Welcome
to Day 1 of the
Partnership for Patient Care
2021 Leadership Summit

Wendy Nickel, MPH
President
Health Care Improvement Foundation

Live tweet your reflections to @hcifonline and use #PPC2021Summit
PPC Leadership Summit Brief Agenda

Day 1
1. Delaware Valley Patient and Safety Quality Awards
2. Advancing Health Equity: Presenting HCIF Programs

Day 2
1. Keynote Presentation “Safety and Equity: Inextricably Linked”
2. C-Suite Panel Discussion: The Healthsystem Journey to Health Equity
Why Health Equity?

“Health equity is achieved when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.”
15 years of Partnership for Patient Care!
PPC By the Numbers

- More than 26 quality/safety topics addressed
- 2,000+ individual participants
- SEPA hospitals reduced all HAIs by 27% in a 4-year period
- 94% of hospitals reduced rate of non-medically indicated EEDs
- 40+ hospital teams participated in PPC programs
- Appropriate care for surgical patients increased from 88% to 96% during 4-year period
- Hospitals avoided an estimated $7 million in Medicare penalties for higher than expected readmission rates
- 73% reduction in wrong site surgeries among collaborative participants
Current PPC Programs

- Health Equity Data Strategy (HEDS)
- Safe Table
- Safety Forums and Workshops
- Pennsylvania Urologic Regional Collaborative
- Delaware Patient Safety and Quality Awards
HCIF Board of Directors

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Independence Blue Cross
Housekeeping

Reminders
• Meeting is being recorded and meeting materials will be circulated out to attendees after the meeting

Virtual Meeting Features
• You can access audio either through your computer or your telephone
• Video sharing and microphones are disabled for all attendees except presenters
• To submit questions and comments throughout the meeting, please type them into the chat. These will be addressed during the Q&A sessions.
Delaware Valley 2020-21
Patient Safety & Quality Awards
Liz Owens, Project Manager, HCIF
Top 3 Winners

<table>
<thead>
<tr>
<th>1st PLACE</th>
<th>DOYLESTOWN HOSPITAL</th>
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<tbody>
<tr>
<td>Innovations to Optimize Monoclonal Antibody Infusions for COVID-19</td>
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<tr>
<th>2nd PLACE</th>
<th>PENNSYLVANIA HOSPITAL</th>
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<tr>
<td>Management of Sepsis in the Emergency Department</td>
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<tr>
<th>3rd PLACE (tied)</th>
<th>EINSTEIN MEDICAL CENTER MONTGOMERY</th>
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<tr>
<td>We &quot;PICC&quot; Sherlock!</td>
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<tr>
<th>3rd PLACE (tied)</th>
<th>PENN MEDICINE</th>
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<tr>
<td>Health System Virtual Safety Nets (VSNs) for Community Crisis</td>
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### Top 10 Winners

<table>
<thead>
<tr>
<th>Abington Jefferson Health</th>
<th>Chester County Hospital</th>
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<tr>
<td>Downtime Procedures with in-situ Simulation-based Failure</td>
<td>Troponin I Assay</td>
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<td>Modes Effects Analysis</td>
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<th>Einstein Medical Center Montgomery</th>
<th>Einstein Medical Center Montgomery</th>
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<tr>
<td>Creating a Successful and Sustainable Perioperative Pressure</td>
<td>Using Human Factors to Ensure Proper Storage and Administration for Light Sensitive Medications</td>
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<td>Injury Reduction Bundle</td>
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<tr>
<th>Holy Redeemer Hospital</th>
<th>Main Line Health</th>
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<tr>
<td>Baseline Biomarkers and COVID-19: A Surveillance Initiative</td>
<td>Prevention of Retained Vaginal Sponges After Birth in the Inpatient Obstetrical Setting</td>
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<tr>
<th>Main Line Health</th>
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Third Place:
Penn Medicine

Click here to view the recognition video, produced by Austin Visuals.

Click here to view the Penn Medicine team’s presentation.
Third Place:
Einstein Medical Center Montgomery

Click here to view the recognition video, produced by Austin Visuals.

Click here to view the Einstein Medical Center Montgomery team’s presentation.
Second Place: Pennsylvania Hospital

Click here to view the recognition video, produced by Austin Visuals.

Click here to view the Pennsylvania Hospital team’s presentation.
First Place: Doylestown Hospital

Click here to view the recognition video, produced by Austin VISuals.

Click here to view the Doylestown Hospital team’s presentation.
Question & Answer

Please submit any questions and comments for our presenters by in the chat.

Presenter’s Contact Information (in order of presentation)

- Susan Harkness Regli, Penn Medicine | Susan.Regli@pennmedicine.upenn.edu
- Scott Urbinati, Einstein Medical Center Montgomery | UrbinatS@einstein.edu
- Lauren Ellis, Pennsylvania Hospital | Lauren.Ellis@pennmedicine.upenn.edu
- Kelly Ann Maloney, Doylestown Hospital | KMaloney@dh.org
Advancing Health Equity: HCF Programs

Pam Braun, BSN, MSN
Vice President, Clinical Improvement

Susan Choi, PhD
Senior Director, Population Health

Susan Cosgrove, MPA
Director, Health Literacy
Health Equity Data Strategy (HEDS) Collaborative

2021 PPC Leadership Summit
November 9, 2021
Program Background

- Funded through the Partnership for Patient Care (PPC) Program
- Topic endorsed by HCIF’s Clinical Advisory Committee
- Regional commitment and pledge to increase the collection and use of race, ethnicity, and language (REaL) and other socio-demographic data
- Organizational priority for HCIF
Health Equity Multi-Year Collaborative

**Aim Statement:** To decrease disparities in health care outcomes for patients

**Year One Focus**

**WHO?** HCIF-Contributing Organizations: hospitals, health systems, non-acute care providers

**WHAT?** Race, Ethnicity and Language (REaL) data collection and analysis

**WHY?** To assess and understand the unique needs of the communities we serve and provide insight into strategies that eliminate disparities in care

**HOW?** Baseline survey, workshop sessions, expert faculty, best practice presentations, sharing of resources
Health Equity Data Strategy Definition

Health Equity Data Strategy

*noun*

1. A foundational plan for an organization that will consist of an organization’s priorities, processes, and parameters for collection and use of patient data to advance health equity.
# Top 5 Barriers to Advancing Health Equity

<table>
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<tr>
<th>Barrier</th>
<th>Percentage</th>
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<tr>
<td>Inconsistent collection of equity-related patient data</td>
<td>38%</td>
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<tr>
<td>Lack of resources other than funding (e.g., available staff)</td>
<td>38%</td>
</tr>
<tr>
<td>Lack of funding</td>
<td>28%</td>
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<tr>
<td>Inability to demonstrate impact of health equity efforts</td>
<td>26%</td>
</tr>
<tr>
<td>Lack of guidance or know-how on what to do next</td>
<td>26%</td>
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Findings from IHI’s 2021 Pulse Report on Health Equity | [ihi.org/healthequity](http://ihi.org/healthequity)
Collaborative Objectives

✓ Assess how the region’s health systems are collecting REaL patient data across their organizations
✓ Understand how health systems are analyzing REaL data to evaluate health outcomes and identify inequities in care
✓ Summarize the strengths and limitations of REaL data collected by each participating organization
✓ Advance recommendations for a sustainable health equity data strategy that addresses both the collective and individual needs of participating organizations
Guiding Principles

- Multi-stakeholder collaboration
- Integration of the patient and community voice with an emphasis on building trust and transparency
- Team-based improvement
- Feature local and national best practices (showing the full trajectory of an organization’s REaL data journey)
- Provide access to the many different resources and tools
- Grounding improvement in measurement – using common definitions and focusing on data validity and accuracy
- Value to all participants (regardless of organizational differences and starting points)
- Importance of messaging that addresses the “why” this is important
- Alignment with other health equity programs and initiatives
Advisory Group

13 Advisors
10 Different Organizations Represented

- Play key role in:
  - Informing scope
  - Shaping programming
  - Providing input into survey
  - Identifying gaps and opportunities for improvement
  - Sharing resources and tools
  - Offering best practice recommendations

Thank You to Our Advisors!
Program Activities and Timeline

1-Year Program with Potential to Continue

Kick-off Meeting
June, 2021

Program Enrollment
July - Aug 2021

Baseline Survey
Sept - Oct, 2021

Workshop Sessions
Winter, 2021
Spring, 2022
Baseline Survey

Preliminary Findings and Recommendations:

• Better understand if REaL data are self-reported
• Standardized micro-categories for race and ethnicity
• Assessment of spoken and written language in order to improve communication
• Involvement of patients/families in the collection and analysis of REaL Data
Resources

NQF Issues Quality Roadmap for Reducing Healthcare Disparities

Despite the nation’s advancements in health and medicine, care is still not equally available and accessible across communities, populations, and socioeconomic, racial, and ethnic groups. The National Quality Forum (NQF) issued a roadmap for healthcare providers, payers, and others to take action to eliminate healthcare disparities using quality performance measures and related policy levers.
Collaborative Participants

8 Enrolled Hospitals/Health systems

- Doylestown Hospital
- Geisinger Health
- Holy Redeemer Hospital
- Jefferson- Center City
- Jefferson Health- Abington
- Jefferson Health- Magee
- Main Line Health
- Penn Medicine

In conversation with an additional 6 organizations
Questions?

Pam Braun, MSN  
Vice President, Clinical Improvement  
pbraun@hcifonline.org

Liz Owens, MS  
Project Manager, Clinical Improvement  
eowens@hcifonline.org
EQUITY & REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

PPC Summit
November 9, 2021
BACKGROUND

• Community health needs assessment (CHNA) mandated by Affordable Care Act for non-profit health systems

• HCIF helped to coordinate collaborative CHNA process in 2019, first for the region

• Current assessment project
  • Period: July 1, 2021 - June 30, 2022
  • HCIF role: Project management & coordination, community engagement, qualitative data collection, report writing
  • Key partners: Philadelphia Department of Public Health, Philadelphia Association of Community Development Corporations
PARTICIPATING HEALTH SYSTEMS

• Children’s Hospital of Philadelphia
• Doylestown Hospital
• Grand View Health
• Jefferson Health, including Einstein Healthcare Network
• Main Line Health
• Penn Medicine
• Redeemer Health
• Temple Health
• Trinity Health Mid-Atlantic
OUR VALUES & VISION

• **Collaboration** drives shared understanding of shared communities and reduces community burden.

• The rCHNA is an ongoing process, and its **purpose is not limited to meeting requirements**.

• We pursue **authentic community engagement** at all phases, and to involve grassroots community members in addition to key stakeholders.

• We use a **broad, long-term lens** of community health needs while involving all those who play a role in advancing community health.
APPROACH TO COLLABORATION

• Governed by steering committee and qualitative team that are convened regularly

• Use of consensus-based decision-making = moving forward with an option that everyone can live with.

• Seek to honor individual system needs while working in service of the group.
DATA INCLUSION

Quantitative indicators

• Public health measures available for 5-county area at ZIP code level

Qualitative data collection (47+ meetings)

• Geographic community meetings with community residents
• Topic or population-focused focus group discussions with community organization or other key representatives

• Other relevant secondary data sources (quantitative or qualitative)
OPERATIONALIZING OUR VALUES

• **Measuring representation**
  - Voluntary demographic reporting by steering committee, qualitative team, and project team members
  - Voluntary demographic reporting by all qualitative meeting participants (community residents and community organization representatives)

• **Encouraging community engagement** by health systems at all phases of the process
AUTHENTIC COMMUNITY ENGAGEMENT

• Recognizing community organizations as **linchpin and connector**
  • Engaging diverse and harder to reach populations
  • Addressing access barriers to virtual meetings

• Providing **funding** to community organizations AND community member participants for participation

• Being **flexible** with data collection methods that meet the needs of communities
  • Take into account factors like language and comfort with/access to technology
  • Leverage what is available and most useful to community organizations
FOR THE FUTURE

• The current cycle:
  • Comparing the demographic makeup of qualitative meeting participants against communities’ demographic profiles
  • Engaging in more proactive outreach to particular communities with lower representation
  • Ensuring timely sharing of final report with communities
  • Supporting hospitals with community engagement during implementation planning process

• Next cycle → Potentially identify particular set of indicators for comparison/stratification by demographic characteristics to hone in on disparities
QUESTIONS?

Susan Choi, PhD
Senior Director, Population Heath

schoi@hcifonline.org
Health Literacy and Health Equity

Susan Cosgrove, MPA, CPHQ
Director, Health Literacy, Health Care Improvement Foundation
Program Background

HCIF’s health literacy initiatives are funded by the Preventive Health and Health Services Block Grant by the CDC through the Pennsylvania Department of Health since 2010.

Current grant period: July 1, 2021 - June 30, 2024
Program Background

Timeline & Program Highlights

2010-2013
- Partner recruitment (10 clinical, 5 senior-serving, 5 immigrant & refugee serving)
- Provider training development and launch
- Peer educator training development and launch

2014-2015
- Statewide training adaptation and delivery
- Launch of annual meeting
- Additional partner recruitment (2 statewide partners)
- Online training development

2016-2018
- Additional partner recruitment (3 clinical, 1 senior-serving)
- Launch of Community Advisory Group
- Launch of Immigrant Health Literacy Initiative & Hospital Partnership

2019-2021
- Additional partner recruitment (1 clinical)
- IHLI Data Collection Project
- Advanced training modules (MI, cultural competency) launch
- Strategic & sustainability planning

2022-2024
- Focus on health equity and anti-racism
- Shift from individual deficit to systems-based model
- Update training materials
- IHLI focus on patient experience
Healthy People 2030

Launched each decade by HHS and ODPHP, Healthy People identifies areas and populations of focus to improve health and well-being nationwide.

Five overarching goals, including, “Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.”
New definition acknowledges organizational role in addressing health literacy:

- **Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

- **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
Key Activities

2020 strategic planning process identified top priority of embedding racial and health equity in health literacy activities

“Working to address racial and health equity would be timely and aligned with the Coalition’s current work in a way that would further support their mission.”

External Stakeholder
Key Activities

Based on strategic planning process, current activities explicitly center health equity and anti-racism by:

- Engaging experts in health equity and anti-racism to build capacity for organizational and systemic change
- Updating our training materials to include an emphasis on health equity and anti-racism in the context of health literacy
- Establishing a more diverse, inclusive and representative leadership structure
- Evaluating our programs and activities for additional threats to and opportunities for diversity, equity, and inclusion
Key Activities

Timeline:

- Identify consultant(s) by end of 2021, with plan for continued engagement through 2024
- Update training materials and deliver sessions by June 30, 2021
- Define, recruit, and convene leadership committee by June 30, 2021
Questions?
Susan Cosgrove, MPA
scosgrove@hcifonline.org
Questions?

Advancing Health Equity: HCIF Programs

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Vice President, Clinical Improvement

Susan Choi, PhD
Senior Director, Population Health

Susan Cosgrove, MPA
Director, Health Literacy
Thank you for attending the Partnership for Patient Care 2021 Leadership Summit

Join us tomorrow for Day 2!