Welcome

Morgan Black, MPA

Director, AHEI

Dec. 5 Agenda
DEI and Data Improvement

Time	Health System	Presentation Title	Speaker
9:00-9:05	HANYS	Welcome and Data Improvement Introduction	Morgan Black, MPA; Kira Cramer, MBA
9:05-9:25	Crouse Health	We Ask Because We Care and DEI Initiatives	Twiggy Eure, EdD; Karen Sigona
9:25-9:45	BronxCare Health System	Collecting Social Determinants of Health Data	Mayra Garcia, PMP
9:45-10:00	St. Peter's Health Partners	Using Patient Demographic Data to Identify Disparities	Melissa Zapotocki
10:00-10:10	Break		
10:10-10:15	HANYS	Welcome Back and DEI Introduction	Morgan Black, MPA; Rachael Brust, MBA
10:15-10:35	River Hospital	Building a Culture of Diversity, Equity and Inclusion	Chris Randall, SHRM-CP
10:35-10:55	St. Lawrence Health	Employee Well-Being and Belonging	Lauren Prentice, MS, RDN, CDN; Jolene Carotenuto, MSEd, MSN, RN, NPD-BC
10:55-11:15	Univ. Vermont Health Network	Staff Training for Health Literacy	Christina Keating
11:15-11:35	St. Lawrence Health	Collecting Race, Ethnicity and Language Data	Jessica DeForge, AS, CRHCP, DEIC
11:35-11:45	All	Q&A and Wrap Up	Morgan Black, MPA

HANYS AHEI team

Kathleen Rauch, RN, MSHQS, BSN, CPHQ
VP, Quality Advocacy, Research and Innovation and Post-acute and Continuing Care

Christina Miller-Foster, MPA
Senior Director, Quality Advocacy, Research and Innovation

Morgan Black, MPA
Director, Advancing Healthcare Excellence and Inclusion

Maria Baum, MS, RN, CPHQ
Project Manager, Mohawk and Hudson Valley, Syracuse

Rachael Brust, MBA
Project Manager, North Country and Rochester

Kira Cramer, MBA
Project Manager, New York City and Westchester

Jon Serrano
Communications Coordinator

AHEI program faculty

Theresa Green, PhD, MBA
Director, Community Health Policy and Education, URMC Center for Community Health

Julia E. Iyasere, MD, MBA
Executive Director, Dalio Center for Health Justice; SVP, Health Justice and Equity, New York-Presbyterian; Assistant Professor, Columbia University

Data Improvement

In the pursuit of health equity, accurate and comprehensive data play a critical role. Improved data helps in identifying the underlying causes of health disparities.

Understanding Health Equity Data

Sexual Orientation and Gender Identity Data (SOGI): SOGI data is integral to understand health disparities in LGBTQ+ communities.

Race, Ethnicity, and Language Data (REaL): REaL data helps to identify racial and ethnic disparities in health outcomes and outlines the need for culturally sensitive healthcare strategies.

Social Determinants of Health (SDOH): SDOH consider factors like socioeconomic status, education, neighborhoods, social network and physical environment, which influence health outcomes significantly.

- Enhanced data offers clear insight, informing policy makers, clinicians and researchers about where to focus resources to achieve health equity.

- Better data collection and reporting practices enable tracking of progress and areas of priority.

- Improved data allows a fine-tuned approach, leading to more equitable distribution of healthcare resources and better health outcomes in marginalized communities.

Crouse Health Diversity, Equity, Inclusion & Belonging

Twiggy Eure, EdD

Director of Diversity, Equity, Inclusion & Belonging

Karen Sigona

Quality Improvement Analyst

Crouse Health, Syracuse, New York

Crouse Health's AHEI Project

Crouse is working with AHEI to understand and identify opportunities for health equity improvement.

We reassessed our collection of data across three fields:

REaL (Race, Ethnicity, and Language) data, collected by Patient Access;

SOGI (Sexual Orientation and Gender Identity) data, available to be collected by Patient Access; and

SDOH (Social Determinants of Health) data, collected by Nursing during the admission assessment.

SDOH Work

Learned: our hospital captures patient sociodemographic information, which feeds into structured, interoperable data elements in the EHR.

Action: we developed a weekly report in 2023 to measure SDOH screen positive rate and added mandatory questions to the admission assessment. The workflow went live in 2024, and we shared weekly SDOH reports with stakeholders.

Transportation continues To be the highest reported issue.

YTD Screen Positive Rate	
Food	1.38%
Housing	1.07%
Transportation	3.74%
Utility	0.99%
Safety	0.45%

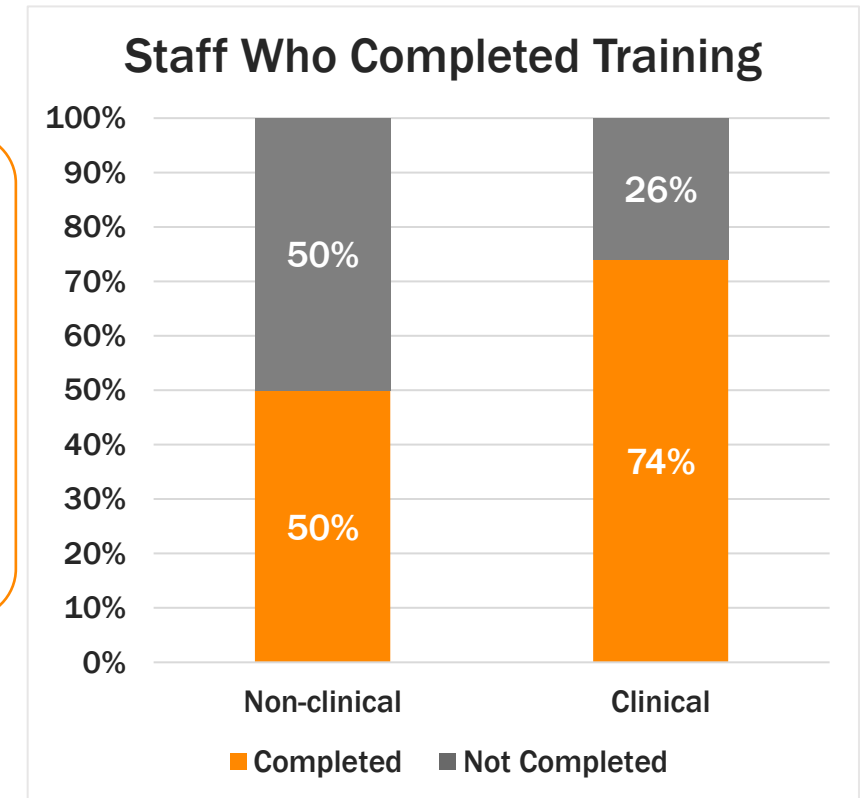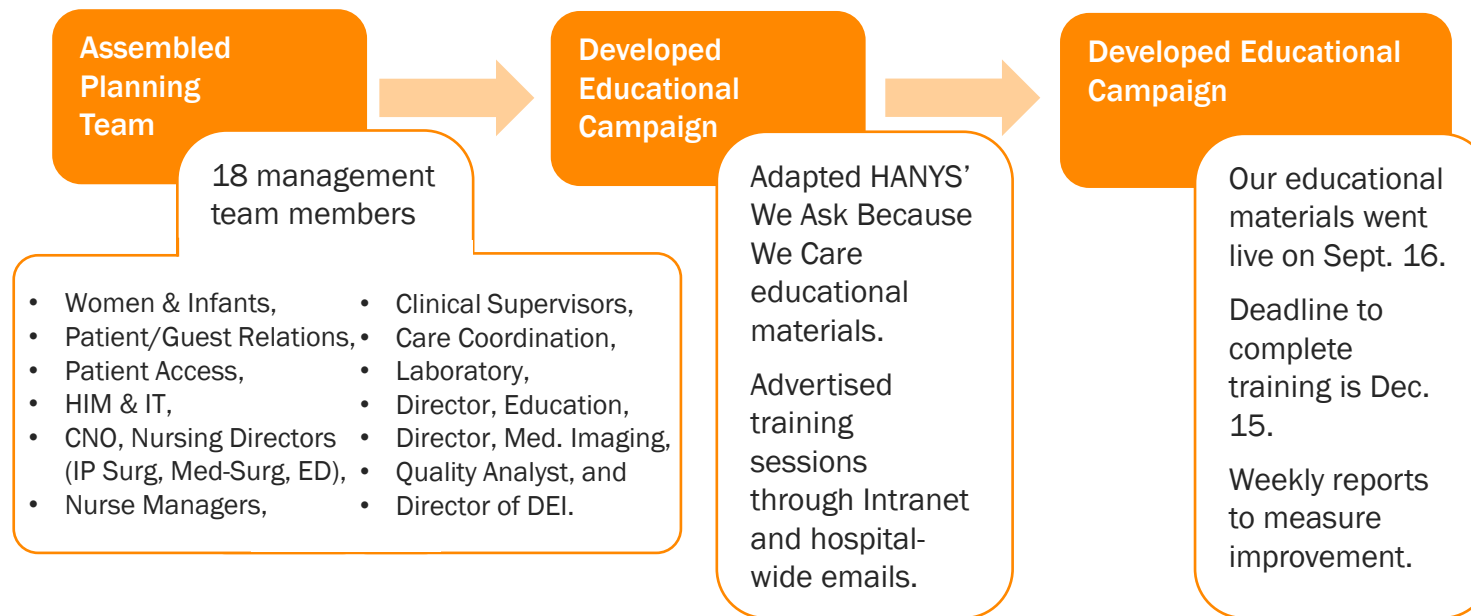
Screened Positive for SDOH
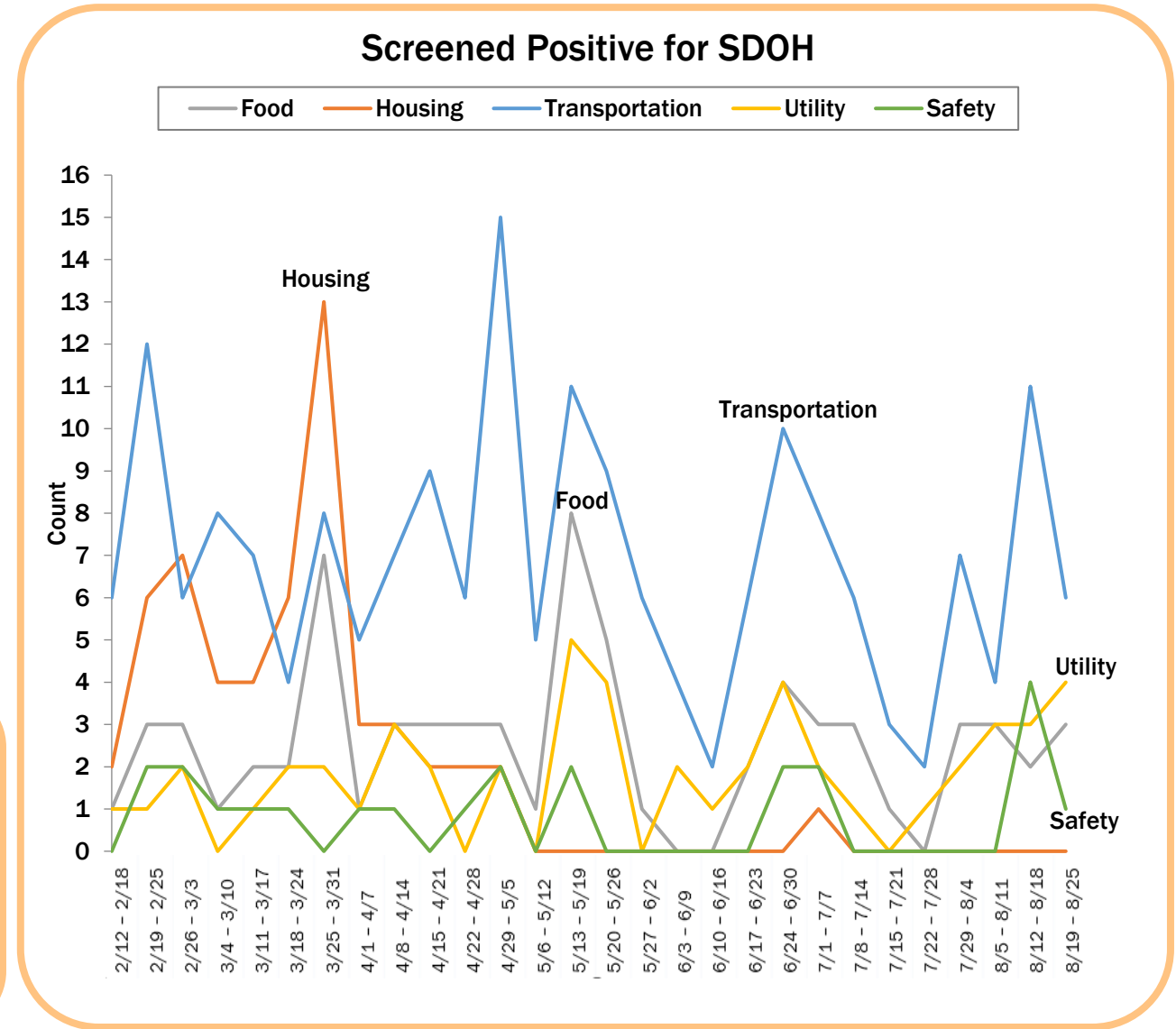
Capturing Gender Identity

Patient Access team eager to ask SOGI questions in a sensitive manner.

Encouraged to be able to learn about We Ask Because We Care training

Expanded our DEI&B Education to include:
We Ask Because We Care

Recognizing the importance of *We Ask Because We Care*, we assembled a planning team to develop trainings for our staff. Through working with AHEI and making use of their *We Ask Because We Care* materials, we went live on the learning system on Sept. 16. We advertised the training sessions through our Intranet and hospital-wide emails. To date, **486 (50%) non-clinical** and **1,256 (74%) clinical** employees have completed training.

Assembled Planning Team

18 management team members

- Women & Infants,
- Patient/Guest Relations,
- Patient Access,
- HIM & IT,
- CNO, Nursing Directors (IP Surg, Med-Surg, ED),
- Nurse Managers,
- Clinical Supervisors,
- Care Coordination,
- Laboratory,
- Director, Education,
- Director, Med. Imaging,
- Quality Analyst, and
- Director of DEI.

Developed Educational Campaign

Adapted HANYS' We Ask Because We Care educational materials.

Advertised training sessions through Intranet and hospital-wide emails.

Developed Educational Campaign

Our educational materials went live on Sept. 16.

Deadline to complete training is Dec. 15.

Weekly reports to measure improvement.

Staff Who Completed Training

	Non-clinical	Clinical
Not Completed	50%	26%
Completed	50%	74%

Legend: ■ Completed ■ Not Completed

Challenges and changes

Challenges

- We trained 1,742 people (our goal was 2,655).

- There are 15 clinical departments with a less than 50% completion rate and 5 with a 0% completion rate.

- There are 32 non-clinical departments with a less than 50% completion rate, and 12 with a 0% completion rate.

Changes

- We asked our Patient Access leadership what would make them attend this training in the future. They suggested that we come to their unit and bring food.

- We received feedback from some attendees that it would be nice if training was delivered in-person so we could address their questions and concerns regarding patient data collection.

Success stories

- A member on the planning team said *"I appreciated being involved in the roll-out. I gained a better understanding of guidelines, definitions, and the purpose of the training."*

- One employee was able to receive timely training after an ED patient incident while collecting patient demographic information. She said, *"this training will be helpful for next time."*

- Patient Access leadership was excited to get the team engaged in the training. Look forward to seeing results.
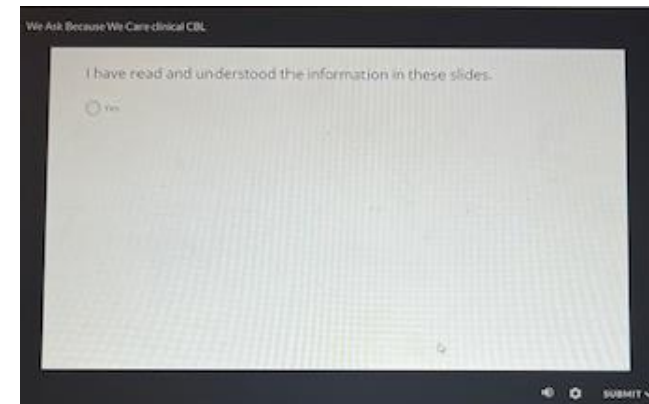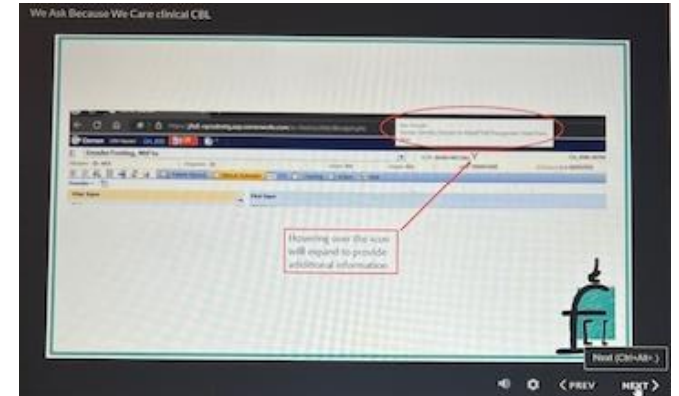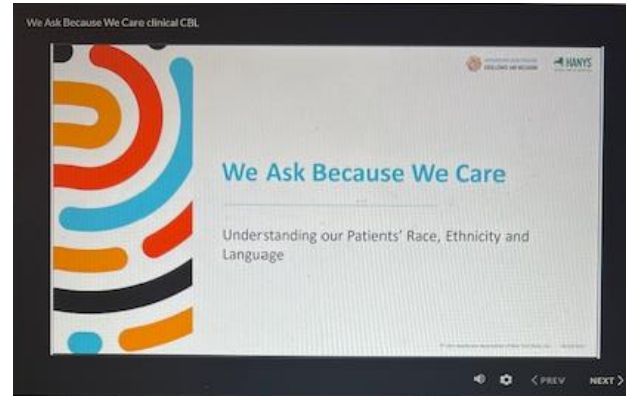
What's next?

- Deadline to complete training is Dec. 15 – we will review completion rates then.

- We are rethinking our approach to offering a short in-person sessions versus Computer Based Learning (CBL) in order to include Q&A period.

- Project Manager to assist with short trainings for clinical staff. She will bring donuts to each training.

- We will continue to implement staff feedback (i.e. survey) to improve our trainings.

New DEI&B initiatives launched

1. DEI&B Advisory Board
2. Doula Partnership

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Questions?

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Karen Sigona
Quality Improvement Analyst
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Optimizing SDoH Data Collection at BronxCare

Mayra Garcia, MS, PMP
Project Manager, Health Equity

Suneel Parikh, MD
Director, Health Equity

JoAnn Ferrara, MBA, RHIT, CHP
Senior Director, Health Information Management/Care Management

Optimizing Social Determinants of Health Data Collection

BronxCare's original SDoH data collection workflow required social workers to screen patients and identify and address their social and economic needs, which increased their workload.

Our project highlights the operational challenges and solutions for optimizing this data collection process. To strategically align with our mission, vision and values of health equity, BronxCare committed to making this an organizational initiative.

Project goals:

- standardize the inpatient data collection workflow;

- enhance the EMR template; and

- optimize SDoH data collection.

Optimization Process: Aligning EMR with Clinical Workflows

- Originally, the PRAPARE tool (SDoH data collection tool) was embedded in 15 different structured notes, creating multiple redundant workflows that did not align and failed to capture all relevant data.

- The Health Equity department developed a streamlined workflow for all inpatient areas, thus allowing the organization to meet and address the social needs of the community it serves.

- Using the evidence-based tool, BronxCare aligned PRAPARE questions with inpatient workflows across all 15 notes to capture the measures.

TRANSPORTATION INSECURITY

Has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? Check all that apply

- [ ] Yes, it has kept me from medical appointments or from getting my medications
- [ ] Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
- [ ] No
- [ ] I choose not to answer this question
- [ ] Unable to assess due to medical condition

UTILITIES

In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply

- [ ] No / None
- [ ] Food
- [ ] Utilities

HOUSING INSECURITY

What is your housing situation today?

- [ ] I have housing
- [ ] I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)
- [ ] I choose not to answer this question
- [ ] Unable to assess due to medical condition

SAFETY

In the past year, have you been afraid of your partner or ex-partner?

- [ ] Yes
- [ ] No
- [ ] Unsure
- [ ] I have not had a partner in the past year
- [ ] I choose not to answer this question
- [ ] Unable to assess due to medical condition

FOOD INSECURITY SCREENING/HUNGER VITAL SIGN

Within the past 12 months, have you worried whether your food would run out before you got money to buy more?

- [ ] Often true
- [ ] Sometimes true
- [ ] Never true
- [ ] I don't know
- [ ] Refused
- [ ] Unable to assess due to medical condition

Optimization Process: Inpatient Services

- Reviewed baseline SDoH data and identified data collection gaps.

- Developed a multi-disciplinary tool to enable a more complete data collection process in partnership with the Social Work, Case Management, Nursing and Behavioral Health departments,

- Data collection increased from 25% to over 60% in the first three months.

SDoH data collection rates by month, before and after implementing the multi-disciplinary tool
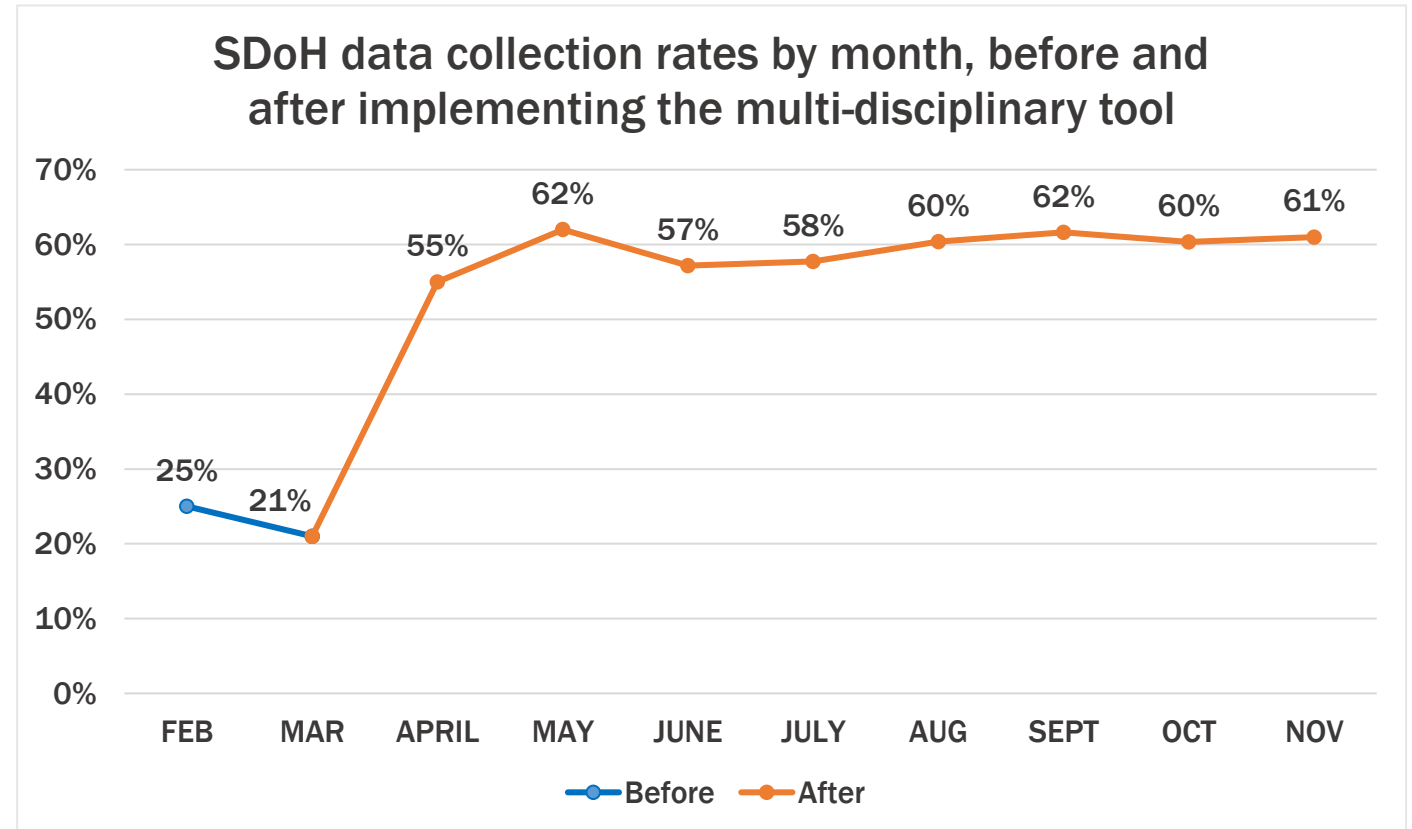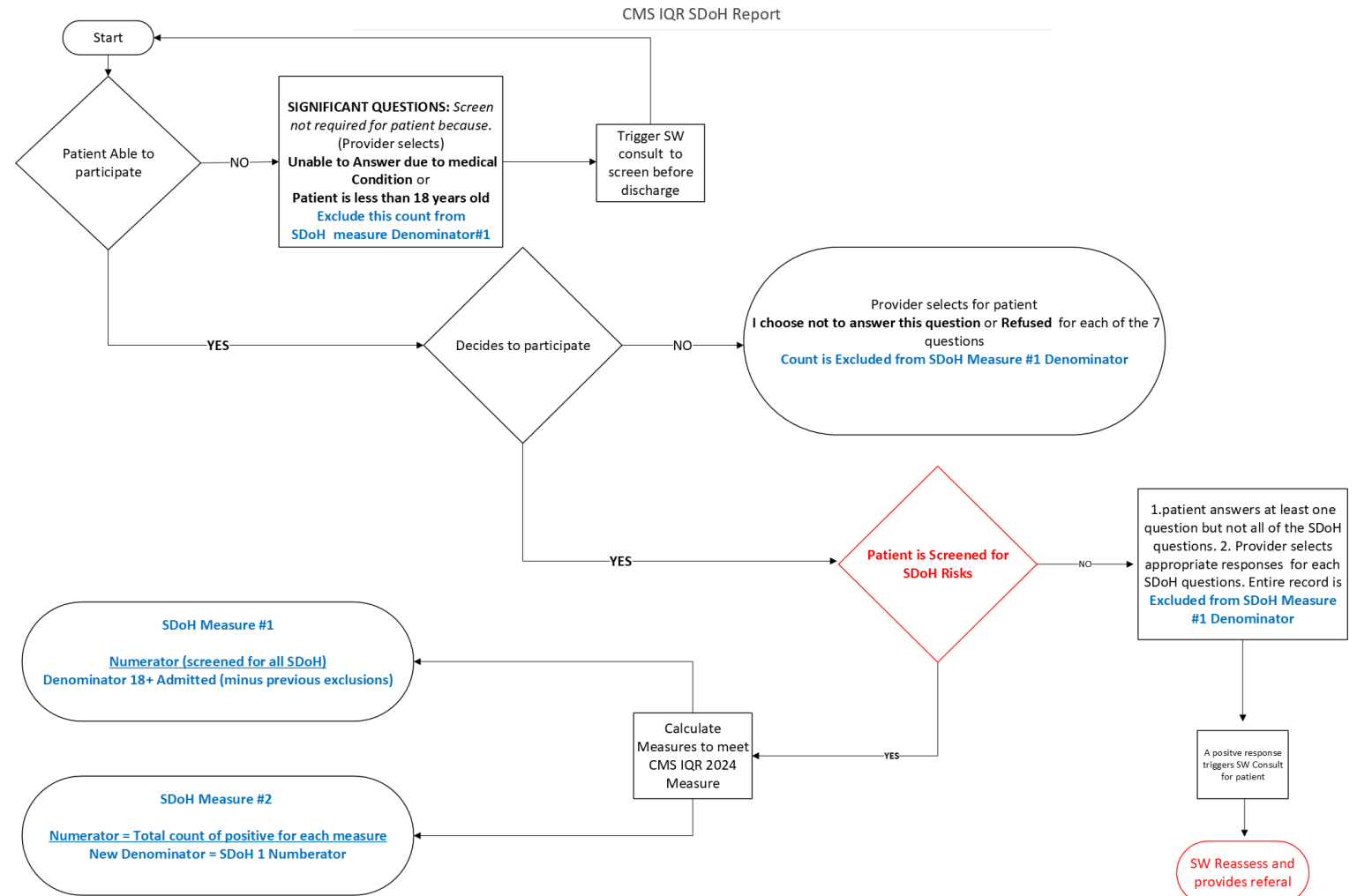
Impact

By creating a multi-disciplinary process, the screening workload was distributed among multiple providers both at the **initial intake** and the **reassessment** process.

The Health Equity department partnered with the BronxCare IT department to create reports and summarize data needed to **calculate the CMS SDoH measures** and meet the regulatory guidelines.

SDoH Screening Workflow

CMS IQR SDoH Report

Start

Patient Able to participate

NO → **SIGNIFICANT QUESTIONS:** *Screen not required for patient because.* (Provider selects) **Unable to Answer due to medical Condition** or **Patient is less than 18 years old** Exclude this count from SDoH measure Denominator#1

→ Trigger SW consult to screen before discharge

YES → **Decides to participate**

NO → Provider selects for patient **I choose not to answer this question** or **Refused** for each of the 7 questions Count is Excluded from SDoH Measure #1 Denominator

YES → **Patient is Screened for SDoH Risks**

NO → 1.patient answers at least one question but not all of the SDoH questions. 2. Provider selects appropriate responses for each SDoH questions. Entire record is **Excluded from SDoH Measure #1 Denominator**

→ A positve response triggers SW Consult for patient

→ **SW Reassess and provides referal**

YES → Calculate Measures to meet CMS IQR 2024 Measure

→ **SDoH Measure #1**

Numerator (screened for all SDoH)
Denominator 18+ Admitted (minus previous exclusions)

SDoH Measure #2

Numerator = Total count of positive for each measure
New Denominator = SDoH 1 Numberator

Optimization Process: Outpatient Services Next Steps

Outpatient SDoH data is currently being collected, and the screening process needs improvement.

BronxCare plans to replicate the inpatient workflow in the outpatient setting.

Health Equity and IT goals are to streamline and optimize the data collection across Primary Care, Pediatrics, Behavior Health, OBGYN and ED, continuing the multi-disciplinary process.

Questions?

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Education to Improve Data Collection

Melissa Zapotocki

Regional Director, Community Health and Well-Being

St. Peter's Health Partners and St. Joseph's Health

Health Equity Plan to Improve Data Collection

Goal: Establish standards and training for accurate data collection, to:

- Increase the collection, stratification and use of race, ethnicity and language (REaL)

- Increase the collection, stratification and use of sexual orientation and gender identity (SOGI).

- Identify equity gaps, which will guide our health equity action plans to address disparities.

Workforce Equity
Diverse and engaged colleagues are represented at all levels of the Ministry and reflect the demographic composition of the communities being served

Culture of Inclusion and Belonging
Members feel included, valued, and experience a sense of belonging

Health Equity
Members experience culturally and linguistically sensitive care to decrease disparities in the process and outcomes of equitable care

Diversity in Governance
Governing bodies reflect the demographics, values, and needs the communities served

Supplier Diversity
Support the communities we serve by providing partnerships and opportunities for diverse suppliers

Diversity, Equity, and Inclusion
Priority Areas

Success stories

- Formed a Health Equity Planning Workgroup, including leadership
- Identified baselines and targets for REaL and SOGI Data collection
- New hires assigned training as part of onboarding/orientation process
- Assigned HealthStream courses, which included asynchronous modules and skills labs:

Patient Access Colleagues – REaL; 97.99% completion rate

97.99%
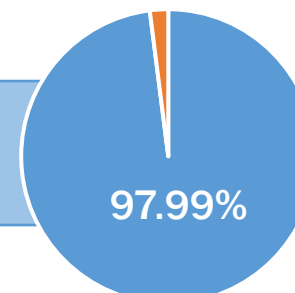
Clinical Colleagues – SOGI; 97.86% completion rate

97.86%
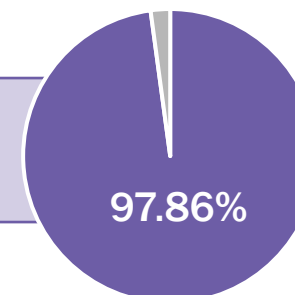
What we learned

Consistent messaging and staff education does improve data collection
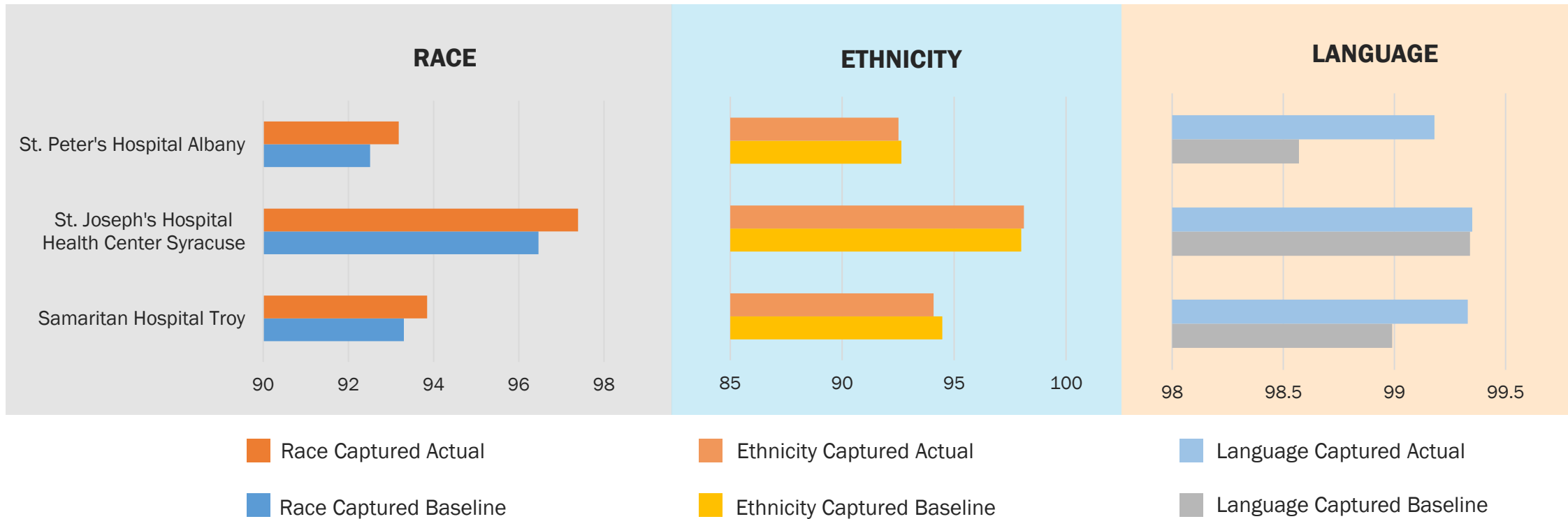
What we learned

Consistent messaging and staff education does improve data collection

SEXUAL ORIENTATION

- Sexual Orientation Actual
- Sexual Orientation Baseline

GENDER IDENTITY

- Gender Identity Acutal
- Gender Identity Baseline
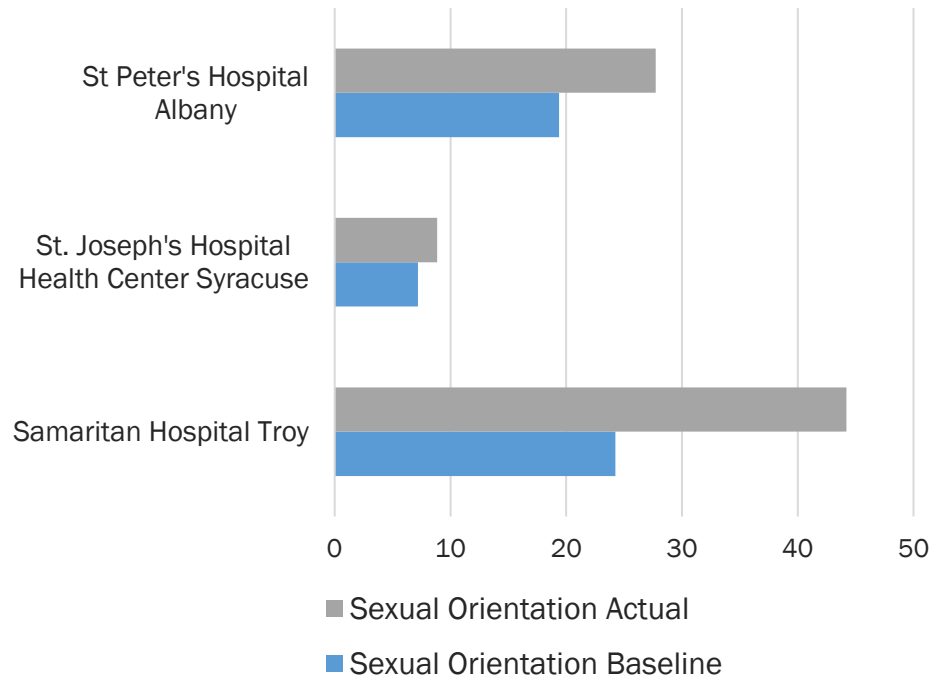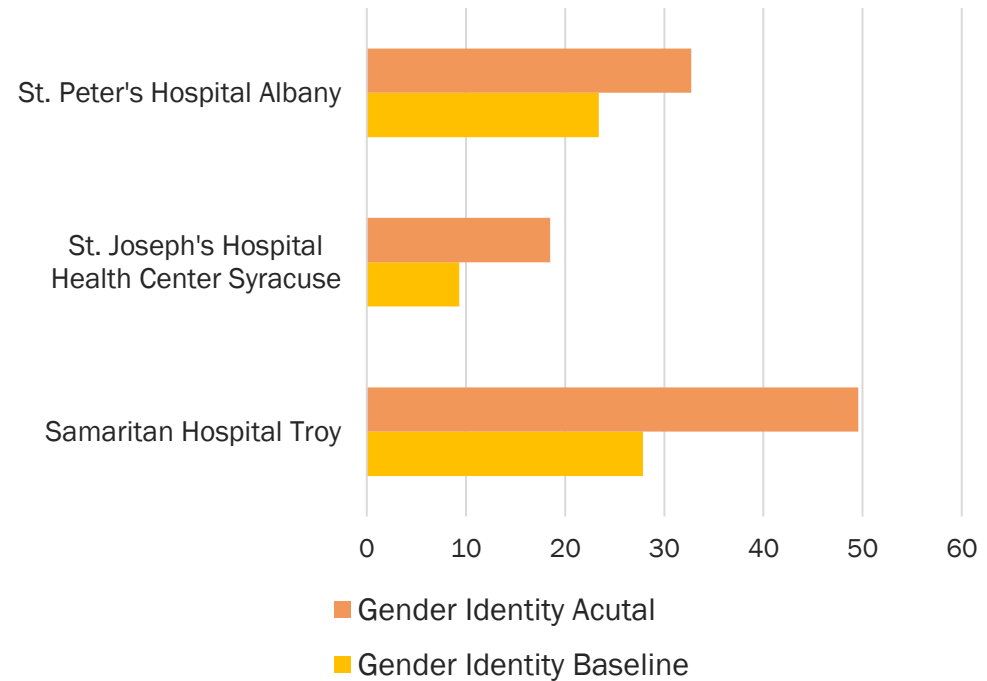
Challenges and changes

- Additional staff trainings.
- Sensitive questions/ avoiding assumptions.
- Assuring patients that information is voluntary and will be kept confidential.

REaL and SOGI Data Collection Tip Sheet

Ways to Build Trust

1. **Maintain Eye Contact:** It communicates care and compassion.
2. **Show Empathy:** Always keep in mind the patient's situation, perspective and feelings as you interact.
3. **Communication Preferences** Understanding how a patient prefers to communicate to/with us will help us to have a better relationship with them.
4. **Make it Personal:** Take the time to get to know the patient. Let them know you care about them as a person, not just a patient.
5. **Active Listening:** Repeat what you heard to the patient to ensure what you record is correct.
6. **Model Good Behavior:** This will help build connection and trust with the patient.
7. **Keep Your Word:** Offer assistance with things you can control and follow through.
8. **Promote Equity:** Each patient is unique. We want to know how we can personalize care for them.

THSO W07729-2401-MC

Responses You Can Provide Resistant Patients

Your information:

…helps us care for your unique health needs.

…improves patient-provider communication.

…helps us better understand our patient population.

…can identify and address gaps in health status, quality of care, and outcomes.

…assists in improving patient satisfaction.

…helps us meet hospital standards.

…may be necessary for insurance or billing purposes (ex: legal sex, legal name).

…can be completed in MyChart if you don't want to share it with me.

What's next?

- Provide REaL and SOGI data training to new staff as part of the onboarding process.

- Develop a plan to replicate education plan for the ambulatory setting.

- Develop and implement a plan to increase MyChart sign ups and utilization.

- Implement an action plan to address identified health disparity: maternal mortality and morbidity among Black birthing people.

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Questions?

Melissa Zapotocki

Regional Director, Community Health and Well-Being

St. Peter's Health Partners and

St. Joseph's Health

Melissa.Zapotocki@sphp.com

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Coffee break!

- Enjoy your break

- Stand and stretch

- Be back on time!

Diversity, Equity and Inclusion in Healthcare

DEI is an essential tool that helps hospitals achieve excellence in patient care. DEI enables hospital staff to deliver culturally competent care to all patients by understanding and addressing unique needs and perspectives across different demographics.

Key benefits of DEI in healthcare:

- Increased workforce diversity

- Higher employee morale and retention

- Increased innovation and creativity

- Enhanced patient satisfaction

- Improved patient care

- Increased community engagement

- Reduced health disparities

Today we will hear presentations from four health systems that are investing in DEI programs and initiatives. These health systems have established DEI committees and provided REaL, SOGI and health literacy education to create an environment that fosters DEI.

Building a Culture of Diversity, Equity and Inclusion

Chris Randall, SHRM-CP

Director of Human Resources

River Hospital, Alexandria Bay NY

River Hospital

River Hospital is a critical access hospital located in the Thousand Islands.

- We have approximately 160 FT/PT employees.

- We pride ourselves on delivering high quality inpatient care, emergency services and outpatient services for routine and diagnostic testing.


Source: Google Maps

Project implementation

| Formed a DEI Committee led by HR with volunteer employees. | → | First committee meeting held on Thursday November 21, 2024. | → | Monthly meetings will be held in person with a virtual option. | → | Committee will determine DEI gaps and plan trainings to address those challenges. |

DEI Committee Kick Off

2023-2024	2023-2024	2024	2023-2024	2025-2026
Assess	**Explore**	**Execute**	**Measure**	**Sustain**

Identifying a Need

Senior Leadership identified a need to build and strengthen DEI initiatives at River Hospital.

Building Internal Capacity

Project leads worked to gain internal buy-in and identify methods to improve DEI presence.

Launch DEI Committee

The Director of HR scheduled the first committee meeting and invited potential committee members.

Project Planning

DEI committee will develop a project charter.

Project charter to include mission and purpose of committee, goals, timelines, and methods measuring success.

Systemic Changes

Continued work on goals identified by the committee.

Successes

- 14 people in attendance for first meeting (~9% of River Hospital employees).

- Educated members on DEI and the impacts of DEI in healthcare.

- Discussed potential areas to improve on with DEI initiatives.

- Defined member expectations.

- Gained internal buy-in and support.

- Facilitated open discussion on opportunities to impact employees and patients.
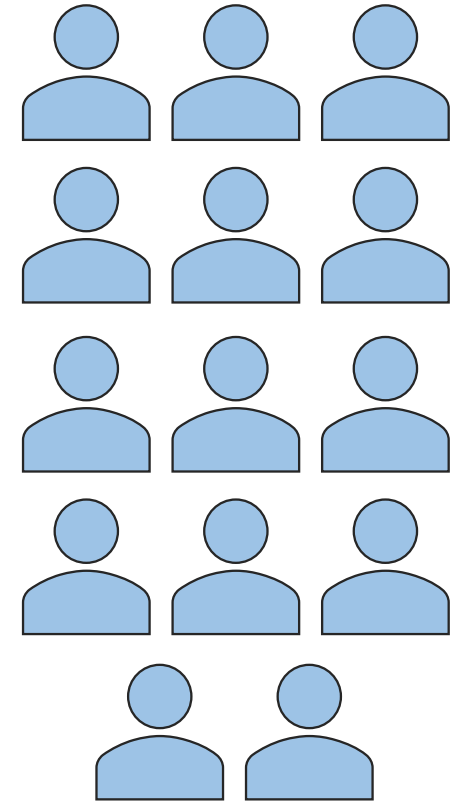
Challenges

Gaining internal buy-in

Small, rural hospital

New EMR implementation in 2024

Lack of DEI education and awareness

How to measure success in DEI

Competing priorities and lack of capacity to take on additional tasks led to delays

Potential focus areas and their impacts

- Internal policy review
- Identifying systemic inequities
- Creating an inclusive environment
- Provide inclusive training
- Promote cultural competency
- Increase workforce diversity
- Develop and administer education

DEI Strategic Priorities

- Employee Engagement & Belonging
- DEI Education & Training
- Data Analytics & Reporting
- Internal Talent Review & Development
- Workforce Recruitment

What's next?

1. Committee to continue to meet monthly.

2. Develop committee charter to define purpose, outline goals with projected timelines and methods of measurement.

3. Share DEI work with hospital leadership.

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Questions?

Chris Randall, SHRM-CP

Director of Human Resources

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St. Lawrence Health: Employee Well-Being and Belonging

Lauren Prentice, MS, RDN, CDN

Director of Food and Nutrition Services

Jolene Carotenuto, MSEd, MSN, RN, NPD-BC

Magnet Program Director

St. Lawrence Health

St. Lawrence Health Employee Wellness Committee

The Wellness Committee was established in Summer, 2023 to empower staff to prioritize their well-being.

- We have 82 members (representation from across the organization, including frontline staff, nursing, support services, management and senior leadership).

- From an inclusive and holistic perspective, our activities, education and initiatives welcome and encourage all employees to:

Actively engage in improving and maintaining their quality of life.

Seek balance in body, mind and spirit.

Inspire, encourage and support one another to accept personal responsibility in the health of our team and community.

Supporting Well-Being and Belonging

Staff well-being and belonging boosts engagement, reduces turnover and supports recruitment.

109 employees completed the 2023 Annual Employee Wellness Survey. Survey responses prioritized programming to support:

- physical/medical,
- emotional/spiritual, and
- financial well-being.

Both in-person and virtual events were offered. We will also include those working remotely or in offsite clinics/admin.

Created the 2024 Employee Resource Guide outlining programs and activities that are available to all employees.

If programs were added, which would be of most interest?

Category	Percentage
Physical/Medical	72%
Emotional/Spiritual	57%
Financial	44%
Social	43%
Occupational/Work Space	42%
Community	33%
Intellectual	30%
Environmental	30%
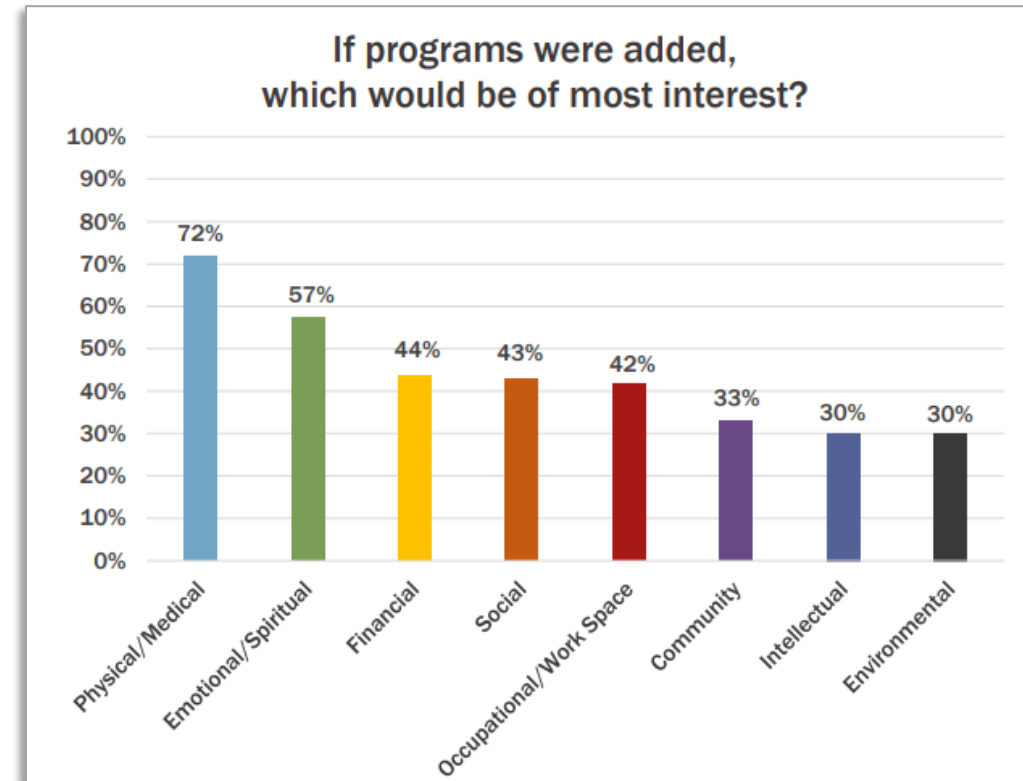
2024 Wellness Initiatives and Activities

- Employee Resource Guide
- Quarterly Wellness Bingo
- Dry February Mocktails
- Inspiration Board
- Craft Your Calm: Mala Bracelet Kits
- Tranquility Rooms

- Farmers Market Tours
- Activity Groups: running, trail running, community clean up, book club, meditation
- Employee discounts: gyms, golf course, yoga studios, Community Supported Agriculture shares, home composting
- Sponsored event registration: Wounded Warrior Mud Run, 9/11 Memorial Walk/Run, GardenShare Fight Hunger 5k, Angel Dash Memorial Walk/Run

Bingo Activity

Wellness bingo is inclusive of all dimensions of wellness and employees.

Give yourself one point for each of the five items you have completed this month and type it into the chat:

- Give three compliments to others
- Take a break from technology before bed
- Eat a piece of fruit as your "something sweet" today
- Take a stretch break in the middle of the day
- Explore a new place

2024 Employee Wellness Survey

2122 active employees, 266 responses (13% response rate, up from 5% in 2023).
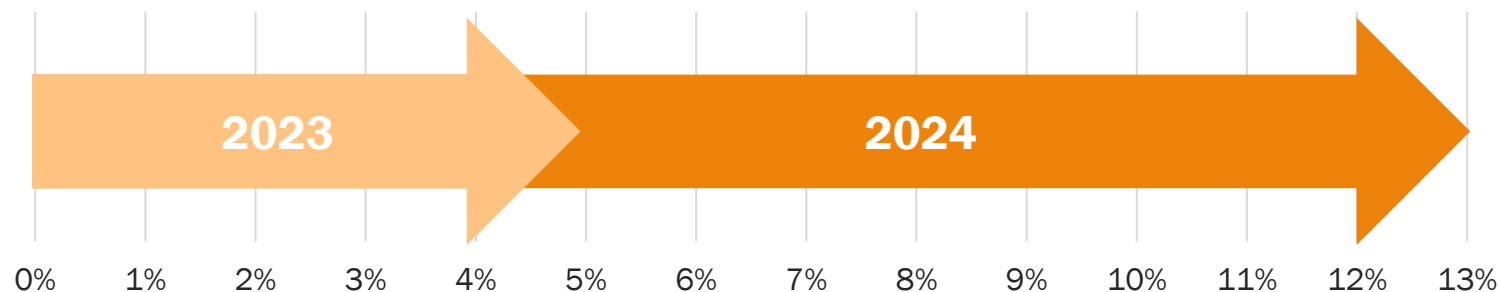
Survey created using REDcap, questions developed with input from the Wellness Committee.

- Focus on growing and sustaining a sense of belonging to support engagement and retention.

- Completion from various departments, frontline staff and leadership, clinical and non-clinical areas.

- What are the desired programs areas based on dimensions of wellness and Excellus aggregate data?

What We Learned

Top ranking activities:

- Wellness bingo
- Activity groups
- Craft your Calm: Mala bracelet kits
- Dry February mocktails

Top barriers:

- Lack of time
- Timing of events
- Schedules outside of work
- Location of events

Preferred programing

- Wellness dimension:
  - Physical/Medical,
  - Emotional/Spiritual, and
  - Occupation/Work Space
- Excellus aggregate data: depression/anxiety and chronic conditions

What's next?

- Continuing popular programming.

- Work groups for individual dimensions of wellness.

- Tranquility carts and baskets for offsite clinics and administrative offices.

- Events calendar for activity groups.

- More virtual/recorded activities.

- Food drive donating back to our own team members.

Questions?

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Jolene Carotenuto, MSEd, MSN, RN, NPD-BC

Magnet Program Director, St. Lawrence Health

Jolene.Carotenuto@RochesterRegional.org

UVMHN Health Literacy QI Project

Christina Keating

Health Literacy Specialist

University of Vermont Health Network

HANYS pilot project-2023

Health literacy education module

Clinical staff on one unit at Alice Hyde Medical Center received a health literacy education module in August and October (health literacy month).

Survey for effectiveness

Staff completed a pre- and post-education survey to measure improvements in their understanding of health literacy principles.

How Well Do Our Patients Understand Their Care?

A new diagnosis, discharge instructions, or how to take their medications correctly...studies show only one in ten people have the skills to manage their health and prevent disease. What about the others?

9/10 PEOPLE
Lack skills needed to manage health and prevent disease

October is Health Literacy Month. According to the CDC, personal health literacy is the *degree to which individuals have the ability to find, understand and use information and services to inform health-related decisions and actions for themselves and others.*

Learn more about Health Literacy by completing the **Cornerstone Health Literacy module.** Everyone who completes both the pre- and post-tests by 10/31 will be entered into a drawing.
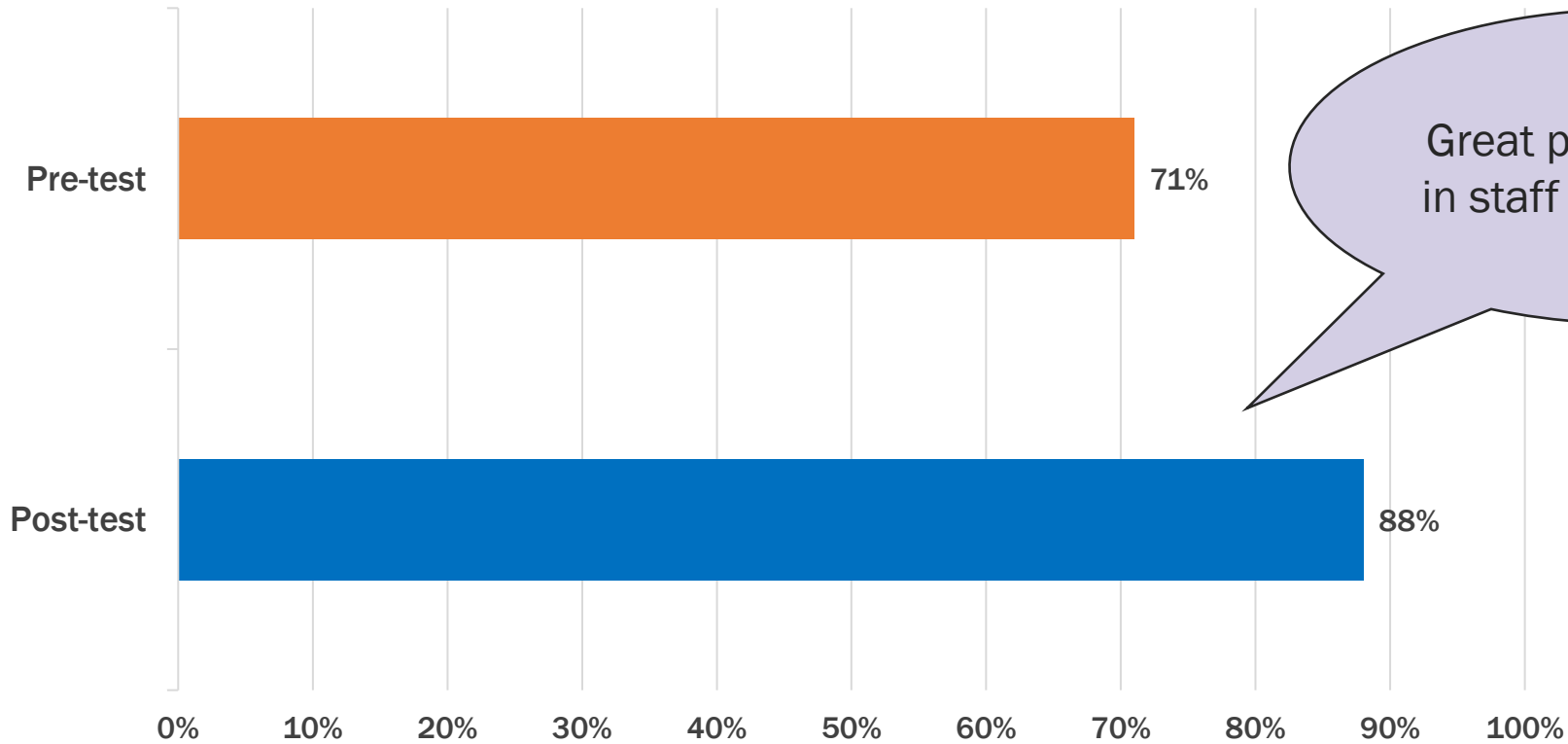
THE University *of* Vermont HEALTH NETWORK
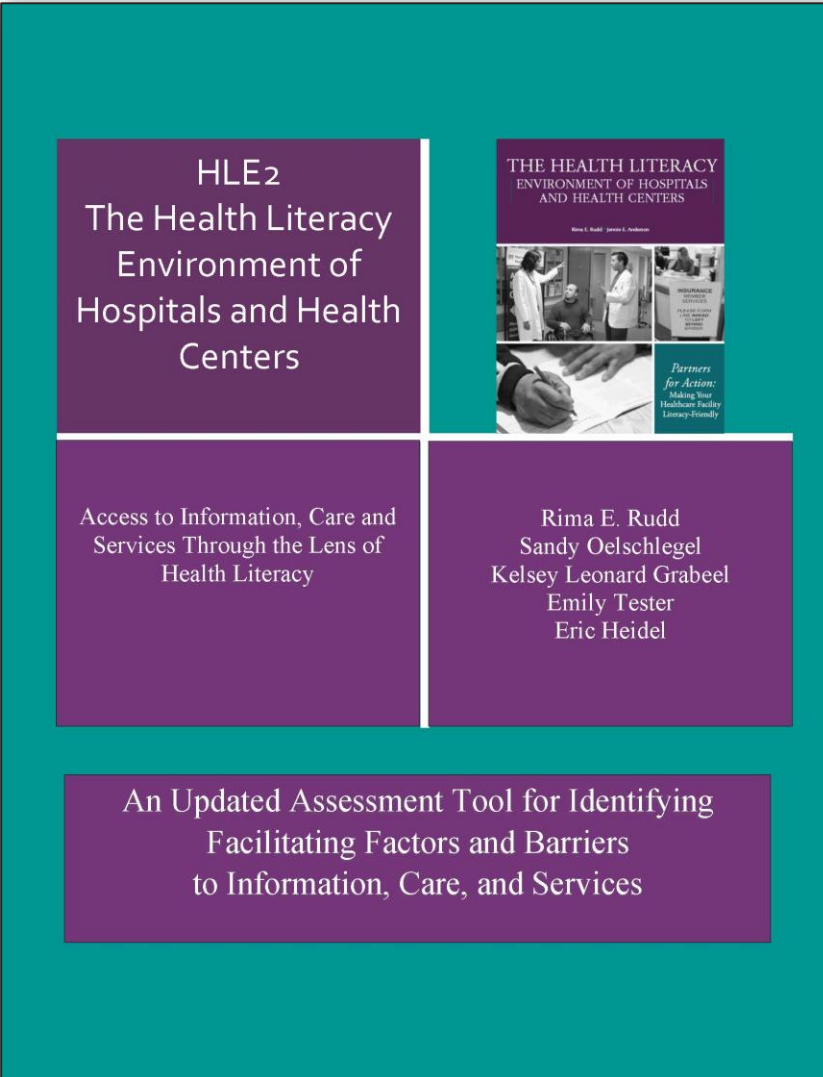
ENTER to Win

What happened next?

- Conversations across the Network
- Collaborations with:
  - Nursing, Patient and Family Advisors,
  - Language Access,
  - Quality Improvement,
  - Marketing and Communications, and
  - DEI.
- Literature Reviews
- Reviewed policies and workflows related to patient education
- Approved for a Quality Improvement project

University of Vermont Health Network Health Literacy QI project

To become a more health-literate organization, we are:

- Incorporating a health literacy framework into patient education policies and workflows;

- Improving readability levels; and

- Using the *Health Literacy Environment of Hospitals and Health Centers* scores for patient-facing education materials by December 2025.
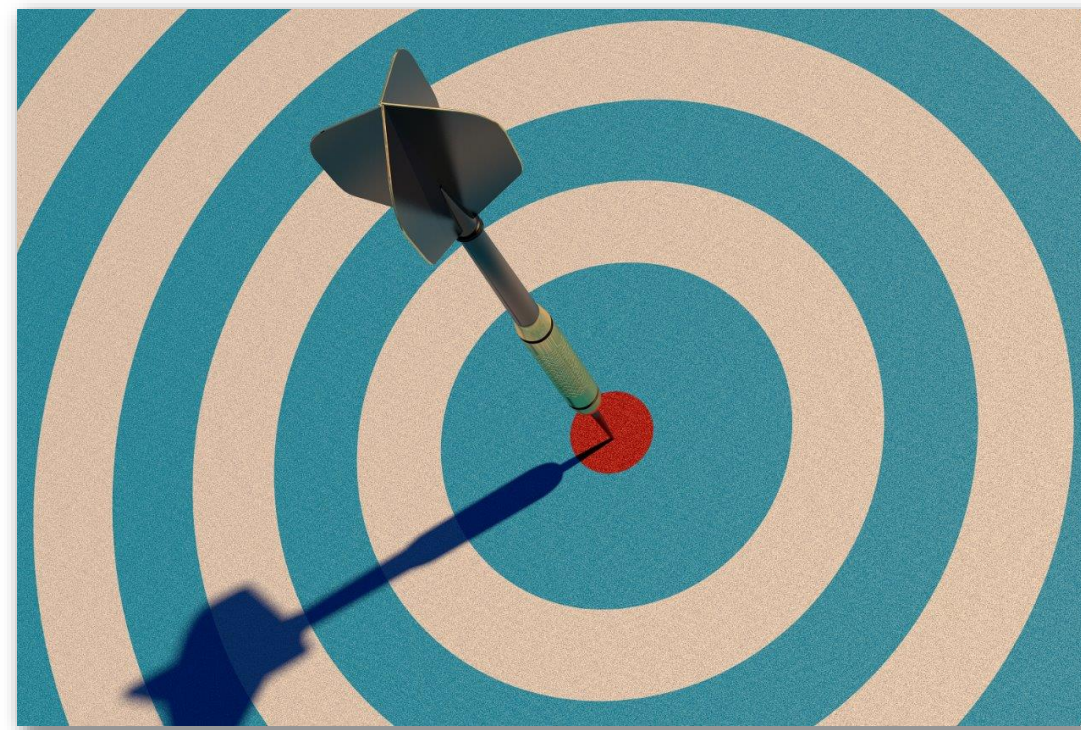
What is Health Literacy?

The degree to which individuals have the ability to find, understand and use information and services to inform health-related decisions and actions for themselves and others.

Project implementation

Phase I:
Create a patient education policy that prioritizes a health literacy framework for all new and updated patient-facing materials.

Phase II:
Create a patient education review committee for new materials.

Phase III:
Create standardized workflows for creating new patient-facing materials.

PDSA Cycles

Plan

Ask yourself: who, what, where, why and how?

Do

Try implementing the change in a small-scale pilot/prototype

Study

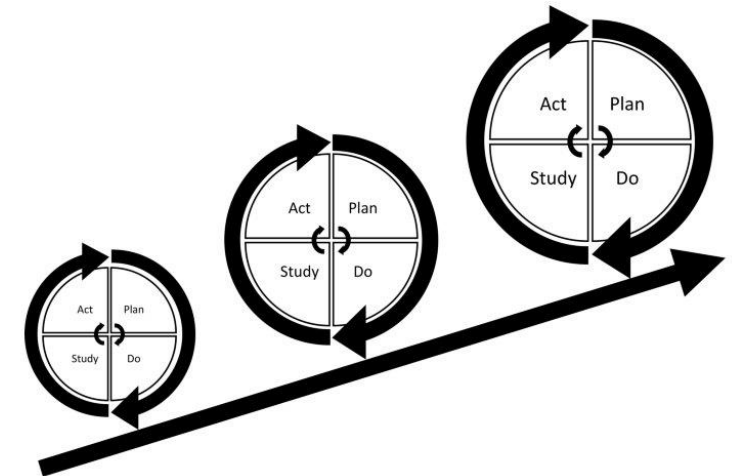What does the data tell us? What have you learned for next time?

Act

Refine your ideas, methods or processes and try again!

PDSA Cycle 1: Target colorectal screening patient education at UVMHN.

PDSA Cycle 2: Move to other patient education topics at UVMHN (e.g. A1c or chronic heart failure).

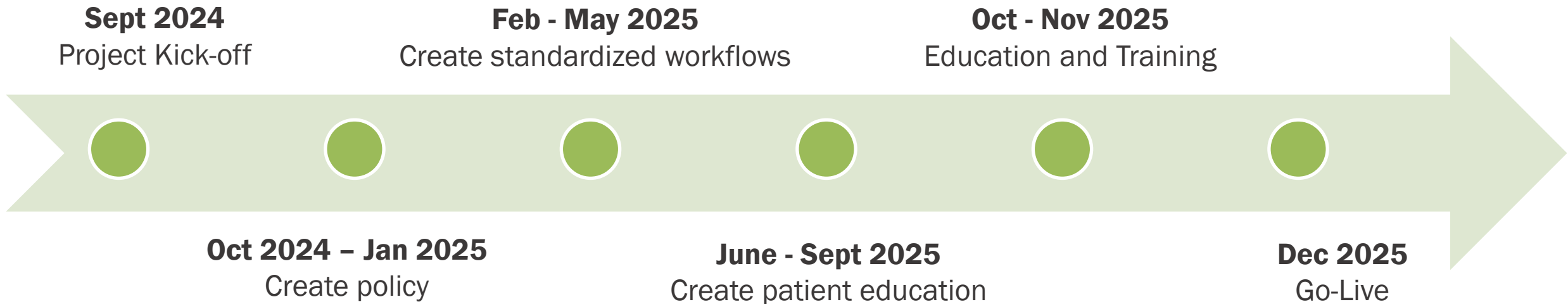**PDSA Cycle 3:** Move to other areas of focus within the network.

WebMD Ignite (aka Healthwise)

- Patient education that keeps information at around 6th grade reading level.

- Offers a variety of content including print and videos, available in 18 languages.

- Anyone with access to Epic can access Healthwise materials.

- Metrics include:

What's next?

Sept 2024
Project Kick-off

Feb - May 2025
Create standardized workflows

Oct - Nov 2025
Education and Training

Oct 2024 – Jan 2025
Create policy

June - Sept 2025
Create patient education

Dec 2025
Go-Live

Questions?

Project Team Leads

Christina Keating, Health Literacy Specialist, UVMHN
Ritika Paul, Senior QI Partner, UVMHN
Carly Haag, Chief Nursing Officer, CVPH

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We Ask Because We Care

Jessica DeForge, AS, CRHCP, DEIC

Incentive Coordinator

St. Lawrence Health

Diversity, Equity, and Inclusion Orientation

Review organization's DEI statement, purpose and goals.

Watch video by Dr. Ebony Caldwell on *We Ask Because We Care*.

Discuss the meaning and importance of diversity and inclusion.

Watch video, *Social Inequalities Explained in a $100 Race.*

Explore how intersections of identity and experience impact patient care.

Talk about embracing discomfort.

Goal of DEI is to experience belonging; being comfortable as your authentic self.

Diversity, Equity, and Inclusion Orientation

Always remember that we are all learning; none of us are experts. Be patient with yourself; small growth is worth celebrating and the way you treat others is extremely impactful.

Review the statistics
- Insurance status,
- Life expectancy,
- Infant mortality,
- Food insecurity,
- Postponing needed care,
- Discrimination (race, ethnicity, language, nationality, ability, sexual orientation, gender identity)

Embrace discomfort
- start the conversation,
- increase accountability,
- develop inclusive skills,
- notice diversity (or lack of it),
- pay attention to how people are treated, and
- be a vocal ally.

Employee Resource Groups

Rochester Regional Hospital has launched LGBTQ+, Women, Veteran, Latinx/Hispanic and Black/African American employee resource groups to create a more inclusive, supportive, and engaging environment.

These groups create a safe space for team members to share personal stories related to their identity, share and access available resources, and to build positive relationships within our work community.

Improving the Collection of SOGI Data

Percent of patients with recorded data for SOGI and pronouns at SLH primary care practices:

Bar chart:
- Sexual Orientation: 26.9%
- Gender Identity: 21.0%
- Pronouns: 16.0%
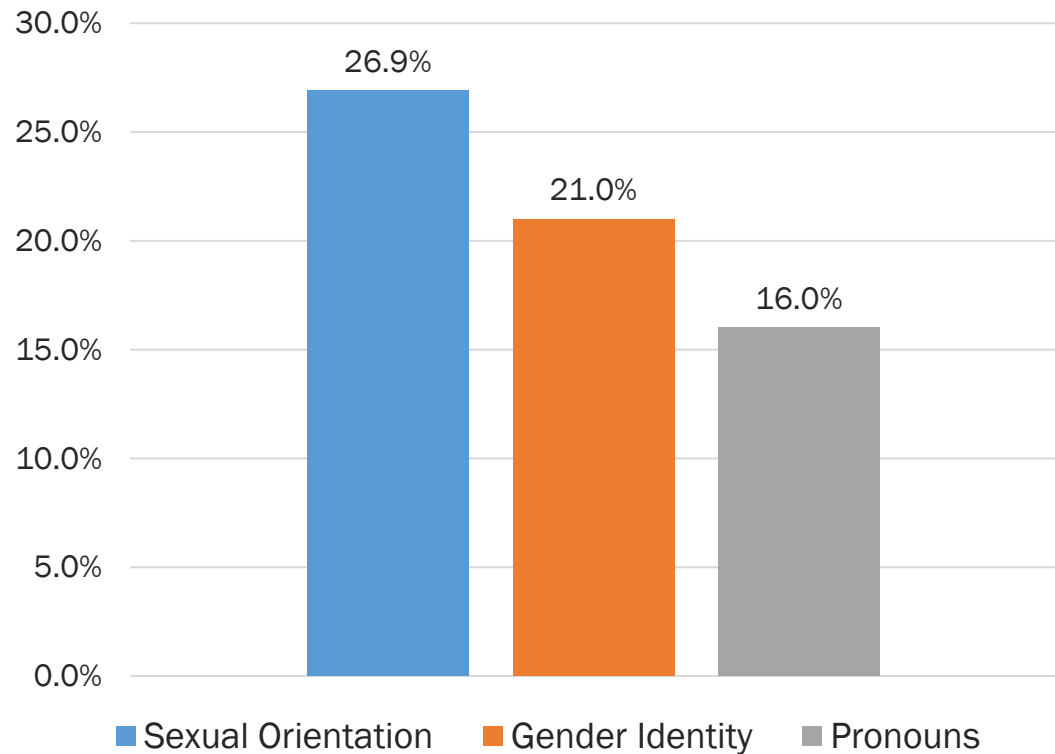
SOGI Data, Compassion and Empathy Review

St. Lawrence Health has worked diligently on supporting and educating our team to improve sexual orientation and gender identity data collection. Our clerical manager presented on SOGI data collection and compassion to the clerical employees at all St. Lawrence Health locations.

The presentation covered:

- SOGI facts and terminology, and why we ask patients to provide SOGI information.

- How to ask for SOGI and respond to concerns, while accurately recording in EPIC.

We started with participant introductions, sharing one thing others may not know (we are more than the job that we do).

The group shared personal stories of compassion in action, examples of when compassion was lacking, and the impact of its absence.

SOGI Data, Compassion and Empathy Review

- We showed Brené Brown's Empathy vs. Sympathy video.

- Benefits to showing compassion are a higher job satisfaction rate, less stress, greater teamwork and lower risk of burnout.

- We highlighted SLH programs that engage and support patients and families.

- *When compassion is shown, patients are less likely to require an ED visit, and more likely to adhere to treatment and adopt healthy lifestyles. This is associated with better health outcomes.*

Health Equity and Safe Zone Training

The St. Lawrence Health DEI committee partnered with Planned Parenthood to offer Safe Zone trainings to our team.

- In a 60-minute session, an instructor reviewed LGBTQ+ identities, gender and sexuality, and examined prejudice, assumptions and privilege.

- All who completed the training received a pin to display on their badge that says, "**You are safe with me**" and will have signage posted in their workspace or office.

- 70 SLH employees showed interest in the training, and 49 employees voluntarily completed it.


Diversity Science and HANYS developed health equity training on social, cultural and systemic factors that contribute to inequities and disparities in health outcomes.

- 202 managers and 33 SLH front line staff voluntarily participated in the training.

Summarized Efforts

- DEI presentation reviewed with all St. Lawrence Health Clinical Network new hires during orientation

- Employee Resource Groups

- Safe Zone and Diversity Science Health Equity Opportunities

- Compassion and Empathy/SOGI review with clerical members

- The SLH DEI, Employee Wellness and Behavioral health department hosted a booth at the Potsdam Pride Festival

- RRH hosted live and online DEI workshop series for employees
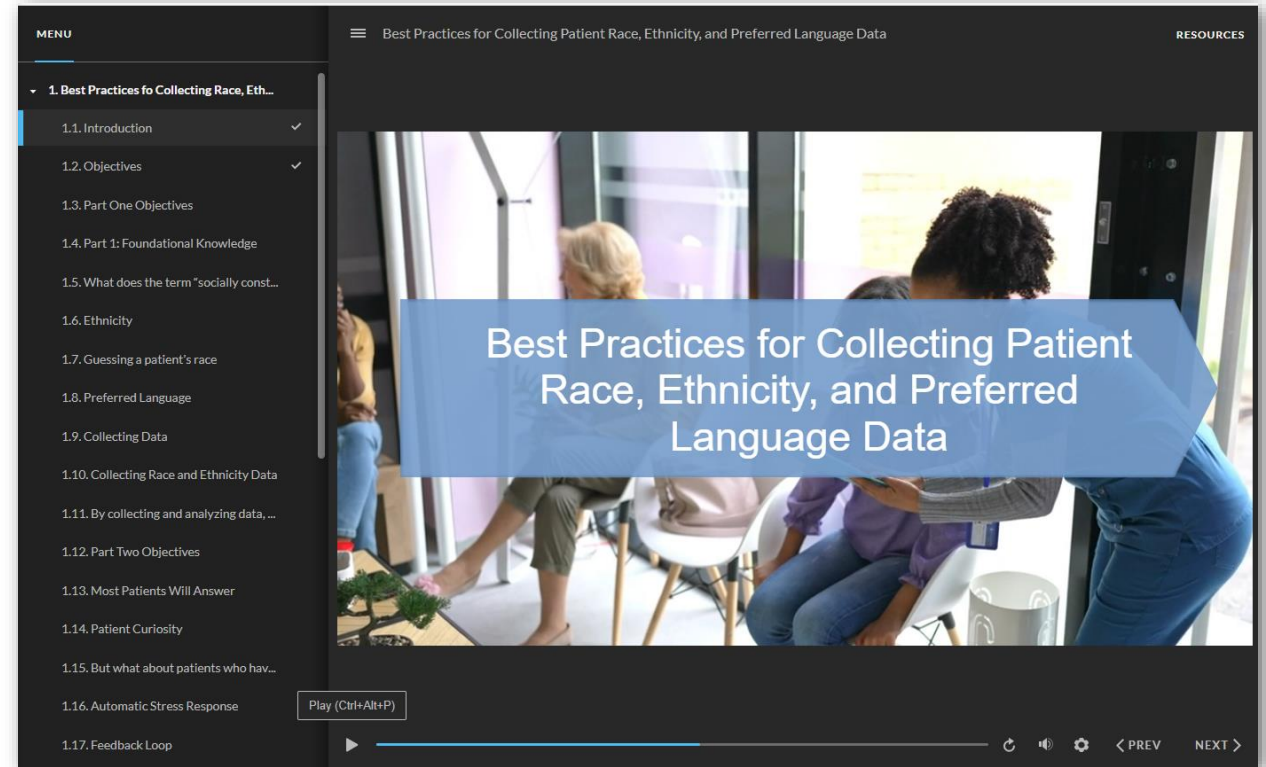
What's next?

1	2	3
Continue to collaborate and support our team members in this goal.	Encourage our team to engage in available educational opportunities.	Remain focused and committed to our community to ensure that all patients receive high quality healthcare.

Questions?

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Incentive Coordinator
St. Lawrence Health
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Questions?

Closing remarks

In the chat, please share something that you learned today.

- Stay tuned to learn about our upcoming projects in 2025 and beyond.

Connect with us!

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