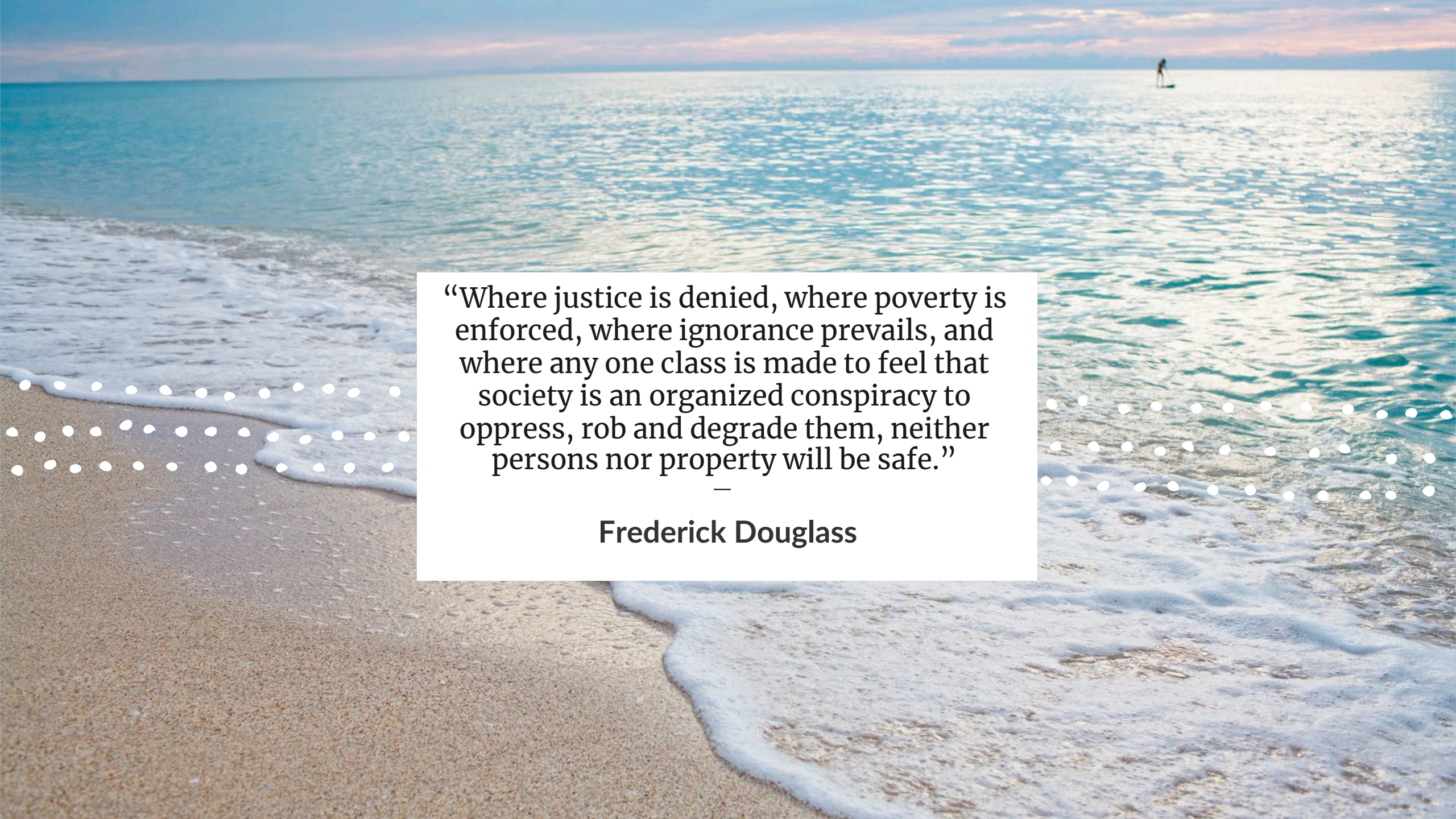IHI Forum December 2023

QI Leaders & the KHA Quality Team

"Where justice is denied, where poverty is enforced, where ignorance prevails, and where any one class is made to feel that society is an organized conspiracy to oppress, rob and degrade them, neither persons nor property will be safe."
—

Frederick Douglass

Equality Doesn't Necessarily Mean Equity...

TWO QUESTIONS:

- Has there ever been a safety event that you thought had a contributing factor of bias **OR** was a contributor to the outcome at your facility?

- What percentage of your serious safety events have health inequity, bias, or racism as a contributor at your facility?

THE CDC AND CMS:

The Centers for Disease Control (CDC) and The Centers for Medicare and Medicaid Services (CMS) agree that Social factors were noted to affect **80%** of health outcomes.

ROOT CAUSES:

It is difficult to find just one problem, because Health Equity (HE) and the Social Drivers of Health (SDoH) are so intertwined… For example: A person who is experiencing a housing problem who doesn't have a great educational background and who drinks and eats cheap food to help his anxiety and stress gets diabetes, liver disease, or has a stroke.

Quality Tools & Tips to Assist...

- Perform an RCAA (Root Cause Analysis and Action Plan) Which is a Method to determine the reasons why a process failed, and the Action Plan shows what plans an organization intends to implement to reduce or stop the risks of a similar event occurring in the future.

- A fishbone diagram with an incorporated 'tail' to incorporate the SDoH and HE that might have contributed *(Illustrated on Next Slide)*.

- Create a Safety Event Review Process within your organization with your Quality and Safety Teams that closes the gaps of professional cognitive biases.

- Begin by implementing and sustaining an equity checklist result workflow- which maps out and defines contributing factors that can contribute to a safety event.

- Have senior leadership continuously encourage the reporting of events in order to build safety by recognizing bias and inequity reports and to promote the firm establishment of a Just Culture.

Quality Tools to Assist in Recognizing the Problem:
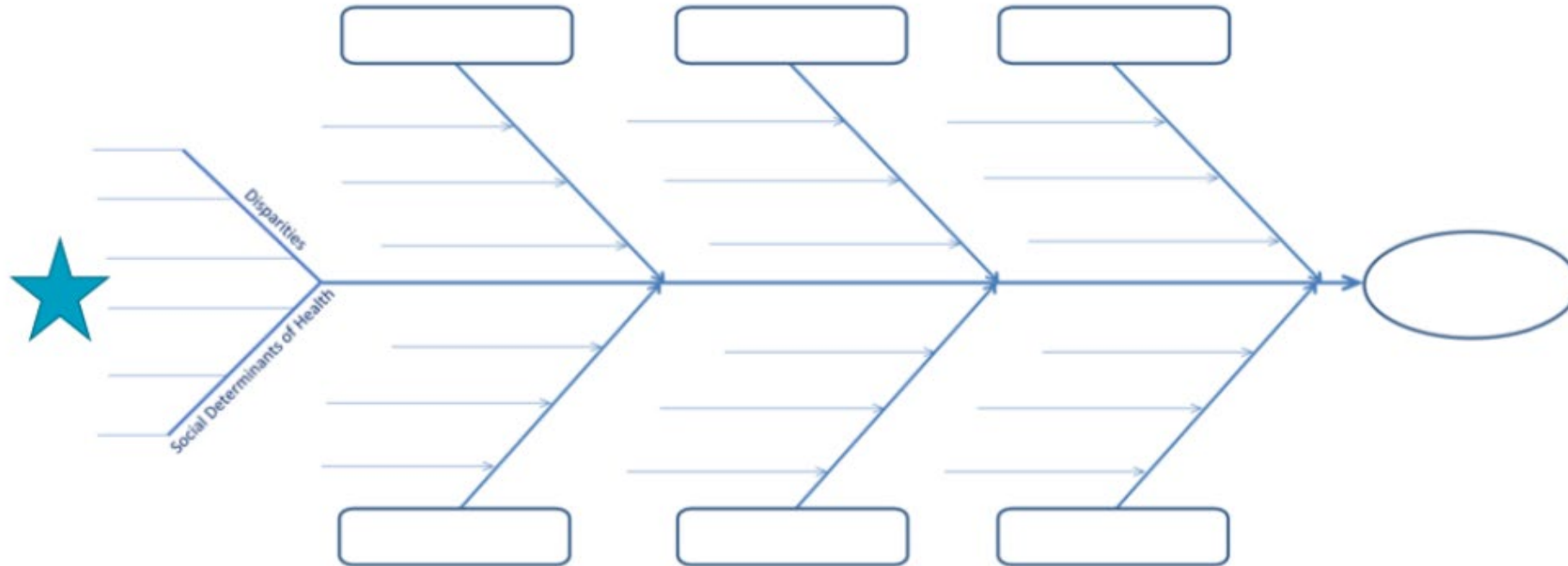

Ishikawa Diagram/Fishbone Diagram

Figure 3: The fishbone diagram was modified by the addition of a tail, labeled "Disparities / Social Determinants of Health," which prompts teams to think through and discuss all the ways they believe bias, inequity, or social determinants of health could affect the project's goals.

Fran A. Ganz-Lord, Paul Beechner, Mark Wnorowksi, Dennis Asante, Kenay Johnson, John Bianco, Susan Gazivoda, Stefanie K. Forest, Equity and Performance Improvement: A Novel Toolkit That Makes Using an Equity Lens the Default, The Joint Commission Journal on Quality and Patient Safety, 2023,

Organizational Barriers and Social Drivers of Health

- There are many obstacles to provide **successful** community resources to meet a patient's critical social needs.

  ✓ Outdated business information (i.e. website updated, phone numbers incorrect).

  ✓ Lack of timely responsiveness or any at all (overwhelmed referral sources).

  ✓ Referral sources contain their own systemic problems.

  ✓ Staff are often unavailable to complete the referral.

  ✓ Patient's give up after one try, on their own (sometimes expected to set up all referrals alone are often unsuccessful).

  ✓ Criteria for referral systems is unknown and often times unmet (i.e. unclear expectations or doesn't qualify.)

How Do We Use QI methods to Build Strong Community Resources?

Develop learning methods that are patient led based on their past experiences.

Gather data to identify trends in specific barriers.
(Ex. breakdown by referral sources, location, size of organization, etc.)

Provide feedback to referral source and offer solutions for processes to ensure needs are being met.
(Ex. What can we do on our end to ensure we meet criteria?)

Utilize systems learning to help referral sources be more attainable and patients more successful.

" *The way to achieve your own success is to be willing to help somebody else get it first.*"

– Iyanla Vanzant

KHA Quality Team

Casey Franklin, KHA Director of Quality and Heath Professions: cfranklin@kyha.com

Jessica Covington, KHA Quality Program Pharmacist jcovington@kyha.com

Adam Isaacs, KHA Quality Process Improvement Specialist: aisaacs@kyha.com

Billie Delauder, KHA Quality Process Improvement Specialist: bdelauder@kyha.com

Rochelle Beard, KHA Infection Preventionist: rbeard@kyha.com

References:

1. Ganz-Lord, F. A., Beechner, P., Wnorowksi, M., Asante, D., Johnson, K., Bianco, J., Gazivoda, S., & Forest, S. K. (2023). Equity and performance improvement: A novel toolkit that makes using an equity lens the default. *The Joint Commission Journal on Quality and Patient Safety*, *50*(1), 75–82. https://doi.org/10.1016/j.jcjq.2023.11.003