Our Journey Toward CLAS

Institute For Diversity in Health Management
Ohio Benchmarking Symposium on Diversity and Disparities
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Our History and Commitment to Diversity & Cultural Competency

- Board Resolution in 2000
- The Forming of A Diversity Steering Council
- Development of A Diversity Strategic Plan
- Leadership Expectations
HUMILITY OF MARY HEALTH PARTNERS RESOLUTION

- Whereas, Humility of Mary Health Partners recognizes that its mission is rooted in the healing ministry of Jesus; **we are committed to creating a climate that reflects respect and regard for inclusion.** It is **through compassion and inclusion** that we live our mission to be **God’s healing presence to others.** To do so, we realize that our organization must include a diversity of people and a sharing of God’s abundant grace with all mankind.

- We therefore resolve that the Management of Humility of Mary Health Partners shall actively seek, as an organization, to develop a workforce that is both **competent in diversity and reflective of our community,** across all aspects of our organization.

- The Board hereby charges the administration of HMHP to develop a plan to address these issues including the means to measure the plan’s progress and success.

- Now, therefore, it is resolved by the Board of Trustees of Humility of Mary Health Partners, Youngstown, Ohio, at a regular meeting of such Board held on

The Forming of a Diversity Steering Committee

The charge of the Steering Committee, as set forth in a Resolution of the HMHP Board of Trustees, is to focus on:

- workforce competency in diversity especially by management and patient care personnel,
- a workforce reflective of both our community and our patient populations,
- personal accountability, and
- an ongoing means to measure plan progress and success.
A **Diversity Strategic Plan** was developed by the Steering Committee. In that Plan, *initiatives were developed around 5 key areas* where results would be targeted. These 5 key areas are:

- **Patient Care Practices** (culturally-sensitive care; patient visiting policies; patient complaints; patient satisfaction)
- **Employee Practices** (candidate slate makeup; selection process; diversity sensitive promotional practices; separations; employment demographics)
- **Organization and Leadership** (culturally-sensitive leadership; teamwork; emotional intelligence)
- **Community Service** (community outreach and volunteerism)
- **Communication and Education** (culturally-sensitive information sharing; alignment strategies; awareness and skill building)
The Diversity Challenge for HMHP is to create an environment of Inclusion... an environment that engenders the strength of our diversity, enhances organizational synergy, and thus increases our overall effectiveness. We believe such an environment supports our Mission to be a Healing Presence to All we Serve (including one another).
2008 Cultural Competency Self Assessment Performed

- In 2008, We revamped our momentum to emphasize our commitment and focus on Cultural Competency, using a self assessment tied to CLAS (Culturally Linguistically Appropriate Services).
Humility Of Mary Health Partners
An Embedded Approach

- In-House Multi-disciplinary Team Selected by Executive Team
  - Human Resources Director
  - Hospice Minority Outreach Coordinator
  - Director of Marketing & PR
  - Registered Staff Nurse
  - Nursing Manager
  - Medical Resident
  - Physician
  - IT Specialist

- Executive Sponsors ... COO and SVP HR

- 5-Day Training for In-House Team of 8 CLAS Assessors

- Team Conducted Assessment Process
The Survey/Assessment Process

- Based upon the 2000 CLAS standards
- Interviews and data scored and evaluated by internal assessment team with external consultant coaching
- 3 Separate Assessments ... 1 for each of the 3 HMHP hospitals (St. Elizabeth Health Center, St. Joseph Health Center, and St. Elizabeth Boardman Health Center)
- Internal team collected Focus Group feedback used as ancillary information (Physician, Clinical, Non-Clinical, Leadership, Management, and other Front-Line Staff)
- Scoring completed by internal team and validated by external consultant
Survey/Assessment Process

1. Community Survey
   - Discharge Data Analysis
2. Leadership Conference
3. Management Conference
4. Policy/ Document Review
5. Employee Interviews & Facility Tours
6. Patient Chart Reviews & Tracking/ Clinical Interviews
7. Surveyors’ Pre-Assessment
8. Closing Session
Discharge Data Analysis

- Patient volumes substantially skewed female
- African Americans significantly higher vs. Hispanics in service area population and patient discharges
- Asian Americans underrepresented in all patient care areas
- African American and Hispanic volumes heavily skewed to ER with low Inpatient admits from ER and high AMAs across the board
- African Americans display high Inpatient readmits
- Self pay patients display poorer outcomes in all patient care areas
- Other/unknown patients slightly overstated everywhere
Areas of Strength/Organizational Best Practices

- Hospital leadership committed to cultural competency and customer service
- An embedded and well-supported Strategic Diversity Plan in place
- HMHP Strategic Plan includes Cultural Competence
- Promising examples of culturally competent, patient centered outreach
- Strong leadership emphasis on awareness & attention toward diversity & cultural competency
- Policies, Process and Procedures defined and documented
- Hospice Minority Outreach
  - Effective response to needs & beliefs
  - Strong outreach initiatives
- Ongoing Action Planning and Monitoring
- 6-Year Old Minority Fellowship Program
  - 1 to 2 diverse fellows each year
  - 95% retention success
Opportunities

- Clarify vision of cultural competency within strategic plan
- Build greater consistency in policy application
- Organizational awareness and understanding of CLAS standards
- Clarify difference between diversity and cultural competency
- Infuse cultural competency application skills into employee base
- Engage physicians in cultural competency
- Identify and hardwire monitoring of stratified data
Survey Team Recommendations

- Establish systematic process for language services
- Design/implement cultural competency training plan
- Build Improvement Action Plans by facility and implement
- Integrate cultural competency into Quality, Service & Communication functions
- Broaden scope of community participation
- Post expanded patient rights in readily visible areas of organization
Request or Call to Action

- Develop and submit action plan within 30 days of report review
- Submit book of evidence of completed action plan items within 6 months of action plan submission
- Identify agreeable recommendations and plan for implementation
- Determine any future need for external assistance and engage as appropriate
Taking Action

Subsequent Action/Results/Successes

- Comprehensive Plan developed and implemented at all 3 hospitals
- Action Plans implemented within 6 months
- Most opportunities addressed
  - Formalized process for collecting patient race and ethnicity data
  - Training developed and implemented on how to collect patient data
  - Diversity metrics built and accountability assigned to senior leadership for achieving specific goals
- Leadership commitment ongoing
- Multidisciplinary survey team integrated into the HMHP Diversity and Cultural Competency Steering Team with diversity councils implemented at all 3 hospitals
Taking Action

Subsequent Action/Results/Successes Continued...

- Universal Signage implemented

- LEP signage placed at every main entrance

- Interpreter Services (formerly Language Line now Cyracom)

- Language & Special Needs Committee Formed (reports back to Steering Committee)
Taking Action
Subsequent Action/Results/Successes Continued...

- Community Outreach Programming (i.e., Hispanic, Latino & Immigrant Health, 300 Sisters in Red, and Stepping Out Program)

- Regional Diversity Officer (now Director of MCI Northern Market)

- Diversity Resource Centers for Staff
What we Learned

- Still in need of a more comprehensive approach to tracking outcome based quality metrics
- A Strategically Engaged Leadership is required no matter the method
- Need Organization-wide Focus on CLAS Activities
- The Embedded Approach was more sustainable over the long-haul and less dependent on consistent leadership
- External perspective (even as coach) is an important value-add
- Important to engage employees at all levels of the organization
- Focus on Patient Experience and Patient Outcomes is King!
- Community is a great Partner