



“Leadership As A Value”

A Case Study of Barnes-Jewish Hospital in St.Louis, MO

Facility name: Barnes-Jewish Hospital

- ❖ St. Louis, MO
- ❖ # beds: 1200
- ❖ # annual admissions: 52,000
- ❖ # annual emergency visits: 86,769

Problem:

In order for diversity efforts to succeed in a large organization, the organization’s leaders must be intrinsically involved in the diversity effort being nominated, provide the vision for the program(s), and involved in their development and implementation.

Background:

Barnes-Jewish Hospital (BJH) is the 1200 bed, adult-teaching hospital for Washington University School of Medicine, and the largest hospital in the BJC Healthcare System. BJC Healthcare System is comprised of 14 hospitals and several ancillary services, physician practices and other services. It is the largest employer in the state of Missouri. BJH is primarily a specialty care hospital, providing tertiary and quaternary care. The BJC Healthcare System provides primary care in our outpatient health clinics. The diverse patient population served: 61% Caucasian, 37% Black/African American, 2% other. Approximately 5% of the patients speak a language other than English.

Solution: “Leadership as a Value”

To be successful, a diversity effort must be aligned with the mission, vision, values, strategy and goals of the organization. The diversity effort must be supported by policies, practices, and communications. The leadership of Barnes-Jewish Hospital (BJH) is engaged in the work of diversity and inclusion in a number of ways. Diversity and Inclusion are included as a component of the strategic plan under the People and Service categories. The leadership has participated in the planning and implementation of several aspects of the development of the plan, including the recommendation to the Board of Directors for the development of the Center for Diversity and Cultural Competence. BJH leadership agreed to the initial allocation \$1.56 million to establish the Center. The leadership has participated in several hours of diversity and inclusion training. The leadership also engaged in the 2008 Organizational Assessment, utilizing recommendations from the assessment, to guide strategies for developing the diversity and inclusion efforts for BJH.

Since the inception of the Center for Diversity and Cultural Competence, BJH has committed over \$3.2 million dollars to the diversity efforts. BJH leadership committed these funds to the Center. Additionally, leadership committed to an organizational assessment to evaluate its



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efforts toward becoming a diverse and inclusive organization. The leadership was actively involved in the assessment process. This evaluation provided a roadmap for BJH to further develop and implement strategies for diversity and inclusion. The entire executive leadership team, and over 22 members of (The BJH) Diversity and Inclusion Council, went through a three day, off campus training with the National Conference for Community and Justice (of Metropolitan St. Louis) (NCCJStl) in 2008 to understand personal and organizational barriers to, and enablers of, diversity and inclusion. During this training, BJH leadership came to understand how power and privilege, or the lack there of, contribute or inhibit an organization’s ability to be diverse and inclusive. In April of 2010, BJH executive and senior leadership teams underwent an additional 8 hours of training on how to integrate cultural competence and inclusion in everyday work. Cultural - competence initiatives and interventions were implemented to improve the care to our patients. BJH leadership is in full support of, and engaged in, these initiatives to become a diverse and inclusive organization.

Implementation:

Programs that have been implemented as result of senior management involvement include:

- education and training programs, including mandatory training programs, health literacy programs for employees, development and succession planning programs and recruitment programs;
- the talent management process has been developed as a result of senior management involvement;
- interpreter and translation programs have been expanded;
- the Diversity and Inclusion Council was implemented;
- an organizational assessment was conducted;
- programs to engage staff in the community have been implemented.

At BJH, Diversity is indeed a leadership value, as exemplified by it’s inclusion in BJH’s strategic plan. Additionally, it is included as a component of our Board governance and our Service Excellence strategy. In the end, outlined initiatives result in improved patient outcomes and better service to the community while treating people as individuals, both internally and externally. BJH’s mission statement supports our organizational philosophy.

- The **Mission:** BJH takes exceptional care of people...by delivering care in a *compassionate, respectful and responsive* way;
- The **Vision:** BJH, along with our partner, Washington University School of Medicine, will be national leaders in medicine and the patient experience.

Internally, BJH’s service excellence mission is portrayed through the ICARE (Integrity, Compassion, Accountability, Respect and Excellence) program. This program is a new initiative at BJH, to ensure that employees are respected and feel valued. The program is championed by



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BJH’s Vice President of HR. BJH is in the process of recruiting for a Director to oversee the development and management of the program.

Alignment to organizational goals, and employee engagement, is critical. To be successful, a diversity effort must be aligned with the mission, vision, values, strategy and goals of the organization. The diversity effort must also be supported by policies, practices, and communications.

Employees at all levels of the organization have the opportunity to engage in the diversity mission through participation on the Diversity Council and any of its three Committees. Employees are required to participate in mandatory training exercises and can also take part in voluntary diversity training options. Employees are engaged in opportunities to promote inclusion through committees such as Health Literacy and Service Excellence. Also, all employees are encouraged to participate in the annual Employee Engagement Survey to express their views about the diversity and inclusion efforts of BJH. BJH has over 80% participation in this survey annually. Employees at all levels have the opportunity to participate in diversity events such as the Gay Pride parade. BJH volunteers to participate in the Festival of Nations, which is an annual program of the International Institute. BJH employees at all levels participated in focus groups for the Organizational Assessment. Opportunities to participate in diversity and inclusion efforts at BJH are available to employees on an ongoing basis.

BJH interfaces with the public in a number of ways. BJH supports organizations in their fund raising efforts, allowing BJH staff to attend many of those organization’s events. BJH staff volunteer in the community in a number of forms of service from direct health care delivery to board participation, and participate in the community diversity efforts such as the aforementioned St. Louis Diversity Initiative, NCCJStl. Additionally, BJH engages with members of the community with training on cultural competence. BJH supports community business through contracts and services, and sets goals for minority contracting. BJH is a member of the St. Louis safety net of providers, working closely with partners in the community to deliver health care to the underserved and under- and uninsured.

Conclusion:

BJH is experiencing a culture change in regard to diversity. The programs that have been implemented and described are indications of the impact that BJH’s diversity program has had. The impact of the program is reflected in the diversity scores in the Employee Engagement Survey. BJH began conducting this survey in 2008. The diversity score at that time was an aggregate of 80%. In 2009, the aggregate diversity score was 81%. BJH has experienced an increase in the aggregate diversity in our workforce. Diversity outcomes are slightly improved from 2007 compared to 2010. Diversity scores at the management level increased from 11% to 14% from 2007 compared to 2010.