



AGENDA

Equity, Diversity and Inclusion Committee

Meeting Date

May 9, 2022

Time

11:00 A.M.

Location

Virtual

CALL TO ORDER

Feniosky Peña-Mora

ADOPTION OF MINUTES

Feniosky Peña-Mora

JANUARY 10, 2022

DIVERSITY & INCLUSION UPDATE

Ivelesse Mendez-Justiniano

M/WBE – VENDOR DIVERSITY PROGRAM UPDATE

Keith Talbe

EMPLOYEE FEEDBACK SURVEY RESULTS

Jeremy Segall

EQUITY & ACCESS COUNCIL UPDATE

Natalia Cineas
Nichola Davis
Komal Bajaj
Stephanie Majak

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

Equity, Diversity and Inclusion Committee Virtual Meeting - January 10, 2022

As Reported by: Feniosky Peña-Mora

Committee Members Present: Feniosky Peña-Mora, José Pagán, and Mitchell Katz - joined at 10:05, Sally Hernandez-Piñero, and Michelle Morse, representative for Dave Chokshi in a voting capacity - joined at 10:12

CALL TO ORDER

The meeting of the Equity, Diversity and Inclusion Committee of the NYC Health + Hospitals' Board was called to order at 10:00 a.m.

Mr. Peña-Mora moved for a motion to adopt the minutes of the November 8, 2021 meeting.

Upon motion made and duly second the minutes of the November 8, 2021 meeting was unanimously approved.

DIVERSITY AND INCLUSION UPDATE

Matilde Roman, System's Chief Diversity and Inclusion Officer updated the Committee on diversity and inclusion activities by providing an overview of the System's top achievements for 2021. Ms. Roman shared that the System restructured the strategic priorities to include social and racial equity as the foundation of its mission and values, and the creation of system-level metrics to make equity, diversity and inclusion goals more measurable and accountable. The three indicators being measured are the number of new physician hires from underrepresented groups, integration of race, ethnicity and language values in chronic disease dashboards, and measuring Minority- and Women-Owned Business Enterprises contracting spend.

Another achievement mentioned was the launch of the Medical Eracism initiative, spearheaded by Dr. Louis Hart from Quality and Safety, and which is now under the Equity and Access Council Equity of Care work group. Ms. Roman stated that the System serves as a co-founder and co-convenor of the Citywide Coalition to End Racism in Clinical Algorithms and referred to Dr. Nichola Davis, the System's Chief of Population Health who is leading this effort to provide the Committee further details when she gives the Equity & Access Council update. Another notable accomplishment was the System nearing its thirty percent contracting spend goal for Minority- and Women-Owned Business Enterprises.

Ms. Roman was also pleased to report that the System opened its sixth Pride Health Center at Jacobi Medical Center, the first one in the Bronx, and added that Lincoln launched an Affirming Integrated Services Practice to provide affirming services to LGBTQ New Yorkers. Ms. Roman went on to share that the System continues to meet high standards of care for LGBTQ patients by earning the national recognition by the Human Rights Campaign for the sixth year in a row, and the System was profiled in the first national edition of the Long-Term Equality Index for promoting equitable and inclusive care for older LGBTQ residents in residential long-term care communities.

Ms. Roman then updated the Committee on department accomplishments, and shared that the Office of Diversity and Inclusion released a progress report that highlights the significant steps the health system has taken to integrate diversity and inclusion best practices over the last five years. Also mentioned the release of the 2022 Diversity and Inclusion Calendar, meant as an educational tool to facilitate common understanding of key diversity and inclusion concepts and terms as well as highlight cultural and heritage dates throughout the year.

Committee members also heard that the System fulfilled 1.3 million interpretation requests in over 200 languages and dialects that resulted in more than 18 million interpretation minutes. Moreover, the Committee was informed of efforts to expand workforce training solutions. These measures included a strategy to diversify training vendors by issuing the first system-level Request for Proposals, enrollment of over 6,000 affiliate providers in the LGBTQ Health Equity Certificate training, and launch of a voluntary in-house interpreter skills training for bilingual staff. Lastly, Ms. Roman shared 2021 training highlights that included 58,000 diversity and inclusion training completions, and over 26,000 training completions for Cycle 4 Sexual Harassment Prevention. This concluded Ms. Roman's updates.

Mr. Peña-Mora asked if there were any questions from the members. There were none and that concluded the update from the Office of Diversity and Inclusion.

EQUITY AND ACCESS COUNCIL UPDATE

Dr. Nichola Davis, Chief of Population Health and Co-Chair of the Equity and Access Council ("Council") provided an update on the Council's activities. Dr. Davis shared that in terms of updates for the Equity and Access Council moving forward they would report out on one of the four work groups at each meeting and today was going to focus on activities from the Equity of Care Workgroup.

Dr. Davis shared that race, ethnicity and language are now included in all five clinical dashboards in order to stratify the data to identify opportunities for intervention and prevention. In terms of the Medical Racism work previously mentioned, the System has already implemented changes in the algorithms for Vaginal Birth After C-Section as well as kidney function, and now focused specifically on monitoring the outcome of the change in the kidney function algorithm and looking at any potential impact of this new algorithm in clinical decisions. Also looking at future algorithms and trying to find how best to eliminate race in pulmonary function test assessments.

Dr. Davis then shared efforts to expand services to provide optimal level of care for all patients with sickle cell, and explained that the rationale to focus on sickle cell was related to Health + Hospitals being one of the largest providers of care to individuals with sickle cell in New York City. Dr. Davis elaborated that a third of adults who have Medicaid and about a quarter are children who are served at Health + Hospitals, and went on to state that sickle cell largely affects minorities with 90% of patients of African descent, 10% Hispanics, and a smaller percentage of sickle cell patients from India, the Middle East, and of Mediterranean descent.

Dr. Davis went on to say that unfortunately patients with sickle cell are often stigmatized and are at an increased risk of mortality, particularly around the time during transition from pediatric to adult care. Dr. Davis stated that the System does have pediatric comprehensive centers, but only has two comprehensive centers for adults located at Kings and Queens. Thus, the aim is to expand services to have a Center in each borough. Dr. Davis shared that she hoped to have centers in the Bronx and Manhattan, each location still to be determined. Dr. Davis also mentioned that there are currently working on a business plan to be submitted to the Clinical Services Planning Committee.

Board member Sally Hernandez-Piñero asked about the actual numbers of sickle cell patients cared for by Health + Hospitals. Dr. Davis

replied that she would follow-up to provide the exact number of patients to the Committee.

Dr. Davis then proceeded to walk the Committee through a few screenshots of the diabetes and hypertension screening dashboards stratified according to race, ethnicity and language, and explained how it is a useful tool to raise questions and provide opportunities for intervention. Dr. Davis stated the data can help direct resources that would allow targeted strategies for different groups and collaboration with the NYC Department of Health and Mental Hygiene and community based organizations in affected communities to improve outcomes. Dr. Michelle Morse, asked if there was a way to compare data with State or National averages to establish benchmarks. Dr. Davis stated this can be explored as it would be useful to have that type of comparison. Dr. Morse then asked what goal the team was working towards on hypertension control. Dr. Davis replied the goal was 75%.

Mr. Peña-Mora commented about the opportunities to use the data to develop intervention strategies in communities that need additional support and identifying best practices that may be replicated. He also requested that it would be interesting to analyze the data further to understand why Latinx is better controlled in hypertension versus diabetes and showing the data by zip codes to understand how control is being managed in communities with the involvement from community-based organizations.

Ms. Hernandez-Piñero asked Dr. Davis to provide more details about sickle cell to better inform the members' understanding of the disease. Dr. Davis then proceeded to provide an overview of sickle cell, the stigma associated with the disease, and the gaps in current care models that result in the disparities seen with sickle cell patients.

Follow-up items: provide actual numbers of sickle cell patients

Mr. Peña-Mora asked if there was any old business or new business, and heard none. The meeting concluded and was adjourned at 10:35 a.m.

FPM: mlr

Equity, Diversity and Inclusion Committee

May 9, 2022

Diversity & Inclusion Office Updates

Ivelesse Mendez-Justiniano

Chief Learning Officer / Interim Chief Diversity & Inclusion Officer



System Level Achievements

■ Language Access

- 88 staff completed First Medical Interpreting Skills Training (MIST) – Spanish Language
- Selected four new vendors to provide training on Diversity, Inclusion, Unconscious Bias, and various other areas as needed
- Met with Mayor's Office of Immigrant Affairs and Community Based Organization to discuss language access services at Elmhurst to discuss language access services
- 250,000 interpreter requests fulfilled (3.6 million minutes)
 - Top languages: Spanish, Bengali, Mandarin
- EPIC: Simplified Chinese was added as a language option in the electronic medical record
- 687 documents were translated
 - Top languages: Spanish, Bengali, Simplified Chinese

■ Apprentice Program

- Established an Apprentice Painter program that is sponsored by District Council No. 9 Local Union 1969, Civil Service Employees, International Union of Painters & Allied Trades as part of their NYS Department of Labor registered Apprentice Painter program.
- The program will enable H+H to provide participants with four years of supervised training in our facilities, thereby developing a pipeline of candidates with the necessary skills and experience to successfully pass a civil service examination and be appointed into available Painter vacancies.
- Program will serve to recruit a diversified participant population focusing on women painters as apprentices.

➤ Communications

- H+H Observes Immigrant Heritage Week
- H+H Commemorates Jewish American Heritage Month
- Systemwide messages from Dr. Katz
 - Observing the month of Ramadan
 - In solidarity with the people of Ukraine
 - Celebrating Black History Month – Black Health and Wellness

System Level Achievements

- **Training Completions: 55,169**
 - Gender breakdown: 71% female, 27% male, 3% unknown
 - Ethnicity breakdown: 32% Black/African American, 22% Unknown, 18% Asian, 14% Hispanic, 13% White, 1% American Indian

- **Socialization of Diversity and Inclusion for all levels of staff**
 - Facility visits – Listening sessions are being held with CEOs/executive leaders to promote D&I offerings and identify opportunities for future work.
 - Increased awareness of D&I services and offerings

- **Diverse Pipeline Initiative**
 - NYC Board of Ed – Co-chair of NYC BOD Career and Technical Education Council
 - Participated in 3 panel sessions for students and teachers at underserved schools for careers in healthcare at H+H
 - Serves as advisor to future HS health care workforce trends to the public school system
 - Recruitment of students of diverse backgrounds to participate in healthcare internships
 - Partnerships include CUNY, NYU, Sophie Davis and multiple colleges of Pharmacy

- **Mentoring Program**
 - Phase 1 launched May 2021 – Certification of mentors
 - 67 mentors completed training
 - Gender breakdown: 80% female, 20% male
 - Phase 2 – Pilot Program launched
 - Focusing on aspiring women leaders in Finance
 - 6 mentors and 4 mentees

System Level Achievements

➤ LGBTQ+ Healthcare Equality Leaders

- The Human Rights Campaign Foundation designated 18 H+H patient care locations across all five boroughs as LGBTQ+ Healthcare Equality Leaders – their top honor.
- This special designation, part of the Healthcare Equality Index, means that our facilities are ranked as leaders in providing expert, culturally competent care to our LGBTQ+ communities based on four criteria: nondiscrimination and staff training, patient services and support, employee benefits and policies, and patient and community engagement.
- There are now seven Pride Health Centers of Excellence in Manhattan, Brooklyn and The Bronx. Locations include:
 - Bellevue
 - Jacobi
 - Gouverneur
 - Judson
 - Lincoln Hospital
 - Metropolitan
 - Woodhull
- Planning on opening next Pride Health Center in Queens

➤ H+H adopts Juneteenth as a Holiday – June 20th



Next Steps

- Focused D & I training/workshops
 - Combatting Antisemitism Event
 - Woodhull-Sentinel Event/Root Cause Analysis/Case Review committee
 - Correctional Health
 - Hospital Police Academy

- D&I Socialization Strategy
 - D&I focused Town Halls at each facility
 - Table setups on site distributing D&I information and services available
 - Creation of D&I facility-specific one-page summary to be shared with staff
 - Update website to reflect strategic initiatives

- Diverse Pipeline Initiative
 - CUNY – Focused career fairs for Historically Black Colleges and Universities (HBCUs), Minority Serving Institutions (MSIs), and Hispanic-serving institutions (HSI)

Next Steps

➤ Workforce Educational Support

- Partnering with LaGuardia Community College to participate in the college credits for life and work experience
- Providing employees with access to 16 free credits towards a degree
- Execute marketing to inform workforce of program

➤ Mentoring Program

- 2022 Mentor Cohort includes 49 nurses
- Phase 3 – Systemwide expansion of program

M/WBE – Vendor Diversity Program Update

Keith Tallbe

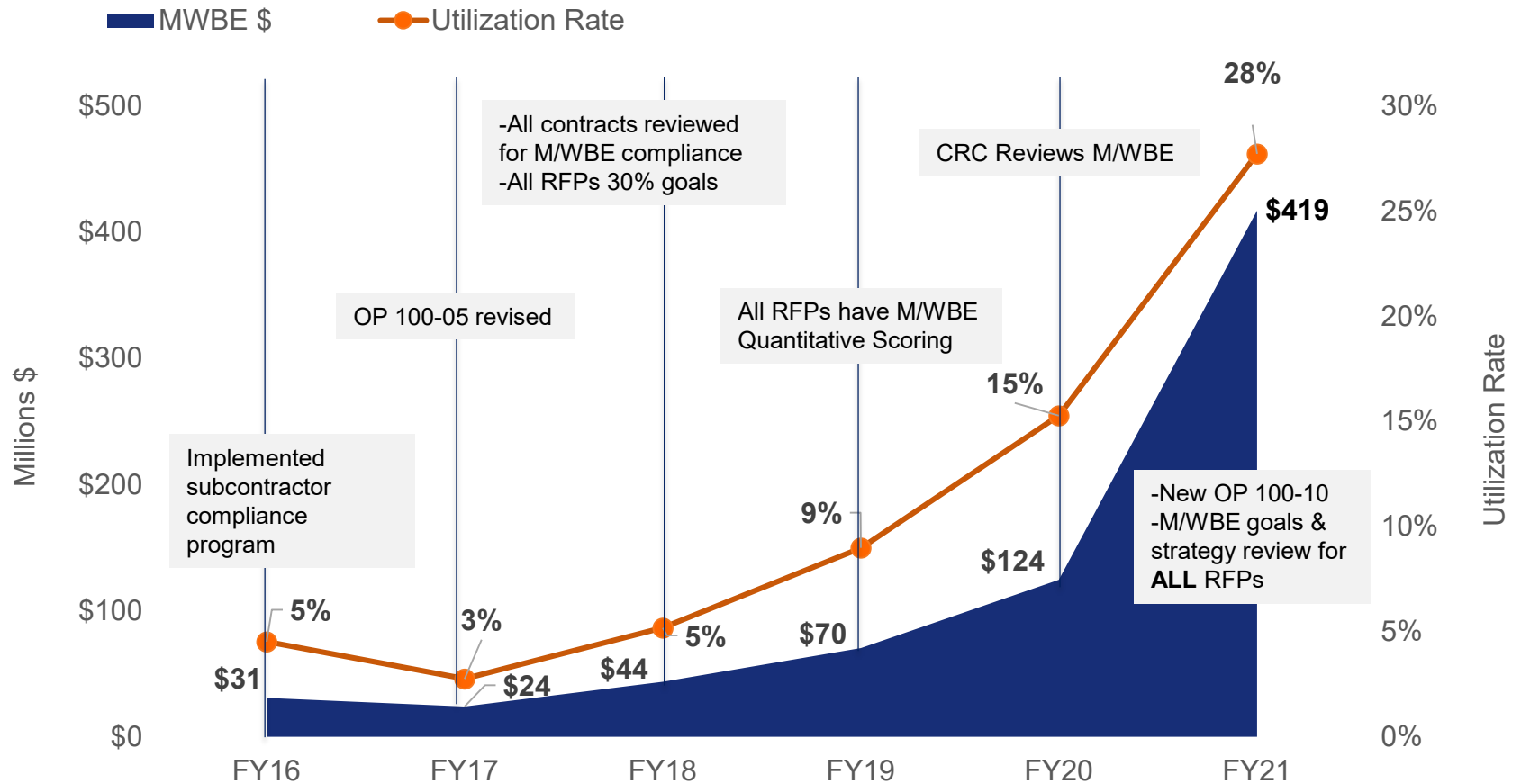
Senior Counsel / Supply Chain

Program Development Steps

Onboard and train staff	Two staff onboarded. One position being recruited.
Adopt and issue Vendor Diversity Policy	✓ Complete
Develop formalized procurement processes	✓ Complete
These processes include goal setting, new RFP language, pre-proposal conference, matchmaking, award negotiations, new standard contract language, new standard CRC slides, CRC M/WBE form, new utilization plan, new waiver form	
Develop formalized data processes	✓ Complete
These processes include new Supply Chain contract approval workflow, new data elements, new contract information database, new purchase order process, new PeopleSoft processes for contract spend reports, as well as standardized report processes to pull spend and award data	
Implement formalized procurement and data processes	✓ Complete
Train and educate staff on new processes	✓ Complete
Develop new website to communicate with M/WBEs	Target: CY 22
Engage consultant to review and assist in development of system, department and contract level goals	In progress: Target: Q2 22
Implement PeopleSoft processes to track M/WBE spend	Target: CY 23

Program objectives include 30% system-wide utilization, increasing the number of diverse vendors doing business with us, and reducing the disparity within the disparity.

Historical Utilization



FY 20, 21 Diversity Data

NYC Health + Hospitals M/WBE Spend Breakdown

	FY 2020	FY 2021
Total Eligible Spend*	\$813,789,805	\$1,504,625,546.22
Total Contracted Spend**	\$110,349,387	\$289,601,283
Total Subcontracted Spend***	\$13,944,103	\$126,849,304
Total M/WBE Spend	\$124,293,490	\$419,450,587
Utilization Rate	15%	28%
Total Diverse Vendors	209	284

*Total Eligible Spend - All spend minus exempt spend or waived spend (e.g., utilities, leases, pharmaceuticals)

**Total Contracted Spend - All spend paid directly to diversity vendors

***Total Subcontracted Spend - All spend paid by contractors to diversity subcontractors

Major Accomplishments

Exceeded last year's total MWBE amount in Q3

- Both in direct contracted spend and in subcontracted spend

Converted 29 non-NYC MWBEs to get certified by NYC

Doing business with 33 new diverse vendors

On target to achieve 30% utilization on T2 testing vendor pool

Worked with OFD and CBRE to place goals and find a significant quantity of MWBEs to replace non-MWBE MRO and maintenance vendors. Utilization Plan of 37%, \$37M MWBE award.

\$205 million in spend with a NYC WBE for CoViD-19 test kits.

Partnered with EITS to include MWBE quantitative scoring on all goods purchasing resulting in a large majority MWBEs winning those awards.

Closed Pool Solicitations

- \$8,000,000 contract for clinical cart maintenance
- \$10,000,000 LIC Com LLC for home meals to food-insecure New Yorkers (GetFood)
- \$4,000,000 for T2 creative marketing

Communication and Outreach

New Memberships

- Premier – largest GPO – supplier diversity council membership
- NMSDC
- WBENC (*pending*)

Attending

- Bi-weekly meetings with Mayor's Office of MWBE
- Quarterly NYC Director meetings
- City & State Diversity Summit
- Premier Breakthroughs Supplier Diversity Conference

Strategic Opportunities

Supply Chain Services and the Vendor Diversity team have been goal setting on all procurements. Additional goal setting opportunities to drive increased utilization exists.

- Goal setting on construction bids (currently at 30% standard)
- Goal setting and compliance on construction work orders

Strategic sourcing opportunities

- Print and Promo – WB Mason
 - Migrate all print and promo vendors to one MWBE vendor under WB Mason providing increased MWBE utilization, enhanced ordering, enhanced delivery
- MRO – Grainger
 - Move all routine MRO (maintenance, repair and operation) purchases to MWBE vendors under Grainger providing increased MWBE utilization and enhanced ordering
- Dell – Closed Pool Reseller RFI
 - Move all purchases being made through Dell for computers and accessories to 3rd party MWBE reseller

Temp Staff – moving to an MWBE first model

- RightSourcing – all new opportunities for staffing entered into the ordering system are now being given to MWBEs only for the first 72 hours. Utilization has moved up by 5 percentage points
- Working on ensuring 30 day payment terms to all MWBEs in the program

Next Steps

- Launch official H+H Vendor Diversity website
- Continue to develop communication and outreach program
- Optimize capacity development efforts

Employee Feedback Survey Results

Jeremy Segall
Chief Wellness Officer

System Survey Administration

WHO Employees +
Advanced
Practice
Providers (APPs)
at all levels
within the
organization
(total n invited =
48,040)

WHAT Quantitative: Likert
Scale Ratings (5
point scale)

- Engagement, Safety
Culture, Nurse
Excellence, Diversity,
Crisis Management,
Well-Being,
Resilience

Qualitative: Open-
ended Comment
Questions

HOW Electronic survey
distribution
Employee
response rate -
37% (n received
= 13,177)
APP response
rate - 17% (n
received =
2,201)

WHEN September 13 -
November 3,
2021

Survey Results Focusing on Diversity & LGBTQIA+

← EMPLOYEE N = 13,177 / PROVIDER N = 2,201

BACKGROUND INFORMATION

- NYC Health + Hospitals Diversity question set - a customized set of questions that include questions on perceptions of overall diversity as well as a standard group of questions provided by Press Ganey on perceptions of diversity specific to LGBTQIA+ groups

METRIC SUMMARY

- Diversity was the highest scoring category compared to all other survey domains for both employee and provider audiences
 - Overall favorability at **74% (3.91 score)** for Employees and **84% favorable (4.19 score)** for Providers
 - All measured items within the category were greater than **60% favorable** with a score of at least **3.56**
 - Both Employees and Providers showed **highest favorability (above 80%)** within statements regarding:
 - LGBTQ staff receiving same benefits as everyone else
 - The organization not tolerating bias against LGBTQ staff
 - The organization protects LGBTQ staff from discriminatory practices
- PEER GROUP COMPARISONS
 - NYC Health + Hospitals' Providers - **4.19** vs. National Safety Net Database - **4.17**
 - NYC Health + Hospitals' Employees - **3.91** vs. National Safety Net Database - **3.99**
- KEY INSIGHT
 - Respondents who give unfavorable scores to "Org values diversity" are **4.3-4.6 times** as likely to give Unfavorable scores to Intent to Stay items (source: Press Ganey)

Survey Results Focusing on Diversity & LGBTQIA+

EMPLOYEE N = 13,177 / PROVIDER N = 2,201

EMPLOYEE

Measure (5-point scale)	Unfavorable	Neutral	Favorable	Score
Domain Aggregate	7%	19%	74%	3.91
Clinical staff are provided training on LGBTQ patient care.	2%	12%	86%	4.17
LGBTQ employees receive the same employee benefits as everyone else.	1%	16%	83%	4.15
This organization does not tolerate bias against LGBTQ employees.	3%	17%	80%	4.08
This organization protects LGBTQ employees from discriminatory practices.	2%	19%	80%	4.07
Human Resources staff are sensitive to LGBTQ workplace concerns.	2%	22%	77%	4.04
The person I report to treats all employees equally regardless of their background and intersectional identity.	13%	16%	72%	3.87
Employees of diverse backgrounds work well together in this organization.	8	19%	74%	3.87
This organization values employees from different backgrounds.	11	19%	70%	3.82
There is a climate of trust within my work unit.	15	22%	62%	3.61
This organization treats employees with respect.	16	23%	61%	3.56

PROVIDER

Measure (5-point scale)	Unfavorable	Neutral	Favorable	Score
Domain Aggregate	4%	12%	84%	4.19
LGBTQ providers receive the same employee benefits as everyone else.	1%	10%	90%	4.35
This organization does not tolerate bias against LGBTQ providers.	2%	11%	87%	4.26
Providers of diverse backgrounds work well together in this organization.	4%	11%	86%	4.23
This organization protects LGBTQ providers from discriminatory practices.	1%	14%	85%	4.23
Clinical staff are provided training on LGBTQ patient care.	4%	9%	87%	4.22
The person I report to treats all providers equally regardless of their background and intersectional identity.	7%	10%	83%	4.21
Human Resources staff are sensitive to LGBTQ workplace concerns.	2%	17%	81%	4.18
This organization values providers from different backgrounds.	6%	12%	82%	4.15
There is a climate of trust within my work unit.	9%	16%	75%	3.94

Equity & Access Council Update

Nichola Davis, M.D.

Vice President, Chief of Population Officer

Natalia Cineas, DNP, RN, NEA-BC

Sr. Vice President, Chief Nurse Executive

Komal Bajaj, MD

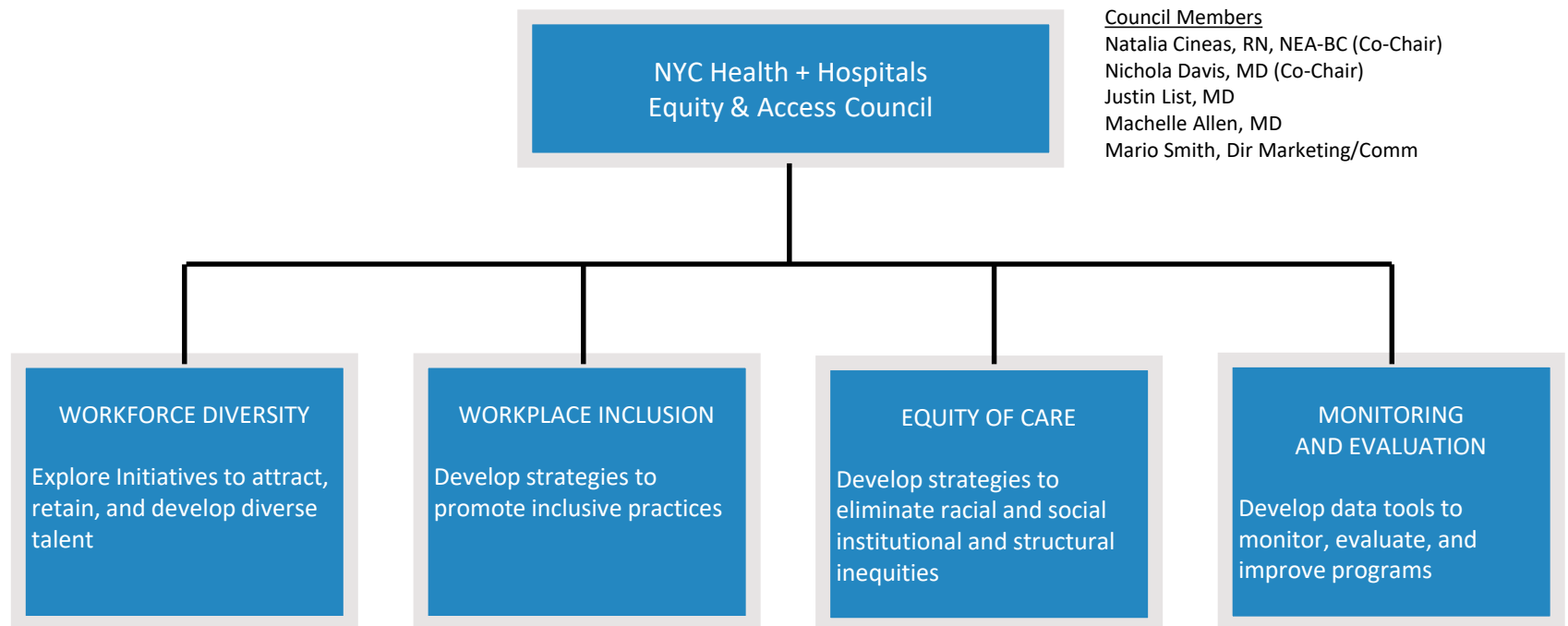
Monitoring and Evaluation Sub-Committee Co-Chair

Stephanie Majak

Monitoring and Evaluation Sub-Committee Co-Chair



Equity and Access Council Governance Structure



MONITORING AND EVALUATION

Develop data tools to
monitor, evaluate, and
improve programs

Sub-Committee Members

Komal Bajaj, MD (Co-Chair)

Stephanie Majak (Co-Chair)

Kevin Rapier

Angelie Oberoi

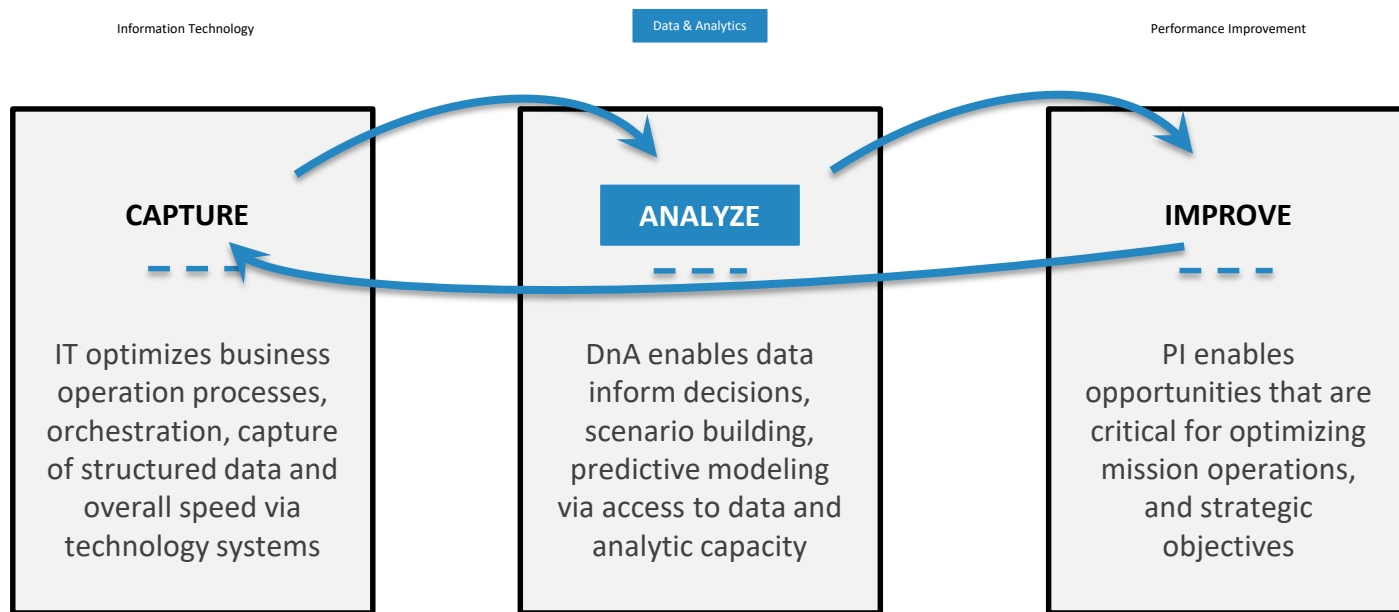
Linelle Campbell, MD

Denise Wirick

Charter

“The monitoring and evaluation sub-committee is charged with the development and ratification of equity and access measures, metrics and KPIs and prioritizing the development of monitoring and continual improvement data solutions aimed at supporting equity and access strategies and initiatives”

How Data Informs Equity and Access Council Decisions



(EPIC, DnA, Quality (PI), OD&I)

Our Approach

Define Equity and Access Measures, Metrics, KPIs (MMKs)

- Subject matter experts convene to propose measures, metrics, KPIs and list of values definitions for standardization.
- The measures, metrics, KPIs and list of values are presented for review and ratification to the data and analytics governance committee, comprised of a representative body of unit and facility leaders across Health and Hospitals.
- The measures, metrics, KPIs and list of values are leveraged to communicate uniformly across the Health and Hospitals system, to capture better quality data within our technology systems and to develop reports and dashboards for use by the equity and access council.

Capture and Clean Equity and Access Measures, Metrics, KPIs (MMKs)

- Target 1 - Targeting 75% of patients in Epic with completed race, ethnicity, and preferred language documentation
- Target 2 - Less than 10% of patients in Epic with “Something else” or “Choose to not disclose” for their race, ethnicity and preferred language
- Target 3 - Less than 10% of patients in Epic with incorrect race, ethnicity or preferred language during random sample validation

Applying An Equity Lens:

- Equity of Care dashboards
- Quality Academy
- Performance Improvement

Our Progress: Measures, Metrics, KPIs (MMKs)

FACILITY NAMING CONVENTIONS – LIST OF VALUES

High Level View

This list of values represent the standard naming convention of facility name, type and systems (Soarian, Unity, Epic and PeopleSoft) which gather data at H+H. Represent

11 Acute care facilities	6 Diagnostic and Treatment Centers	5 Long term care facilities	3 Facility
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Approach

- DnA compared the facility names from different source systems with official names on NYSDOH's health care provider profiles. The names in NYSDOH are largely consistent with Epic facility names with the exception of Coler.
- It was agreed by the CMIOs to keep Jacobi and North Central Bronx as separate entities for reporting and sum when needed.
- Confirmed names are consistent with what is used for billing

Workgroup Members and Business Areas

- Dr. Michael Bouton – Chief Medical Information Officer
- Robert Hart – Director of Equity, Office of Quality & Safety
- Cynthia Roman – Chief Diversity & Inclusion Office
- Facility CMIOs
- Equity & Access Council (Natalia Cineas, Dr. Nichola Davis, Dr. Justin List, Matilde Roman and Dr. Louis Hart)
- Patient Access Council (Allison Hartmann, AVP Revenue Cycle Administration)
- Remle Newton-Dame, Lauren Schreiberstein, Areeba Tariq - Office of Population Health

ETHNICITY/RACE – LIST OF VALUES

High Level View

This list of values represents the mapping of ethnicity/race in PeopleSoft and Epic to ethnic group classifications. This mapping standardizes the stratification of data by ethnicity/race in enterprise dashboards and reports.

6 PeopleSoft Ethnicity/Race	150 Epic Combinations of Race	10 Enterprise Distinct List of Values	8 Aggregated Enterprise Distinct List of Values (For Data Visualization)
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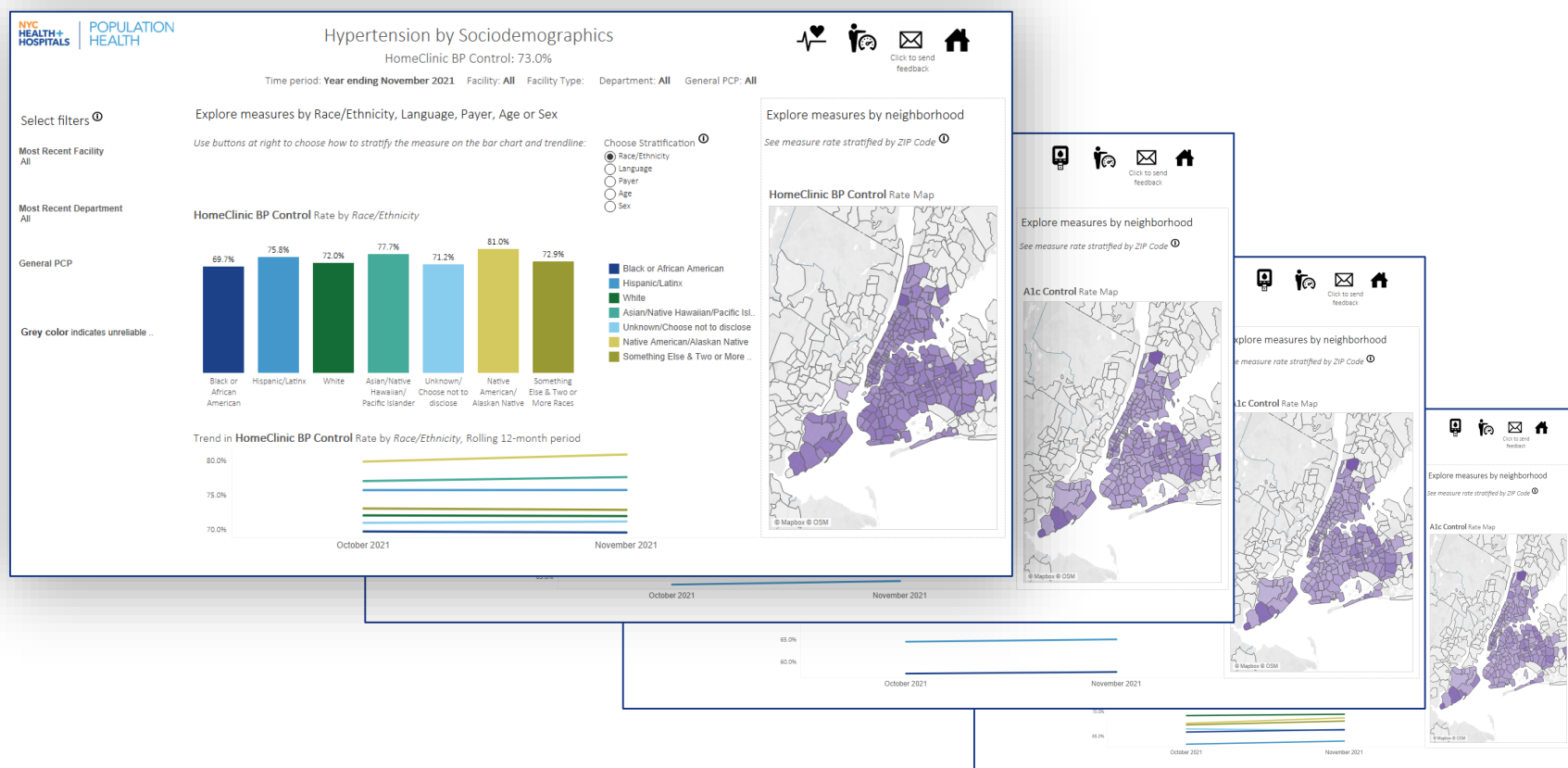
Approach

- PeopleSoft and Epic contain different list of values for ethnicity/race
 - In Epic, there could be different combinations of patients' race (up to 5 races)
 - In PeopleSoft, race and ethnicity are combined into one field consistency in reporting
- There's a need for a standard system definition for ethnicity/race for DnA collaborated with Dr. Louis Hart on developing a crosswalk which was presented to H+H Equity & Access Council, REAL SOGI Braintrust Diversity & Inclusion, Patient Access, Quality, OPH and CMIOs.
- This effort informed the update of new category options in Epic to standardize REAL SOGI data collection in H+H

Workgroup Members and Business Areas


- Dr. Louis Hart – Director of Equity, Office of Quality & Safety
- Matilde Roman – Chief Diversity & Inclusion Office
- Claire Nowacski – Director of EITS, Epic Optimization
- Priya Nair – Director of Gender Equity, Diversity & Inclusion Office
- Dr. Michael Bouton – Chief Medical Information Officer
- Facility CMIOs
- Equity & Access Council (Natalia Cineas, Dr. Nichola Davis, Dr. Justin List, Matilde Roman and Dr. Louis Hart)
- Patient Access Council (Allison Hartmann, AVP Revenue Cycle Administration)
- Remle Newton-Dame, Lauren Schreiberstein, Areeba Tariq - Office of Population Health

Our Progress: Chronic Disease Dashboards



NYC HEALTH+ HOSPITALS

What is an Equity Lens?



A proactive approach to achieving equitable care in PI projects

- Helps with project design, PDSA cycle decision making, resource allocation—equitable processes, program, and policies
- Project done without an equity lens can worsen or perpetuate disparities

Source: Linelle Campbell, MD, Komal Bajaj, MD and Jacobi-NCB Quality Improvement Team

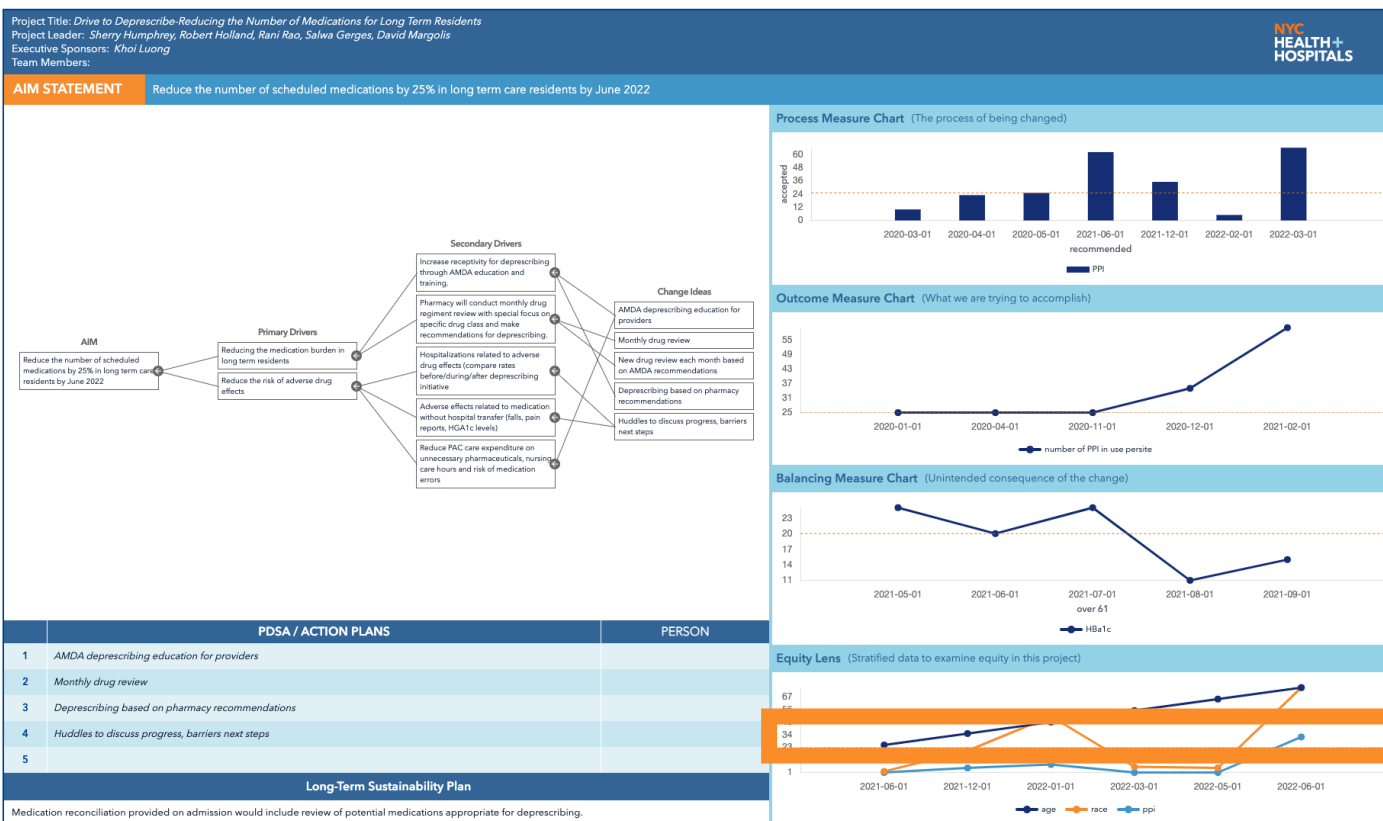
NYC HEALTH+ HOSPITALS

Applying an Equity Lens

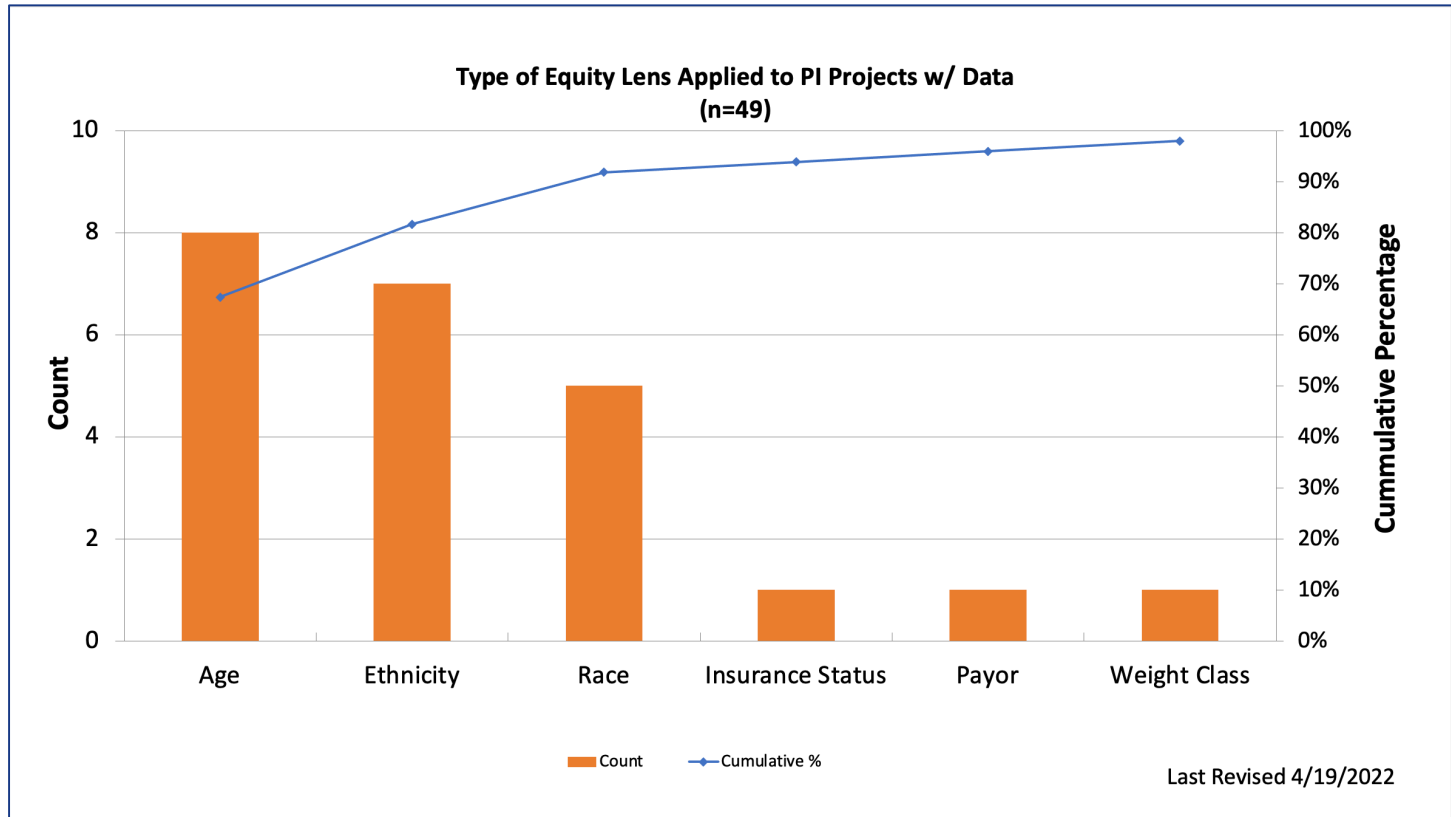
- STEP 1** Identify your project AIM. Is the population you are targeting clearly articulated?
- STEP 2** Research existing disparities/ consider what disparities could arise. Consider what might be structural barriers to improvement and identify an equity lens
- STEP 3** Design PDSAs
- STEP 4** Slice/Dice Data using equity lens
- STEP 5** If no disparity- Great! But think about how to ensure sustainment. If a disparity is uncovered, create subsequent PDSA cycle to mitigate disparity
- STEP 6** Complete PI Template (dna.nychhc.org)

Source: Linelle Campbell, MD, Komal Bajaj, MD and Jacobi-NCB Quality Improvement Team

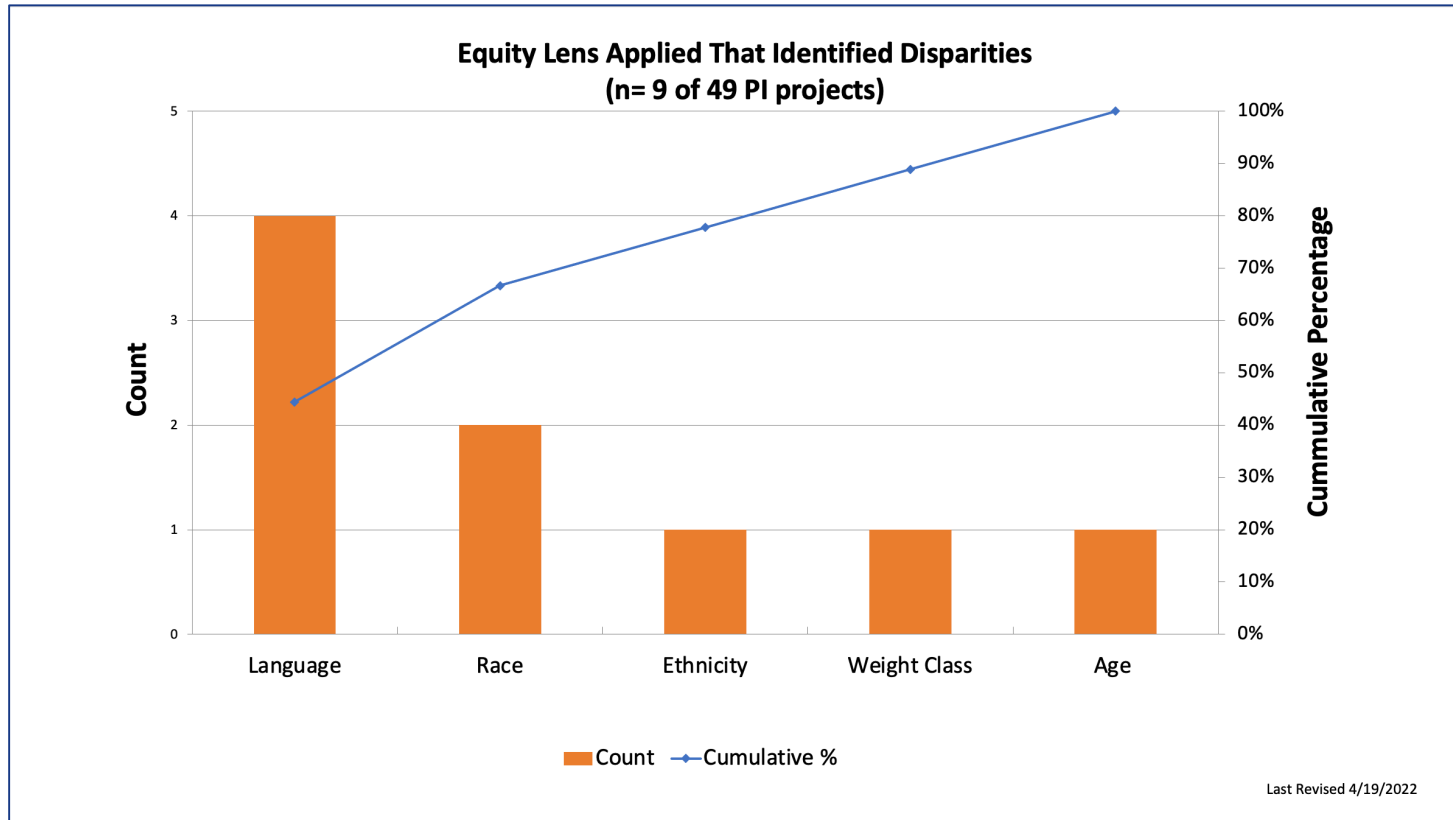
Our Progress: Performance Improvement



Our Progress: Performance Improvement



Our Progress: Performance Improvement



Next Steps

- Continued education of ratified LOV and Measures, Metrics, KPIs (MMKs) for business analysts.
- Work with business analysts to ensure that LOVs and MMKs are understood for report writing and dashboards.
- Equip all facilities and departments with data.
- Provide each facility and department with race and ethnicity data in order to reduce disparities and complete the number of unknowns within the patient population.
- Continued focus on Intervention data disparities
- Intervention disparities should be reviewed in order to close identified gaps.