Diversity, Equity and Inclusion

Eastern US Quality Improvement Collaborative January 12, 2022

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Where We Started



Committee Development

January 2019: Rebecca Filson NP collaborates with nursing directors to recruit volunteers interested in equity and inclusion in healthcare.

3 RNs expressed interest and the Diversity and Inclusion Committee was formed. Under the leadership of Paula Johnson, MSN, MPA,DA, RN and Sheila Boni MSN, RN the DIC was approved to report to the Quality, Safety, Value department.

The first monthly committee meeting was held in February 2019 with 4 members. As of October 2021, our committee has grown to a multidisciplinary group of over 45 members

Diversity and Inclusion Committee Charter

Committee Purpose & Function	Project Scope	Team Leadership	
The purpose of the SVHC Diversity and Inclusion Committee is to understand how unconscious bias affects care delivery within the SVHC community, and to develop and implement strategies to mitigate its impact on our patients, colleagues, and the communities we serve.	All SVHC entities which provide care and services to underrepresented populations (encompassing race, ethnicity, gender, socio-economic status, weight, gender identity or expression, sexual orientation, disability, and persons with substance use disorder) and including patients, colleagues and the	Co-chairs(s):	Caitlin Tilley and Dr. Lisa Downing
		Project Sponsor:	Paula Johnson
		Team Members	
	communities we serve.	Quality, Safety, Value:	Community Partners:
Business Case	Goal	Cathy Hagadorn Alex Heintz	Alexander Figueroa Andrea Malinowski
There is extensive evidence and research that finds unconscious or implicit biases can lead to differential treatment of patients by race, ethnicity, sexual orientation, national origin, gender identity or expression, weight, mental health, or substance use disorders. Implicit bias refers to the attitudes or stereotypes that affect our understandings, actions and decisions in an unconscious manner. It is the process by which we automatically categorize individuals and, once categorized, associate specific meanings with that category which influence our decision making, behaviors, and interactions with that individual. According to the Joint Commission in a 2016 Safety Alert on "Implicit bias in health care," cognitive bias affects clinicians' behavior that, in turn, affects patient behaviors and decisions that include higher treatment dropout, lower participation in screenings, avoidance of health care, delays filling prescriptions, and lower ratings of health care quality.	Conduct literature review and gap analysis to assess the needs of our underrepresented groups.	Executive Management : Pamela Duchene Leslie Keefe	Marketing & Communications: Ray Smith
	Assess knowledge and comfort level of staff and providers in the provision of culturally sensitive and inclusive care.	Corporate Compliance: Mitch Baroody	Professional Development Alison Camarda
	Revise current policies and procedures to support inclusive and equitable care.	Information Systems: Gail Balch Michael LaRoche	Organizational Development: Rory Price
	Provide ongoing education and training to staff, providers, and volunteers.	Medical Staff: Bridget Bromirski Rebecca Filson EB Ghazali Meghan Gunn Jaclyn Lozier Stefanie McGowan-Poling Kimberley Sampson Trey Dobson	Nursing Staff: Megan Cornell Jennifer Coutu Katherine Green Rebecca Hewson-Steller Denise Hollister Patricia Johnson Bentley Munsell Sandy O'Neill Morgan Ottati Seline Skoug Nicole Troop Jodie Waldron
	Milestones		
	Identified need for Diversity and Inclusion Committee to meet the needs of SVHC's patient population		
	SVHC representation at Bennington's first annual Pride event, community survey conducted		
	Partnership with Education and Organizational Development to provide monthly staff education	Administrative Support: Erin Michaels Christina Shepley Amy Andrews	Health Resource Management: Nancy Iserman Sarah Sigsbury Shawnee Webster

Past Work

Initiating engagement with our community, patients and staff

Engagement in Community Events







Education Projects – Coffee Conversations

DIVERSITY AND INCLUSION COFFEE CONVERSATIONS 2020 FEBRUARY BLACK HISTORY MONTH DEVELOPMENTAL DISABILITIES AWARENESS MONTH MARCH APRIL CHILD ABUSE PREVENTION MONTH MAY **OLDER AMERICANS MONTH** JUNE **LGBTQ+ PRIDE MONTH** JULY **INTERNATIONAL DAY OF FRIENDSHIP** INTERNATIONAL DAY OF THE AUGUST WORLD'S INDIGENOUS PEOPLES SEPTEMBER LATINX HERITAGE MONTH SUBSTANCE ABUSE PREVENTION MONTH OCTOBER INTERNATIONAL DAY FOR TOLERANCE NOVEMBER

DECEMBER 🗶 WORLD AIDS DAY

JOIN US for some TALK and TOGETHERNESS - DETAILS COMING SOON

First Coffee Conversation was held February 20, 2020.

Position Statement – Medical & Nursing Staff

The medical and nursing staff of Southwestern Vermont Healthcare are committed to supporting a diverse and inclusive community of care within our organization. We commit to the idea of building a care community that explicitly recognizes the value of human diversity. We aim to demonstrate our inherent, unwavering value of and respect for the rich spectrum of human differences in race, ethnicity, gender, age, socio-economic status, national origin, sexual orientation, gender identity or expression, genetic information, veteran status, disability and religion.

We affirm that each of us shares responsibility for creating and maintaining an environment of mutual respect and support. We understand that diversity fosters innovation and creates a welcoming environment for our patients, colleagues and community. We will strive to ensure the value of diversity is upheld in everything that we do for our colleagues, patients, families, visitors, the broader community, and all who contribute to the achievement of our mission. We support the availability of educational opportunities to create a culturally agile work force and a healing environment that demonstrates respect for the individuality of employees, patients, and visitors.

Nursing Orientation



- Introduce concepts and terminology related to sexual orientation
- Define sex assigned at birth
- Discuss concepts and terminology related to gender identity
- Identify health and healthcare disparities in the LGBTQ community
- Strategies to create a welcoming environment for gender and sexuality minority patients, staff, and colleagues

Current Work

General Orientation: A primer on diversity, equity, inclusion, and implicit bias for all new SVHC staff.



Offer Access to Ongoing Education Opportunities

- Webinar live streams and access codes
- Online trainings
- Live streaming Grand Rounds presentations
- Mandated internal learning for all staff regarding the impact of bias in healthcare

Nursing Advisory Council Statement

Please take responsibility for the energy you bring into this space.



Your words matter. Your behaviors matter. Our patients and our teams matter.

Take a slow deep breath and make sure your energy reflects our shared mission before entering.

Thank you.

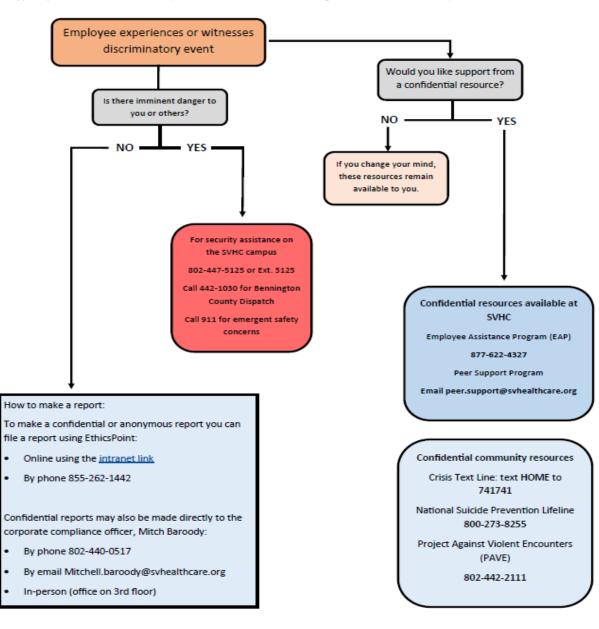








At SVHC we value a safe and inclusive environment for everyone. To support a culture of inclusion, there are a number of reporting options for anyone who experiences, witnesses or hears of prohibited bias, discrimination, harassment, or retaliation. There are a number of support options available to ensure that you feel safe and cared for at work, regardless of whether or not a report is submitted.





Community Outreach Task Force Charter



Statement of Purpose	Goals	Team Leadership	
To reduce health disparities and improve the health status of at-risk, minority, and marginalized populations in our community	 Strengthen health education and outreach efforts in the community. Enhance case management services Expand basic health screening and preventive care opportunities Improve access to comprehensive, world-class care by identifying and eliminating barriers Foster a supportive, inclusive, and safe work environment for SVHC staff 	Project Lead(s): Project Sponsor(s):	Rebecca Filson Patricia Johnson Bentley Munsell Caitlin Tilley Rory Price Pam Duchene Leslie Keefe
	Responsibilities		
	 To connect with members of local at-risk, minority, and marginalized communities regarding access to health care and care experiences, and to combine this qualitative information with quantitative data to identify priorities for initiatives. To evaluate the impact of health outreach programs in the role of improving and extending the reach of health care through activities such as health education, case management, and basic health screening, in addition to facilitating access to services. To provide a vehicle for open and transparent communication among the staff and community members regarding health care needs of marginalized individuals. To drive organizational leadership in the direction necessary for attainment of organizational goals, delivery of exceptional care to patients throughout our community, and to nurture a supportive and diverse work environment. To collaborate with and engage community partners and resources in delivery of health care and preventive health opportunities to marginalized communities. To assess health outcomes of at-risk, minority, and marginalized patients, identifying and taking action to remedy modifiable disparities and pursue health equity. 	Team Members	
		Gail Balch	
Business Case		Alex Heintz	
The charge of this task force is to identify and work to remedy health disparities impacting at-risk, minority, and marginalized members of the community. By shining a bright light on health inequities, the task force will encourage action and facilitate accountability to reduce modifiable disparities by using interventions that are effective, scalable, and data-driven.		Rebecca Hewson-Steller	
		Nance Iserman	
		Michael LaRoche	
		Stefanie McGowan-Poling	
		Seline Skoug	
		Leah Zoufaly	
		Reporting Structure	
		 Diversity and Inclusion Committee Board Quality and Safety Committee Patient Care Services 	

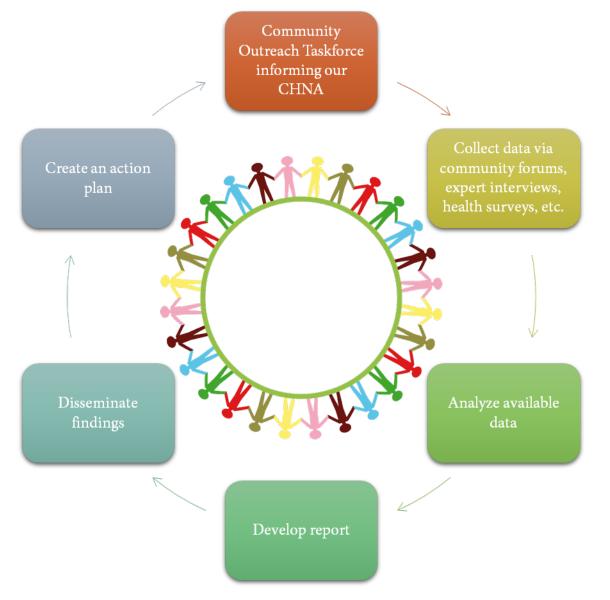
Community Health Needs Assessment

How do you know where to go if you don't know where you are?





Community Health Needs Assessment (CHNA)





Which of the following best describes your race/ethnicity?
Check all that apply.
American Indian or Alaskan
Native
Asian
Black or African American
Hispanic or Latino/a
Native Hawaiian or Pacific

- Islander
- White or Caucasian
 Another race not listed
 Prefer not to answer

What is your current gender identity? \square Male □ Female □ Genderqueer, neither exclusively male nor female □ Female-to-male (FTM)/Transgender Male/Trans Man □ Male-to-Female (MTF)/Transgender Female/Trans Woman \square Prefer not to answer □ Other

Have you ever felt that a trait of yours, such as your gender, race, or social status, made it harder for you to get healthcare compared to other people?

Have you ever felt that a trait of yours, such as your gender, race, or social status, make it harder for you to live a healthy life compared to other people?

Demographics Data Collection

Demographics Data Collection Efforts



https://www.medelita.com/media/wysiwyg/blog/patient_interactions_feat_img.jpg

The Committee is committed to changing the way we ask questions surrounding demographics data collection.

- Create a standardized process
- Ensure staff are educated in how to respectfully ask these questions
- Allows us, as a healthcare system, to qualify and quantify how we are doing meeting the health needs of the populations we serve, recognizing that different demographic populations are at higher risk for certain physical and/or mental health problems.
- Understanding who we serve is key to providing comprehensive, equitable care.

Personal lessons learned (the hard way):

- Engage leadership at the top levels.
- Hallway conversations and modeled behavior make a big impact.
- Acknowledge the lived experience of committee members and be sensitive to how this work may impact them.
- Aim for transformative change, not transactional.
- You can't always change hearts but you can change minds.

Future Opportunities

Connect with other hospital diversity councils to build partnerships and resource sharing

Staff knowledge assessment of culturally sensitive and inclusive care Continual assessment of unmet needs of marginalized populations that encounter our health system

Policy and procedure review to ensure inclusive and equitable treatment of patients and staff Ongoing education for all employees

Appointment of a Diversity and Inclusion Officer

Thoughts, questions...?



