

# Making a Difference at the Community Level with Data: Getting “REALS” at UNMH



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**September 28, 2011**  
**New Mexico Hospital Association conference**

# Diversity, Equity & Inclusion

- **Interpretation** – since 2000
  - 17% of patients are LEP
  - 19 full time interpreters (13+1 Spanish, 3+1 Vietnamese, 1 Navajo)
    - Only in-house interpreter dept. in state
  - 150+ dual role interpreters in 9 languages
  - Video interpreting
  - Pacific Interpreters 24-hour phone line
- **Health literacy** – task force since 2008
- **Office of DEI** – est. October 2010
  - MGH Disparities Leadership Program 2009-2010

# What is DEI?

The UNMH Office of Diversity, Equity & Inclusion leads the effort to make sure that every UNMH patient receives the safest, most effective, most sensitive medical care possible, regardless of the patient's race, ethnicity, or any other group identity.

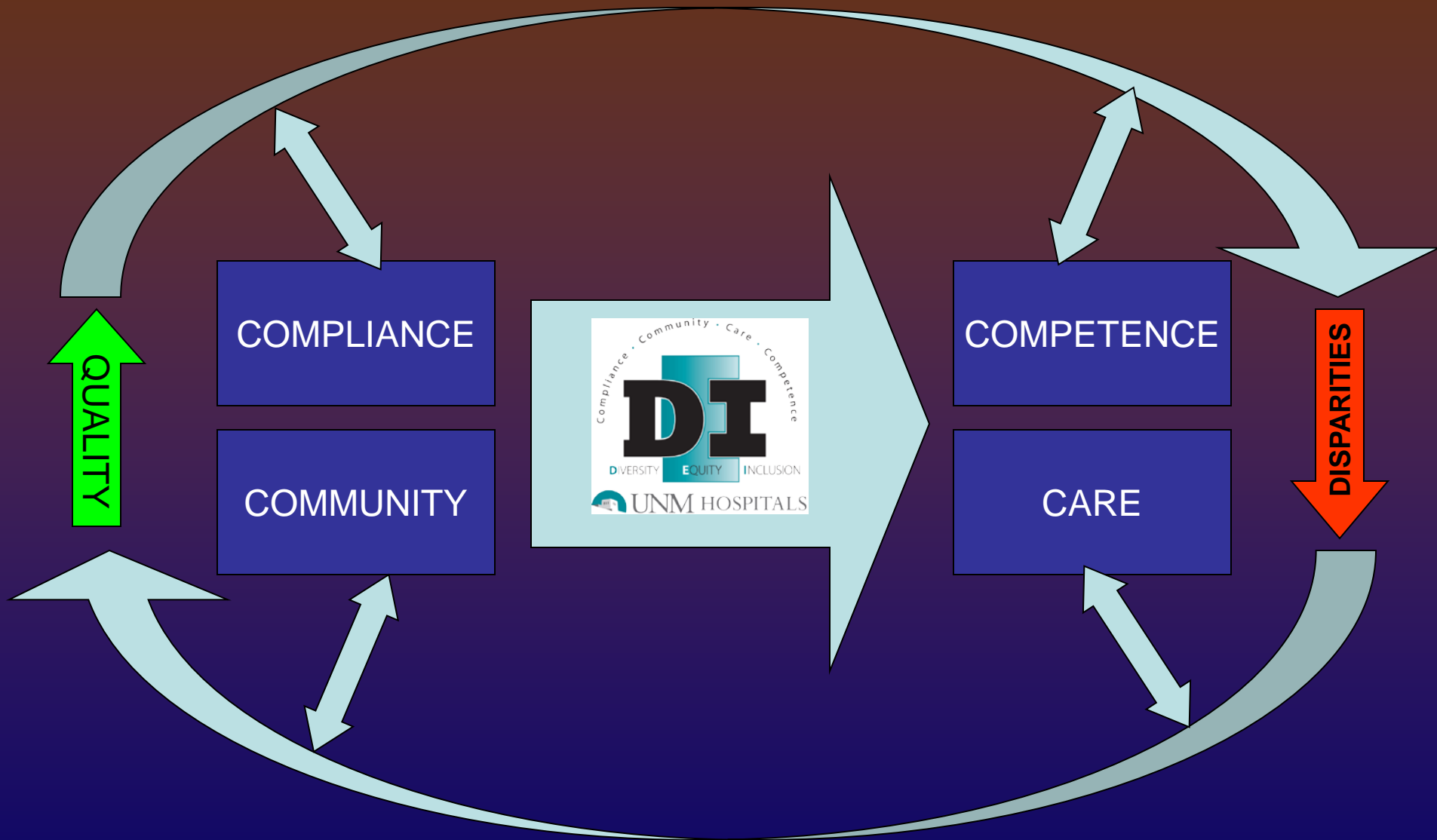
We do this through data collection and analysis; community collaboration; cultural “competence” training, education and consulting; and process improvement.



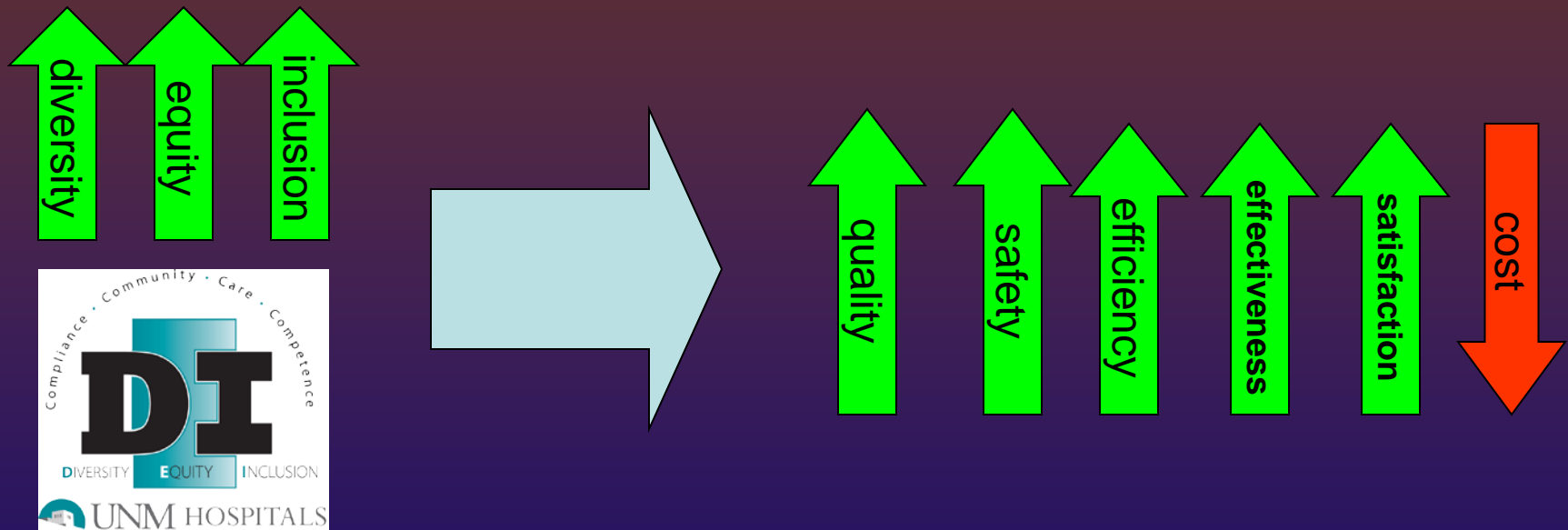
# How does DEI do these things?



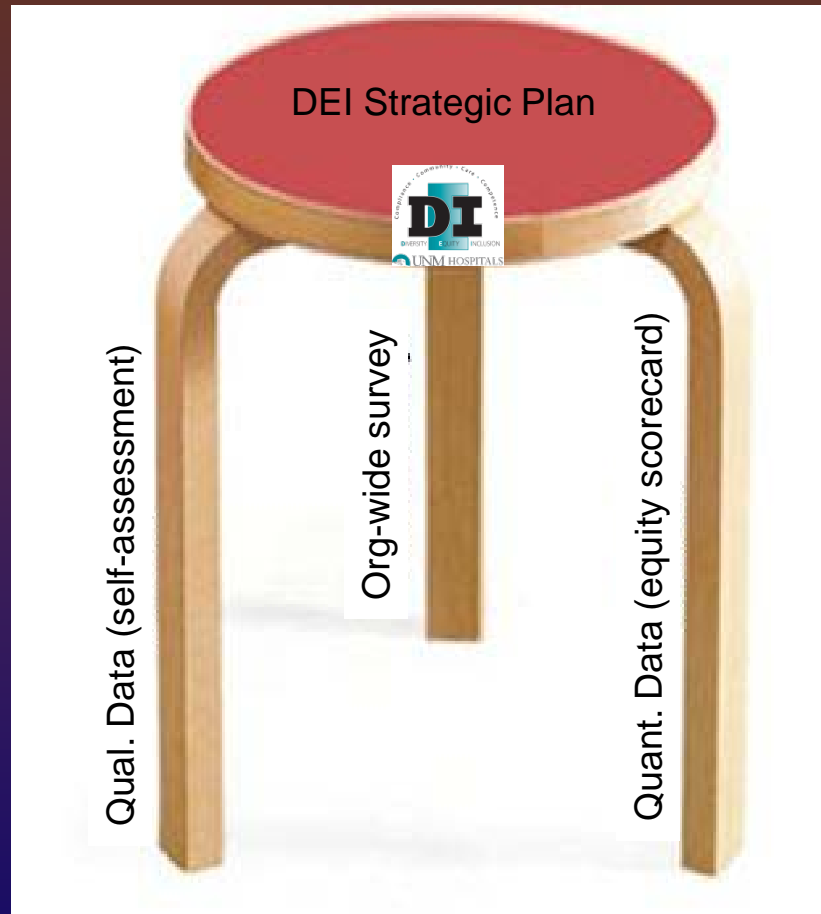
# Diversity is a driver of quality



# Diversity is a driver of excellence



# 2009 – 2011: The three-legged stool



# Leg 1: Qualitative data



UNM Hospitals Comprehensive Self-Assessment  
July 2011 FINAL: 8/25/11 edits

**(1) DATA COLLECTION & ANALYSIS, AND (2) COMPLIANCE WITH NATIONAL STANDARDS  
DEI COMPLIANCE TASK FORCE**

**1. MAINTAIN A DEMOGRAPHIC PROFILE OF THE COMMUNITIES SERVED**

- a. The hospital maintains a current population-level demographic, cultural, and epidemiological profile of the community, including race, ethnicity, and primary written and spoken language. Other demographics may include socioeconomic status, religion, health literacy level, sexual orientation, disabilities, cultural needs, and dietary needs. These data should be self-reported.
- b. The intention of collecting these data is for service planning and conducting community-based targeted interventions.
- c. Staff in all departments and care units should have access to these data.
- d. The hospital conducts a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area. This may include individual interviews and/or focus groups with community leaders, patients, and local businesses.

Regulatory sources: CLAS 11, NQF 38-39, TJC 18, TJC Road Map

Current Compliance	Weak	Moderate	Strong	Opportunities & recommendations	Priority/Timeline
2010: o Discussions are occurring with NMMRA with regarding to aligning forces in the area of diabetes regarding culturally competent reporting. Active participation by UNMH with AF4Q initiative through NMMRA. o Input provided by Patient Advisory Committee (PAC), Interpreter Advisory Committee (IAC), Native American Services Subgroup, Community Benefits Oversight Committee (CBOC) of the		X		July 2011 • UNMH does not currently stay current on population-level data, although the Office of Diversity, Equity & Inclusion (DEI) does informally look at these on occasion. • Need to obtain and maintain demographic data. Epidemiological profile could be worked on with DOH and infection control depts. Add to Infection Control Plan.	

# Leg 1: Qualitative data

DEI Crossmap of Requirements

	CLAS	TJC	NGF	NAPH	NCQA	priority	weak	mod	strong	timeline/ deadline	status	assignment: lead
CONDUCT ONGOING SELF-ASSESSMENT & EVALUATION (GLOBAL)	x	x	x		x			x				Steering Committee
SEEK AND RETAIN DIVERSE REPRESENTATION IN LEADERSHIP	x		x	x			x					Steering Committee
IDENTIFY AND DEVELOP DEI CHAMPIONS		x	x	x				x				Steering Committee
ENSURE DEI COORDINATION IS BROAD AND INCLUSIVE OF ALL INTERNAL STAKEHOLDERS		x						x				Steering Committee
INCLUDE DEI IN ORGANIZATIONAL VISION, MISSION, AND VALUES		x	x					x				Steering Committee
DEVELOP A STRATEGIC PLAN	x	x	x	x	x		x	x				Steering Committee
CREATE AND IMPLEMENT POLICIES, PROCEDURES, GOALS AND ACCOUNTABILITY	x	x	x	x	x		x	x				Steering Committee
INCLUDE DEI IN BUSINESS AND RESOURCE PLANNING		x	x	x				x				Steering Committee
PLAN TO RECRUIT & RETAIN A DIVERSE WORKFORCE	x	x	x	x				x				Steering Committee
REPORT DATA AND PROGRESS INTERNALLY AND EXTERNALLY	x		x	x			x					Steering Committee
BUILD BRIDGES AND COLLABORATE EXTERNALLY		x		x				x				Steering Committee
1. MAINTAIN A DEMOGRAPHIC PROFILE OF THE COMMUNITIES SERVED	x	x	x					x			updated 2011	Compliance Task Force
2. IMPLEMENT DATA GUIDELINES (JOH OR OTHER) *	x	x	x	x	x				x↑		updated 2011	Compliance Task Force
3. ANALYZE AND MONITOR "REALS" AND OTHER DATA *		x		x	x				x↑		updated 2011	Compliance Task Force
4. USE THE RESULTS OF DATA ANALYSIS TO DRIVE IMPROVEMENTS		x	x	x	x		x				updated 2011	Compliance Task Force
5. BENCHMARK RESULTS OF DATA ANALYSIS				x			x				updated 2011	Compliance Task Force
1. ASSESS COMMUNITY NEEDS		x	x	x				x			updated 2011	Community Task Force
2. COLLABORATE WITH THE COMMUNITY TO STRATEGIZE AND IMPLEMENT CHANGE	x	x	x	x			x				updated 2011	Community Task Force
3. PARTNER WITH COMMUNITY ORGANIZATIONS/RESOURCES TO DIRECTLY BENEFIT PATIENTS		x		x				x			updated 2011	Community Task Force
4. COLLABORATE AND DIALOGUE WITH PATIENTS AND FAMILIES	x	x	x	x			x				updated 2011	Community Task Force
5. ESTABLISH EQUITABLE, INCLUSIVE CONFLICT AND GRIEVANCE RESOLUTION PROCESSES	x	x	x	x			x				updated 2011	Community Task Force
6. DISSEMINATE DATA, MARKET SERVICES, AND REPORT PROGRESS EXTERNALLY	x	x	x	x				x			updated 2011	Community Task Force
CONDUCT ONGOING SELF-ASSESSMENT & EVALUATION ("CULTURAL COMPETENCE")	x	x	x					x				Competence Task Force
ENSURE THE ACCURACY, READABILITY, AND CULTURAL APPROPRIATENESS OF TRANSLATED MATERIALS	x	x	x	x	x			x				Competence Task Force
DEVELOP AND PROVIDE LANGUAGE ACCESS RESOURCES	x	x	x	x	x				x			Competence Task Force
DEVELOP AND IMPLEMENT STAFF & PROVIDER TRAINING ON EFFECTIVELY SERVING DIVERSE POPULATIONS	x	x	x	x	x			x				Competence Task Force
ASSESS AND ENSURE INTERPRETER COMPETENCE	x	x		x				x	x			Competence Task Force
CONDUCT ONGOING SELF-ASSESSMENT & EVALUATION (CARE & SERVICES)	x	x						x				Care Task Force
INVOLVE PATIENTS AND FAMILIES IN THEIR PLAN OF CARE		x	x	x				x	x			Care Task Force
DEVELOP AND IMPLEMENT AN EVIDENCE-BASED, CULTURALLY & LINGUISTICALLY APPROPRIATE CARE MODEL		x	x	x				x	x			Care Task Force
ENSURE SMOOTH TRANSITIONS IN CARE		x		x				x				Care Task Force
MAINTAIN A PROVIDER NETWORK THAT CAN MEET PATIENTS' CULTURAL & LINGUISTIC NEEDS					x							Care Task Force
ADAPT THE PHYSICAL ENVIRONMENT & SIGNAGE	x	x	x	x				x				Care Task Force

\*\* Items designated as ↑ show improvements since spring 2010.

# Leg 2: Org-wide survey

What do you think? Feel?



...about diversity and language services at UNMH?

*Make your voice heard!*

To help guarantee the best care for all patients, UNM Hospitals is conducting an organization-wide Diversity and Language Services assessment using a web-based survey tool developed and administered by CulturalLink, Inc.. CulturalLink is a national leader in helping health care organizations ensure quality care for diverse communities and patients.

**TAKE THE SURVEY TODAY!**

<http://unmhsurvey.questionpro.com/>

This survey is confidential and completely voluntary.  
If you can't complete the entire survey at one time, you can save your answers and finish later.

Hard copies (English and Spanish) and drop off box locations:  
Administration reception desk, and in Environmental Services.

Questions? Concerns?

Contact *Susana Rinderle*, Manager of Diversity, Equity & Inclusion  
[SRinderle@salud.unm.edu](mailto:SRinderle@salud.unm.edu) ~ 272-1698

**culturalink**



# Leg 3: Quantitative data

2010: “REALS” data

Race

Ethnicity

Age

Language (primary oral)

Sex

# Collection and use of REALS

- 100% electronic medical record (EMR)
- Outpatient
  - Self-reported on a form at registration and data entered into EMR by staff
- Inpatient
  - Same self-reporting process at all points of entry (ED, admitting)
- Included in unit/department “Operational Plans” effective July 2010

Please place patient's registration sticker here.

**You have a right to an interpreter. UNM Hospitals will provide one free of charge – just ask us!**

*UNM Hospitals is dedicated to providing the highest quality care regardless of a patient's race/ethnicity. Your response to the questions below will help us to monitor care and ensure our patients receive the best care possible. Your information will remain private and access to this information will be highly restricted.*

1. Please select the language you would like to receive services in.

Most Common at UNM Hospitals:

- English
- Spanish/Español
- Vietnamese
- Sign Language/ASL
- Keresan
- Navajo
- Tiwa, Tewa or Towa (circle)

Other Languages:

- Arabic
- Chinese (Mandarin)
- Dutch/Nederland
- Farsi
- French/Français
- German/Deutsch
- Italian/Italiano
- Japanese
- Portugese/Portugais
- Russian
- Swahili
- Turkish
- Zuni
- Other \_\_\_\_\_

2. If you would like an interpreter, we can provide one free of charge, either in-person or by phone. **Do you want UNM Hospitals to provide an interpreter for your visit today? (please circle) Yes No**

3. Select from the following choices to provide us with your race/ethnicity information. If you are multiracial, please select the race/ethnicity with which you primarily identify yourself.

- American Indian or Alaskan Native
  - Tribal Affiliation \_\_\_\_\_
- Asian, Vietnamese, or \_\_\_\_\_
- Native Hawaiian/Pacific Islander, or \_\_\_\_\_
- Black or African American or \_\_\_\_\_
- Hispanic or Latino or \_\_\_\_\_
- White or Anglo \_\_\_\_\_
- Other \_\_\_\_\_
- Decline to answer.

4. Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your assistance! If you have any questions, please ask one of our staff.*

# Why are we making changes?

- We want patients to feel more welcomed, and better understood.
- We want to make sure we have the most accurate data on patients so we can better meet their:
  - language needs
  - cultural needs
  - literacy and reading needs
  - spiritual needs
  - healthcare needs
- We want to make sure we have the most accurate data on patients so we can identify if we have health disparities among different groups, and if so, address them
- We need to follow national and state rules and guidelines (DOH, TJC, HRET, ACA) for collecting patient data
- We want to respond to community feedback
- We want to make adjustments based on the data we've gotten from patients in the last 3 years.

# What are the changes to the form?

- ✓ It has a more “patient-friendly” look
- ✓ Race and ethnicity are separated
- ✓ We ask about written/read language
- ✓ We ask about spirituality
- ✓ “Marital status” has changed to “relationship status” and has new categories
- ✓

# What are the changes to the system?

- ✓ Some field names have changed:

Old	New
Marital status	Relationship status
Religion	Religion/spirituality
Language	Spoken language
Home phone	Primary contact phone

- ✓ Some new fields were added:

- Email address
- Ethnicity
- Written language

- ✓ Drop down options have changed for some fields:

- Race
- Tribal affiliation
- Religion/spirituality



# Revamped form (October 2011)

Dear Patient,

UNM Hospitals wants to give you the best, safest health care possible! Your answers to these questions help us make sure we meet your needs and give the best, safest health care to all patients. Your answers will remain private. Access to this information is very restricted. Thank you!



Do you consider yourself Hispanic or Latino?

- Yes
- No
- Don't want to answer

What is your race? PICK ONE.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White or Anglo
- Two or more races
- Don't want to answer

If you do not speak English well, you have the right to a free interpreter. We will provide one for you. In what language do you prefer to talk about your health care? PICK ONE.

- English
- Spanish
- Vietnamese
- Navajo
- Other: \_\_\_\_\_

In what language do you prefer to read about your health care? PICK ONE.

- English
- Spanish
- Vietnamese
- I need help with reading
- None
- Other: \_\_\_\_\_

Patient signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Thank you! If you have questions, please ask our staff.

If you are American Indian/Native American, what tribe(s) or pueblo(s)?

- Navajo
- Pueblo: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

What is your religion or spirituality?

- Baptist
- Buddhist
- Catholic
- Christian: \_\_\_\_\_
- Jehovah's Witness
- Jewish
- Latter-Day Saints/Mormon
- Muslim
- Native Traditional
- Protestant: \_\_\_\_\_
- Other: \_\_\_\_\_
- None
- Don't want to answer

What is your relationship status?

- Single
- Legally married
- Domestic partnership/civil union
- Partnered, living together
- Partnered, not living together
- Divorced/permanently separated
- Widowed/separated by death
- Other: \_\_\_\_\_

*UNMH staff: (1) Enter data into  
Cerner, (2) Place reg sticker here  
(3) send form to ILS 2-5399*

# Scorecard: Initial data indicators

## Clinical:

1. Mortality
2. Potentially avoidable days
3. Average length of stay (ALOS)
4. Readmission rates
5. Pediatric asthma (core measures)
6. Pneumonia (core measures)
7. HgA1C levels checked (PCMH indicator)
8. HgA1C levels in control (PCMH indicator)
9. LDL levels checked (PCMH indicator – PENDING)
10. LDL levels in control (PCMH indicator – PENDING)

## Non-clinical:

1. Patient satisfaction rates (PENDING)
2. Patient no-show, bumps and cancel rates
3. “Left without being seen” in the ER
4. Demographics of patient/family complaints
5. Employee satisfaction rates
6. Employee race, ethnicity, age, sex and (a) job position and (b) organizational level
7. Self-reported employee awareness, attitudes, beliefs (PENDING)

# First equity scorecard (internal)

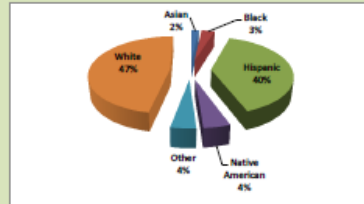
**Key to Data Results**

	Results within 1 standard deviations (STD) of mean
	Results > 1 STD of mean
	Results > 2 STD of mean

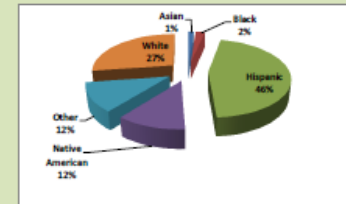
\* mean and STD are calculated on all available data for each individual indicator

## DEI Equity Scorecard

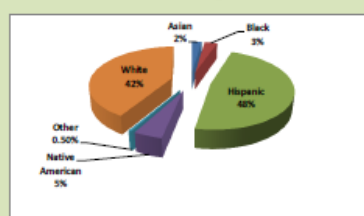
Overall UNMH Employees 2010:



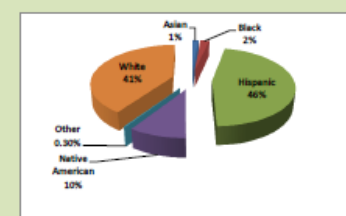
Inpatient Discharges 2011 YTD:



Bernalillo County 2010:



New Mexico 2010:



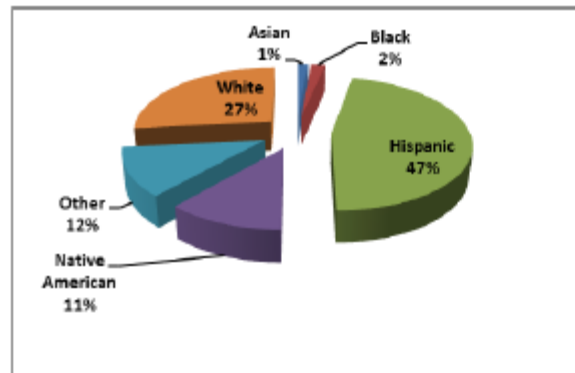
Indicator	6 Quarter Trend	Desired Trend	Current Quarter: Q 2, 2011	2011 YTD	2010	Target
<b>Inpatient Discharges</b>						
Asian	◆◆◆◆◆	◆◆◆◆◆	73	169	313	N/A
Black	◆◆◆◆◆	◆◆◆◆◆	159	294	641	N/A
Hispanic	◆◆◆◆◆	◆◆◆◆◆	2,871	6,070	12,497	N/A
Native American	◆◆◆◆◆	◆◆◆◆◆	739	1,528	3,048	N/A
Other	◆◆◆◆◆	◆◆◆◆◆	773	1,582	3,537	N/A
White	◆◆◆◆◆	◆◆◆◆◆	1,813	3,641	7,353	N/A

# First equity scorecard (external)

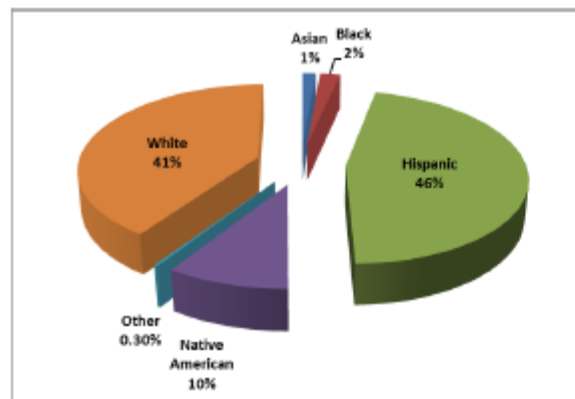
## Providing Equitable Care

At University Hospitals, we are committed to making sure that all patients, regardless of race, ethnicity, and primary language spoken, receive proper care. When we looked at inpatient average LOS, % readmissions within 30 days of discharge, pneumonia care, heart failure care, children's asthma care, surgical care infection prevention (SCIP), and treatment of diabetes in the outpatient setting, we found there were no incidences where underrepresented patients (defined here by non-white race) have rates significantly different than patients of white race. In many cases, underrepresented patients have rates which are more favorable than patients of the white race. The population we serve at University Hospital is reflective of the population of the state of New Mexico.

## University Hospital Inpatient Discharges 2011 YTD



## State of New Mexico 2010



# First equity scorecard (external)

⊖ Equal Care By Race   
 ⊕ Unequal Care by Race   
 ⊘ Not Applicable

Measure 2011 YTD	Race: White	Race: Non-white	National Averages	Equity of Care	P Value
Inpatient Average Length of Stay	5.89 days	5.55 days	4.8 days	⊖	0.383
% All Cause Readmissions 30 Days After Discharge	9.18 %	7.01 %	11.28%	⊖	0.019
Pneumonia care – Received all appropriate care measures	94%	100%	88.8%	⊕	0.860
Heart failure care– Received all appropriate care measures	100%	96.23%	94.8 %	⊖	0.098
Acute myocardial infarct (heart attack) care– Received all appropriate care measures	82.5%	80.46%	98.4%	⊖	0.118
Children’s asthma care– Received all appropriate care measures	100%	100%	100%	⊖	0.393
Surgical care infection prevention (SCIP) – Received all appropriate care measures	96.36%	96.72%	89.7%	⊖	0.005
Treatment of diabetes in the outpatient setting % under control	36.13	44.79	N/A	⊕	0.059

P values based upon two-sample t-test and utilize all data points available for analysis; percentages reported above for white and non-white are based upon the most recent quarter only.

National Average LOS Source: National Hospital Discharge Summary 2007.

National Average 30 Day All Cause Readmission: University Health-system Consortium

National Average Core Measure Data: University Health-system Consortium Median TJC Method.

~~What do we do with our data?~~

What have we done *so far*?



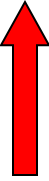
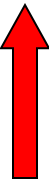
# Interpretation data

## Interpretive Language Services per Month

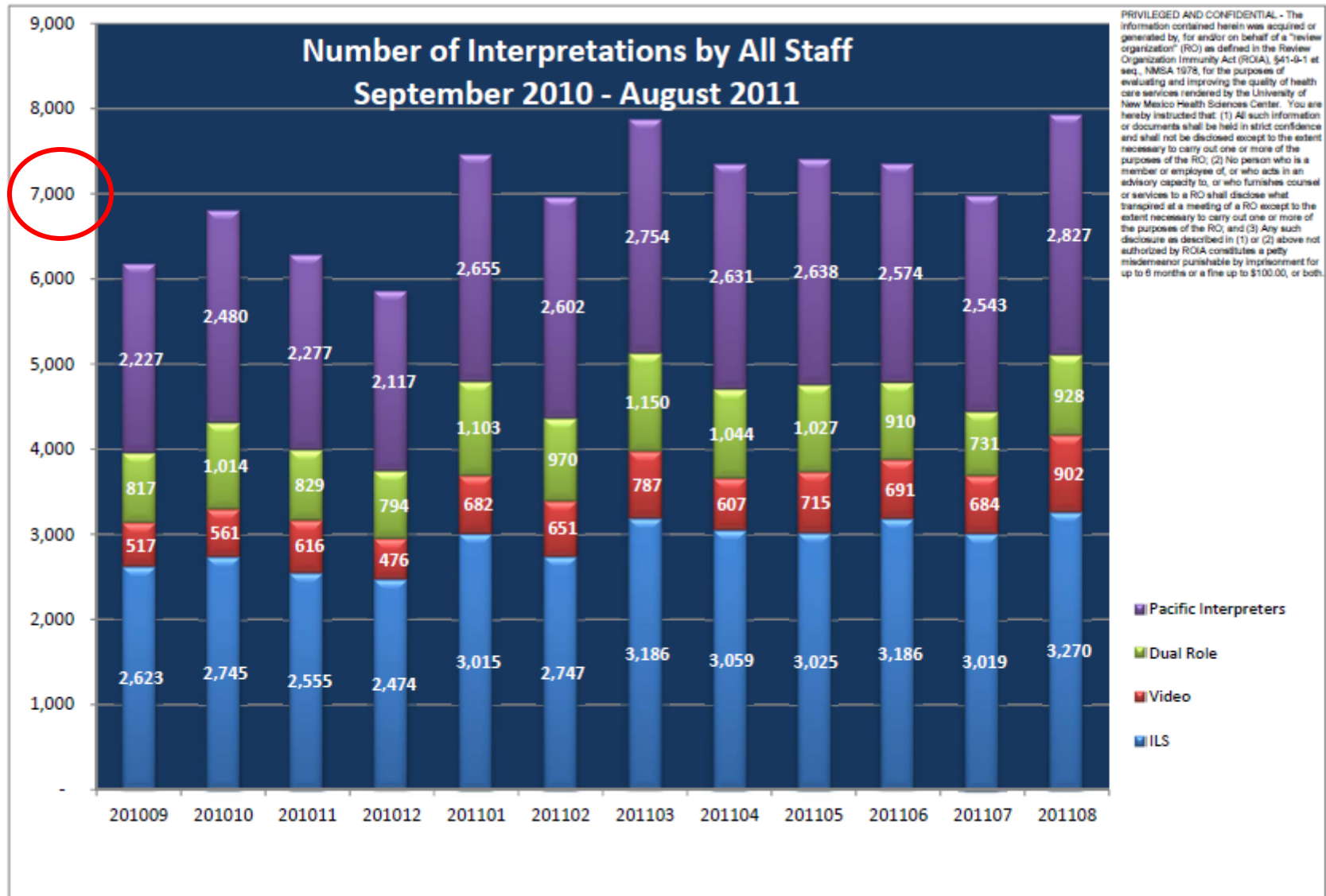
	201009	201010	201011	201012	201101	201102	201103	201104	201105	201106	201107	201108
ILS	2,623	2,745	2,555	2,474	3,015	2,747	3,186	3,059	3,025	3,186	3,019	3,270
Video	517	561	616	476	682	651	787	607	715	691	684	902
Dual Role	817	1,014	829	794	1,103	970	1,150	1,044	1,027	910	731	928
Pacific Interpreters	2,227	2,480	2,277	2,117	2,655	2,602	2,754	2,631	2,638	2,574	2,543	2,827
Total Interpretive Services Provided	6,184	6,800	6,277	5,861	7,455	6,970	7,877	7,341	7,405	7,361	6,977	7,927

## Monthly Summary of Ambulatory Patient Needs and Services

ILS and Dual Role	1003	815	960	821	1036	965	1157	1148	1043	1148	1053	1197
Video	9	13	15	11	10	13	15	7	11	8	14	13
Pacific Interpreters	364	295	314	298	328	303	347	341	313	323	344	354
Ambulatory Need Met	1,376	1,123	1,289	1,130	1,374	1,281	1519	1496	1367	1479	1411	1564
Ambulatory Patient Demand	4,041	3,257	3,438	3,535	3,605	3,288	3,744	3,732	3,282	3,424	3,244	3,723
Percent Ambulatory Need Met	34%	34%	37%	32%	38%	39%	41%	40%	42%	43%	43%	42%

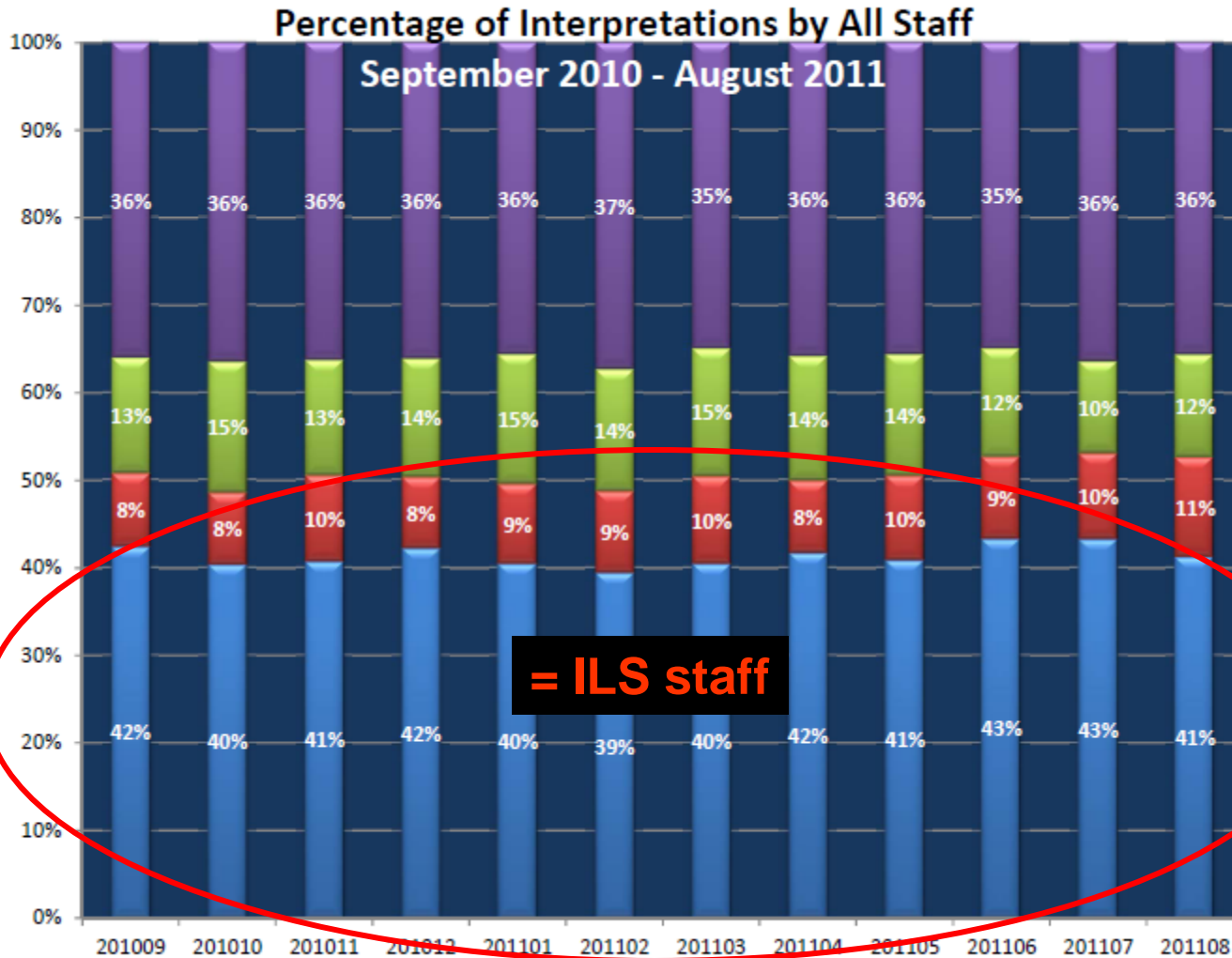


# Interpretation data



# Interpretation data

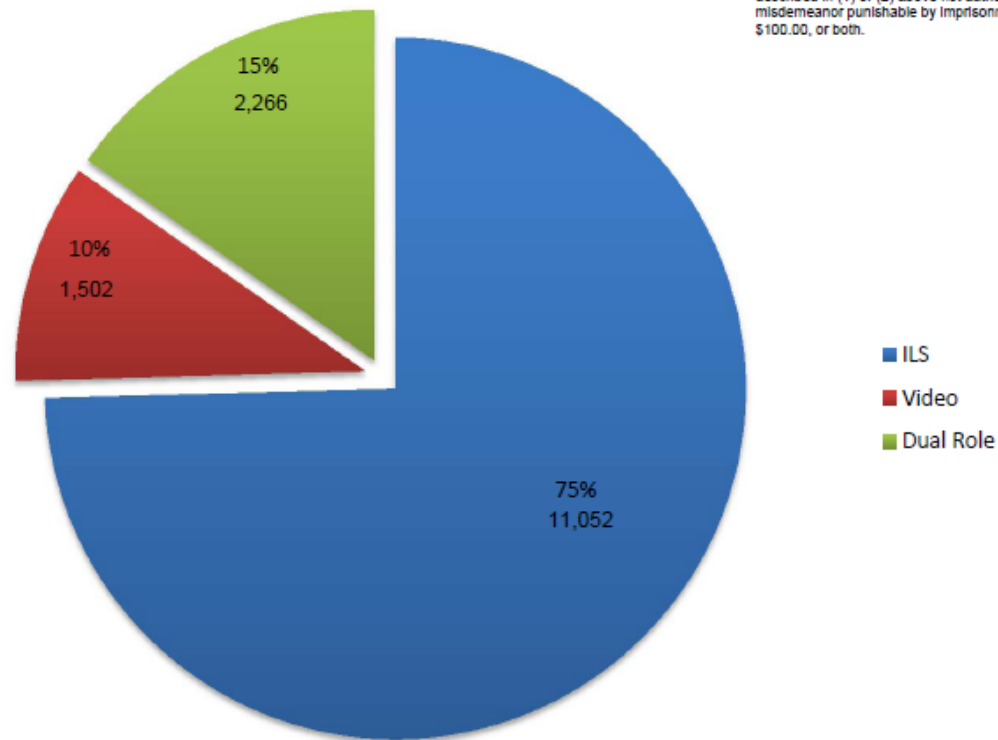
PRIVILEGED AND CONFIDENTIAL - The information contained herein was acquired or generated by, for and/or on behalf of a "review organization" (RO) as defined in the Review Organization Immunity Act (ROIA), §41-6-1 et seq., NMSA 1978, for the purposes of evaluating and improving the quality of health care services rendered by the University of New Mexico Health Sciences Center. You are hereby instructed that: (1) All such information or documents shall be held in strict confidence and shall not be disclosed except to the extent necessary to carry out one or more of the purposes of the RO; (2) No person who is a member or employee of, or who acts in an advisory capacity to, or who furnishes counsel or services to a RO shall disclose what transpired at a meeting of a RO except to the extent necessary to carry out one or more of the purposes of the RO; and (3) Any such disclosure as described in (1) or (2) above not authorized by ROIA constitutes a petty misdemeanor punishable by imprisonment for up to 6 months or a fine up to \$100.00, or both.



= ILS staff

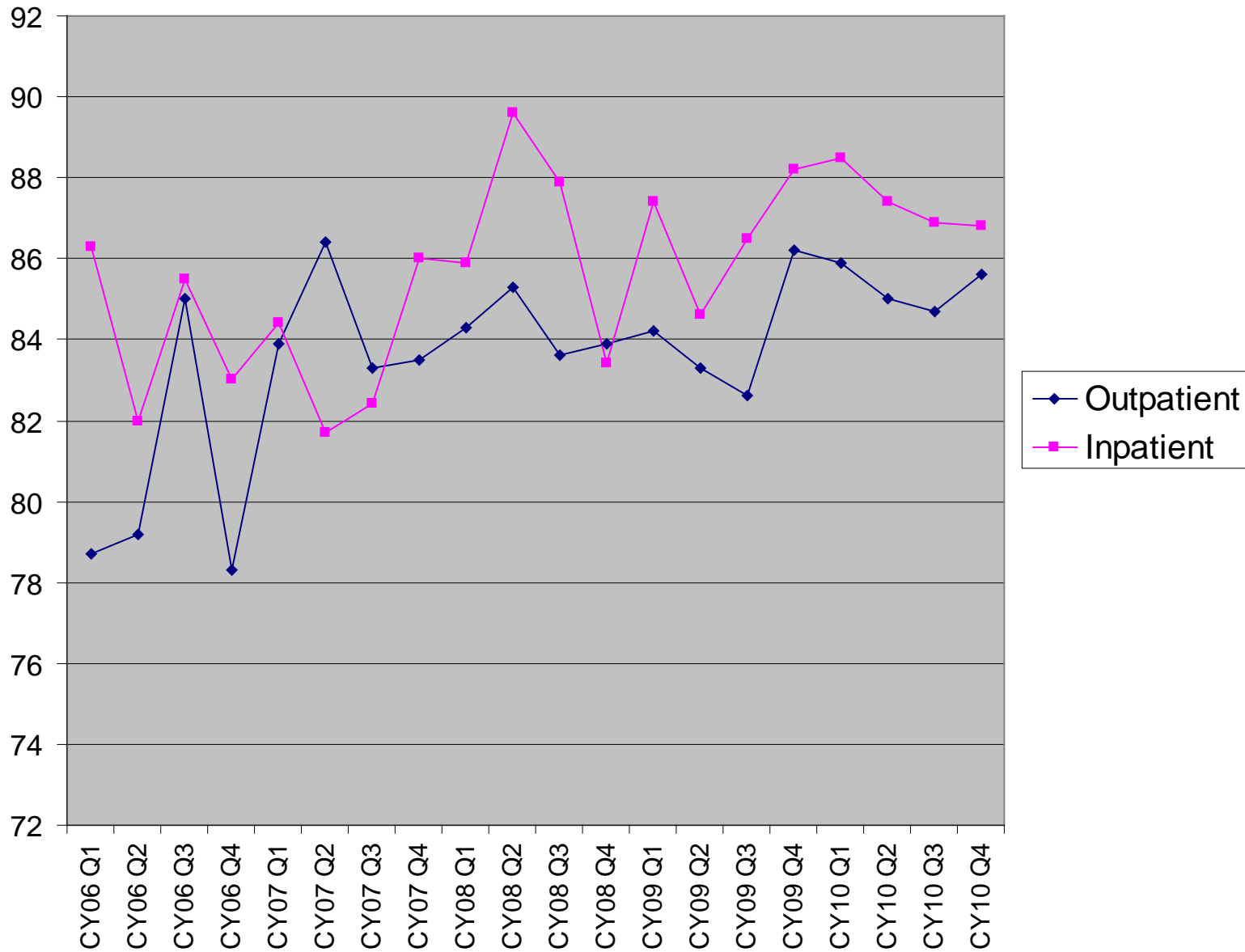
# Interpretation data

Hours of Interpretation Provided  
September 2010 - August 2011

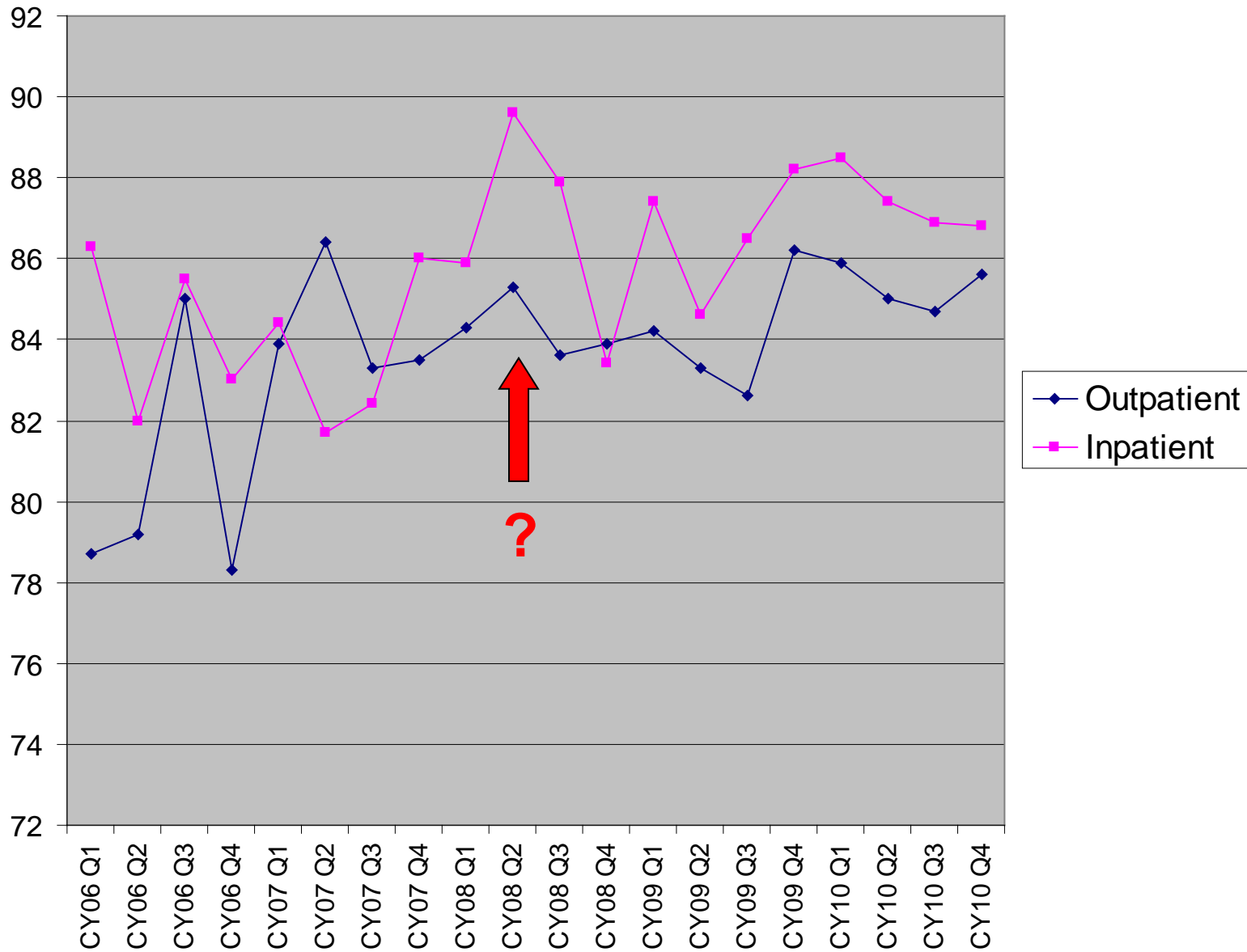


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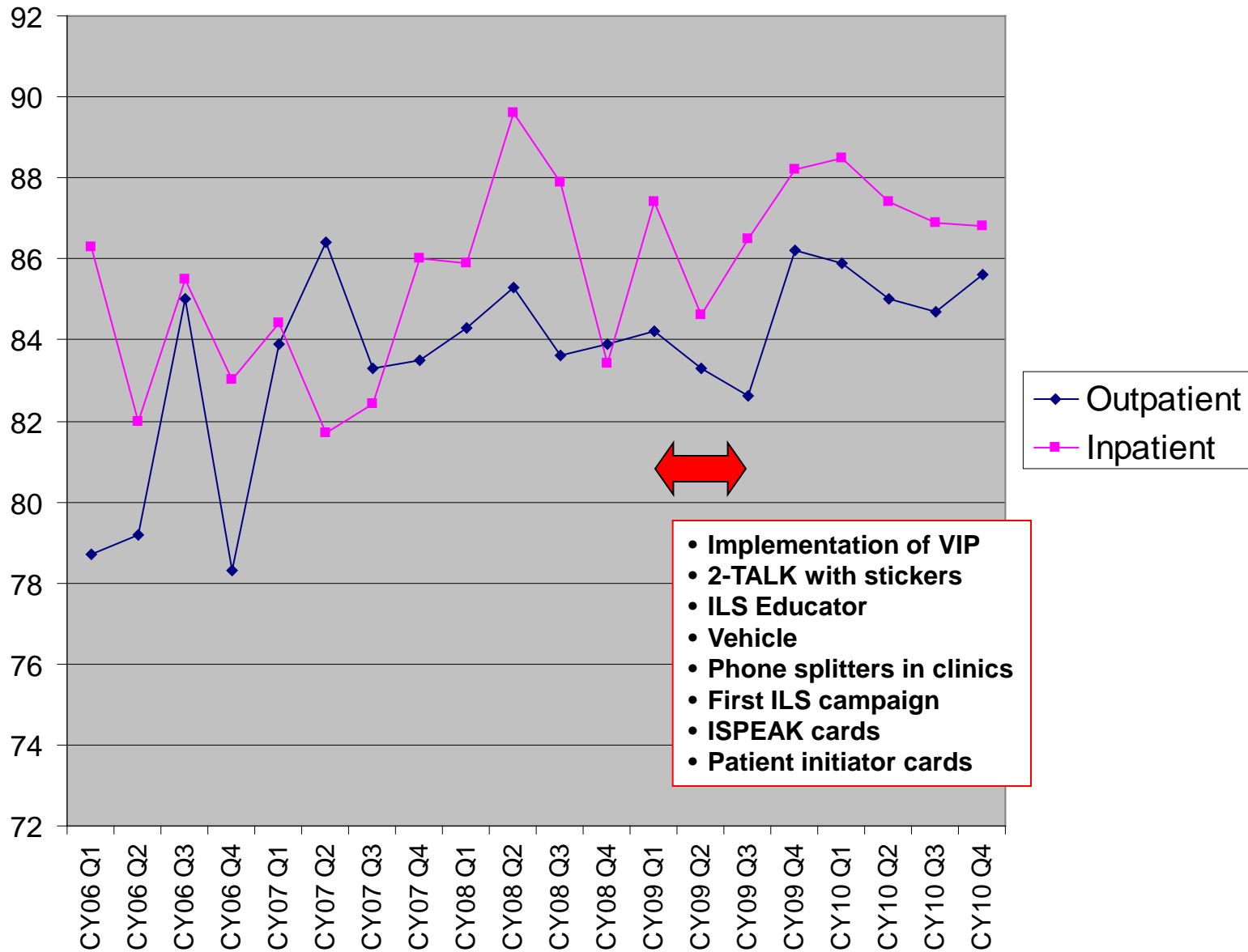
# Primary Spanish-speaking patient satisfaction



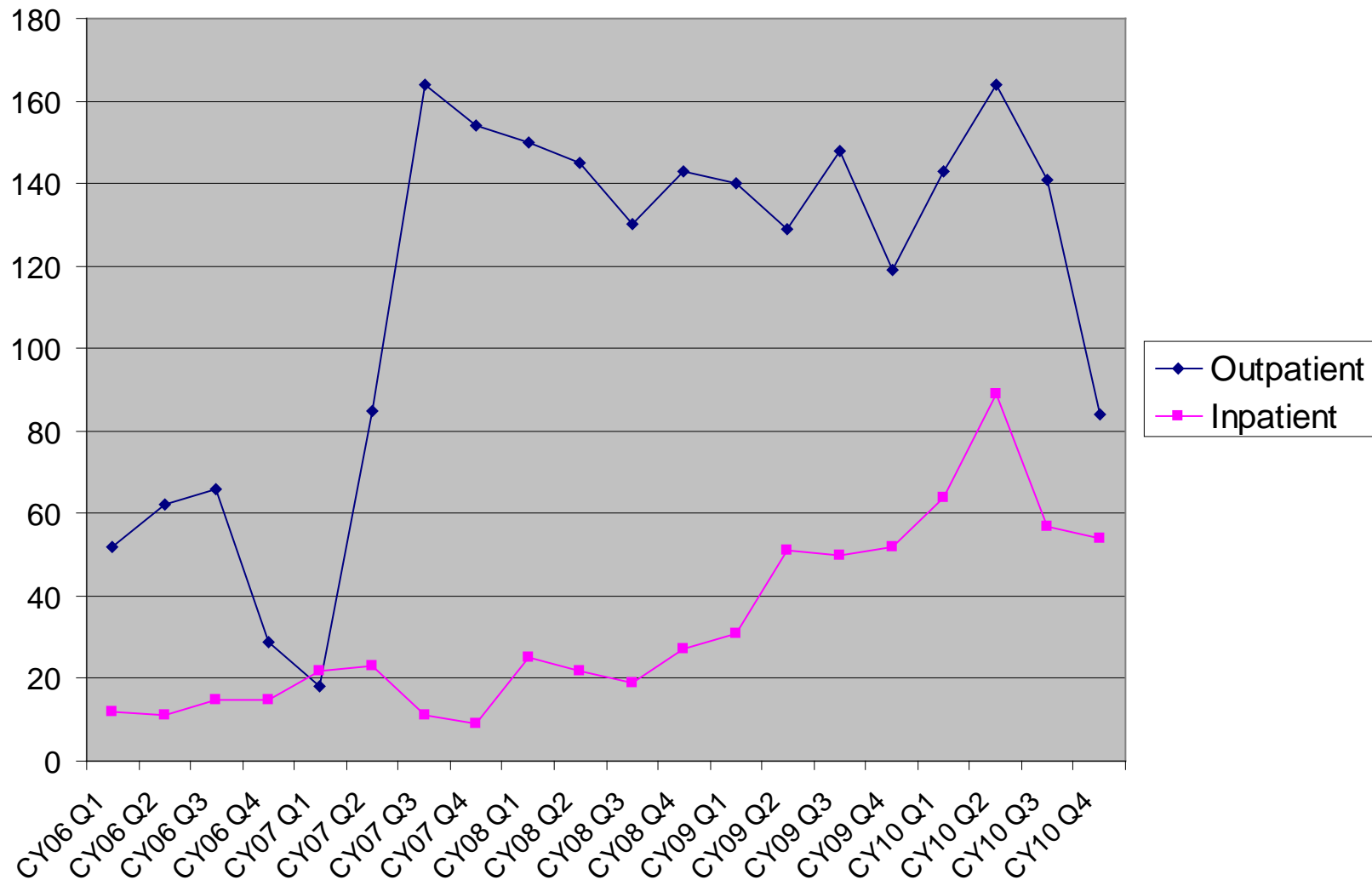
# Primary Spanish-speaking patient satisfaction



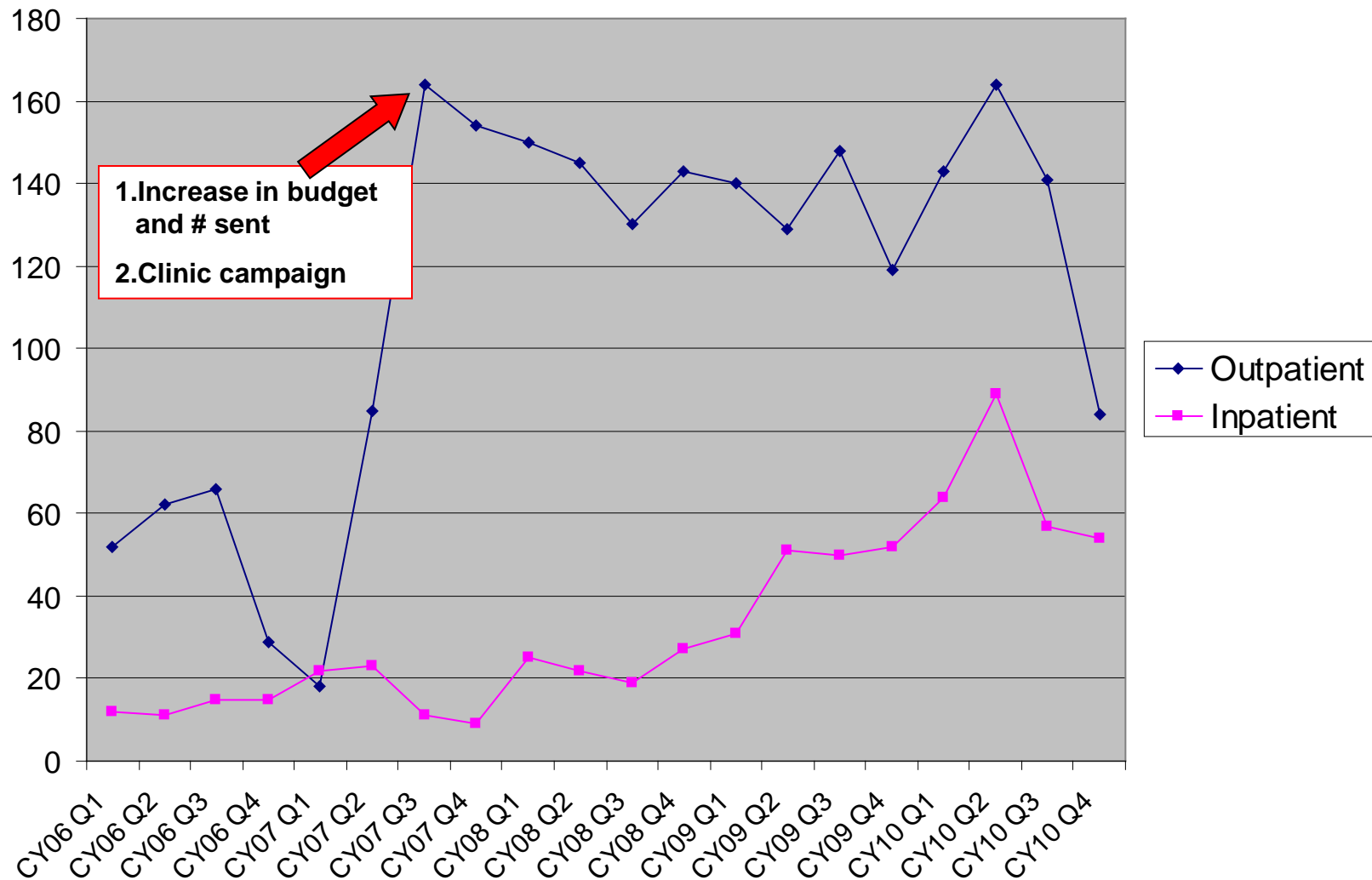
# Primary Spanish-speaking patient satisfaction



## Spanish-speaking patient satisfaction survey returns



# Spanish-speaking patient satisfaction survey returns



# Next steps

- **SOON!** Present initial equity scorecard internally
  - Post external scorecard on DEI Internet site
- **October!** Implement modifications to patient demographics forms and data fields
- **Oct/Nov!** Org-wide employee survey results
- **October!** Hiring full time specialist in health literacy
- ODEI writes Strategic Plan
- Recommendations and action plans to Competence and Care task forces
- Rollout of unit-specific and organization-wide training, system/process changes, and targeted interventions

# What questions do you have?



# What questions do you have?

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