.04</td>
</tr>
</tbody>
</table>

* study variables
** control variables

A negative correlation indicates that the higher the PFE implementation, the lower the outcomes measure (rate of adverse or harmful events).
Approximately 200 Hospital Reports Disseminated in 2019
Reconsider health service delivery designs

• Break the barriers of traditional care.
• Eradicate unjust processes and protocols by developing diverse teams to help identify practice improvement opportunities.
• Identify opportunities to better triage and activate high risk and specialty patients.
• Collect race, ethnicity and preferred language (Real) data and identify a system or process to collect and integrate SDOH data.
• Stratify patient outcomes, patient satisfaction, and employee satisfaction data by demographics.
• Utilize REAL and SDOH data elements to identify, monitor and manage disparate outcomes.
• Leverage community relationships and resources to optimize support for care transitions and self-care sustainability.
Transforming Healthcare
Strategies for Co-Creating Quality, Safety and Equity

Improve and expand all aspects of patient engagement

- Point of care (teach back, warm hand-offs, medication management, etc.)
- Operations, councils and committees
- Policy
- Community
- Seek to understand individual behaviors and the contexts in which these behaviors arise (social determinants of health).
Transforming Healthcare Strategies for Co-Creating Quality, Safety and Equity

• Build and sustain an *inclusive environment* that is recognized as a model internally and externally for promoting respect, encouraging engagement, and valuing differences between people and ideas.

• Use *data* to guide the improvement process.

• Transform to a *culturally and linguistically sensitive organization* that works to meet people, patients and staff "where they are".

• *Recruit, promote and develop faculty, leadership, staff, students and trainees* that are representative of the patient populations and communities we serve.

• *Partner with the patients, families and caregivers* that represent your patient population to improve quality (i.e., readmissions interviews).
Transforming Healthcare
Strategies for Co-Creating Quality, Safety and Equity
Contact Information:

Knitasha V. Washington, DHA, FACHE
President & Founder
ATW Health Solutions, Inc.
1132 South Wabash, Suite 604
Chicago, IL 60605

312-858-6800 (office)
312-858-7464 (fax)
312-589-0185 (mobile)
kwashington@atwhealth.com
www.atwhealth.com