

I Had a Dream of Healthcare (E)quality

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Seattle Children's
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Children's
Hospitals and Clinics
of Minnesota

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The Morning's Agenda:

- Introduction
- Our hospitals' journeys:
 - Children's Hospitals and Clinics of Minnesota
 - Seattle Children's Hospital
- A framework for transforming organizations
- How can you lead the transformation centered on care equity in your organization? (Breakout Sessions)
- What we've learned
- Final questions



Six Aims for Improving Healthcare Quality*

- **Safe**
- **Effective**
- **Timely**
- **Efficient**
- **Patient-Centered**
- **Equitable:** *care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status*

** 2001 IOM Report “Crossing the Quality Chasm”*



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Hospital Journey: Children's Hospitals and Clinics of Minnesota

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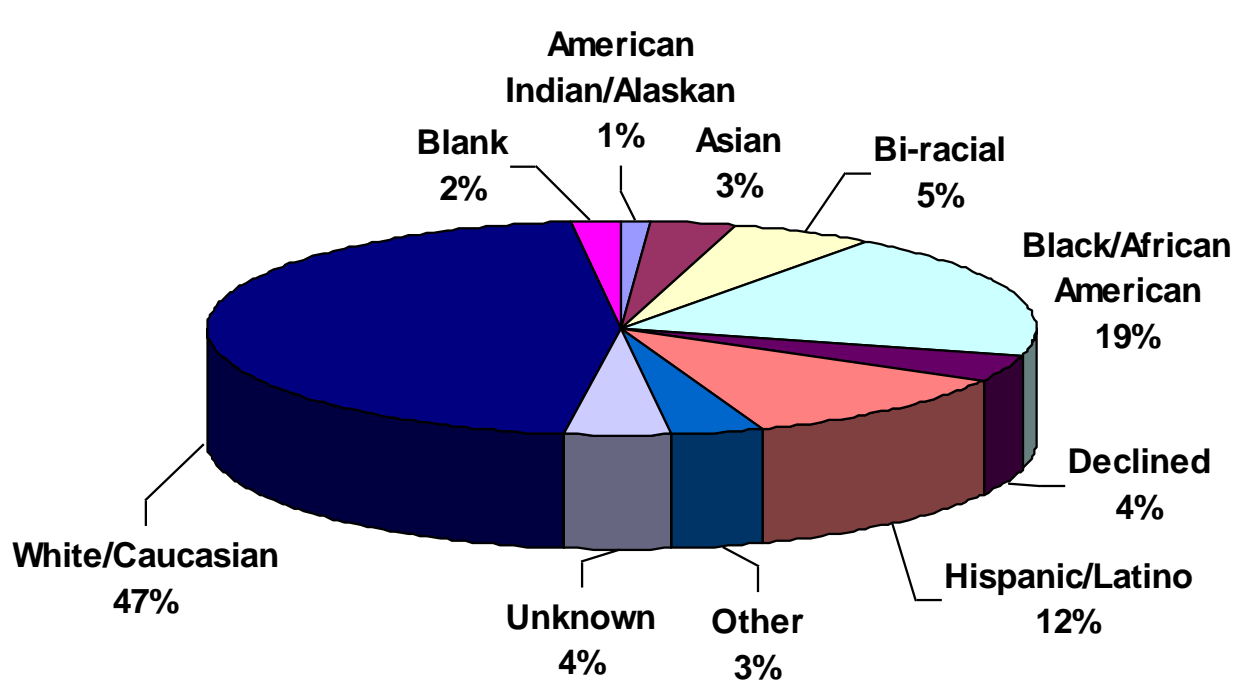


About Us

- **7th largest children's health care organization in the U.S.**
- **332 beds in two hospitals**
- **82,433 ED visits in 2009**
- **116,954 clinic visits in 2009**
- **4,300 employees and 1,600 professional staff**
- **43% of patients are on Medicaid**
- **Provided \$54 million in uncompensated care in 2008**
- **55,488 interpreted encounters in 2009**

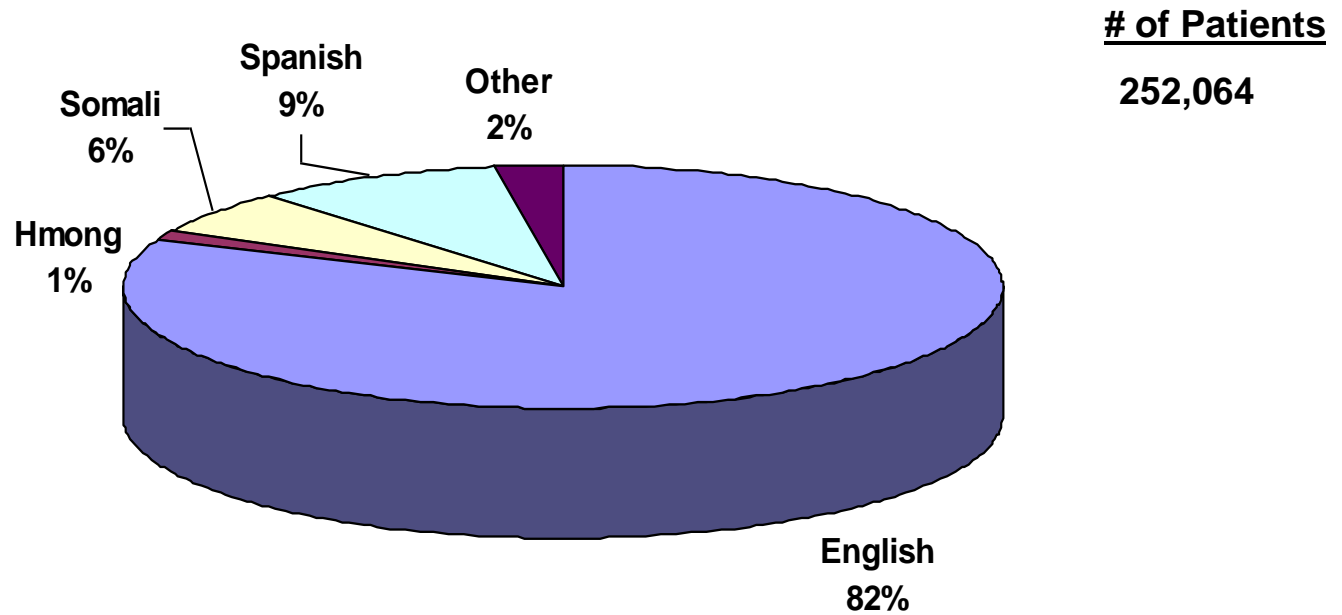


Patients by Race/Ethnicity (2008)

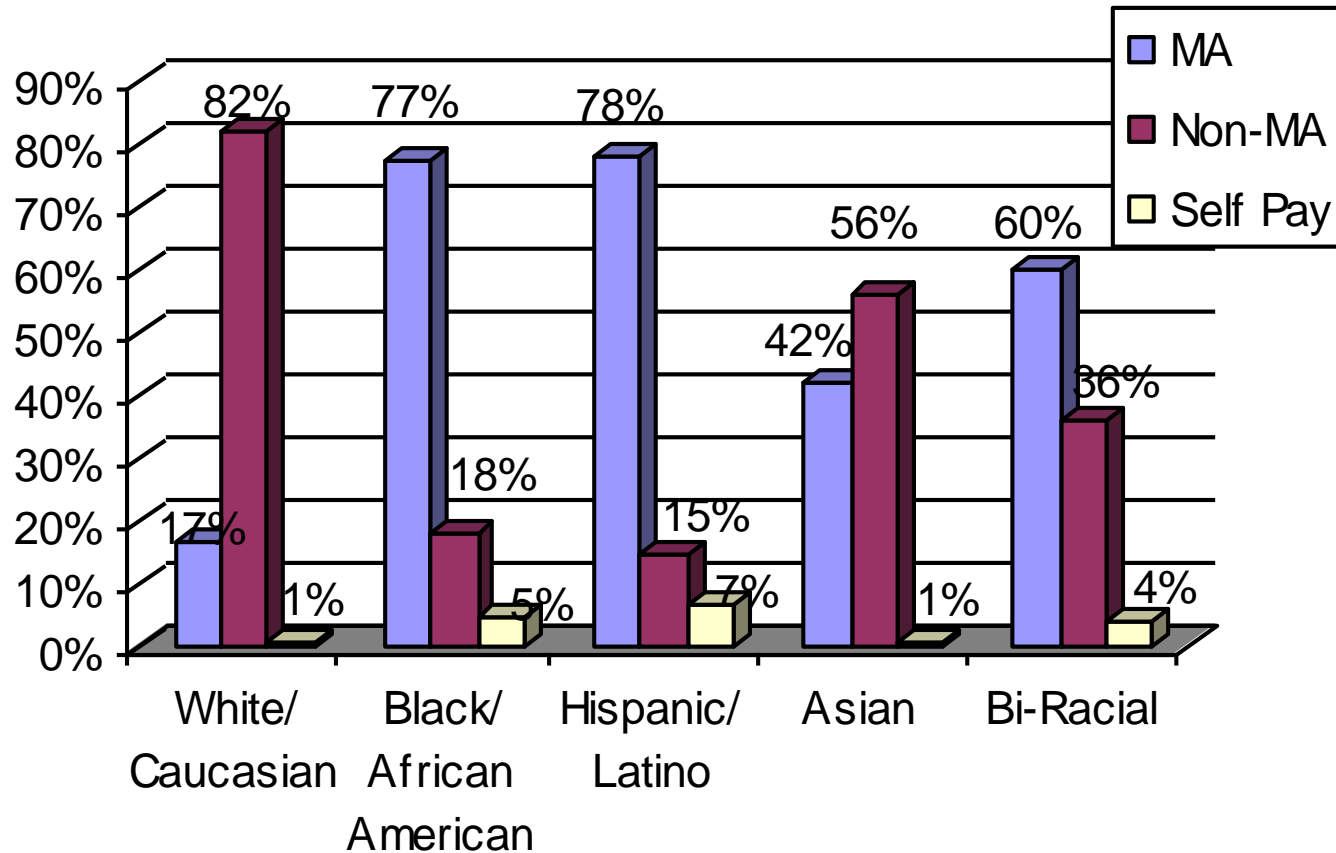


of Patients
252,064

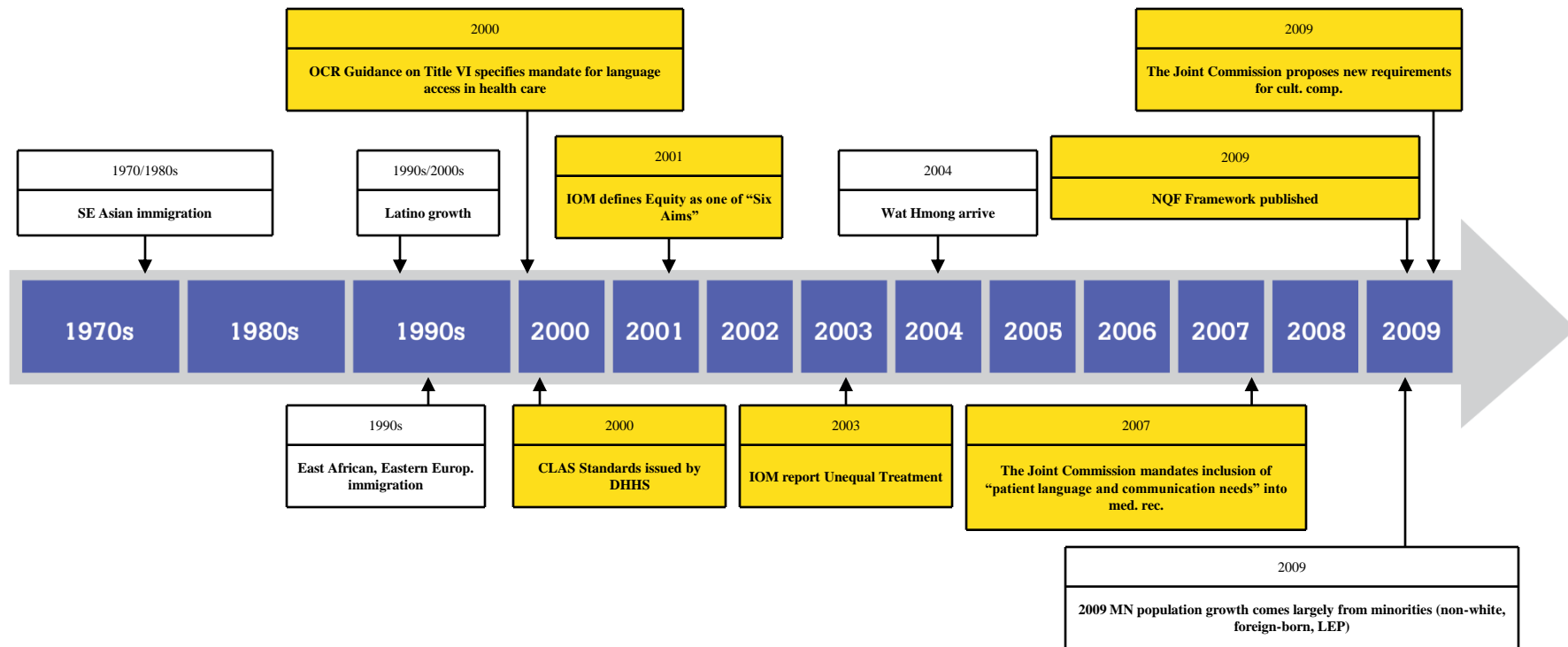
Patients by Language Spoken in the Home (2008)



Patients by insurance Type and Race (2008)

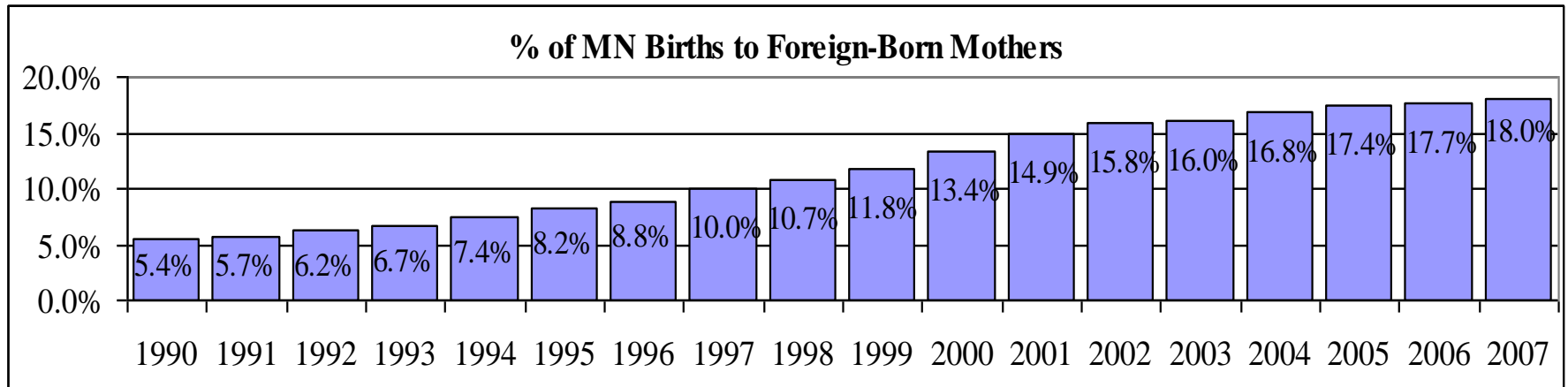


Equity/Cultural Competence: External Context



Foreign-Born Mothers in Minnesota

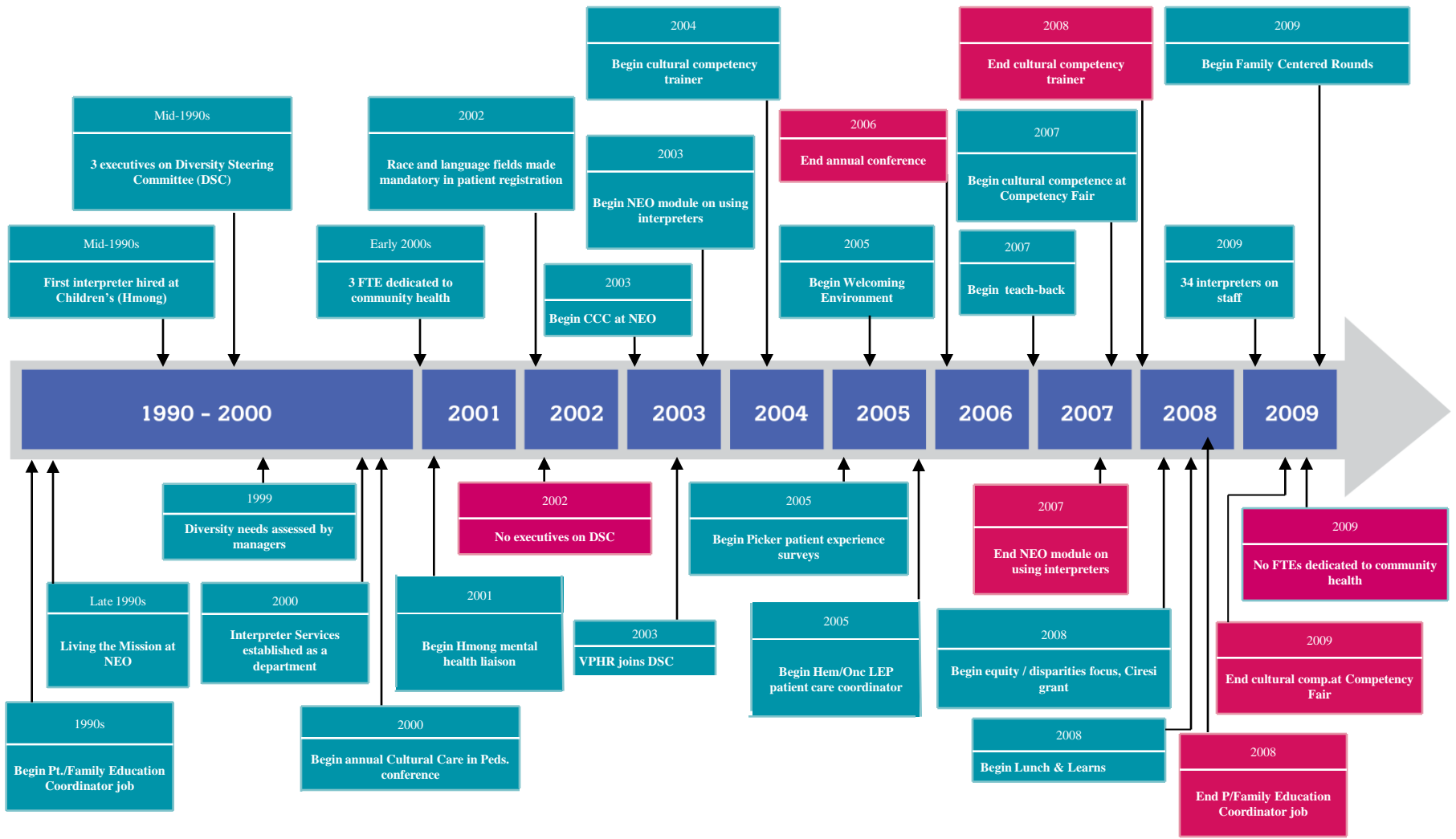
- Women born outside the U.S. account for nearly 18% of all births
 - Mexico (24%) is the leading origin of foreign-born mothers, followed by Somalia (11%), Laos (6%), Thailand (6%), India (5%), Ethiopia/Eritrea (4%), Vietnam (3%), Liberia (3.0%), Korea (3%) and Former USSR (2%)
- The general fertility rate for foreign-born mothers (2007) is 82.3 per thousand, 39% higher than native-born women, 59.0 per thousand*
- In 2007, births to MN mothers born outside the U.S. accounted for slightly more than 50% of all births to African American mothers – a figure much higher than the national average
 - 81% of Asian/Pacific Islanders and 72% of Latinos were born outside the U.S.



* Source: Minnesota State Demographic Center, Population Notes, March 2009



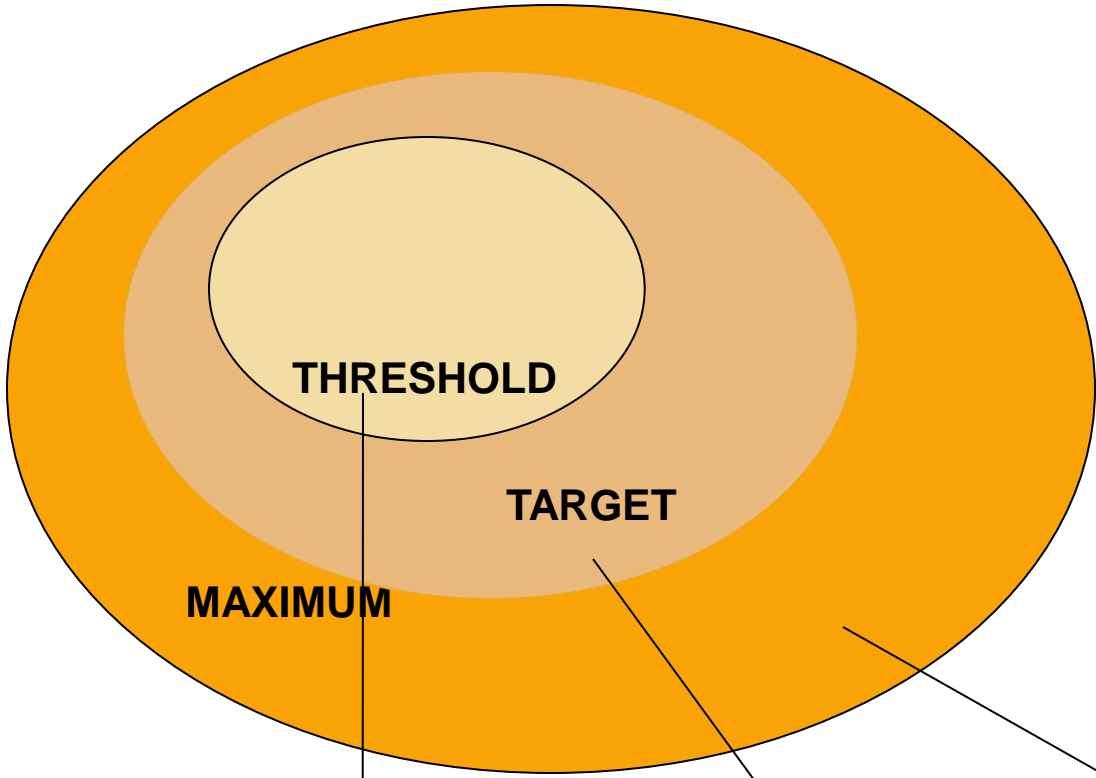
Equity/Cultural Competence: Internal Context



Green = positive developments
Red = setbacks

Provider Incentive Program to Increase Cultural Competence (2006)

Cultural



- 4-hour workshop
- Taking IDI survey
- IDI group debrief

+

- 1 e-learning course

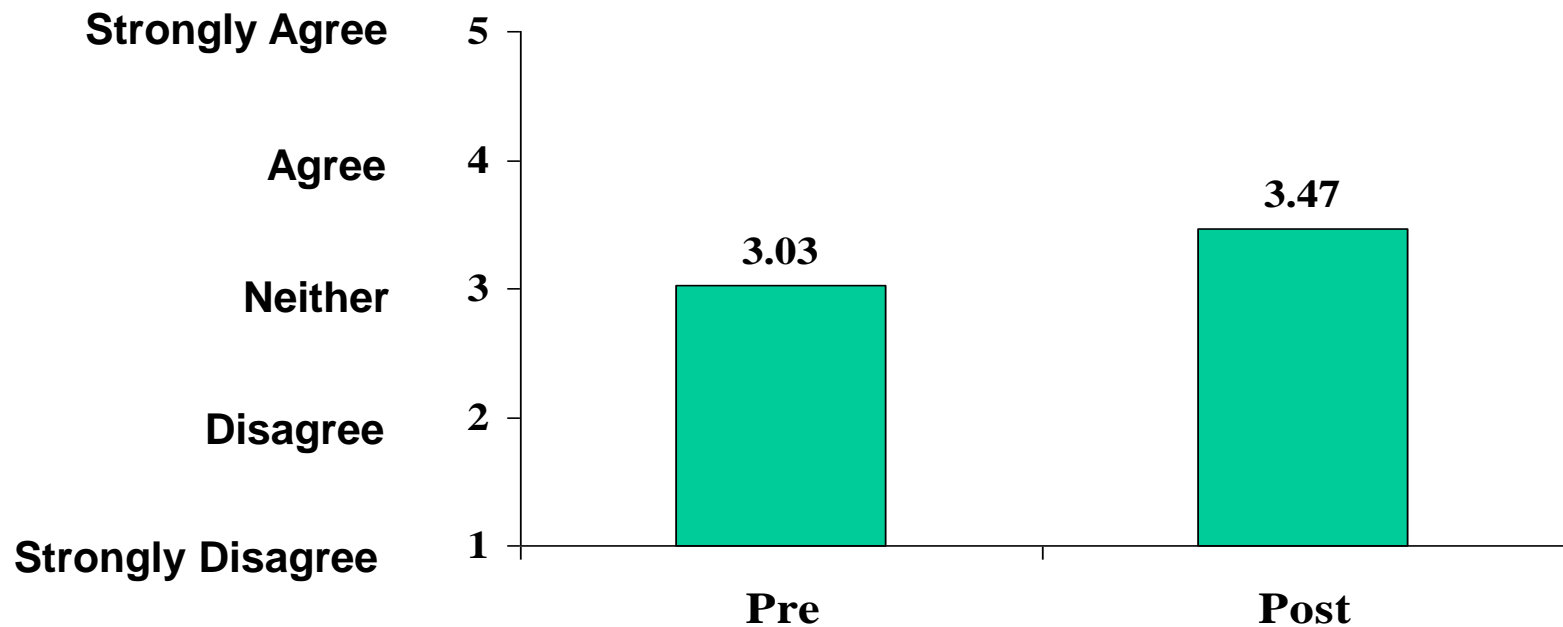
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- Individual IDI review

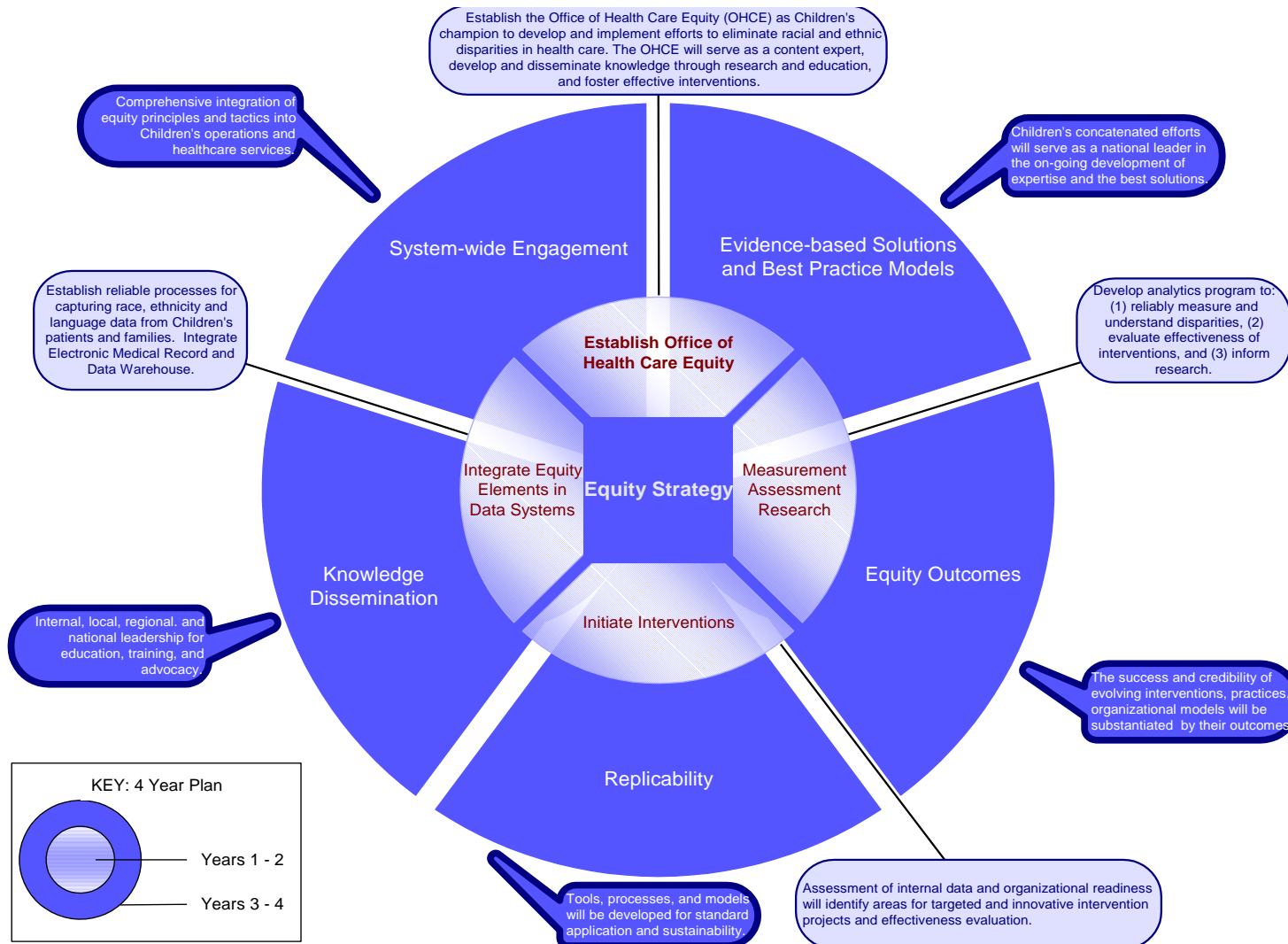


Incentive Program Measure of Success

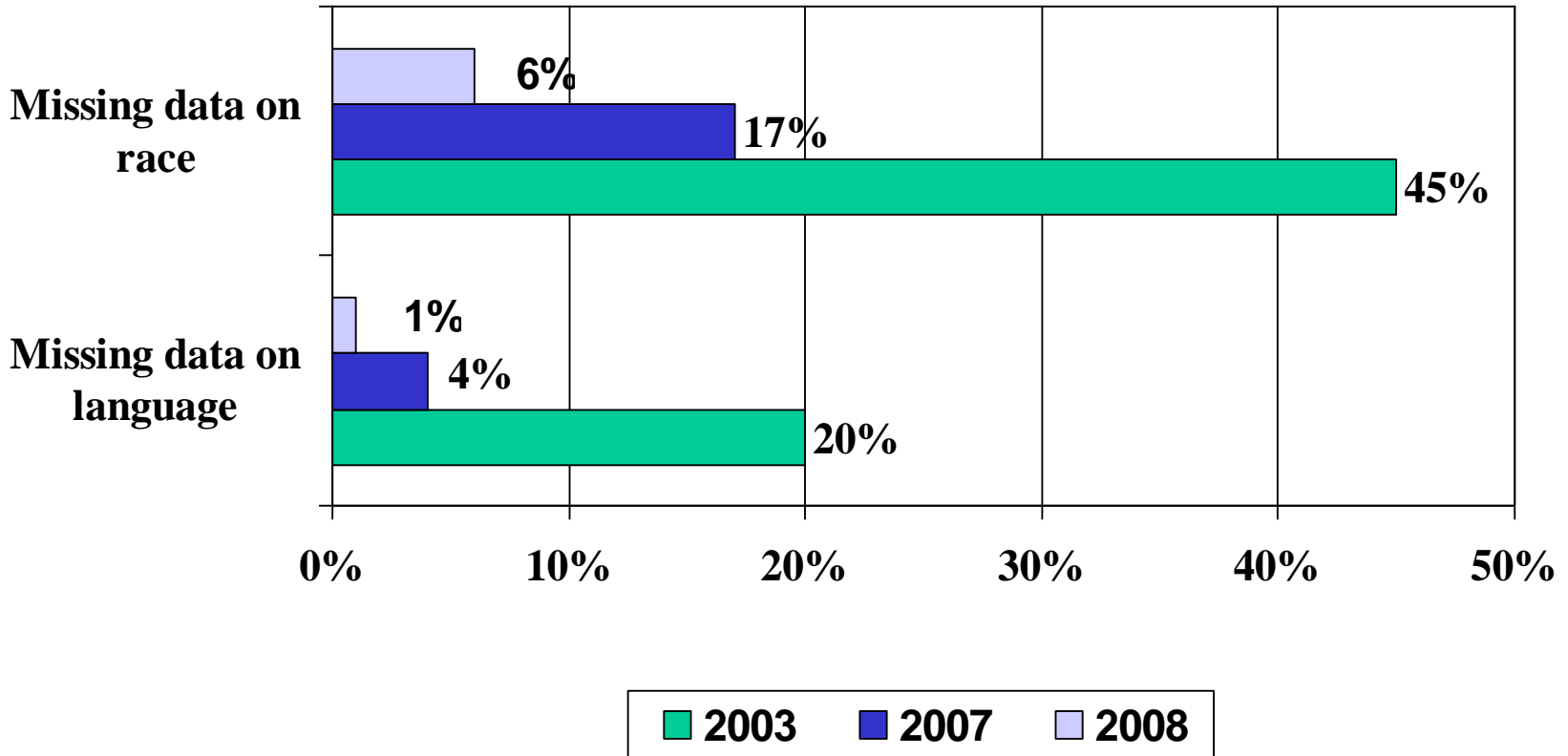
"I am as effective in caring for patients from a different culture as for patients from my own culture"



From Cultural Competence to Equity



Improvements in Collecting Data on Patient Race and Language



Equity Analysis: Patient/Family Experience Data

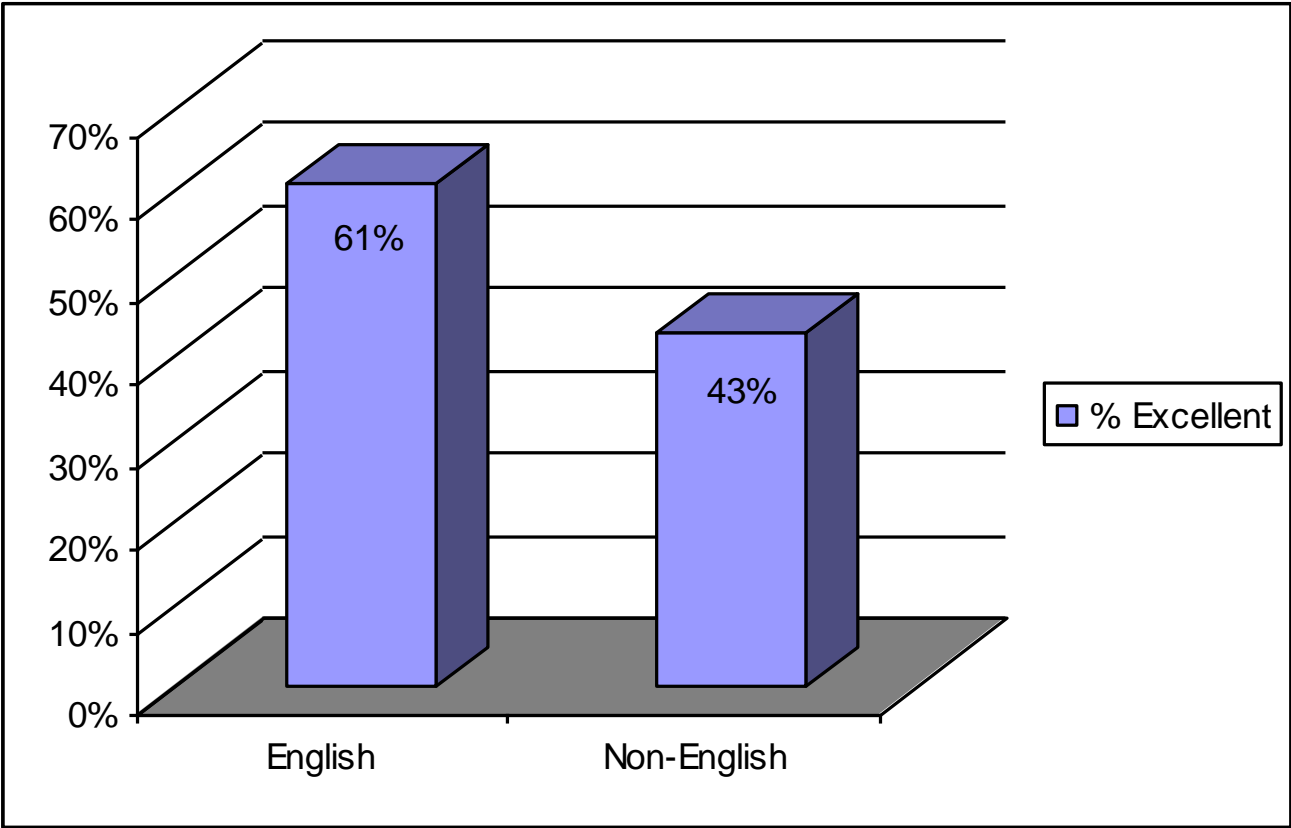
Overall finding is that our patient families who are:

- non-white
- speak a language other than English in home
- on Medical Assistance

report lower experience scores than families who are commercially insured, are white, and speak English in the home.

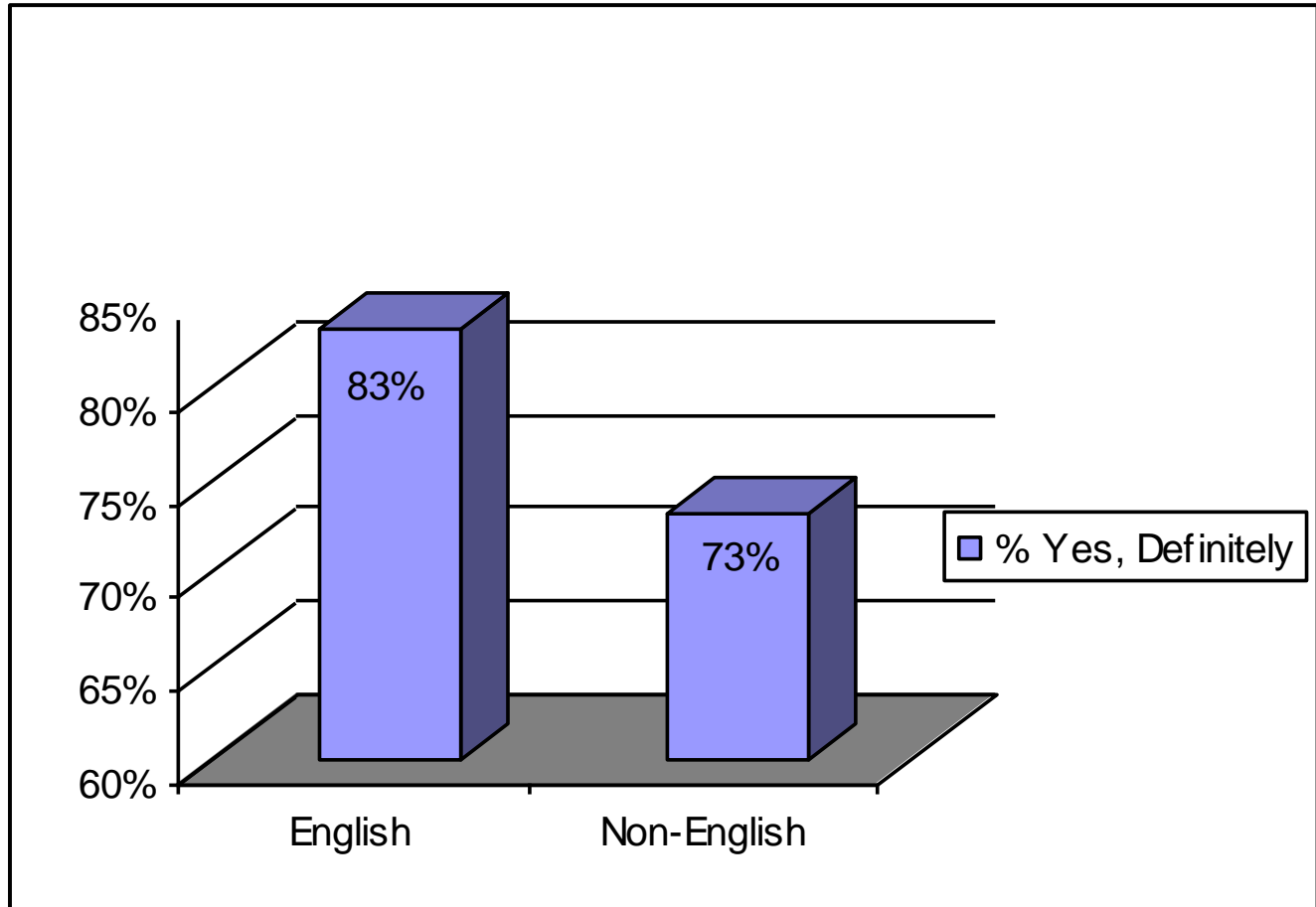
How Would You Rate the Care Your Child Received?

Source: All Picker Surveys 2005-2008



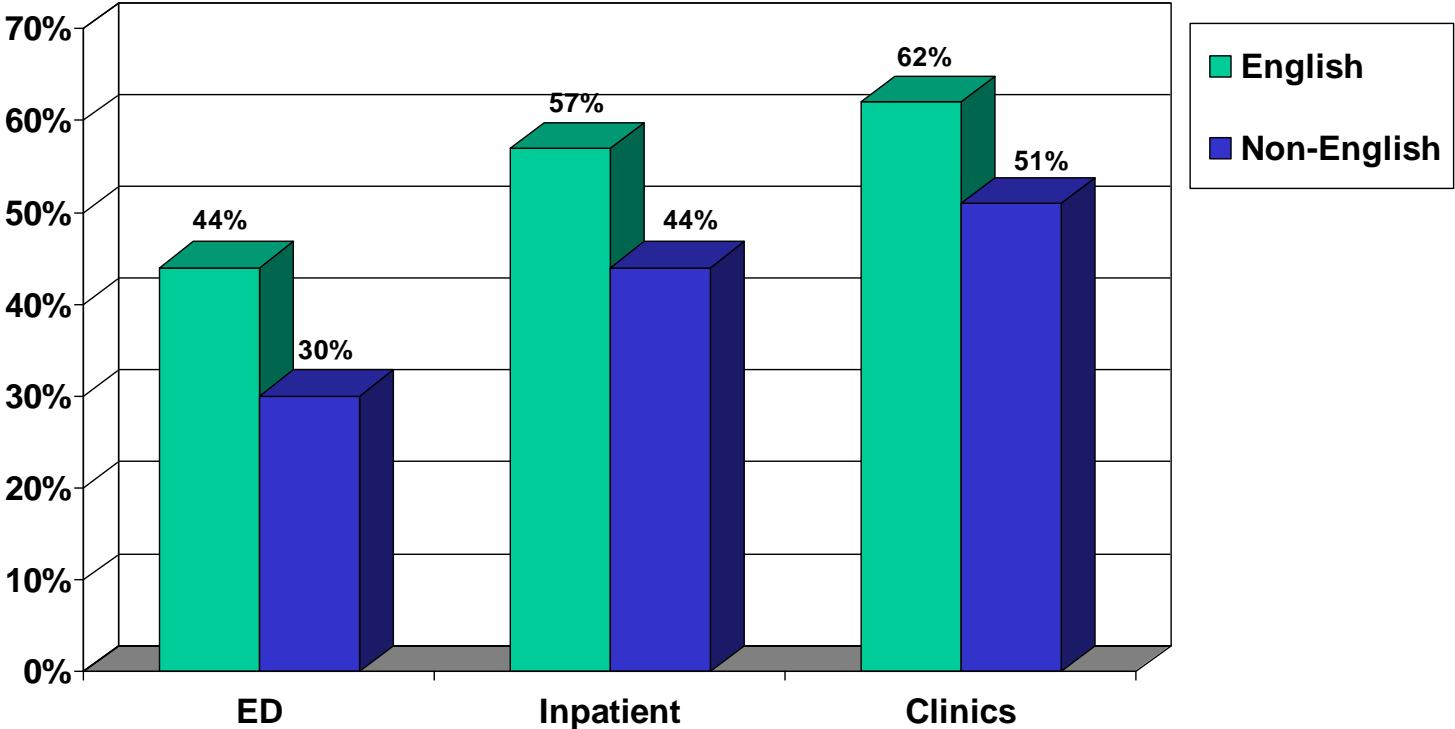
Was Your Child Treated With Care and Compassion?

Source: All Picker Surveys 2005-2008



Courtesy of Doctors

Percentage of parents who gave a score of excellent:

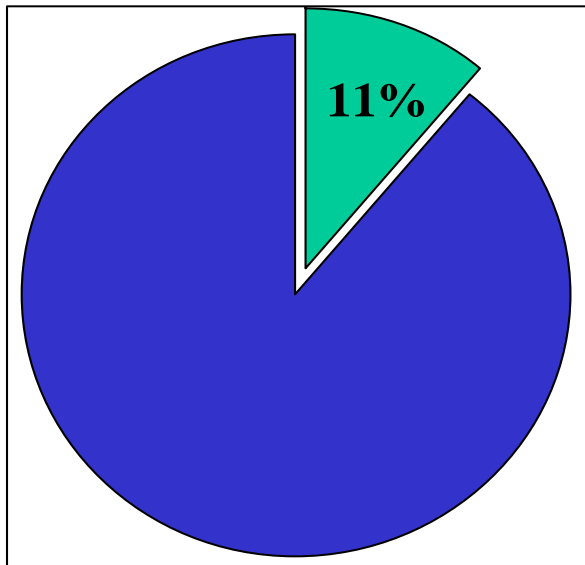


Source: Picker Surveys Q1 '05 – Q3 '07

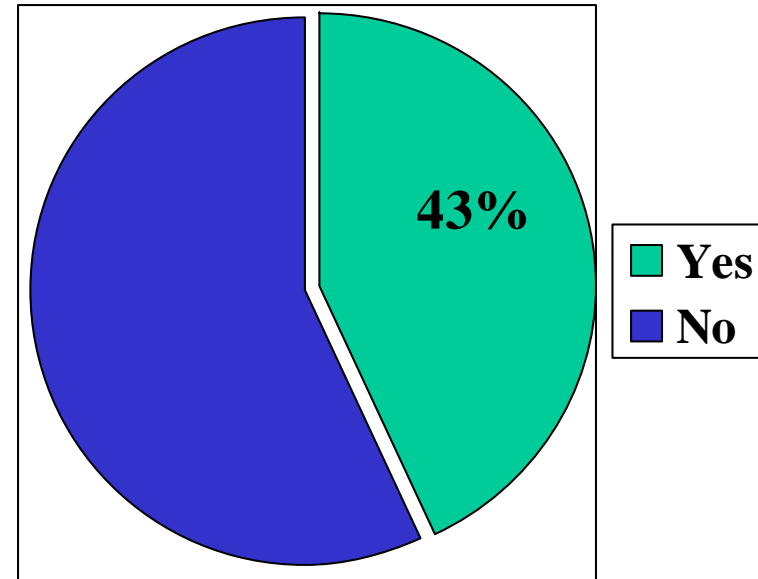


Did ED Nurses Talk in Front of Your Child as if He or She Wasn't There?

Source: Picker Surveys Q1 '05 – Q2 '08



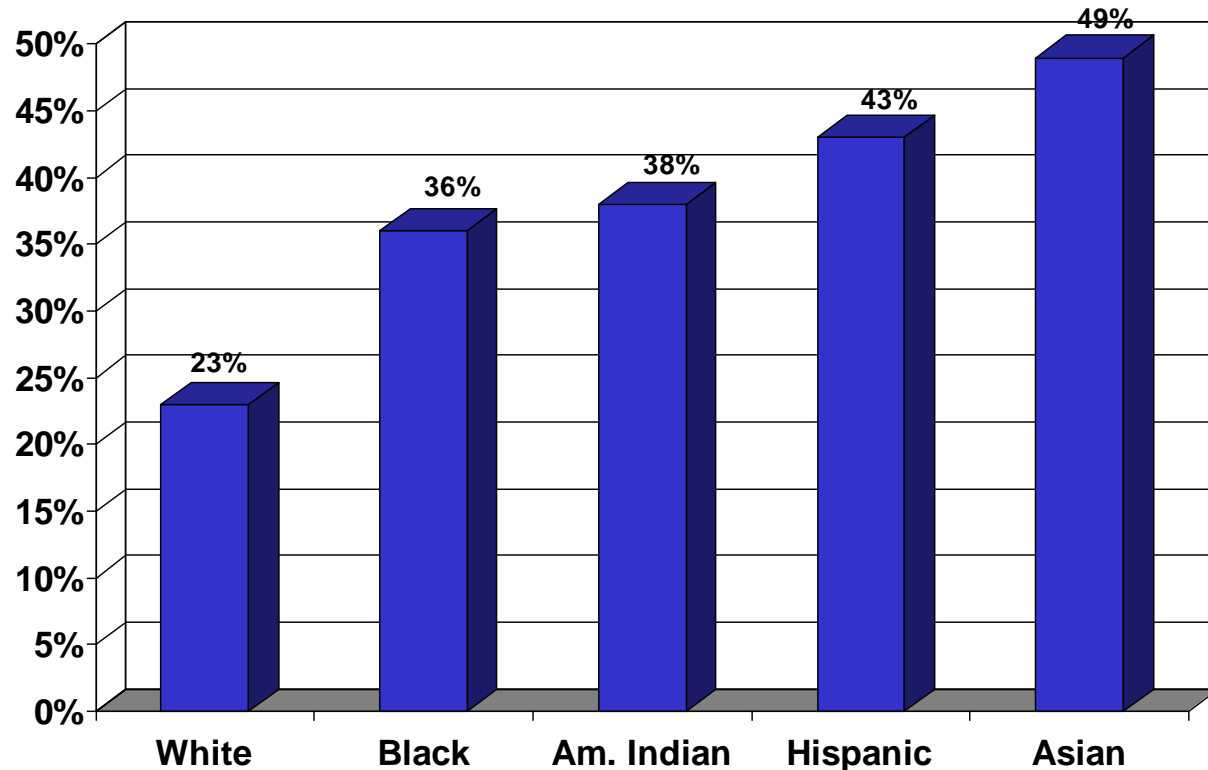
White



Non-White

Pain: Was the Pain Your Child Experienced More Than You Were Told It Would Be?

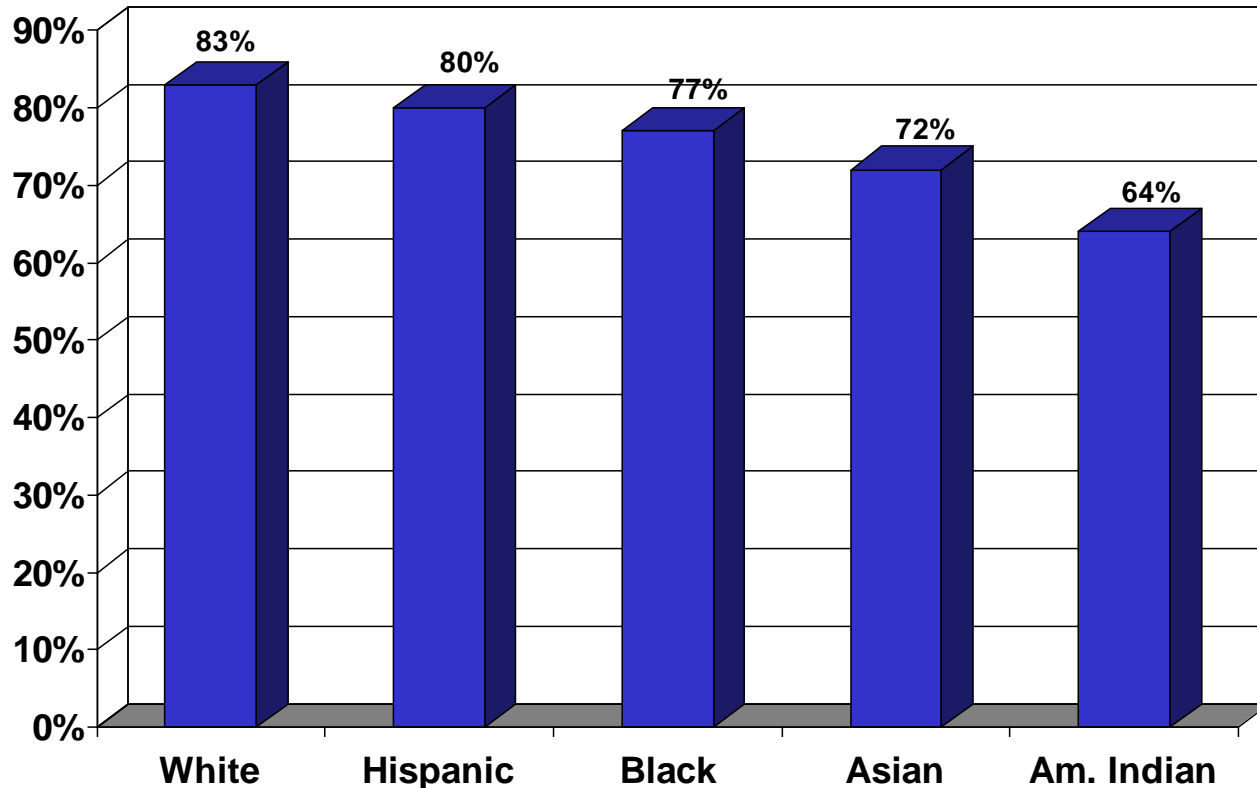
Percentage of parents reporting a problem score, by race:



Source: Picker Surveys Q1 '05 – Q3 '07

Pain: Staff Did All They Could to Control Pain

Percentage of parents reporting a positive score, by race:

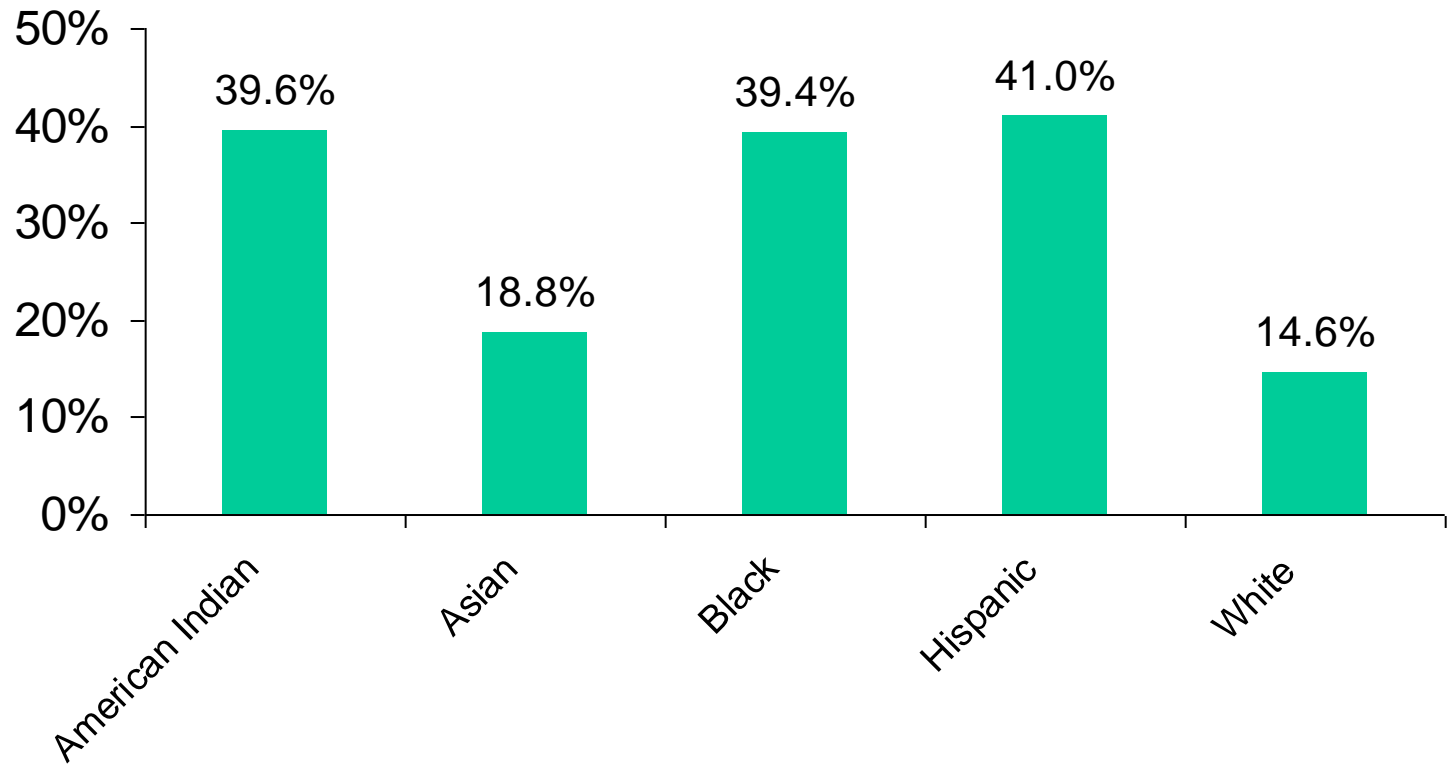


Source: Picker Surveys Q1 '05 – Q3 '07

The Problem of Low Survey Return Rates

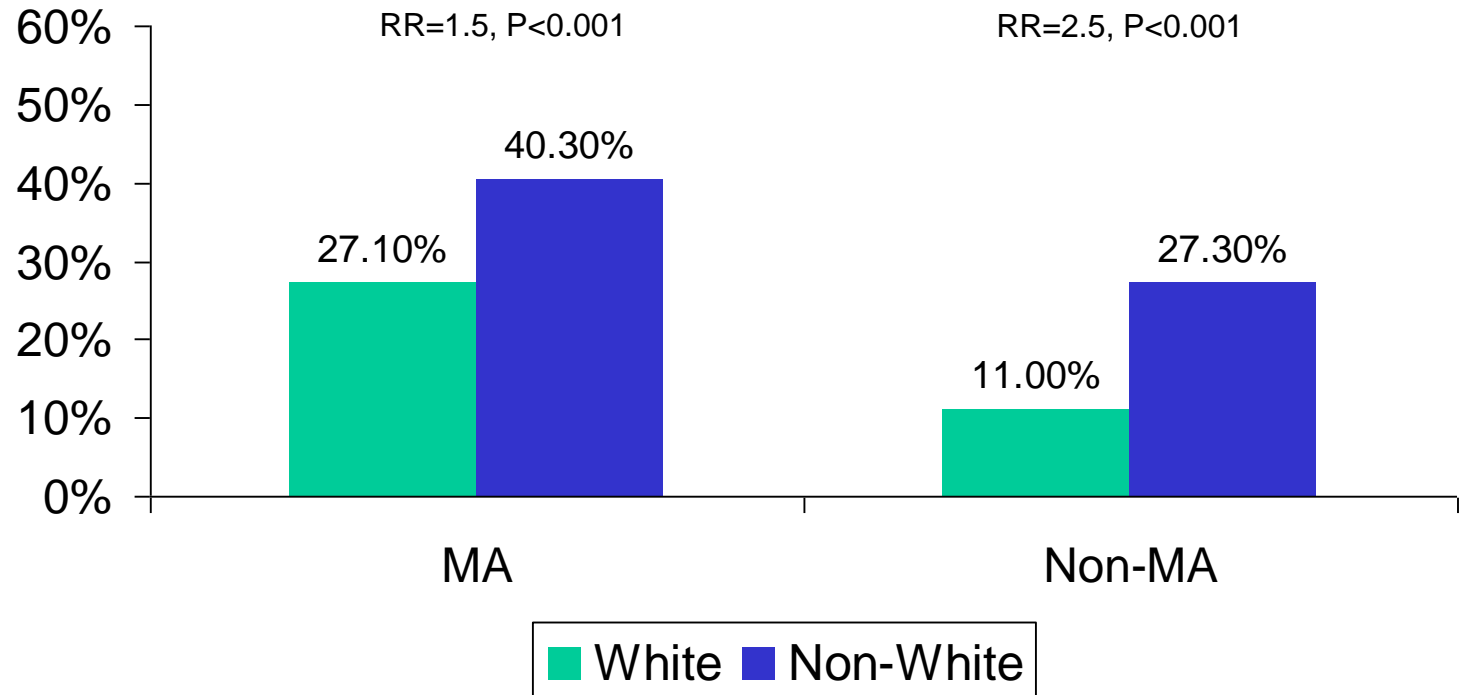
Being non-White, speaking a language other than English in the home, and being insured through Medicaid are all highly correlated with not responding to the Picker survey.

Non-Urgent ED Visits by Race



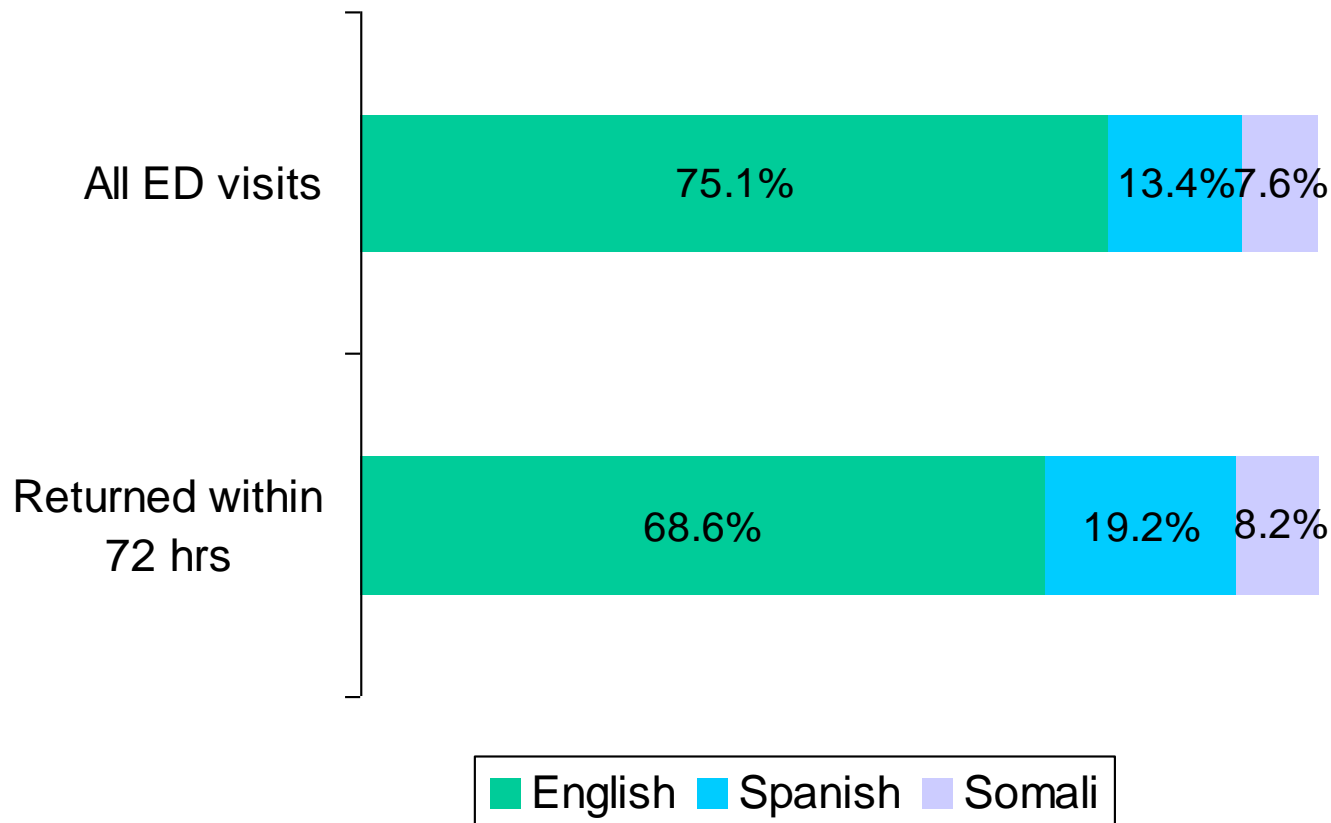
Data period: July 2008 – June 2009

Non-Urgent ED Visits by Insurance and Race



Data period: July 2008 – June 2009

ED Returns Within 72 Hours of Discharge for Same Medical Reason by Language



Data period: July 2008 – June 2009

Where Do We Hope to Be in 5 years?

Disparity-free care?

Hospital of choice for diverse populations?

Job parity achieved?

Cultural competency performance measures?

Teach-back used consistently?

Community-centered care?



ASPIRE

Advocacy

Lead the community in being the voice for all children.

Safety & Quality

Achieve superior care and outcomes.

Philanthropy

Be the foundation of choice for children's health.

Innovation

Advance the health of children through innovation, research, leading technology and exceptional care.

Results

Achieve growth through strategic partnerships and successful expense and revenue management.

Engagement

Attract and engage high-performing people who consistently create extraordinary experiences.