SDAHO Trustees Resource Center

The Trustee Quarterly

For South Dakota Association of Healthcare Organization Board of Trustee Members Fall 2024

BOARDROOM BASICS

Measuring Equity in Patient Care

Delivering high quality, compassionate care to all patients is a consistent goal for health care organizations across the country. For boards, the challenge is understanding whether the care provided at their organization was truly performed without regard to race, ethnicity, language or disability.

The desire to provide equitable care to all patients is an ethical baseline upon which hospital leaders and board members can generally agree. Executing equitable care is a bigger challenge. The benefits of ensuring equity of care are not just moral—studies continue to demonstrate the negative impact health inequities have on health care costs, quality of care, and ultimately patient outcomes.

What is "Equity of Care?"

The terms "equality" and "equity" are often used in health care, and the differences are significant. The Robert Wood Johnson Foundation defines the terms this way:[1]

- **Equality**: Everyone gets the same—regardless if it's needed or right for them.
- **Equity**: Everyone gets what they need—understanding the barriers, circumstances and conditions.

Equality is a "one size fits all" approach and assumes that each individual can make use of what they are given. In health care, this means everyone is offered the same treatment or care plan regardless of their background or socioeconomic status. In contrast, equity ensures that care is catered to individual needs to improve overall health and promote fairness in health outcomes. Ensuring equitable care looks different depending on the population served. For some, it may mean offering information in multiple languages, serving food that caters to unique dietary needs, or offering transportation services. For others, meeting individual needs may require mobile clinics that travel to rural communities, increased telehealth services, and assistance with the internet to access telehealth services.

Social determinants of health play a large factor in ensuring care is equitable, including income, education, language and culture. Boards can ensure equitable care is provided by first learning about the population their organization serves and the unique social factors present.

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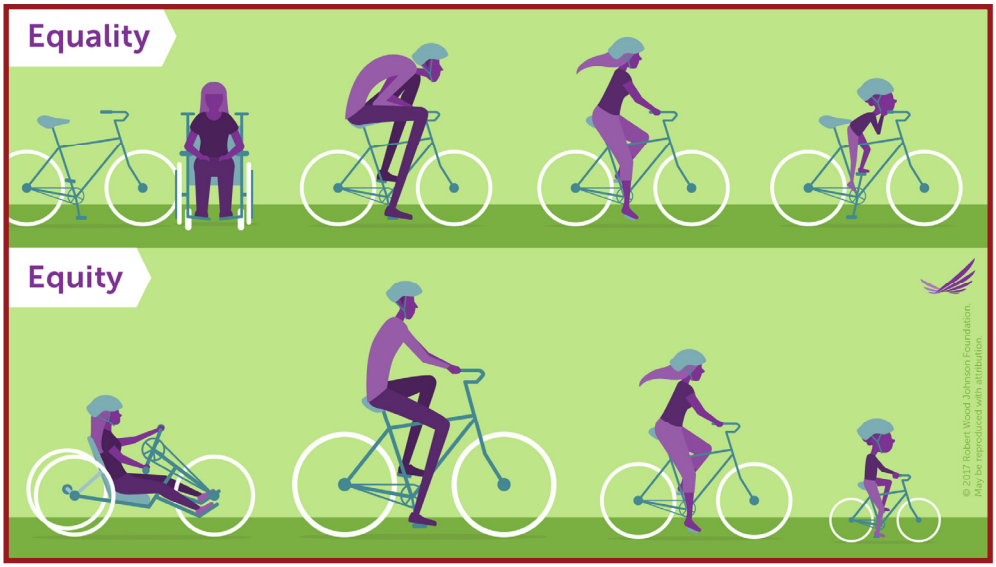

Source: Visualizing Health Equity by Robert Wood Johnson Foundation.

Our Perspective

Education is key, and providing options is essential.

The South Dakota Association of Healthcare Organizations (SDAHO) knows that equitable care in hospitals and health systems is of the highest importance for our members. Accessing education is an essential element in helping understand and implement equitable care concepts. SDAHO understands the associations' role in providing a variety of educational offerings to help our members and leadership better understand how to deliver high quality and compassionate care to all patients.

Educational Needs are NOT a one size fits all
Equity in patient care is not a "one size fits all". Equity strives to ensure that everyone gets what they need, understanding the barriers, circumstances and conditions. SDAHO works with our partners across South Dakota and the nation to provide up to date and relevant education that is sometimes customized for our member facilities of all sizes.

Awareness and Partnerships
For one week in June the American Hospital Association (AHA) and SDAHO promoted **Community Health Improvement Week**, with part of its focus on health equity. SDAHO actively encouraged members to spotlight their own organizations and their commitment to population health, hospital community health equity, and lifting up systems who have a community health worker program, that strive for health equity within their system.

SDAHO partnered with *Project ECHO* for an Equity Miniseries titled, ***Ethical Dilemmas Across Health Equity.*** Sessions took place every Tuesday from July 23 to August 27, 2024. This six-part series examined ethical decision-making and equity in hospice and palliative care. Participants learn about building an ethical organizational culture, recognizing and addressing ethical dilemmas, and navigating the complexities of equitable ethics in pediatric care. Participation was free and a valuable tool for the entire healthcare community which includes SDAHO members.

Starting in August until the end of 2024, the *Center to Advance Palliative Care* (CAPC) is providing multiple opportunities for virtual learning that focus on disparities that exist in the care of people living with a serious illness, specifically palliative care. ***Achieving Health Equity and Reducing Implicit Bias in Palliative Care*** is a small-group consulting call that allows attendees to ask questions and discuss health disparities. Discussions include effective strategies to increase self-awareness in contributing to implicit bias, normalizing difficult conversations with team members, and sharing ways to create a culture of transparency and accountability within an organization. The first session took place on August 14th. Additional sessions are scheduled below or can be accessed here (https://www.capc.org/events/virtual-office-hours/achieving-health-equity-and-reducing-implicit-bias-in-palliative-care/)

- Monday, November 4, 2024, 1pm CT / 12pm MT
- Tuesday, December 10, 2024, 10:30am CT / 9:30am MT

Promoting partner hosted events provides additional options for members. In-person opportunities continue to be offered in the Rushmore State, with SDAHO among many attending the ***5th annual South Dakota Rural Health Equity Summit*** earlier this year. Healthcare professionals, policymakers, advocates, community leaders, stakeholders and more that are committed to improve health equity in rural South Dakota gathered for this important event hosted by the West River Area Health Education Center and the South Dakota Area Health Education Center.

Reimagining Rural Health Equity: Understanding Disparities and Advancing Rural Policy, Practice **and Research** took place on October 25, 2024. This virtual free session was presented through the University of Minnesota's Center for Bioethics, which included a guide for health care professionals and patients on how to help improve outcomes for vulnerable populations.

SDAHO strives to provide effective education for our members, allowing attendees to join virtual sessions live as they happen or access our on-demand webinar series, to watch important education at a time convenient for them. The Association will continue to support our member hospitals and health systems in their efforts to become more equitable organizations, by providing customized resources and tools that fit the needs of all our members. To learn more about upcoming educational opportunities, visit the SDAHO Education Calendar, www.sdaho.org/calendar/. To access recorded webinars, visit www.sdaho.org/webinars/.

Upcoming Education

Nov. 7th | 1pm CST / 12pm MST - **Scoring Big: Impacting Patient Experience through Volunteer Service (member only)**

Nov. 12th | 11am CST / 10am MST - **Innovative Programs to Support Family Caregivers (member only)**

Nov. 14th | 12pm CST / 11am MST - **EHR Simplification and Documentation**

Nov. 19th | 11am CST / 10am MST - **BEAM SD (Behavioral Health, Education, Access and Management for South Dakota)**

Nov. 21st | 1pm CST / 12pm MST - **Launching into PDPM Success: Boost Your Facility's Performance & Compliance with these PDPM-Based Strategies**

Do you have ideas for future issues of *The Trustee Quarterly*?

Our goal is to provide you with the information and knowledge you need to lead your hospitals forward in today's rapidly changing environment. Tell us what you think, and what you'd like to see in future issues of *The Trustee Quarterly*.

Write or call:

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SDAHO Enterprises

SDAHO Enterprises was developed to pursue valued services and increase non-dues revenue. Overall goals and objectives of providing revenue to supplement SDAHO strategies and providing support and benefit to members.

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Regulatory Requirements

The regulatory foundation for equitable care in hospitals and health systems can be traced to early efforts to improve patients' rights. Decades ago, The Joint Commission was a pioneer in developing hospital accreditation standards around patients' rights, which now includes prohibiting discrimination based on factors such as age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression. Today, The Joint Commission requires hospitals to collect race and ethnicity information from patients, and the standard is a National Patient Safety Goal.[2]

Increasing guidelines and requirements for measuring and addressing health equity are growing, including guidelines from the Department of Health and Human Services (HHS), priorities announced by the White House, and an increased emphasis from groups including the American Hospital Association's Institute for Diversity and Health Equity.

In 2022 the Centers for Medicare and Medicaid Services (CMS) released an updated framework to advance health equity, with five priorities designed to achieve health equity and eliminate disparities. The first priority is "expand the collection, reporting and analysis of standardized data."[3]

Start with Data Collection

Data collection is the first step necessary for a board to know whether equitable care concepts are actually "lived" when care is accessed or delivered. Data helps leaders understand how, when and where patients with varying demographics access and receive care.

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What to Collect. Identifying disparities in care and developing improvement strategies starts with collecting standardized data on "REaL": race, ethnicity and language. Many health care systems have revised their demographic data inputs when implementing new electronic health records over the past several decades to collect this information. Data collected should include measurements required by The Joint Commission Patient Rights standards, along with Social Determinants of Health (SDOH) and Sexual Orientation and Gender Identity (SOGI) elements. Examples include questions about gender identity, housing stability, employment, food insecurity and transportation needs.

Unfortunately, not all health care settings consistently collect this data. More importantly, while some organizations do collect the necessary data, execution of data stratification and subsequent use of the information

Health Disparities Impact Cost and Quality of Life

Disparities Impact Quality of Life

- The maternal mortality rate for Black women is four times higher than for non-Hispanic White women.[4]
- Rural populations have a higher prevalence of disabilities than urban populations, but face greater disability stigma, have less accessible built environments, and limited access to specialty care.[6]
- Asian Americans are eight times more likely to die from hepatitis B than non-Hispanic Whites.[4]
- Diabetes rates are more than 30% higher among Native Americans and Latinos than among Whites.[4]
- Rural health disparities are greatest among Black and Indigenous children.[6]
- Rural populations are older and poorer health than urban areas.[6]
- Rural communities have gaps in access to care, including mental health and substance use.[6]

Health Inequities are Expensive

- Racial health inequities are associated with substantial annual economic losses nationally, including at least $10 billion in illness-related lost productivity and $200 billion in premature death.[5]
- Eliminating health inequities can lead to improved patient engagement and better health outcomes, decreased readmissions, and improved performance in value-based contracts.[5]

American Hospital Association's Health Equity Roadmap

The AHA Institute for Diversity and Health Equity has designed the Health Equity Roadmap as a framework to guide hospitals and health care systems to advance equity. AHA goals toward advancing health equity began in 2015 with the #123forEquity Pledge Campaign, which many hospitals signed as a commitment to addressing health equity. The new roadmap is the next step, and is a toolkit to:

"support hospitals and health systems in their efforts to become more equitable organizations and dismantle structural barriers to health and overall well-being."

It includes customized resources and action plans to guide organizations through the process, with three key steps:

1. **A Health Equity Transformation Assessment**, which is an online questionnaire designed to provide hospital or health systems with a baseline for assessing performance and opportunities for transformation in health equity.
2. **Create Action Plans and Use AHA Resources**, using the profile of your organization based on the assessment. Resources help provide structured action plans and resources.
3. **Join the Virtual Community**, to exchange ideas and connect with colleagues.

For more information, go to https://equity.aha.org.

in clinical performance improvement is not yet consistent.

Data Analysis. Once sufficient data is collected electronically, data analysts can then stratify (organize the information) based on patient demographics, patient concerns, and clinical studies pointing to disproportionate disease occurrence. The stratified data can help determine where opportunities to improve equitable care exist across the care continuum and clinical services.

Conducting meaningful analysis of the data requires both a workforce that is trained properly and patient records with complete data.

Board Review and Leadership

Once an organization has a process in place for data to be collected and stratified, the opportunities begin to discern differences in care and treatment. For example, access to care (such as length of waiting time to get an appointment), diagnosis (such as mammography appointment timeliness) and treatment (such as the ability to fill prescriptions as needed or have needed surgeries) can be evaluated by race, ethnicity, gender and other factors.

Understanding the Needs of Certain Populations. It is important to recognize the socioeconomic and cultural factors which may perhaps unconsciously influence access to care and treatment. In some communities disease and disability rates may be higher because of increased occupational exposures or stigmas about disease, treatment or mental health. Knowing the community and challenges faced helps frame programs and interventions.

For some diseases, objective data is already available that demonstrates occurrence at a greater frequency in specific patient populations. For example, leaders can identify "disparities-sensitive performance measures" such as controlling blood sugar levels for diabetes patients, obtaining timely colorectal cancer screenings, and preventing low-birth-weight and premature births for pregnant women.

Disease-specific clinical performance measures can be organized by key filters for race, ethnicity, and other factors to provide clear directions for improving

patient outcomes and reducing costs through health equity.

Cultural Competency Training. Providing equitable care across patient populations is a complex and value-driven goal. Cultural context and prior experience shape how providers interact with patients.

Because of this, cultural competency training is an essential component of an effective health equity plan. ***Diversity, equity and inclusion training is important for staff, physicians and leaders as well as the board of trustees.*** Leadership participation in these educational efforts ensures proper understanding of the issues and demonstrates a commitment to health equity.

Performance measures boards can use to evaluate the breadth, depth and success of cultural competency training include:

- Ongoing board training to better understand health equity and barriers to health and overall well-being;
- The percentage of staff, physicians and leaders who have completed health equity and cultural competency education; and
- Patient satisfaction scores and measurements of patient engagement.

Health Equity: Questions for Boards

Collecting data and beginning to understand what it means is only the first step in addressing health equity. Meaningful change requires an ongoing partnership between the board and senior leadership, starting with the board asking the right questions. Key questions for discussion may include:

- Does our organization collect the data needed to understand health disparities and social determinants of health in the communities we serve?
- Do our board and senior leadership understand the implications of the data?
- Has our board received education about not only cultural considerations, but understanding how systems and processes can impact these disparities?
- What specific goals do we have to address the disparities identified?
- How will we measure success in impacting health equity?
- What organizations should we collaborate with to improve health equity in our community?

Partnering with the Community

Community partnerships should be a part of the conversation as boards consider strategies to improve equity of care. The types of partnerships will vary widely depending on the community served. People groups and communities that have a sense they are "on their own" will require listening and creative partnerships to address systemic challenges and reduce barriers that have historically limited access to care.

Working together leverages the expertise and connections of all groups, resulting in a bigger impact with better outcomes. Partnering with the community is one of the Institute for Healthcare Improvement's five key avenues to help achieve health equity.

Content was contributed by governWell Healthcare Consulting and Ann Scott Blouin, President & Founder, PSQ Advisory.

Sources and More Information

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GOVERNANCE INSIGHTS

Board Leadership Hazards: 10 Events to Watch Out For

A never event is a "serious reportable event" that should never happen to a patient. Although hospital and health system boards do not provide direct patient care, there are certain board actions that would be considered hazardous or unsafe.

Even the highest performing boards can make critical governance errors if they aren't proactive. Below are ten hazards hospital boards must be diligent to avoid.

1. Failure to Fulfill the Board's Fiduciary Responsibility

Hospital and health system boards have a two-way responsibility: they must act in the best interests of both the hospital and the communities their hospital serves. Legally, board members must fulfill three fiduciary responsibilities:

- **Duty of Care:** Board members must be thoroughly informed before making decisions, using the same level of judgment they would use in their own personal or business activities.
- **Duty of Loyalty:** Trustees should put the needs of the organization first, preventing board members from using their position to serve themselves or their businesses.
- **Duty of Obedience:** Board members must abide by laws, regulations and standards of the organization's operations.

Boards often fail to fulfill their fiduciary responsibility through lack of engagement, or by misinterpreting the board's roles and responsibilities. From a legal standpoint, individual members of a board that don't ask critical questions or engage in constructive dialogue may be considered negligent and liable for their actions or inactions.

2. Failure to Keep Quality Front and Center

Too often boards of trustees assume that quality and safety problems are not an issue unless they hear otherwise. The board sets quality and safety goals and holds the administration and medical staff accountable for achieving them. To do this, boards must:

- Understand the board's role in ensuring quality of care and creating a culture of safety.
- Engage in ongoing education about quality and patient safety, understanding what's happening at the organization and in the industry as a whole.
- Know how the organization is currently performing in key indicators and track progress in meeting goals.
- Understand the organization's "culture of safety" and the changes necessary. For example, are reporting of errors and near misses encouraged and used as a learning tool?
- Consider the nature of system failures and continually ask "What can our hospital do to improve our systems to support safe, high quality care?"

3. Failure to Plan for the Future

A highly effective strategic plan is not simply a set of strategies, plans, budgets and responsibilities. Instead, it's an ever-evolving process of examining the market and other forces for change and using that information to continually reshape or fine-tune the hospital's strategic direction.

A typical strategic planning process includes:

1. Ensuring a strong foundation in the mission, vision and values;
2. Understanding the environment—internally, locally and nationally;
3. Understanding the challenges and opportunities based on the environmental assessment;
4. Setting direction for the organization, using the mission, vision and values as the guide; and
5. Prioritizing strategies and objectives, and handing off the plan to leadership.

Once the strategic plan is complete, the board's role is to motivate and support leadership implementation and track progress, not micromanage the implementation details.

4. Failure to Understand Community Needs

Improving the health of the community is the driving mission for most, if not all, hospitals and health systems. Meeting community health needs starts with first understanding what those needs are. Conducting a comprehensive community health needs assessment (CHNA):

- Provides a "snapshot" of the community's health and needs.
- Allows the board to assess where and how the hospital should direct its attention, set priorities and allocate resources.
- Is an opportunity to strengthen community relations and build community partnerships.
- Fulfills the IRS requirement that not-for-profit hospitals regularly conduct a CHNA.

Hospitals and health systems that commit to a regular, comprehensive CHNA use the process as a launching point to better fulfill the organization's community-focused mission.

5. Failure to Support the Medical Staff

The board is responsible for credentialing and privileging, but the board's opportunity to build relationships with the medical staff is much broader. The hospital/medical staff relationship should be a trusting partnership, where both the medical staff and hospital work closely together to provide quality care for patients. The board is also responsible for setting the tone to support physicians at a time when provider burnout requires extra attention. Specific actions boards can take to support physicians include:

- Making a clear commitment to support the physical and mental health needs of physicians and other providers.
- Working with the medical staff to identify and implement concrete actions to make the hospital a more productive, efficient environment.
- Including physicians in various stages of strategic planning.
- Allowing opportunities for the medical staff to share challenges with the board directly.
- Responding to physician input about quality of care and opportunities for improvement.

10 Board Leadership Hazards: Failure to...

- Fulfill the board's fiduciary responsibility
- Keep quality front and center
- Plan for the future
- Understand community needs
- Support the medical staff
- Plan for tomorrow's workforce
- Engage in robust dialogue
- Keep conflict out of the boardroom
- Engage in continuous knowledge growth
- Hold the board accountable

6. Failure to Plan for Tomorrow's Workforce

Hospitals must be well-prepared for increasing service demands and changes in health care expectations while also experiencing burnout and shortages in key areas, including physicians, nurses and allied health professionals. Creating a strong and resilient organization requires boards to:

- Prioritize employee engagement.
- Invest in leadership development, from front-line supervisors to the highest levels of leadership.
- Invest in technology that improves the patient experience and strengthens employee retention.

- Seek opportunities for providers to practice at the top of their license.
- Embrace strong employee communication and organizational transparency.

7. Failure to Engage in Robust Dialogue

At a minimum, boards must understand and fulfill their fiduciary responsibilities. But for boards to be impactful and make change they must challenge assumptions, using continual flows of information to ask questions like "what could that mean for our hospital?" and "what could or should we do now to be prepared?"

Visionary, forward-thinking boards do not happen by chance. They build on the sound foundation of their missions, a good understanding of community health care needs and the bigger perspective of how health care is evolving. They ask penetrating questions and engage in vibrant conversations to help board members identify and evaluate new and different strategies, overcome challenges and encourage calculated risk-taking.

8. Failure to Keep Conflict Out of the Boardroom

A conflict of interest exists when a board member, senior leader, or employee has a personal or business interest that may be in conflict with the interests of the hospital or health system. The challenge is that board members are often affiliated with many business, social, charitable and religious organizations in the community. Conflicts of interest can be complicated, and are almost always unintentional. Boards can keep conflict out of the boardroom by:

- Maintaining a written conflict of interest policy that is reviewed by the board annually.
- Requiring board members and senior leaders to annually disclose potential conflicts of interest.
- Encouraging self-monitoring, where board members are transparent and identify when they should remove themselves from a conversation or vote.
- Documenting all real or potential conflicts and how they were addressed.

Boards should also ensure the recruitment and selection of new board members align with the organization's conflict of interest policies, and that candidates are willing to be candid about potential conflicts.

9. Failure to Engage in Continuous Knowledge Growth

Governance education is a continual process, not an end result. The end result is greater knowledge, understanding and heightened leadership intelligence that ensures trustees are fully-prepared to engage and make evidence-based vs. "gut"-based decisions.

Boards that are committed to continuous education typically define the most critical areas for board education and develop a 12-month curriculum using a combination of external resources and leveraging existing knowledge and expertise within the organization's board and leadership team.

10. Failure to Hold the Board Accountable

A governance practices and performance assessment is an organized evaluation of board members' satisfaction with all aspects of board performance in fulfilling the board's governance responsibilities. Governance assessments are typically an online survey that every board member completes, providing self-ratings of board, committee and individual performance.

Successful assessments enable boards to identify "governance gaps," or areas in which boards have the greatest potential for improvement. Boards can then address the gaps through a combination of targeted education and recruitment of future trustees.