Health Equity Organizational Assessment

Hospital Name: _____ **Date:** _____ **Completed by:** _____

Introduction

Health equity is a vital component of quality and patient safety. To assess your hospital's ability to identify and address health disparities, please take a few moments to complete the following Health Equity Organizational Assessment (HEOA).

The information from this assessment will be used to develop baseline insights about the state of healthcare equity in U.S. hospitals. This information can also be used by hospitals to identify and address healthcare equity gaps.

The HEOA comprises seven areas of infrastructure and culture of equity:

1. Patient Demographic Data Collection
2. Training for Patient Demographic Data Collection Reliability
3. Patient Demographic Data Validation
4. Patient Demographic Data Stratification
5. Communication of Patient Population Findings
6. Addressing and Resolving Gaps in Care
7. Organizational Infrastructure and Culture

Each hospital should complete the HEOA. If you represent a hospital system, please complete one HEOA form per hospital, which should take approximately 10 minutes. Thank you for providing a response on behalf of your hospital. If you have any questions, please contact your Quality Advisor or HospitalQuality@hsag.com.

HEOA 1: Patient Demographic Data Collection

Each hospital collects demographic data from the patient and/or caregiver through a self-reporting methodology. Please select all that apply:

☐ The hospital uses self-reporting methodology to collect patient Race, Ethnicity, and Language (REaL) data.

☐ The hospital collects REaL data for at least 95 percent of their patients.

☐ REaL data roll up to the Office of Management and Budget (OMB) categories.[1]

☐ Opportunities for REaL data verification exist at multiple points of care (beyond patient registration) to ensure accuracy and completeness.[2]

☐ The hospital uses self-reporting methodology to collect additional patient demographic data (beyond REaL) such as disability status, sexual orientation/gender identity, veteran status, geography, and/or other social determinants of health/risk factors such as housing, income, education, employment, food security, and others.[3]

☐ The hospital utilizes ICD-10 Z Codes to document identified social determinants of health (SDOH) in the patient medical record.

HEOA 2: Patient Demographic Data Collection Training

Each hospital provides workforce training to ensure patient self-reported demographic data are collected accurately and consistently. Please select all that apply:

☐ Workforce training is provided regarding the collection of patient self-reported REaL data.

☐ Training is evaluated for effectiveness on at least an annual basis to ensure staff competency in collecting patient demographic data. Such evaluation can include methods such as tests, role plays, and observations.

☐ Workforce training is provided regarding the collection of additional patient self-reported demographic data (beyond REaL) such as disability status, sexual orientation/gender identity, veteran status, geography, and/or other social determinants of health/risk factors such as housing, income, education, employment, food security, and others.[3]

☐ Workforce training is provided in documenting ICD-10 Z Codes completely and correctly.

HEOA 3: Patient Demographic Data Validation

Each hospital has a standardized process in place to verify the accuracy and completeness of patient self-reported demographic data. This includes determining percent of "unknown," "unavailable," or "declined" for missing data fields, with a cumulative goal of less than 5 percent missing data for REaL data. Please select all that apply:

☐ The hospital has a standardized process in place to evaluate the accuracy and completeness (percent of fields completed) of REaL data.

☐ The hospital has a standardized process in place to evaluate and compare hospital-collected REaL data to local community demographic data.

☐ The hospital addresses system-level issues to improve the collection of self-reported REaL data. (e.g., changes in patient registration screens/fields, data flow, workforce training, etc.)

☐ The hospital has a standardized process in place to evaluate accuracy and completeness of additional demographic data (beyond REaL) such as disability status, sexual orientation/gender identity, veteran status, geography, and/or other social determinants of health/risk factors such as housing, income, education, employment, food security, and others.[3]

☐ The hospital has a standardized process in place to compare hospital-collected additional demographic data (beyond REaL) to local community demographic data.

HEOA 4: Data Stratification

Each hospital stratifies patient safety, quality, and/or outcome measures using patient demographic data. Please select all that apply:

☐ The hospital stratifies at least one patient safety, quality, and or outcome measure by REaL.

☐ The hospital stratifies more than one patient safety, quality, and or outcome measure by REaL.

☐ The hospital stratifies more than one patient safety, quality, and/or outcome measure by additional demographic data (beyond REaL) such as disability status, sexual orientation/gender identity, veteran status, geography, and/or other social determinants of health/risk factors such as housing, income, education, employment, food security, and others.[3]

☐ The hospital stratifies at least one patient safety, quality, and/or outcome measure by documented ICD-10 Z codes.

HEOA 5: Communicating Patient Demographic Findings

Each hospital uses a reporting mechanism (e.g., equity dashboard, scorecard, report, etc.) to communicate the results of stratified measures for various patient populations. Please select all that apply:

☐ The hospital uses a reporting mechanism (e.g., equity dashboard) to routinely communicate patient population outcomes to hospital executive leadership (including medical staff leadership) and the board.

☐ The hospital uses a reporting mechanism (e.g., equity dashboard) to routinely communicate patient population outcomes within the organization (e.g., to front-line staff, quality staff, managers, directors, providers, committees, departments, service lines, etc.).

☐ The hospital uses a reporting mechanism (e.g., equity dashboard) to routinely communicate patient population outcomes to patients and families (e.g., to Patient and Family Advisory Council [PFAC] members) and/or to other community partners or stakeholders.

HEOA 6: Addressing and Resolving Gaps in Care

Each hospital implements interventions to resolve differences in quality, safety, and/or outcomes among identified patient population groups. Please select all that apply:

☐ The hospital develops and pilot tests interventions to address identified healthcare disparities.

☐ The hospital implements interventions to resolve identified disparities, continuously informing and involving staff/workforce in support of the process.

☐ The hospital has a process in place for ongoing review, monitoring, and recalibrating interventions to ensure changes are sustainable.

HEOA 7: Organizational Infrastructure and Culture

Each hospital has an organizational culture and infrastructure that supports equitable delivery of healthcare. Please select all that apply:

☐ The hospital has a standardized process to train its workforce in cultural and linguistic competence, according to National Culturally and Linguistically Appropriate Services (CLAS) Standards. [4]

☐ The hospital has named individual(s) with leadership responsibility and accountability for health equity efforts.

☐ The leader—who may or may not be a member of the C-suite—engages clinical champions, patients, and families and/or community partners in strategic and action-planning activities to reduce disparities.

☐ The hospital demonstrates leadership and board commitment to equitable healthcare through written policies, protocols, pledges, and/or strategic planning documents (e.g., mission/vision/values, organizational goals, and objectives).

Sources:

1. Office of Management and Budget (OMB). https://aspe.hhs.gov/basic-report/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-and-disability-status

2. Greater Cincinnati Health Council. REaL Data Collection Best Practices. http://forces4quality.org/af4q/download-document/6011/Resource-validated_final_rel_data_collection_best_practice_guidelines_updated_11-28.pdf

3. Office of Disease Prevention and Health Promotion. Healthy People. Social Determinants of Health. https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

4. U.S. Department of Health and Human Services. National Culturally and Linguistically Appropriate Services (CLAS) Standards. https://thinkculturalhealth.hhs.gov/clas/standards