



The Roadmap to Success:

Implementing Equitable Care



Preparing for Your Journey



Any successful journey begins with planning and preparation. Three key areas should be addressed before beginning any quality improvement or patient safety initiative.



Leadership Commitment

The success of a project can be determined by the level of commitment and support from leadership. It is important for hospital leaders to communicate a consistent, frequent message in support of the project. The executive project champion can establish accountability, dedicate resources, and break through barriers.



Project Champion

It is important to have a person(s) who is a significant influence with frontline staff, physicians, and other key personnel. Frequently, we think of a physician as a champion as they are instrumental in garnering provider buy-in and practice change. However, depending on the project, it can be any key personnel with the authority and skills to influence change, lead by example, and assist in essential messaging of the goals and vision for a project.



Multidisciplinary Project Team

The project team should consist of representatives from key areas throughout your facility with the skills, knowledge, and experience in their fields of expertise. A team member should possess strong communication skills, have a collaborative mindset, and show a commitment to change. It is vital to **have representation from frontline staff who will be impacted most by the change**. It is also important to keep the size of your team manageable. Remember, a team can have ad hoc members whose role is to provide expertise in a specific area for a short period of time.

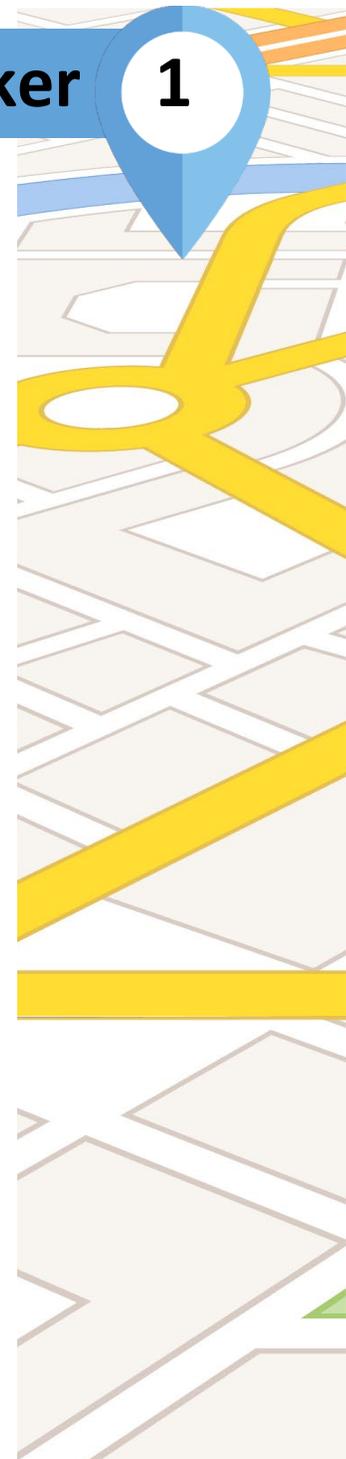
For more information on team forming, access the following resources at www.hsag.com/hqic-quality-series:

- Quality and Safety Series Video on Team Forming

Commitment: Mile Marker

1

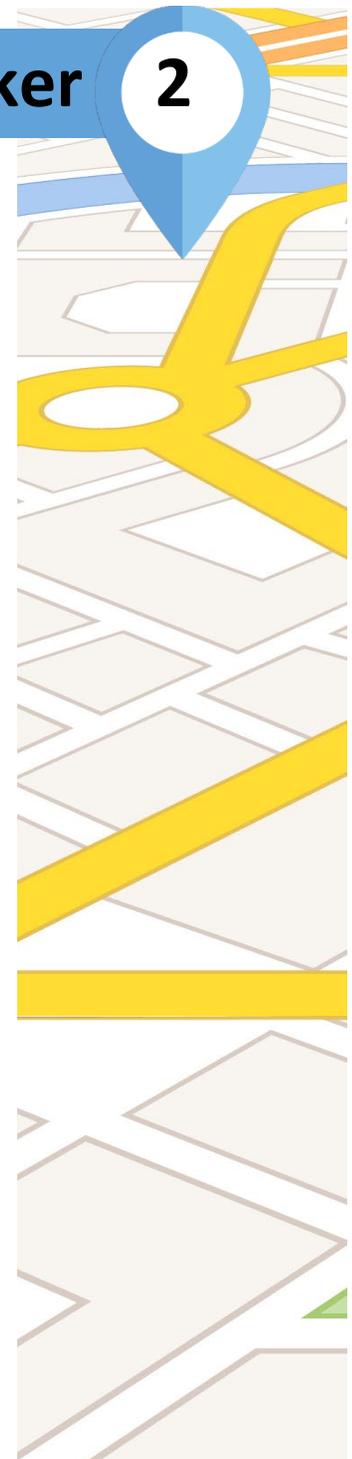
	Task	Rationale
<input type="checkbox"/>	<p>Step 1</p> <p>Consider signing the American Hospital Association #123forEquity Pledge (https://ifdhe.aha.org/system/files/media/file/2020/02/EOC_Pledge_Packet_Aug2017_FINAL.pdf) and join other hospitals in committing to eliminate health disparities.</p>	<ul style="list-style-type: none"> Aligns executive leadership with health equity. Allows dedication of resources toward your hospital's success.
<input type="checkbox"/>	<p>Step 2</p> <p>Identify a single point of contact to direct activities in your hospital.</p>	<ul style="list-style-type: none"> Establishes a point person for HSAG HQIC to contact. Provides structure to health equity activities. Supports Health Equity Organizational Assessment (HEOA) Category 7: Organizational Infrastructure and Culture.
<input type="checkbox"/>	<p>Step 3</p> <p>Complete and download the HSAG HQIC HEOA: https://www.hsag.com/globalassets/hqic/hqic_healthequityorgassessment.pdf</p>	<ul style="list-style-type: none"> Assesses current health equity structure and activities. Identifies gaps in your hospital. Directs focus for activities and priorities. Provides HSAG HQIC with information to customize resources for your facility based on individual needs.
<input type="checkbox"/>	<p>Step 4</p> <p>Assemble a multi-disciplinary health equity taskforce.</p>	<ul style="list-style-type: none"> Increases staff awareness and promotes understanding and engagement. Provides a cross-facility perspective of HEOA issues and expertise. Establishes ownership and accountability for gaps and improvement in your hospital.
<input type="checkbox"/>	<p>Step 5</p> <p>Celebrate! </p>	<p>You have the foundation to build a health equity program!</p>



HEOA Gap Analysis: Mile Marker

2

	Task	Rationale
<input type="checkbox"/>	Step 1 Review your hospital's HEOA results with your HSAG HQIC Quality Advisor to identify opportunities for improvement.	Familiarizes your hospital with the Centers for Medicare & Medicaid Services (CMS) expectations for the Health Equity framework: <ol style="list-style-type: none">1. Patient Demographic Data Collection2. Training for Patient Demographic Data Collection Reliability3. Patient Demographic Data Validation4. Patient Demographic Data Stratification5. Communication of Patient Population Findings6. Addressing and Resolving Gaps in Care7. Organizational Infrastructure and Culture
<input type="checkbox"/>	Step 2 Schedule a session with your HSAG HQIC Quality Advisor. Use the HSAG HQIC Health Equity Strategy Tree (https://www.hsag.com/globalassets/hqic/healthequitystrategytree.pdf) in your discussion.	<ul style="list-style-type: none">• Provides clarification of HEOA results.• Guides next steps.• Coaches for in-depth strategies and interventions.



REaL and SDOH Data Collection: Mile Marker

3

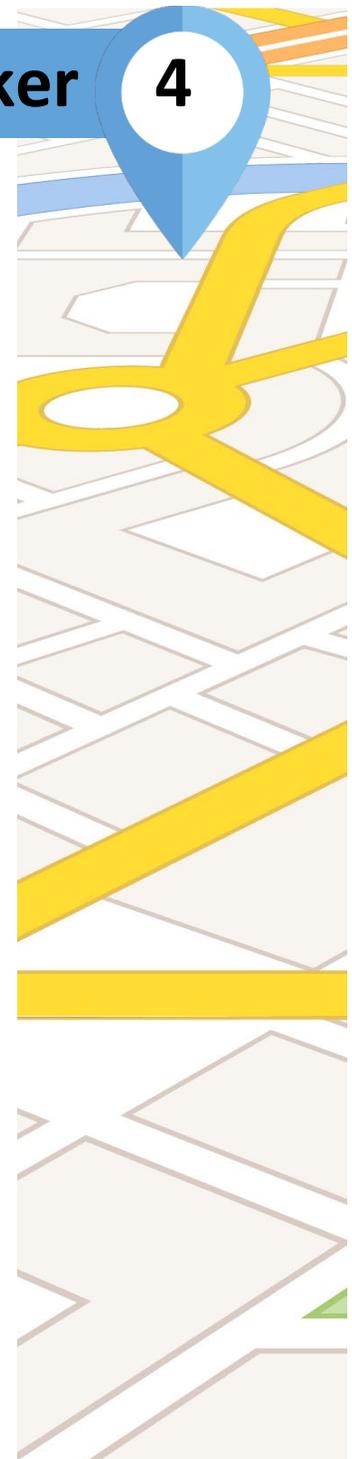
	Task	Rationale
<input type="checkbox"/>	Step 1 Identify a method for collection of patient-provided (self-reported) race, ethnicity, and language (REaL) data—as well as additional patient demographic data beyond REaL—which can be used to look at social determinants of health (SDOH), such as ICD-10* Z Codes.	<ul style="list-style-type: none"> Allows patients to self-report their REaL preferences, which is the gold-standard in REaL data collection. Ensures standard data reporting to federal and state partners. Prevents unintended staff bias/implicit bias. Allows SDOH information to be documented as ICD-10 Z Codes in the patient’s medical record. Supports HEOA Category 1: Data Collection.
<input type="checkbox"/>	Step 2 Design a plan to train staff members in the collection of REaL and SDOH data.	<ul style="list-style-type: none"> Supports consistency and improves data accuracy. Increases health equity engagement from staff members in all roles within the hospital. Supports HEOA Category 2: Data Collection and Training.
<input type="checkbox"/>	Step 3 Perform a data accuracy review.	<ul style="list-style-type: none"> Creates confidence in future of data analyses. Allows comparison of hospital data with community demographics. Supports HEOA Category 3: Data Validation.
<input type="checkbox"/>	Step 4 Use the HSAG HQIC Health Equity Strategy Tree (https://www.hsag.com/globalassets/hqic/healthequitystrategytree.pdf) for training, collection, and validation methods.	<p>Provides specific, in-depth information, and practical examples for:</p> <ul style="list-style-type: none"> Staff member training. Self-reported data collection methods. Validation methods.

*ICD-10=International Statistical Classification of Diseases and Related Health Problems, 10th Revision. Z Codes=captures data on the social needs of patients.

REaL and SDOH Data Analysis: Mile Marker

4

	Task	Rationale
<input type="checkbox"/>	Step 1 As a team, identify one or more quality metrics to investigate for disparities.	<ul style="list-style-type: none"> Addresses current disparities improvement outcomes. Verifies current processes meet all patients' needs. Supports HEOA Category 4: Data Stratification.
<input type="checkbox"/>	Step 2 Stratify your chosen metric(s) by REaL and/or SDOH data.	<ul style="list-style-type: none"> Identifies how REaL and SDOH data contribute to quality outcomes. Compares outcomes by patient populations. Identifies disparities in populations with homogenous race/ethnicity by stratifying SDOH data. Allows you to focus interventions on disparate groups. Supports HEOA Category 4: Data Stratification.
<input type="checkbox"/>	Step 3 Choose additional quality outcome metrics to stratify.	<ul style="list-style-type: none"> Increases the ability to identify like disparities across REaL and SDOH categories. Exposes "quick-win" opportunities for improvement. Provides data and foresight for future projects.
<input type="checkbox"/>	Step 4 Celebrate! 	You know your baseline and who needs your help. Let's go!



Intervention Planning: Mile Marker

5

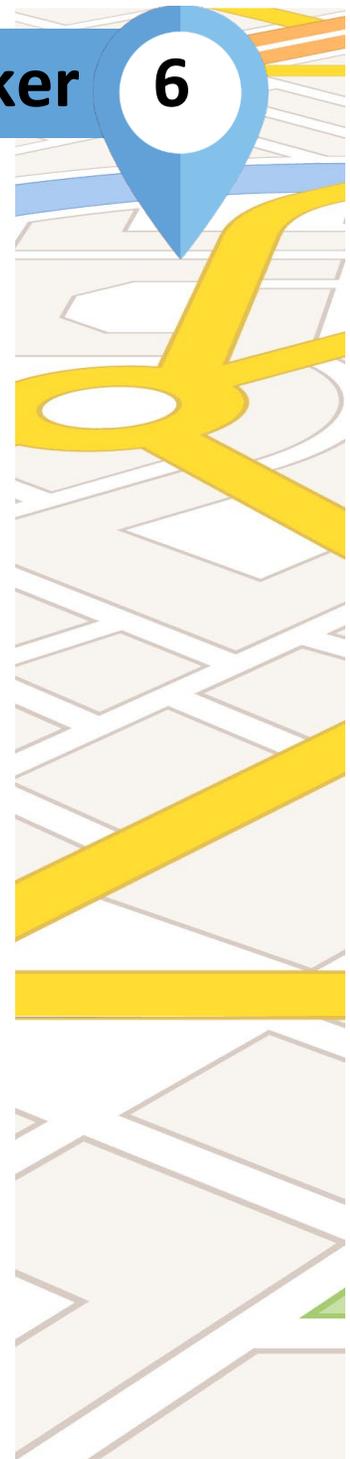
		Task	Rationale
<input type="checkbox"/>	Step 1	As a team, plan an intervention to address the identified disparity.	<ul style="list-style-type: none">• Helps to incorporate best practices for certain outcomes.• Creates common goals.• Supports HEOA Category 6: Addressing and Resolving Gaps in Care.
<input type="checkbox"/>	Step 2	Create specific, measurable, attainable, relevant, and time-based (SMART) goals.	<ul style="list-style-type: none">• Prevents planning and improvement “scope creep.”• Aligns for team buy-in and stakeholder collaboration.
<input type="checkbox"/>	Step 3	Develop a results-oriented communication plan for hospital leadership, frontline staff members, and community partners.	<ul style="list-style-type: none">• Promotes transparency across your hospital.• Encourages collaboration at all levels of care in your hospital.• Establishes institutional accountability.• Supports HEOA Category 5: Communication of Patient Population Findings.



Creating Change: Mile Marker

6

		Task	Rationale
<input type="checkbox"/>	Step 1	Pick a unit, department, or care team to pilot your intervention.	<ul style="list-style-type: none">• Follows the plan, do, study, act (PDSA) cycle framework and allows for a small test of change.• Allows for rapid change improvement and intervention redesign.• Identifies unknown barriers within your hospital.
<input type="checkbox"/>	Step 2	Celebrate! 	You have improved lives and well-being in your hospital!



Share and Expand: Mile Marker

7

	Task	Rationale
<input type="checkbox"/>	Step 1 As a team, identify one or more units for successful intervention implementation (spread).	<ul style="list-style-type: none"> Increases access to intervention(s). Reduces waste (Lean methodology that optimizes people, resources, effort, and energy). Promotes a positive health equity culture. Supports HEOA Category 6: Addressing and Resolving Gaps in Care.
<input type="checkbox"/>	Step 2 As a team, using the same outcome, identify the next disparate patient population for the intervention.	<ul style="list-style-type: none"> Widens the focus to larger population. Informs planning for the next intervention. Elevates improvement in other outcomes. Supports HEOA Category 6: Addressing and Resolving Gaps in Care.
<input type="checkbox"/>	Step 3 As a team, identify the next outcome metric for health equity review.	
<input type="checkbox"/>	Step 4 Celebrate! Congratulations! 	Your hospital has an infrastructure that supports equitable healthcare delivery!

You have reached your destination!

Ask your Quality Advisor how you can create a plan to ensure you will sustain your gains!

Your Final Destination



Now that you've reached your destination, it is important that your efforts are not futile. One of the most challenging aspects of quality improvement and change is sustaining the gains. These key tactics will help you ensure ongoing success.



Ensuring Your Process Is Stable

Most projects involve monitoring of both process and outcome measures. These data play an important role in identifying when you've achieved change. It is important to review your data to identify and address special cause variation; recognize positive trend changes (six to eight data points at or above goal); and achieve predictable, consistent results. Remember: *"Every system is perfectly designed to get the results it gets."*—W.E. Deming

For more information on data, variation, and change, access the following resources at www.hsag.com/hqic-quality-series:

- Quality and Safety Series Video on Data, Variation, and Change



Control Plan/Sustainability Plan

A control or sustainability plan is a method for documenting the key elements of quality control that are necessary to assure that process changes and desired outcomes will be maintained. At a minimum, this plan should include ongoing monitoring of process steps that are critical to quality, frequency of monitoring, sampling methodology, and corrective actions if there is noted variation.

For more information on control and sustainability plans, access the following resources at www.hsag.com/hqic-quality-series:

- Quality and Safety Series Video on Control and Sustainability Plans



Project Hand-Off

Depending on the size of your facility and resources that are available, it may be necessary to hand off your project to a "process owner." A process owner is a person or department responsible for monitoring a process and sustaining the changes according to the control or sustainability plan. The person or department should be the entity that will most significantly experience the gains of the improved process or project.

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