

Health Equity Organizational Assessment

Assess your organization's level on various strategies to implement and determine what next steps you can take toward improving health equity.

	Strategy	Basic/Fundamental	Mid-Level/Intermediate	Advanced
Data Collection	Self-reporting methodology to collect demographic data from the patient and/or caregiver	<p><u>All race and ethnicity categories collected should, at a minimum, roll up to the OMB categories and be collected in separate fields.</u></p> <p>Engage patient/family advisors in the collection of race, ethnicity and language (REAL) data to gain their insights and feedback.</p>	<p>All that is included in Basic/Fundamental plus:</p> <p><u>Collect REAL data for at least 95% of their patients with opportunity for verification at multiple points of care (beyond just registration) to ensure accuracy of the data and to prevent any missed opportunities for data collection (e.g., pre-registration process, registration/admission process, inpatient units, etc.)</u></p>	<p>All included in Basic/Fundamental and Mid-Level/Intermediate plus:</p> <p>Using self-reporting methodology to collect additional demographic data (beyond REAL) for patients such as <u>disability status, sexual orientation/gender identity (SOGI), veteran status, geography and /or other social determinants of health (SDOH) or social risk factors.</u></p>

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Data Collection Training	Provide workforce training regarding the collection of self-reported patient demographic data.	<p>Workforce training is provided to staff regarding the collection of patient self-reported REAL data.</p> <p>Examples of Training: role playing, scripts, didactic, manuals, online modules or other tools/job aids.</p>	<p>All included in Basic/Fundamental plus:</p> <p>Evaluating the effectiveness of workforce training on an <u>annual basis</u> to ensure staff demonstrate competency in patient self-reporting data collection methodology (e.g., observations, teach back, post-test, etc.).</p>	<p>All included in Basic/Fundamental and Mid-level/Intermediate plus:</p> <p>Workforce training provided to staff regarding the collection of additional patient self-reported demographic data (beyond REAL) such as <u>disability status, sexual orientation/gender identify (SOGI), veteran status, geography and/or other social determinants of health (SDOH) or social risk factors.</u></p>

	Strategy	Basic/Fundamental	Mid-Level/Intermediate	Advanced
Data Validation	Verify the accuracy and completeness of patient self-reported demographic data.	Standardized process in place to both evaluate the accuracy and completeness (percent of fields completed) for REAL data and a process to evaluate and compare hospital collected REAL data to local demographic community data.	All included in Basic/Fundamental plus: Address any system-level issues (e.g., changes in patient registration screens, fields, data flow, workforce training, etc.) to improve the collection of self-reported REAL data.	All included in Basic/Fundamental and Mid-Level Intermediate plus: A standardized process in place to evaluate the accuracy and completeness (percent of fields completed) for additional demographic data (beyond REAL) such as <u>disability status</u> , <u>sexual orientation/gender identity (SOGI)</u> , <u>veteran status</u> , <u>geography and/or other social determinants of health (SDOH) or social risk factors</u> AND has a process in place to evaluate and compare hospital collected patient demographic data to local demographic community data.

	Strategy	Basic/Fundamental	Mid-Level/Intermediate	Advanced
Data Stratification	Stratify patient safety, quality and/or outcome measures using patient demographic data.	Stratify at least one patient safety, quality and or outcome measure by REAL.	All included in Basic/Fundamentals plus: Stratify <u>more than one</u> (or many) patient safety, quality and or outcome measure by REAL.	All included in Basic/Fundamental and Mid-level/Intermediate plus: Stratify <u>more than one</u> or many patient safety, quality and/or outcome measure by REAL and other demographic data (beyond REAL) such as <u>disability status, sexual orientation/gender identity (SOGI), veteran status, geography and/or other social determinants of health or social risk factors.</u>
Communicate Findings	Uses a reporting mechanism (e.g., equity dashboard) to communicate outcomes for various patient populations.	Uses a reporting mechanism (e.g., equity dashboard) to routinely communicate patient population outcomes to hospital senior executive leadership (including medical staff leadership) and the board.	All included in Basic/Fundamental plus: Using reporting mechanism to routinely communicate patient population outcomes widely within the organization (e.g., quality staff, front line staff, managers, directors, providers committees and departments or service lines).	All included in Basic/Fundamental and Mid-level/Intermediate plus: Using reporting mechanism to share/communicate patient population outcomes with patients and families (e.g., patient and family advisory council (PFAC) members) and/or other community partners or stakeholders.

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Address & Resolve Gaps in Care	<p>Hospital implements interventions to resolve differences in patient outcomes.</p>	<p>Engage multidisciplinary team(s) to develop and test pilot interventions to address identified disparities in patient outcomes.</p> <p>Multidisciplinary teams can include <u>diversity & inclusion committee, data/analytics, PFACs, patient safety committee, information technology, quality/performance improvement, patient experience, corporate auditing, and finance, etc.</u></p> <p><i>Practical Example:</i> Hospital organized a team [nursing, linguistic services, case management, providers and Patient and PFAC member] to pilot test the mandatory use of in-person interpreters at the point of discharge for all patients/families with limited english proficiency (LEP) for three months and monitor readmissions rates.</p>	<p>All included in Basic/Fundamental plus:</p> <p>Implementing interventions (e.g., redesigns process, conducts system improvement projects and/or develops new services) to resolve identified disparities and educates staff/workforce regarding findings.</p> <p><i>Practical Example:</i> Pilot data shows reduction in readmissions in LEP patients. Due to positive results, linguistic resources were broadened, policy was changed to make in-person interpreter mandatory at discharge and triggers were built in the EHR to alert staff to use in-person interpreters at the point of discharge.</p>	<p>All included in Basic/Fundamental and Mid-level/Intermediate plus:</p> <p>Hospital has a process in place for ongoing review, monitoring, recalibrating interventions (as needed) to ensure changes are sustainable.</p> <p><i>Practical Example:</i> Linguistic services and case management keep dashboards to monitor LEP related readmissions, in person interpreter utilization with EHR triggers and report this to leadership monthly.</p>

	Strategy	Basic/Fundamental	Mid-Level/Intermediate	Advanced
Organizational Infrastructure & Culture	Hospital has organizational culture and infrastructure to support the delivery of care that is equitable for all patient populations.	<p>Standardized process to train its workforce to deliver culturally competent care and linguistically appropriate services, according to the Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) standards.</p> <p>Training should routinely involve patient and family input (e.g., PFACs) and can include cultural competency/intelligence regarding racial and ethnic minorities, patients with physical and mental disabilities, veterans, limited english proficient patients, lesbian, gay, bisexual, and transgender (LGBT) patients, elderly patients, etc.</p>	<p>All included in Basic/Fundamental plus:</p> <p>Hospital has named an individual (or individuals) with leadership responsibility and accountability for health equity efforts (e.g., manager, director or Chief Equity, Inclusion and Diversity Officer/Council/Committee). This person or group engages with clinical champions, patients and families (e.g., PFACs) and/or community partners in strategic and action planning activities to reduce disparities in health outcomes for all patient populations. Note: This does not have to be a member of the C-Suite.</p>	<p>All included in Basic/Fundamental and Mid-level/Intermediate plus:</p> <p>Hospital has made a commitment to ensure equitable health care is prioritized and delivered to all persons through written policies, protocols, pledges or strategic planning documents by organizational leadership and board of directors (e.g., mission/vision/values reflect commitment to equity and is demonstrated in organizational goals and objectives). Example: #123forEquity Pledge</p>

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