Welcome to the Disparities Solutions Center’s Web Seminar Series

Improving Quality and the Patient Experience: Creating Culturally Competent Healthcare Organizations

Thursday, May 3rd, 2012
3:00PM – 4:30PM ET

September 25th & 26th, 2012
Le Meridien Hotel
Cambridge, Massachusetts

The Forum is designed for leaders that are active in health care delivery—including those from health plans, hospitals, and health centers across the country—who focus on quality improvement. It will provide participants with implementation strategies, tools, and skills to identify and address racial and ethnic disparities in health care within their organization, as well as techniques to transform organizations to focus on quality and equity.

To stay posted, please go to the forum webpage or register for updates by e-mailing disparitiessolutions@partners.org with your Name, Title, Organization, and E-mail address. Feel free to share with others who may be interested in attending.
Brenda Battle, RN, MBA, joined Barnes-Jewish Hospital as director of the Center for Diversity and Cultural Competence in August 2006. In her role, she oversees and implements programs to eliminate health disparities for diverse populations and to promote diversity and cultural competence within Barnes-Jewish Hospital, Washington University School of Medicine and other BJC affiliated hospitals and health services. She serves as an Advisory Board Member of the Program to End Cancer Disparities (PeCAD) at Siteman Cancer Center and the African American Advisory Board for the Alzheimer’s Disease Research Center at Washington University School of Medicine.
Kirk Dabney, MD

Kirk Dabney, MD, is an Assistant Professor of Orthopaedic Surgery in the Department of Pediatric Orthopaedic Surgery at the Alfred I. DuPont Hospital for Children. Dr. Dabney is the Clinical Director of Nemours’ new Office of Health Equity and Inclusion and co-directs the Cerebral Palsy Division/program which is one of the largest in the country. He has numerous publications in peer review journals, and book chapters. He is nationally and internationally recognized in the orthopaedic treatment of cerebral palsy. Dr. Dabney has been involved with the diversity mentorship program in the American Academy of Orthopaedic Surgeon. He is actively involved in his community as a mentor and tutor in math for young African-American males. He is an active member of the Strategic Management committee and will be the physician leader for diversity and cultural competency at AIDHC.

Arie Nettles, PhD, NCSP, HSP

Arie Nettles, PhD, NCSP, HSP, is an Associate Professor in Clinical Pediatrics in the Department of Pediatrics Division of Developmental Medicine at the Vanderbilt University Medical Center. Nettles co-edited two books on equity and assessment in education conducted research in chronic illness, achievement and functioning among underrepresented children and families. She is actively involved in projects, educational initiatives, and community activities at the international, national and local levels in areas of diversity and equity issues in children’s health care, education, and assessment. Nettles is the Clinical Director of the Office for Inclusion and Health Equity.
Improving Quality and Patient Experience: Creating Culturally Competent Healthcare Organizations

Presented by
Brenda A. Battle, RN, BSN, MBA
Director, Center for Diversity and Cultural Competence
May 4, 2012

Facts:
• Began journey fall 2006
• President champion
• Board committee

Challenges:
• Good reputation for quality care
• Failed efforts on diversity in the past
• Perceived flavor of the month
• New executive leadership team
Business Case

- Mission, vision and values
- Regulatory changes
- Patient/staff demographics
- Patient safety and quality
- Health equity

The Ladder of Cultural Competence
(Sue, 2006)

- Understand the institutional forces that support or negate cultural competence
- Develop appropriate interventions and techniques
- Understand our worldview as well as the worldview of culturally diverse patients, coworkers
- Develop self-awareness of our own assumptions, values, and biases about human behavior
Training requirements
Staff confidence in communicating with patients and colleagues from diverse backgrounds

- 69.7% agreed or strongly agreed on pre-test
- 88.4% agreed or strongly agreed on post-test
- 90.9% agreed or strongly agreed they will apply new learning and skills to their work and cross-cultural interactions

Lessons learned

- Need an executive champion and leadership buy-in beyond champion
- Need a strategic plan
- Use change management techniques
- Collaboration is key
- Need to connect to other strategic efforts
- Metrics
Thank You,
Brenda A. Battle, RN, BSN, MBA
Director, Center for Diversity and Cultural Competence

Improving Quality and the Patient Experience: Creating Culturally Competent Health Care Organizations- The Nemours Experience

Kirk Dabney, M.D.
Assistant Professor of Orthopedic Surgery
Clinical Director, Office of Health Equity and Inclusion
Nemours Alfred I. duPont Hospital for Children
Wilmington, DE
What Is the Cultural Competency of Your Organization?-Measuring Organizational Cultural Competency and Creating a Strategy for Change

http://www.qualityforum.org/About_NQF/Development_of_a_Cultural_Competency_Implementation_Survey_Measure.aspx

The Kotter Model For Change

- Establish Urgency
- Create A Guiding Coalition
- Develop A Vision and Strategy
- Communicate the Change Vision
- Empowering Broad-Based Action
- Generating Short-Term Wins
- Consolidating Gains and Producing More Gains
- Anchoring New Approaches In The Culture

Understanding How to Create and Communicate the Urgency Within Your Organization

- Examine Your Organizations Vision and Values
- Examine Your Organization’s Strategy
- Link the rationale for urgency to your strategy
- Communicate the Urgency to Multiple Levels of the Organizations
Defining The Need for Cultural Competency Within Your Organization- The Urgent Need for Change

• The “Faces” of Our Patient Population Are Changing

• Define the population you serve.

• Quality and Patient Satisfaction Are Dependent On Becoming a Culturally Competent Organization

Moving Cultural Competency Forward Within Your Organization- A Guiding Coalition and Vision

• Find an Executive Champion (Ideally the CEO) and other Key Leaders early in the process

• Learn from other organizations

• Form a HIGH PERFORMANCE TEAM- a CORE team of influencers/obtain training for your team

• Establish Resources (a budget) Early

• Establish focus Groups to Build Momentum from within your organization

• Develop a Communication Strategy for Your Vision

EMBRACING OUR COMMUNITY: Respect and care for all.
Moving Cultural Competency Forward Within Your Organization—Communicating the Change Vision

- Educate Your Executive Team (should be a major event and invite credible speakers)
- Selection of material/format for culturally competency training
- Cross-cultural Training
- Web-based/Facilitator lead components
- Pilot initial training (3-4 patient care teams) to receive feedback, make adjustments, and get proof-of-concept
- Measure individual cultural competency of team members as a baseline

Establish Baseline Disparity Data: Using Quality and Patient Satisfaction Data: To Establish Credibility and Increase Urgency

- **Asthma Admissions**
  - Total = 1,068
  - American Indians: 1 (0.1%)
  - Asian: 6 (0.6%)
  - Black or African American: 429 (40.3%)
  - Pacific Islander: 3 (0.3%)
  - White: 431 (40.5%)
  - Unknown: 38%
  - Readmission rate = 1% (no disparities between groups)

- **Cultural Competency Initiative**
  - In-patient Experience (% in top box)
  - Outpatient Experience (likelihood to recommend practice (% in Top Box)

**Establish Baseline Disparity Data**

- To establish credibility and increase urgency.
Challenges

- “Competing” initiatives for participants time
- Allocation of resources
- Keeping up with the momentum-
- Completing the Cultural Competency Training for the remaining workforce (Training the Trainers to multiply efforts)
- Some resistance (mostly physicians,) “something more that we will have to do”
- Validity/Strength of measurement tools
- Data Collection ("untrained data collectors", large -20%, incomplete category)
- Systematizing/standardizing the data reporting process by race, ethnicity, LANGUAGE

Improving Quality and the Patient Experience: Creating Culturally Competent Health Care Organizations-Broad-based Action: Moving to the next level

- Formation of Advisory Committee with 6 subcommittees
- Quality
- Cultural Competency Education
- Community Engagement
- Workforce Diversity
- Language and Healthcare Literacy, and Health Beliefs.
- Healthcare Equity Research
Improving Quality and the Patient Experience: Creating Culturally Competent Healthcare Organizations

“Health Equality for Children: Inception of the Office of Inclusion and Health Equity”

Arie L. Nettles, Ph.D. NCSP, HSP
Associate Professor of Clinical Pediatrics
Director of the Office of Inclusion and Health Equity
MONROE CARELL JR. CHILDREN’S HOSPITAL AT VANDERBILT

May 3, 2012
3-4:30P EST
Web Seminar jointly sponsored by the Disparities Solutions Center at Massachusetts General Hospital and Health Research and Educational Trust of the American Hospital Association
MISSION

“The mission of the Office of Inclusion and Health Equity is to promote inclusion and equity for all children and families who receive care through Vanderbilt University Medical Center in an environment that is known to respect and welcome by ensuring that faculty, staff, and learners receive appropriate education and training to deliver effective, high quality health care.”

The mission explicitly aligns with the mission of the Monroe Carell Jr. Children’s Hospital and the Vanderbilt University School of Medicine Department of Pediatrics, which both proudly serve patients and families from a rich array of diverse culture and backgrounds.

Journey begins with the realities...

- Institutional foundation already laid (e.g. Vanderbilt University Medical Center Office of Diversity, Interpreter Services, and other efforts)
- Changing demographics
- Estimated Year 2042 racial/ethnic minorities will become “minority majority” covering 50% of the national population
- Estimated Year 2023 racial/ethnic minorities will constitute over 50% of the nation’s children
- Shortage of underrepresented minority providers
- Impact of hard outcomes impacting patient care:
  - Satisfaction
  - Adherence
  - Morbidity and mortality
  - Cost
Realities continued...

Sociocultural Barriers to US Healthcare:

- Language and nonverbal communication
- Health practices and beliefs
- Role of family members in health care decision-making
- Patient knowledge and expectations of the health care system

Published national standards:
1) 2003 IOM report, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health—Identified cultural competence training of health professionals
2) Liaison Committee on Medical Education (LCME) standards in ED-21 and ED-22: Require teaching students to appreciate patients’ understanding of health related to their cultural background and to acknowledge and address biases in health care
3) Future Joint Commission standards requiring that health care professionals receive training in the delivery of services to diverse populations

Journey continues...

- Participated in education and training of designated organizational team:
  - Disparities Leadership Executive Training Program (year-long intensive study)
  - Implementing the Kotter Model (8-step framework for organizational change)
    - Establishing a sense of urgency
    - Building a coalition
    - Create a shared vision
    - Communicate vision repeatedly
    - Empowering others to act of the vision
    - Planning for and creating short term wins
    - Reinforce change
    - Institutionalizing new approaches
- Established Administrative Functions and Core Team
  - Administrative Oversight
  - Core Team: Director, Designated Nurse Leader, Program Manager, Senior Leadership Advisors
- Established Funding Source
- Determined OIHE Four Major Initiatives
  1) Ensure that the workforce (i.e. faculty, house staff, residents, students, nursing, clinical and non clinical staff) have the education and training to support the delivery of high quality culturally aware and competent care;
  2) Evaluate and continue to improve patient satisfaction in cross cultural communication;
  3) Expand inclusion and health equity efforts through developing and implementing strategic vision and plan, programs, and initiatives; and
  4) Serve as a research unit for the identification and elimination of racial and ethnic health disparities in collaboration with the Department of Pediatrics.
### Three-Year and Long Term Work Plan

**Year One:**
- Collaborate with university organizations to promote and inform existing programs and efforts that welcome and support individuals of all backgrounds.
- Collaboration with Human Resources, Learning Exchange, EAD, OGC, and other offices as appropriate, develop and implement cultural competence awareness sensitivity education and training curriculum, e.g. Quality Interactions E-Learning Program.
- Distribute organizational wide cultural awareness and sensitivity survey.
- Perform organizational needs cultural competency assessment.
- Review Joint Commission "A Roadmap for Hospital" for policy compliance-collaborative efforts with the medical center.
- Process change for collection of race and ethnicity and language data for patient satisfaction.

**Year Two:**
- Implement organizational wide cultural competency education and training.
- Develop and implement race and ethnicity data collection and analyses to identify patient and workforce diversity and associated needs.
- Continue participation at the national level regarding pediatric health inclusion and equity.

**Year Three:**
- Develop health equity reports.
- Develop research plan for identification and elimination of health disparities.
- Increase interpreter services in collaboration with Office of Interpretive Services.
- Work on the Health Equity Dashboard.
- Establish community partnerships.
- Pursue recognition as a local, regional, and nation leader and resource for OIHE four major initiatives in education and training, evaluation of patient satisfaction and communication, expanding health equity, and establishing research for identification and elimination of health disparities.

### *Buy-In*

An extensive "buy-in" interview and assessment process with senior leaders in the Medical Center, School of Medicine, School of Nursing, Office of the General Counsel, Equal Opportunity Affirmative Action and Disability.

- Formal presentations by Core Team
- Cultural Competency Retreat for Senior conducted by national experts
- Informal conversations and presentations

**Established the OIHE Education Steering Committee**

Development of the OIHE Cultural Awareness, Sensitivity, Education and Training Survey

**Establishing the OIHE Advisory Leadership Board**

Development of the OIHE website:
- [http://www.childrenshospital.vanderbilt.edu/equity](http://www.childrenshospital.vanderbilt.edu/equity)
- [http://www.childrenshospital.vanderbilt.edu/inclusion](http://www.childrenshospital.vanderbilt.edu/inclusion)
**Quality Interactions (QI)**

- E-learning program
- Evidence based, case-based instruction on cross-cultural health care
- Best known e-learning program for the subject matter
- Interactive program
- Focuses on common clinical and cross-cultural scenarios that build a framework of knowledge and skills for delivering quality care to diverse patient populations
- Accredited Program

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<th>Respect: Respect Diversity</th>
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<tr>
<td>Recognizing what you have in common with others</td>
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<td>Accepting different customs, values, perspectives</td>
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<td>Avoiding stereotypes and assumptions</td>
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<th>Understand: Understanding Differences</th>
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<td>Understanding the types of customs, values, and perspectives that can lead to cross-cultural tension</td>
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<td>Knowing yourself and your own cultural perspectives</td>
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<td>Learning about others and their culture perspectives</td>
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<th>Communicate: Communicate Clearly</th>
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<tr>
<td>Speaking clearly and effectively</td>
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<td>Addressing language barriers and using interpreter services</td>
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<td>Working with patients with limited literacy skills</td>
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<th>Engage: Engage the Individual</th>
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<td>Working with people whose cultural perspectives are different</td>
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<td>Negotiating differences across cultures</td>
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**Lessons learned…**

- **Buy-in**
- **Education and training senior administration, core team, house-wide**
- **Listen**
- **Follow a research framework**

*"Whether you do transplants or whether you plant flowers, it is our job to make sure that we meet the unique and specific needs of patients and families from a rich array of diverse cultures and backgrounds in order to achieve health equality for children."*

Arie L. Nettles, Ph.D. NCSP MHP
Associate Professor of Clinical Pediatrics

Office of Inclusion and Health Equity
Thank you,

Office of Inclusion and Health Equity

Please help us further improve our web seminars by taking a moment to complete an evaluation of today’s event. Please click the link below and complete the evaluation on your web browser.

Take the Survey!
Question and Answer Period

You can submit questions by typing them in the chat box at the lower left hand corner of your screen, making sure that you specify to whom the question is directed (if anyone in particular) and hit “submit question.”

Improving Quality and the Patient Experience: Creating Culturally Competent Healthcare Organizations

Facilitator

Joseph Betancourt, MD, MPH
Director, The Disparities Solutions Center at MGH

Presenters

Brenda Battle, RN, MBA
Director, Center for Diversity and Cultural Competence, Barnes Jewish Hospital

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Clinical Director, Office of Health Equity and Inclusion; Pediatric Orthopaedic Surgeon, Nemours/ Alfred I. duPont Hospital for Children

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Thank you for your participation!

www.MGHDisparitiesSolutions.org