

AGENDA

**Equity, Diversity and
Inclusion Committee**

Meeting Date

September 20, 2021

Time

11:00 A.M.

Location

Virtual

CALL TO ORDER

Feniosky Peña-Mora

ADOPTION OF MINUTES

Feniosky Peña-Mora

JUNE 7, 2021

DIVERSITY & INCLUSION UPDATE

Matilde Roman

EQUITY & ACCESS COUNCIL
REPORT OUT

Natalia Cineas

Nichola Davis

QUALITY & SAFETY
REPORT OUT

Hillary Jalon

Jeremy Segall

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

Equity, Diversity and Inclusion Committee Virtual Meeting - June 7, 2021

As Reported by: Feniosky Peña-Mora

Committee Members Present: Feniosky Peña-Mora, José Pagán, Mitchell Katz, Freda Wang - Joined at 10:05, Sally Hernandez-Piñero, and Michelle Moore - Joined at 10:10

CALL TO ORDER

The meeting of the Equity, Diversity and Inclusion Committee of the NYC Health + Hospitals' Board was called to order at 10:02 a.m.

Upon motion made and duly second the minutes of the April 12, 2021 meeting was unanimously approved.

EQUITY AND ACCESS COUNCIL UPDATE

Dr. Nichola Davis, Chief of Population Health and Co-Chair of the Equity and Access Council ("Council") provided a brief update on the Council's activities. The Council's Equity Workgroups were established and some meetings have already occurred, or are in the process of convening. The Equity Workgroups represent the four priority areas listed in the Council Charter - Workforce Diversity, Inclusion, Equity of Care, and Evaluation and Metrics - and will be tasked to develop work plans, with timelines and success metrics.

Dr. Davis also mentioned that the System level metrics are still under discussion with key stakeholders to ensure optimal metrics are used to assess quarterly improvements on workforce diversity and equity of care. For the metric related to Equity of Care the metric will be looking at the percent of system chronic disease dashboards that include race, ethnicity and language values. Currently there are five chronic disease dashboards that require the integration of these demographic values. These dashboards are related to diabetes, hypertension, smoking, adolescent depression, and adult depression. The dashboards do not currently have race, ethnicity and language included. The goal is to have all five dashboards include race, ethnicity and language values in order to stratify these chronic diseases by those variables to see whether or not there are actual differences in outcomes. Also, the MWBE metric is under discussion with the Senior Vice President of Business Operations and Facilities with more to come at a later date.

The Committee members commended the hard work of the Council and looks forward to hearing more on the development of the metrics and goals.

EQUAL EMPLOYMENT OPPORTUNITY REPORT OUT

Blanche Greenfield, Deputy Counsel and Chief Employment Counsel reported out on Equal Employment Opportunity (EEO) that included an overview of the Office, its role and functions on behalf of the System. Ms. Greenfield mentioned that the EEO Office is responsible for ensuring compliance with System policy, manages staff complaints of discrimination and requests for reasonable accommodations. Ms. Greenfield shared 2020 data on the number of reasonable accommodation requests that reflect an increase of approximately 1,000 requests from previous years. This increase may be attributed to requests to change work assignment due to the pandemic.

EEO findings include reasonable cause, no reasonable cause, and as of last year, revised to include a third finding of conduct inconsistent with the spirit of System's policy. The third finding is meant to cover conduct that may not necessarily be a violation of law, but inconsistent with the spirit of our policy of inclusion, diversity and respect.

Ms. Greenfield stated that the top three complaints were on the basis of sexual harassment, race, and retaliation. Claims of sexual harassment increased in 2019 commensurate with the City passing the stop sexual harassment law, which expanded the limitation period for bringing a sexual harassment complaint from one year to three years. As a result, complaints that otherwise would have not been timely filed, were able to be filed that resulted in a spike in complaints. The numbers have remained the same in 2020.

Internal complaints are generally higher than external complaints, and the largest number of external complaints were based on disability discrimination. Historically the medium number of complaints received annually is approximately 1,700, with the exception of last year where the complaints spiked to 2,728. Ms. Greenfield shared that complaints are logged into the System's Gateway database created in 2019. Ms. Greenfield also shared that the City Commission on Human Rights changed their processes to decrease the issuance of no probable cause determinations, and instead administratively close complaints, which may allow complainants the ability to bring other litigation.

Freda Wang, NYC Health + Hospitals' Board member wanted to understand how external and internal complaints were handled and resolved. Ms.

Greenfield shared that staff have the option to file a complaint either internally or externally. If a person files internally and is not satisfied with the outcome, or if there are additional concerns not associated with the internal complaint, they can file externally. The EEO Office will then respond to the external complaint.

Ms. Wang then asked about the general expected timeframe for investigating or resolving a reasonable accommodation request or internal complaint. Ms. Greenfield replied that it depends on the circumstance. She shared that it is expected that sexual harassment complaints are investigated and resolved within 90 days. 2020 was unprecedented in the spike in complaints as well as loss of key staff. Moreover, Ms. Greenfield shared that the Gateway database needs to be updated to reflect actual cases closed and is working to address it.

Ms. Hernandez-Piñero, NYC Health + Hospitals' Board member was very impressed that EEO officers are represented at all of the facilities, which demonstrates our commitment. She requested future information on the cases that are administratively pending closure. She also requested clarification on whether the 2020 requests for reasonable accommodation were mostly due to COVID. Ms. Greenfield responded to the affirmative to both questions.

Dr. Michelle Moore, who is serving as proxy for Dr. David Chokshi, Commissioner for NYC Department of Health and Mental Hygiene, inquired about the process for handling patient accommodation requests and discrimination complaints. In response, Health + Hospitals staff shared complaints or denials related to public accommodations are handled by the Office of Legal Affairs. In addition, they shared that the way the System handles complaints of patient discrimination depends on who makes the complaint, where it originally arises, and the nature of the allegation that determines who should be involved and how the matter is addressed. Complaints are handled at the facility, and each facility has an appropriate process for handling these types of complaints.

Mr. Peña-Mora requested clarification on the process for a patient to follow if someone made them uncomfortable during care? Ms. Greenfield explained that there is a System wide patient bill of rights. She further explained, that these allegations can be filed with facility patient relations, the Inspector General, the compliance office, or an affiliate depending on who brings the allegation and nature of the allegation. Dr. Katz explained that Mr. Greenfield handles all employee allegations; however, when a patient is the complainant it

depends on what type of facility the incident occurs, whether it is behavioral health, skilled nursing facility, clinic and acute care.

Mr. Peña-Mora requested clarification if this information is known by facilities. Ms. Greenfield indicated that we had that data and is meeting with various leaders to review trends and appropriately address issues in partnership with Human Resources.

Committee member inquired about how the System handles employees who file complaints internally and externally simultaneously. Ms. Greenfield responded that if there is a simultaneous filing of the same exact fact pattern, the Office of EEO stops the internal process and proceeds forward with the external complaint process. However, if the external filing is on a different matter or basis, both claims are able to proceed. Ms. Greenfield also noted that a filing of a discrimination complaint is separate from a request for reasonable accommodation, and does not stop the obligation to handle the reasonable accommodation request.

Follow up items: Dr. Katz indicated that he will have the Office of Quality provide a clarification at the next EDI Committee meeting: 1) Provide an explanation on the process for handling patient discrimination and sexual harassment complaints and any available data

Mr. Peña-Mora requested information on the average time to close EEO related complaints and requests. Ms. Greenfield informed the Committee that going forward she will be able to provide this information at the next reporting due to lack of data collection historically.

Mr. Peña-Mora asked if there was old business or new business. Hearing none, he thanked the EDI Committee, NYC Health + Hospitals staff and board members for their time and adjourned the meeting at 10:43 a.m.

FPM: mlr

Equity, Diversity and Inclusion Committee

September 20, 2021

Diversity and Inclusion Update

Matilde Roman, Esq.
Chief Diversity and Inclusion Officer

Response Preparedness: Afghanistan Crisis

- Conducted an impact analysis and coordinated with language service vendors to build language capabilities for Dari and Pashto.
- Collaboration with MOIA and NYCEM as part of NYC preparedness operations.
- Check-ins with CBOs and NYC resettlement agencies.

Chief Diversity and Inclusion Officer Facility Site Visits

Key Findings

- Align Planetree Certification with existing diversity and inclusion activities.
- Expand diversity and inclusion training opportunities.
- Enhance technology and equipment for language services.
- Additional tools to support diverse hiring for difficult to recruit positions.
- Expansion of talent development initiatives (retention).

Diversity and Inclusion Training Updates

- Release of first system-level D&I Training Request for Proposals.
- Launch of voluntary in-house interpreter skills training for bilingual staff.
- Collaboration with PAGNY to enroll all providers into the LGBTQ Health Equity certificate program.
- 6,855 D&I training completions (July-August 2022).

New Essential Documents in Top Languages

Updated consent forms and key patient facing documents.

Available in English and top 13 languages — Spanish, Bengali, French, Haitian Creole, Russian, Simplified Chinese, Traditional Chinese, Albanian, Arabic, Hindi, Korean, Polish, and Urdu.

Can be found on:

- Essential Documents Library icon found on all facility desktop computers.
- Diversity SharePoint site under “Essential Documents Directory”.
- Forms tab in the H+H Insider page.

Equity, Diversity and Inclusion Committee

September 20, 2021

Equity & Access Council Report Out

Nichola Davis, M.D.

Vice President, Chief of Population Officer

Natalia Cineas, DNP, RN, NEA-BC

Sr. Vice President, Chief Nurse Executive

Workforce Diversity

- Co-Chairs
 - Dr. Nichola Davis, *Vice President and Chief Population Health Officer*
 - Dr. Elizabeth Natal, *Associate Medical Director, Sydenham*
- Workgroup members
 - 19 members
 - 7 Facilities represented
- Status of work
 - Project focus – Physician Diversity
 - Pathway programs for residents/medical students in partnership with HBCU
 - Survey for Resident Physicians

Workplace Inclusion

- Co-Chairs
 - Natalia Cineas, *Chief Nursing Executive*
- Workgroup members
 - 6 members
 - 4 Facilities represented
- Status of work
 - Survey to join Inclusion Workgroups sent out
 - Membership interest email blast – over 200 interested
 - African American Female Physicians Workgroup
 - African American Workgroup
 - Anti-Racism Advocates and Allies Workgroup
 - Asian American Workgroup
 - Diversity and Inclusion Workgroup (Heritage and History)
 - Generational
 - Hispanic Workgroup
 - LGBTQ+ Workgroup
 - Veterans/Disabilities Workgroup
 - Women Mentorship Workgroup

Equity of Care

- Co-Chairs
 - Rebecca Linn-Walton, *Senior Assistant Vice President Behavioral Health*
 - Shewon Erie, *Associate Executive Director Home Health*
- Number of workgroup members
 - 14 members
 - 9 Facilities represented
- Status of work
 - Focus on three areas (Sickle Cell, Health IT Literacy, Behavioral Health)

Monitoring & Evaluation

- Co-Chairs
 - Dr. Komal Bajaj, *Chief Quality Officer, Jacobi*
 - Stephanie Majak, *Director of Tech Education Programs*
- Workgroup members
 - 8 members
 - 6 Facilities represented
- Status of work
 - Building collection of training and key demographics
 - Fields are now more accessible for use
 - Workgroup meetings have commenced and ongoing

Equity, Diversity and Inclusion Committee

September 20, 2021

Office of Quality & Safety Report Out

Hillary Jalon

Deputy Chief Quality Officer

Jeremy Segall, MA, RDT, LCAT

Chief Wellness Officer

TODAY'S AGENDA

Survey Approach & Findings

Inequity Complaints and Grievances Data & Summary

Learning Lessons

System Improvements & Next Steps

SETTING THE STAGE

- **Follow-up from last meeting: After the EEO data presentation, there was an inquiry about patient/family complaints and grievances processes across NYC Health + Hospitals, specific to capturing racial inequity and gender-related harassment complaints**
 - Current state of complaints and grievances data: Decentralized, facility based-processes
- **The purpose of this presentation is to share a system-wide assessment and review conducted of the current state of complaints and grievances processes and data capture, specifically related to inequities**
 - Supports that current processes are decentralized (described in the following slides)
 - Discuss potential ways to modify capture of patient complaints and grievances, specific to racial inequity and gender-related harassment, just as we manage them when made by employees

SURVEY APPROACH

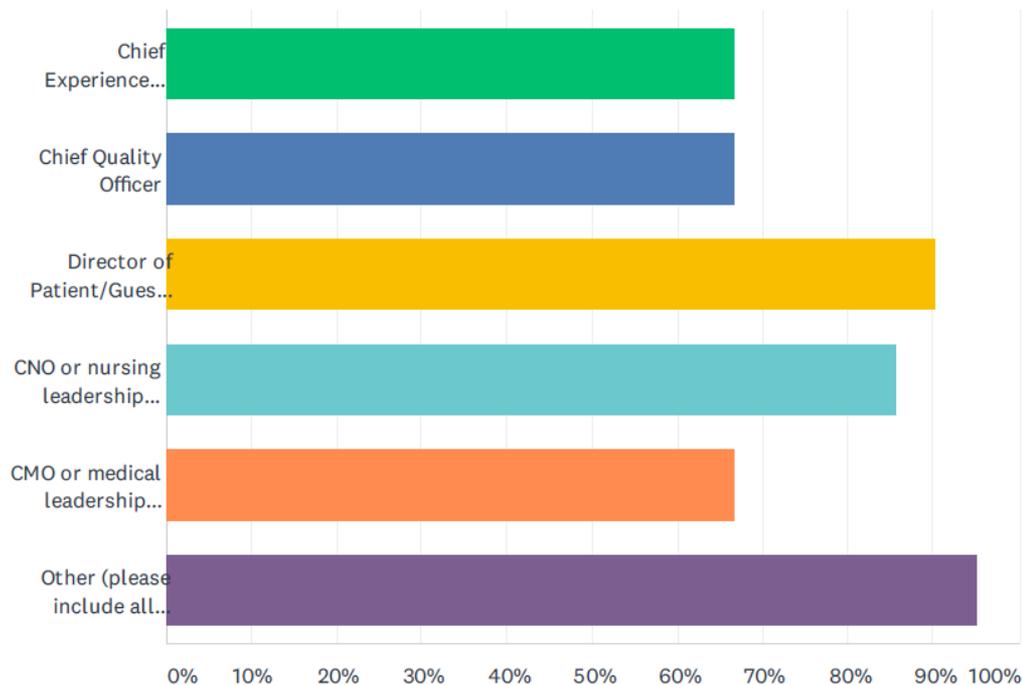
- **Current state assessment**
 - 11 total questions

- **Assessed current practices for collecting and analyzing all complaints and grievances, specifically gender-based harassment and racial inequities patient complaints and grievances**
 - 24 responses from across the system

- **Survey explored:**
 - Grievance committee processes
 - Cadence of meetings
 - Complements of participants
 - Categorization of complaints/grievances
 - Utilization and review of data
 - Future state optimization and/or standardization

SURVEY FINDINGS

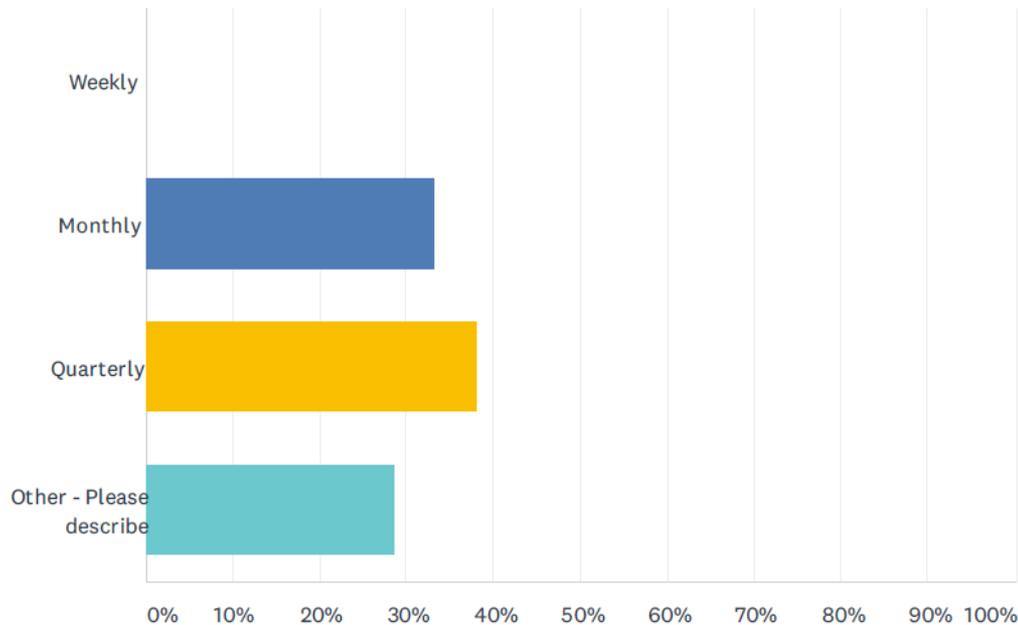
Complaints and Grievances Committee Structure: Who Participates in it?



- **Other includes a variety of personnel, including but not limited to:**
 - DONs for various services
 - Risk Management
 - Patient Representatives
 - HR
 - Hospital Police
 - Admitting Representatives
 - IT personnel
 - Regulatory personnel
 - Various Chiefs of Service
 - Director of Social Work/Social Services
 - Patient Safety Officers
 - Behavioral Health
 - Food & Nutrition
 - Executive leaders

SURVEY FINDINGS

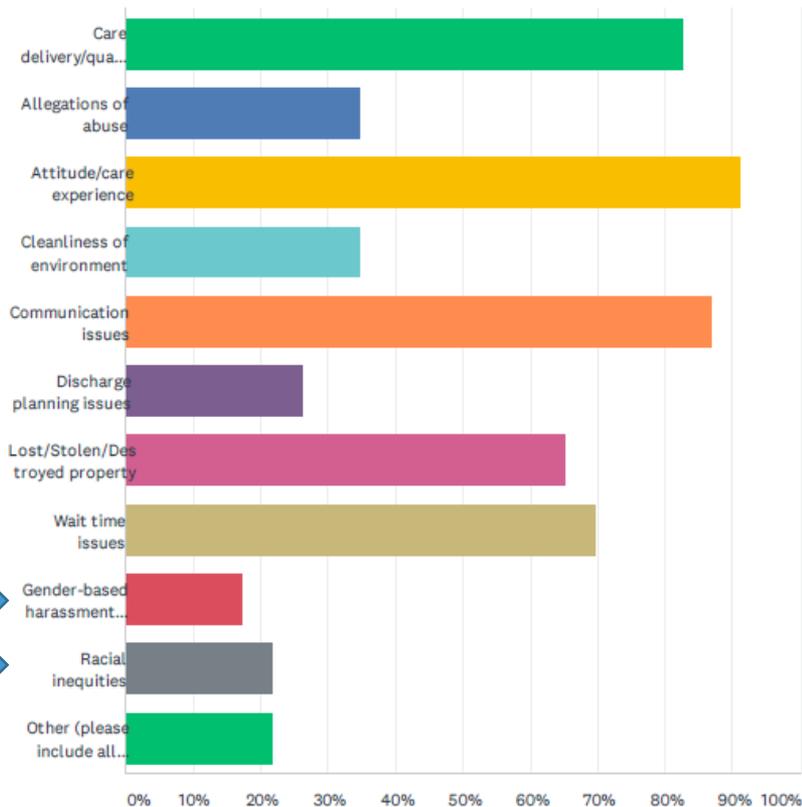
Complaints and Grievances Committee: Meeting Cadence



- Other includes:
 - Bi-weekly
- 2 respondents didn't answer this question

SURVEY FINDINGS

Complaints and Grievances Data: Major Categories Collected



- **Other categories collected by the sites include but are not limited to:**
 - Patient Requesting Letter from Doctor
 - Visitation Restrictions
 - Discharge Issues
 - Cancelled Procedures
 - Appointment Issues
 - Staff Negligence
 - Issues with TV Channels
 - Issues with Grievance Response
 - Medication Contra-band
 - Issue with Program Requirements
 - Wrong Drop Off
 - Disorderly Conduct

- **Enhanced processes**
 - Two sites reported they have begun to view complaints & grievances through an equity lens, but that this is a new process for them

SURVEY FINDINGS

Complaints and Grievances Data: Methods for Sharing Data

ANSWER CHOICES	RESPONSES
Share aggregate data in various leadership forums	78.26%
Share aggregate data in departmental forums	69.57%
Share aggregate data during the QAPI Committee to the Board reports	86.96%
Other (please describe)	30.43%

Other responses include the following:

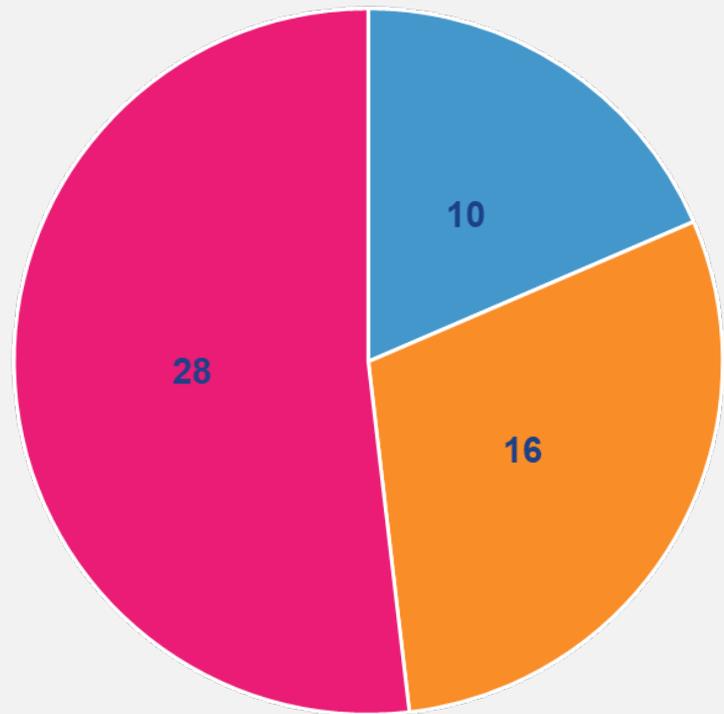
- A limited number of respondents share the data at Care Experience Committee meetings
- Performance Improvement meetings
- Departmental Huddles to discuss trends and action plans

SURVEY FINDINGS

- **Ways sites are collecting complaints and grievances data:**
 - Majority (83%) collect data via homegrown databases
 - 4% additionally collect their data through Press Ganey comments
 - 13% collect data through paper logs/manager reports
 - Sites beginning to migrate to VOICE; hybrid approach

COMPLAINTS & GRIEVANCES DATA

COMPLAINTS & GRIEVANCES = 54
July 2020 to July 2021



■ Gender Harassment ■ Racial Injustice ■ Other Type of Complaint related to Inequity

COMPLAINTS & GRIEVANCES DATA

SITE	TYPES OF COMPLAINT/GRIEVANCE JULY 2020 TO JULY 2021			
	Gender Harassment	Racial Injustice	Other Type of Complaint related to Inequity	FACILITY TOTAL <i>(gender harassment + racial injustice + Other)</i>
Bellevue	1	6	1	8
Coney Island	0	1	3	4
Elmhurst	0	2	2	4
Harlem	2	1	6	9
Jacobi	1	2	3	6
Kings County	3	0	0	3
Lincoln	0	0	1	1
Metropolitan	0	0	0	0
NCB	1	0	3	4
Queens	0	3	8	11
Woodhull	2	1	1	4
Carter SNF & LTACH	0	0	0	0
Coler	0	0	0	0
Gouverneur SNF	0	0	0	0
McKinney	0	0	0	0
Cumberland	0	0	0	0
SYSTEM TOTAL <i>(from sites above)</i>	10	16	28	54

LEARNING LESSONS

- **General examples and themes of inequity-related complaints and grievances:**
 - Gender pronoun misalignment or misuse
 - Assumptions surrounding socioeconomic status, immigration status, or insurance coverage
 - Discussion surrounding body parts of the opposite gender that felt uncomfortable
 - Presumed implicit or explicit racial bias surrounding care
 - Stereotypes surrounding ethnic origin
 - Racial and ethnic epithets
 - General attitudes of disrespect

- **Complaints and grievances that fell into the “Other” category were often multifactorial and had vague reference to inequity that could not be concretely verified even after investigation**
 - Key theme was varying use of translation services
 - Sizeism
 - Dis/ability status

PROPOSED IMPROVEMENTS & NEXT STEPS

- **Standardization surrounding complaints & grievances categories to be added to electronic incident reporting system (VOICE):**
 - *Examples being vetted:*
 - Clinical
 - Quality (i.e. - examination, patient journey, quality of care, treatment)
 - Safety (i.e. - errors in diagnosis, medication errors, safety incidents, skills, and conduct)
 - Management
 - Institutional issues (i.e. - bureaucracy, environment, finance and billing, service issues, staffing, and resources)
 - Timing and access (i.e. - access and admission, delays, discharge, referrals)
 - Relationship
 - Communication & collaboration (i.e. - communication breakdown, incorrect information, patient-staff dialogue)
 - Humaneness/caring (i.e. - respect, dignity, and caring; staff attitudes)
 - Equity
 - Patient rights (i.e. - abuse, confidentiality, consent)
 - Discrimination (i.e. - harassment, bias, maltreatment)
- **The first of several PDSA cycles to support general VOICE improvements are underway**
- **System definitions for gender-related harassment and inequity complaints and grievances**
- **Centralized complaints and grievances governance structure to minimize system variability**

