2011

Equity & Diversity 2010 Annual Report

Children's Mercy Hospital

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Dear Friends,

With great enthusiasm, I am so pleased to share with you the first annual Children’s Mercy Hospital Equity and Diversity Report. This report allows us to demonstrate our commitment, recognize our accomplishments, and identify new opportunities as we continue enhancing our cultural competence. Such an effort is essential to creating a truly patient- and family-centered environment.

Children’s Mercy was founded on the commitment to provide the highest quality care to every child, a promise we can fulfill only if we understand how to work well with culturally diverse children, families, and colleagues. To live up to our standards of family-centered care, we must offer a culturally competent staff, accessible systems, and an environment of inclusiveness. Doing so improves all elements of quality: equity, patient-centeredness, safety, timeliness, efficiency, and effectiveness.

As the social and cultural dynamics of our families have shifted dramatically in recent years, so has our understanding of how culture affects health care. An organization’s cultural responsiveness is now recognized as essential to quality care focused on the needs of the patient and family.

From the beginning, when our hospital’s founding sisters helped an abandoned girl in need, the spirit of our work has been about equity, or fairness, in health care. I invite each of you to embrace the rich diversity of our patients, families, and colleagues so the shared values we commit to every year will show in everything we do.

Thank you for your commitment to our patients and their families.

Sincerely,

Randall L. O’Donnell, PhD
President and Chief Executive Officer

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**Shared Values**

- We recognize that all people have equal value.
- We are dedicated to our patients, families and each other.
- We will maintain the highest levels of respect and confidentiality for our patients, families and each other.
- We strive for ever higher quality by recognizing and celebrating excellence.
- We respect and celebrate our diversity.
- We create an open and responsive environment by communicating in ways that help us understand our patients, families and each other.
- We promote trust through honest transactions and appreciating the work and ideas of others.
- We strive to meet the needs expressed to us by our community and region.
- We support and care for one another by sharing the same mission, vision and values.
- We commit to making our hospital a safe place.

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*Injustice in health is the most shocking and most inhumane inequality.*

— Dr. Martin Luther King Jr.
**Children’s Mercy Hospital: A Long, Rich History of Caring for the Underserved**

The origin of Children’s Mercy Hospital can be traced to June 1897, and two sisters, Dr. Alice Berry Graham, a dentist, and Dr. Katharine Berry Richardson, a physician.

A saloon keeper from the Kansas City Stockyards district had heard of the sisters’ reputation for helping sick children in need and he told Dr. Graham of a woman he had seen in the streets trying to give away her crippled 5-year-old daughter.

Drs. Graham and Richardson found the girl abandoned, undernourished and poorly clothed. They arranged a bed for her at a small hospital on 15th and Cleveland in downtown Kansas City on June 24, 1897. The doctors established the Free Bed Fund Association and through painstaking care, they restored life to the orphaned child’s crippled legs. With surgery and therapy, she walked again.

Their act of compassion and medical expertise was the beginning of what would become The Children’s Mercy Hospital.

**A Timeline...**

**1897:** Free Bed Fund Association of Sick, Crippled, Deformed and Ruptured Children opened its doors with one bed on June 24. In 1901 the Free Bed Fund approves the Mercy name.

**1904:** Dr. Robert Schauffler was the first male physician allowed to practice at the hospital. Officially called Mercy Hospital, it opens with five beds at 414 Highland Avenue. Only offered maternity and pediatric services. Grew to 27 beds by 1906.

**1916:** Children’s Mercy Hospital opens at Independence and Woodland on Nov. 27. Fifty-nine patients moved from Highland location. $375,000 raised between 1915-1916 to construct building. Serves as home for Children’s Mercy until 1970.

**1920:** Dr. Katherine Richardson Berry founded a Mercy ward at Wheatley-Provident Hospital, at 1826 Troost. Wheatley-Provident was a hospital for blacks, run by blacks, with a black medical school.

**1920’s:** Patient materials available in four languages.

**1922:** Children’s Mercy celebrates its 25th anniversary.

**1923-1925:** Four black physicians completed their pediatric training at Wheatley-Provident: Drs. J.E. Perry, W.H. Maddux, W.W. Caldwell and H.B. Lyons.

**1956:** Dr. Wayne Hart begins work as hospital’s first medical director, the only full-time physician practicing at Children’s Mercy. His first assignment was to establish a residency program with the University of Kansas.

**1968:** Groundbreaking for the hospital at its current location, 2401 Gillham Road, on Hospital Hill.

**1970:** Hospital staff moves 39 children to the hospital’s Gillham location on Dec. 17.

**1994:** The Advocacy for Children and Teens (ACT) Council is formed to bring together staff advocating for the health and safety of children, both internally and in the community.

**1996:** Children’s Mercy holds its first Diversity Grand Rounds, sponsored by the ACT Council. Since then, over 30 Diversity Grand Rounds have been held focusing on topics such as race, ethnicity, health literacy, sexual orientation, language, disability, geographic diversity, and socioeconomic status.

**2004:** The ACT Council sponsors a series of Diversity Dinners with 50 employees representing a cross-section of ages, ethnicities, job positions, and tenure. This fruitful dialogue produced many recommendations, including establishment of an office of diversity.

**2008:** Retreat of stakeholders to address the institutional approach to health equity and diversity.

**2009:** Establishment of the Equity and Diversity Council (EDC), a 15-member representative body, and the Office of Equity and Diversity, both focused on the planning and implementation of efforts to identify and reduce inequities in patient care and in the workplace.
Section I: Introduction to Equity and Diversity
Health Equity and Disparities

**Equity** means fairness according to need. When we strive for equity in health and health care, we recognize that each patient and family has particular needs and preferences that should guide our care. Instead of simply working to give equal treatment to everyone, a “one size fits all” approach, we work to give care of equal quality to everyone, fitting our care to the individual. This is the basis of patient- and family-centered care, and it is influenced heavily by the elements of diversity that define who we are.

**Disparities in health and health care** are differences in health status or in quality of care based on race, gender, language, sexual orientation, age, income, education, or any other characteristic of an individual or group. These disparities exist throughout the nation in both surprising and unsurprising ways. It has become clear that they arise from the way our systems are built, the way communities relate, and the nature of human bias.

The health care professions are founded on a commitment to put our patients’ interests ahead of our own. It is unsettling, then, to watch the list of identified disparities grow at a local and national level, and we are challenged by the realization that good intentions are not always enough. We must monitor for disparities in the care we give, strive to eliminate differences in health between groups, and make equity a central goal of our work, so that every family served by Children’s Mercy Hospitals and Clinics receives the highest quality care every time.

“Our goal is to integrate equity into all efforts to improve processes and outcomes at our hospital.”

— J.C. Cowden, MD, MPH
Medical Director, Office of Equity & Diversity
One of Children’s Mercy Hospital’s Shared Values is to respect and celebrate our diversity. Not only are our patients and families becoming more diverse, but so are our colleagues, research partners, and vendors.

This diagram represents the many layers of diversity, both at a personal and organizational level. The complex interplay between individual, department, and larger organizational culture has a profound effect on the quality of services we provide.

To be a welcoming and inclusive environment for all patients and their families, we must be mindful of the many elements of diversity. To live up to our reputation as one of the top employers in the city, we must continue to strengthen our capacity to interact and communicate as a working family of diverse employees.

Diversity is the mix, and inclusion is what makes the mix work.

— Karen Cox, RN, PhD
Co-Chief Operating Officer
Cultural Competence

Cultural competence is a relatively new, but very common phrase in health care these days. It can be intimidating to imagine that we are supposed to know everything about every culture we might encounter in our work. That is not what cultural competence means, though. Okokon O. Udo wrote:

_To be culturally competent doesn’t mean you are an authority on the values and beliefs of every culture. What it means is that you hold a deep respect for cultural differences and are eager to learn, and are willing to accept, that there are many ways of viewing the world._

Cultural competence is also about action, not just thought or perspective. We show our cultural competence in how we treat each other and the patients and families we serve. The basic elements of individual cultural competence include:

1. **Awareness** – do I know my own cultures and how they affect what I do?
2. **Attitude** – how do I feel about cultural differences?
3. **Knowledge** – what do I know about other cultures?
4. **Skills** – do I know how to act in a way that respects cultural differences?

Health care organizations can show cultural competence through their leadership, policies, structures, care delivery systems, language access, workforce diversity, personnel training, employee support, and organizational culture. At Children’s Mercy Hospital, we currently are embarking on a broad organizational cultural competence assessment in order to find strengths, challenges, and opportunities for improvement.

Finally, whether for an individual or an organization, cultural competence is not a state of being; it is a state of becoming. We can move energetically toward the goal of being culturally competent in everything we do, while humbly recognizing that there is always more to practice and learn.
Section II:

A Look at Who We Are and
the Communities We Serve
Community Demographics: A Snapshot

As our community dynamics change and become more diverse, Children’s Mercy Hospital remains committed to fulfilling our promise: patients and their families will be treated with compassion in a family-centered environment that recognizes their physical, emotional, financial, social and spiritual needs.

The Kansas City metropolitan area has experienced a dramatic shift in community demographics over the last several years, leading to a notable diversification of the Children’s Mercy Hospital patient population. In order to fulfill our promise of top-quality care to all of our patients and families, we must have a better understanding of who they are: racial and ethnic background, language needs, religious preferences, disability status, etc. By having a better understanding of our patient population we can provide culturally-appropriate health care that better meets their unique needs.

The table below depicts the diversity of our local community in comparison to state and national averages.

### Race and Ethnicity of Our Local Community Compared to National

<table>
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<tr>
<th>Race/Ethnicity</th>
<th>Nat’l</th>
<th>MO</th>
<th>KS</th>
<th>KCMO</th>
<th>KCK</th>
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<tbody>
<tr>
<td>White</td>
<td>75%</td>
<td>85%</td>
<td>85%</td>
<td>62%</td>
<td>56%</td>
</tr>
<tr>
<td>Black/ African American</td>
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<td>11%</td>
<td>6%</td>
<td>30%</td>
<td>31%</td>
</tr>
<tr>
<td>Asian</td>
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<td>0.4%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>15%</td>
<td>3%</td>
<td>8%</td>
<td>8%</td>
<td>23%</td>
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<tr>
<td>Other</td>
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<td>1%</td>
<td>4%</td>
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<td>9%</td>
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<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Source: American Community Survey 2005
### Patient Demographics

#### Inpatient FY 2010

- **Race**
  - 66.2% CAUCASIAN/WHITE
  - 17.2% BLACK
  - 8.7% HISPANIC/LATINO
  - 0.3% NATIVE AMERICAN
  - 6.2% OTHER
  - 1.4% ASIAN

- **Gender**
  - 55.1% MALE
  - 44.9% FEMALE

#### Outpatient FY 2010

- **Race**
  - 68.2% CAUCASIAN/WHITE
  - 13.5% HISPANIC/LATINO
  - 0.1% NATIVE AMERICAN
  - 9.4% OTHER
  - 1.4% ASIAN

- **Gender**
  - 52.1% MALE
  - 47.9% FEMALE

#### Emergency Department/ Urgent Care Centers FY 2010

- **Race**
  - 46.7% CAUCASIAN/WHITE
  - 14.4% HISPANIC/LATINO
  - 0.2% NATIVE AMERICAN
  - 6.8% OTHER
  - 25.6% BLACK
  - 1.4% ASIAN

- **Gender**
  - 52.3% MALE
  - 47.7% FEMALE
Workforce Diversity

As we care for an increasingly diverse patient population, we must strive to continuously develop a diverse health care workforce. Research tells us that patient satisfaction and long-term health outcomes are better if patients receive care from someone who is similar to themselves. While it is critical for Children’s Mercy Hospital to continuously diversify its workforce, it is important to note that there are shortages of under-represented minorities in many of the health care fields. Children’s Mercy Hospital has developed important partnerships with area high schools and higher education institutions to promote minorities in the health fields.

Children’s Mercy Hospital pledges its full support to equal employment opportunities for all individuals regardless of race, color, religion, gender, national origin, marital status, sexual orientation, gender identity, age, disability, veteran status, or any other protected group as defined by the law. We strive to make certain that all hiring, promotion and other personnel decisions comply with federal and local equal opportunity laws and regulations.

The following graphs depict the diversity of Children’s Mercy Hospital’s workforce by gender, race, and ethnicity. Also included is a graph of leadership and management levels.
Section III: Equity & Diversity at Children’s Mercy Hospitals and Clinics
REaL Data Project: Enhancements to the Collection of Patient Demographics

For the last several years, hospitals have seen a tremendous change in their patient profiles. Hospital patients are increasingly diverse, and in order to take the best care of them, we need to better understand who they are.

Hospitals have come to realize that they collect demographic data (patient information) in very different ways. Across the country, patients’ race and ethnicity often are assigned by hospital staff without asking the patients, usually based on how the patients look and act. In response to this national trend, several key organizations have come together to identify best practice guidelines on the collection of patient demographic information.

In December 2009, Children’s Mercy Hospital began an initiative called the Race, Ethnicity and Language (REaL) Data project. The project goals are to: 1) revise the race, ethnicity, and language (REaL) categories in the Cerner electronic medical record to better match some best practices and research standards and 2) to give hospital staff new tools for collecting accurate demographic data. These changes are planned for Spring 2011, with admissions personnel asking all parents or caregivers for race, ethnicity, and language information. All three categories have been enhanced to accurately reflect the breadth of diversity of families we serve. The ultimate goal is to better understand who our patients are and how we can meet their needs.
The Equity and Diversity Council

The Equity and Diversity Council (EDC) was established in 2009 to guide organizational strategy and address issues related to equity and diversity at Children’s Mercy Hospital. It was created in response to a national movement – that of eliminating health inequities by providing the highest quality care to all patients.

The purpose of the Council is to:
- encourage equitable and respectful hospital and clinic environments for families and hospital employees
- promote a diverse hospital workforce
- support and increase cultural awareness and responsiveness in the hospital workforce
- enhance culturally and linguistically appropriate services for families
- assess and promote equity in health and health care outcomes for diverse patient populations
- collaborate with community groups seeking education and awareness of issues related to culture, diversity, and equity

The Equity and Diversity Council has four work groups comprised of inter-disciplinary staff and community volunteers. Their focus areas are:
- Health Care and Health Outcomes – ensuring equitable care for all patients by systematic review of metrics and data systems
- Workforce Diversity – diversification of Children’s Mercy workforce and workforce education on cultural competency
- Family Experience – family-centered care and seeking to understand how our diverse patients and families interact with our health care system

Equity and Diversity Council Members

Mai Tseng, RN, MBA, Nursing Supervisor - CHAIR
Korri Anderson, Care Assistant II – Teen Clinic
John (J.C.) Cowden, MD, MPH, Medical Director, Office of Equity and Diversity (ex officio, non-voting)
Karen Cox, RN, PhD, FAAN, Executive Vice President/Co-Chief Operating Officer (ex officio, non-voting)
Becky Baile Crouse, MDiv, BCC, Senior Staff Chaplain
Gaby Flores, Project Manager, Office of Equity and Diversity (Staff Support, non-voting)
Elizabeth Guerrero, Social Work and Community Services
DeShai Hampton, Admissions Trainer
Emilia Hernandez, Interpreter Supervisor
Sobia Khan, MD, General Pediatrics
Thomas McGrath, Children’s Mercy Volunteer
Cordell Meeks, President and Chief Executive Office, Meeks Multi-Cultural Consultant
Christine Moser, PsyD, Clinical Psychologist
Barbara Mueth, Vice President, Community Relations
Linda Taloney, Patient Advocate Manager
Curtis Weber, RN, CPN, Nursing Workforce Coordinator
Pamela Williams, Director of Organizational Development
Gerald Woods, MD, Chief of Hematology/Oncology
Diversity Day 2010

The Family Experience work group of the Equity and Diversity Council organized Children’s Mercy’s first annual Diversity Day on September 9, 2010. It was a recognition and celebration of our employees’ diverse backgrounds and heritage. The event hosted 12 tables, each staffed by an employee who volunteered to represent their country or ethnic background. Tables represented were: Malawi, Lebanon, Greece, England, Mexico, China, Bolivia, Hawaii, Peru, Native American, and Croatia. Diversity Day was held in the Community Room, with a food and music sampling from around the world. Over 300 people attended the event.

The Office of Equity and Diversity (OED)

The Office of Equity and Diversity (OED) was established alongside the EDC to focus on implementing strategy, supporting hospital leadership and staff in their efforts to provide equitable care, and attending to regulatory and accreditation standards. The staff includes a medical director and a project manager.

The OED has established a framework based on the National Quality Forum’s research on effective communication, cultural competence and family-centered care. The framework’s priority focus areas are:

- Leadership
- Integration into Management Systems and Operations
- Patient – Provider Communication
- Care Delivery and Supporting Mechanisms
- Workforce Diversity
- Training and Education
- Community Engagement
- Data Collection, Public Accountability, and Quality Improvement
- Research

Education and training of the workforce is embedded in each of the nine priority focus areas.

For additional information on the OED, please refer to our intranet site, The Scope or e-mail us at: oed@cmh.edu.

Equity and Diversity Forum: April 8, 2010

The EDC hosted its first Equity & Diversity Forum. The goal was to provide an overview of the development of the Council and the Office of Equity and Diversity, and to begin an employee dialogue on critical issues related to diversity, equity and inclusion. The second in a series of forums took place March 2011.
Focus on Our Families and Communities

Patient and Family Experience

Children’s Mercy Hospital strives for patients and families to have an extraordinary experience. In order to gauge whether we are delivering on that promise, we must continuously evaluate their feedback.

We utilize an outside vendor, NRC Picker, to survey our patients’ satisfaction with the quality of services and care they received at Children’s Mercy Hospital. A random sampling of patients receives the survey in English or Spanish, depending on their language needs. The following areas are surveyed: ED/UC, Home Care, Outpatient Surgery, Outpatient – general, and Inpatient units. The surveys are returned to the vendor, so the feedback is de-identified. Each month the survey data are evaluated by each clinical area to identify areas of opportunity for improvement.

By request from the Equity and Diversity Council, an additional question was added to the surveys in the spring of 2010. Patients now are asked if they “feel that the hospital staff was respectful of [their] culture, lifestyle and traditions.” The EDC has begun to monitor this measure as data have become available.

The goal over the next year is to begin to drill deeper into the feedback we receive from patients, to better evaluate how different patient groups perceive their care.
Children’s Mercy Hospital Family Advisory Board (FAB)

Started in January 2003, the Family Advisory Board (FAB) is a board of no more than 21 families who are or were primary caregivers of a child who has been cared for at Children’s Mercy Hospitals and Clinics. FAB meets once a month and reports to the hospital’s Executive Vice President and Co-Chief Operating Officer. We realize that families have important information to share that will benefit quality and safety processes and help us to advance our programs, facilities and systems. We have three patient/family-centered care committees, Family Advisory Board (FAB), Teen Advisory Board (TAB), and Consejo de Familias Latinas/Hispanas that provide feedback related to patient and family experience with the services at Children’s Mercy Hospitals and Clinics.

Committee representatives participate on quality teams and groups to improve processes that support patient and family needs and also provide staff valuable input from a family perspective on processes. Children’s Mercy hired two FAB members as family-centered care coordinators.

El Consejo de Familias Latinas/Hispanas
(The Latino/Hispanic Family Advisory Board)

El Consejo de Familias Latinas/Hispanas (Consejo) was created in March 2008 through a collaboration of staff who recognized the importance of formally including the voice of Spanish-speaking families in hospital improvement. The Consejo complements the existing Family Advisory Board (FAB), an English-speaking parent advisory group for the hospital. The Consejo meets monthly and any Spanish-speaking parent or caregiver of a Children’s Mercy patient may apply for membership to the group.
Patient and Family Centered Care (PFC) is about creating a partnership between health care providers, patients, and families in the care of individual patients as well as the planning, delivery, and evaluation of care at the system level. Practitioners who practice patient and family centered care create an environment that is welcoming to families and patients as partners in care, honor the individual expertise and strengths of each patient and family, engage families in shared decision making, and acknowledge that emotional and social support are key elements of health.

Through a generous grant from the Picker Institute, the Children’s Mercy Hospital residency program was able to develop a longitudinal curriculum that will develop skills and behaviors that foster collaborative relationships with families. The program is called “Family as Faculty.” Its primary goal is to teach residents how to practice medicine with a patient and family-centered approach.

Thirteen Children’s Mercy families have been recruited to the program to help teach residents. Families were given training in how to effectively teach residents about their experiences with chronically ill children.

Residents begin interacting with families during their orientation process, and continue interacting with families throughout their three year residency. Residents are given additional training in effective communication and collaboration skills. Then, each resident rotation group visits a patient’s home and engages with family about challenges in caring for a chronically ill child. Residents then reflect and de-brief with our employed family members. They also spend a day with families as they navigate through the health care system and address challenges or barriers.

In addition to continuous interaction with families, residents also participate in self-evaluation testing, specific reading, and simulation exercises that allow for practice of challenging communication.

For additional information on this program, please contact Dr. Keith Mann at (816) 701-4533 or by e-mail at kjmann@cmh.edu.
Respect for Our Patients’ Faith Practices

The Lisa Barth Inter-faith Chapel and Garden, part of the new Hall Tower construction, will be completed in 2012. It will provide a place of respite and prayer for our patients, families and staff members. It will be located in the new Elizabeth Ann Hall Patient Tower, next to the cafeteria entrance, where it will be highly visible and accessible, 24 hours a day, seven days a week.

Throughout the design process, Children’s Mercy has consulted with area religious leaders in order to make the inter-faith chapel a “welcoming place” for individuals of all faiths and for those who have none. It will offer: a quiet place for meditation, regularly scheduled inter-faith and faith specific worship, religious rituals (e.g. baptism, anointing, blessings), Sabbath activities, and private consultation. Importantly, the chapel will be equipped with a family room that may be utilized at the time of a patient’s death.

The adjacent outdoor garden will offer an opportunity for patients and families to get fresh air, enjoy floral scenery, and relax by a water pond.

For additional information, please contact Dane Sommer at (816) 234-3317 or e-mail dsommer@cmh.edu
Community Engagement

Children’s Mercy Hospital recognizes the importance of partnering with community organizations to best meet the needs of our diverse patient populations. Our partnerships enable us to reach out to our communities and deliver culturally competent care, break down barriers to access and provide the best care to all. In 2009, Children’s Mercy Hospital provided over $33 million in charity care to our community.

A few of the ways we have engaged community members in improving our work:

1. Family Advisory and Latino/Hispanic Family Advisory Boards
2. Focus groups of diverse parents of children with special health care needs
3. Somali-, Spanish-, and English-speaking volunteers testing new Universal Health Care Symbol signage
4. Community representatives presenting Diversity Grand Rounds
5. Project RISE – employment of current or former patients with disabilities
6. Study of how 911 emergency services are used by Spanish-speaking parents

Celebrating Healthy Families: Children’s Mercy Hospital Participates in a Bi-National Health Week Event

Bi-National Health Week (BHW) is one of the largest mobilization efforts of federal and state government agencies, community-based organizations, and volunteers in the Americas to improve the health and well-being of the underserved Latino population living in the United States and Canada. It encompasses an annual weeklong series of health promotion and health education activities that include workshops, insurance referrals, vaccinations and medical screenings.

BHW partners include the Secretariats of Health and Foreign Affairs of Mexico, and the Foreign Affairs Ministries of Guatemala, El Salvador, Honduras, Colombia, Ecuador and Peru, as well as the Institute for Mexicans Abroad, the Mexican Social Security Institute, the National Secretariat for Migrants, the Centers for Disease Control and Prevention, the Departments of Public Health, The California Endowment, California HealthCare Foundation, the Council of Mexican Federations in North America, and the Health Initiative of the Americas, a program of the University of California, Berkeley, School of Public Health.

For the past five years, the Kansas City region has participated in BHW by convening a large health screening event the second week of October, called “Celebrating Healthy Families.” It is a unique model in that all services are fully bilingual. For two years running, Children’s Mercy Hospital has assembled a team of volunteer clinicians to screen children and provide education. For the 2010 event, the event received well over 1100 attendees, and screened over 850.
Project RISE (Reaching for Independent Successful Employment)

Project RISE is a Children’s Mercy initiative that creates employment opportunities for individuals with disabilities who are former or current patients of Children’s Mercy Hospital. This is achieved through placement in paid positions within the hospital and unpaid internship opportunities that will help individuals acquire work experience.

The importance of the program goes well beyond providing support for the individuals taking part. By promoting employment of those with disabilities, an essential, but often underappreciated aspect of equity and diversity in our communities is recognized and addressed. Though there are protections for the rights of the disabled (for example, the Americans with Disabilities Act – ADA), important barriers to fair treatment and meaningful opportunities remain. Equity and diversity efforts at Children’s Mercy Hospitals and Clinics will continue to seek a better understanding of how disabilities affect our patients and families, our employees, and the community at large.

Vendor Diversity Program

The Children’s Mercy Hospital Vendor Diversity Program, currently under development, is an organization-wide initiative intended to strengthen our supplier base and invest in our community. The goal is to broaden participation of diverse businesses in the Children’s Mercy Hospital vendor base, bringing financial, operational, and cultural value to our organization. Through the program, Children’s Mercy Hospital will benefit from the expertise, innovation, and flexibility of diverse businesses, while creating an environment of transparency through open, competitive bidding. Children’s Mercy Hospital Materials Management will be building a Diversity Vendor Database, and in the near future will engage diverse media outlets and networks, by participating in community outreach efforts in order to identify and onboard potential diversity vendors. For additional information, contact Steve Elzey, Director of Materials Management at (816) 234-3841 or by e-mail: selzey@cmh.edu
International Connections

Administrator Exchange with Guangzhou Women and Children’s Hospital in China

Through a very special “sister” relationship with Guangzhou Women and Children’s Hospital in China, Children’s Mercy is having an impact on the quality of pediatric care half a world away.

The relationship began in 2003 and, since then, Children’s Mercy has hosted at least 20 Chinese physicians, several administrative fellows and two nurses at Children’s Mercy. Likewise, over the years, about 20 Children’s Mercy physicians, nurses and administrators have traveled to China to learn and share. And, Children’s Mercy recently added Guangzhou, China, as a rotation within the hospital’s residency program.

In China, most hospital administrators have outstanding clinical skills but are eager to gain core business and leadership skills. This is where Children’s Mercy’s CEO Randall L. O’Donnell, PhD, has had a significant influence. He has made several trips to Guangzhou, each time spending hours giving lectures, teaching, training and encouraging Guangzhou’s administrators, physicians and nurses on leadership development, the psychosocial aspects of patient care and business acumen.

In fact, Dr. O’Donnell was the first American CEO of a children’s hospital invited to the Chinese’s pediatric CEO conference. His presentation, along with his usual positive, encouraging style, was so well received that, in 2009, when the CEOs met again in conjunction with the opening of the new children’s hospital in Guangzhou, Dr. O’Donnell again was asked to share his message. In these settings, Dr. O’Donnell and Children’s Mercy are not only influencing pediatric care in Guangzhou, but all across China as these CEOs take back to their institutions the many lessons they’ve learned from Children’s Mercy.

The picture depicts an administrator from GWCH standing in front of artwork by Scribe (Children’s Mercy Hospital resident artist), which was donated to congratulate GWCH on the opening of this new facility.
International Connections (con’t)

Faculty and Resident Exchange with Hospital del Niño de Panamá

In early 2009, administrators from Children’s Mercy traveled to Panama City to meet with leaders from the Hospital del Niño de Panamá (HNP), the largest pediatric hospital in Panama. Children’s Mercy and HNP recognized that the prominent roles they play in the clinical care of children in their regions provided an opportunity to combine their knowledge and experience. An agreement was made that the hospitals would partner through the exchange of faculty, staff, and students to encourage the sharing of knowledge and culture, to the benefit of both the hospitals and the patients they serve.

The first Panamanian faculty to visit Kansas City was Dr. Maria Sabina Ah-Chu, a pediatric oncologist, accompanied by a gynecology fellow in 2009. Dr. J.C. Cowden, general pediatrician, and Dr. Molly Uhlenhake, medicine-pediatrics resident, traveled to Panama in the winter of 2009-2010. The relationship between the hospitals continues to grow, with a nurse exchange planned for 2011.

Caring Beyond Borders

Children’s Mercy Hospitals and Clinics has been synonymous with Kansas City and the surrounding area for more than 100 years. Looking beyond the region, Children’s Mercy has positioned itself globally with the resources needed to serve patients outside the United States seeking care.

The International Patient Program at Children’s Mercy provides a single point of access, service and coordination for patients and their families coming from around the globe. Offering 40 subspecialties and supporting a faculty of nearly 600 pediatricians, the hospital is a natural attraction to serve complex and specific medical needs.

Beyond the International Patient Program, the hospital has also built an international reputation for the extensive medical and educational partnerships with other countries.

In December of this past year, Children’s Mercy announced an agreement with Mexico to exchange medical, nursing and administrative personnel, establish pediatric continuing education opportunities, conduct medical research, and develop a joint referral system for patients. The hospital has similar partnerships with pediatric hospitals in Panama City, Panama, and Guangzhou, China and is establishing educational relationships with hospitals in the Ukraine, Egypt and other countries.

“It is exciting for us to have strong partnerships with these international hospitals as well as with a neighboring nation,” says Warren Dudley, Vice President of Market Development and Outreach. “It truly helps us establish ourselves as a pediatric institution that knows no borders.”
Communication and Language Access

Health Literacy

Children’s Mercy has a vibrant and active Health Literacy Council. The Council’s mission is to help patients and families understand and act on health information in order to achieve safe outcomes. The group works to improve effective communication between staff, our patients, and their families and to serve as a resource for health literacy issues.

The original working group was organized out of a desire to carry forward the enthusiasm and momentum begun with the Health Literacy Research Symposium of 2006. The group evolved from a gathering of like-minded health care professionals into a formal committee with numerous achievements in 2009. The committee is comprised of two co-chairs, a nurse and a physician, along with educators, nurses, social workers, child life specialists, family-centered care coordinators, researchers, a librarian, and others with a shared interest in improving health literacy.

Recently, the Health Literacy Council has organized sub-committees in order to really begin to operationalize health literacy into clinical practice. The sub-committees consist of: Education, Quality Improvement, Events and Outreach, Ambassadors and Membership, and Website.
Universal Health Care Symbols Initiative

The Universal Health Care Symbols (UHCS) project was developed under the Hablamos Juntos program, a national Robert Wood Johnson Foundation initiative. Its intent is to develop easy-to-understand ways to navigate through health care facilities, using graphic symbols to support wayfinding. Initially intended to aid patients with limited English proficiency or low literacy, the symbols have proven effective in assisting all patients.

In 2009, Children’s Mercy Hospital, along with three other U.S. health care facilities across the nation, was invited to participate as a field test site for the universal symbols. A consortium of design schools developed and tested 22 new symbols, which were then tested with patients and families at each health care facility. Surveys of users showed the symbols to be an effective tool in helping patients navigate through the hospital environment.

Universal health care symbols will be used in a newly-designed signage and wayfinding system being deployed in phases across all Children’s Mercy Hospital campuses.

For additional information:
http://www.hablamosjuntos.org/whoweare/default.rwjf.asp
Interpreter Services and Language Proficiency

For those patients and families who do not speak English or who need to communicate in sign language, Children’s Mercy Hospital offers interpreter services. Interpreters facilitate communication between two parties who speak (or sign) different languages. Title VI of the 1964 Civil Rights Act mandates that any hospital that receives federal funds must provide language access services at no cost to the patient.

In order to provide comprehensive language access coverage 24 hours a day, 7 days a week, Children’s Mercy Hospital weaves together different modes of communicating with patients: staff interpreters, interpreters from outside agencies, and interpretation over the phone.

The Children’s Mercy Hospital Interpreter Services section currently has 26 interpreters on staff. Staff interpreters speak Spanish, Somali, Swahili and Arabic. Together, they provided over 63,000 interpreted sessions last fiscal year, either in person or via telephone. In addition to staff interpreters, Children’s Mercy Hospital coordinates with area agencies to secure contract interpreters when the demand exceeds our on-site capabilities.

In addition to the interpreter services provided by Children’s Mercy Hospital staff, there is a system of telephonic interpreters available through a national vendor, providing access to interpreters in over 150 languages.

In addition to facilitating spoken communication, Children’s Mercy Hospital Interpreter Services provides written translation services. During FY 2009-2010, 251 translations were completed.

<table>
<thead>
<tr>
<th>Language Encounter Type</th>
<th>Total</th>
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<tbody>
<tr>
<td>Staff Encounters (in Person)</td>
<td>38,690</td>
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<tr>
<td>Agency Interpreter Encounters</td>
<td>9,372</td>
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<tr>
<td>Staff Encounters (Telephone)</td>
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<tr>
<td>Language Line (Telephone)</td>
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<tr>
<td><strong>TOTAL – All Language Encounters</strong></td>
<td><strong>87,649</strong></td>
</tr>
</tbody>
</table>

July 1, 2009 – June 30, 2010 – Children’s Mercy Interpreter Services data
Video Remote Interpreting Pilot Project

In Spring 2011, the Pediatric Care Center (PCC), Emergency Department and Pharmacy will pilot a new video-remote interpreting service. This service allows a mobile video unit, which can access a remote interpreter with the push of a button, to travel around the clinic for instant access to a live interpreter. Initially designed for sign language access, the service has now been expanded to include ten commonly spoken languages as well. Video-remote interpreting offers an important element of communication missing from telephonic interpretation: a visual connection. Interpreters can actually see the patient and provider, enabling them to assess body language and other visible aspects of the encounter. Following the pilot, video-remote interpretation will be considered for expansion to other hospital and clinical areas.
Bilingual Competency Assessment in Admissions Department

The Children’s Mercy Hospital Admissions Department, in collaboration with Human Resources, has developed a Spanish proficiency assessment program with a compensation component for front-line registration staff. The program was developed in response to the growing need to assure quality bilingual communication during hospital and clinic admissions.

Those admissions staff who have a basic level of Spanish competency can apply for the program. Applicants must be able to complete and pass a testing process with 100 percent score. The test includes a written and verbal language test of admissions terms and specific forms. Once an applicant passes, they receive a 50-cent per hour differential for this additional skill. Staff are re-tested on an annual basis in order to demonstrate ongoing competency.

Using the admissions program as a model, the Workforce Diversity work group of the Equity and Diversity Council is evaluating the feasibility of launching this type of competency assessment process across the organization. Upcoming accreditation standards go into effect in January 2011 that will require the organization to more closely monitor the competency process.

Spanish Bilingual Assistant Program

Since 2007, Children’s Mercy Hospital Interpreter Services department has partnered with Phoenix Children’s Hospital to teach the Spanish Bilingual Assistant (SBA) course. SBA is a 60-hour course through the Corporate Academy that is designed to teach bilingual health care workers to develop skills in medical vocabulary and basic anatomy and physiology. As part of the partnership with Phoenix Children’s, two Children’s Mercy Hospital employees have received specialized training at their facility to facilitate the course curriculum. A total of 184 students have graduated from the program. For additional information, please contact Jose Torres at (816) 983-6839 or jtorres@cmh.edu.

“No Stress Spanish” is a new offering from the partnership between Phoenix Children’s and Children’s Mercy Hospital. It is designed to teach basic customer service Spanish skills in a non-traditional classroom setting. It also offers students the opportunity to develop cultural awareness, which can aid in providing better patient care to Spanish-speaking families. The course is designed to provide enough basic understanding to begin engaging with patients while waiting for the interpreter to arrive. It is not intended to provide advanced training needed to become a medical interpreter.

The inaugural classes were held in December and it was “sold out,” with a waiting list of students for the next offering. In 2011, there will be four course offerings, all held on weekends. For additional information, please contact Jose Torres at (816) 983-6839 or jtorres@cmh.edu.
CHICOS Clinic

Of the approximately 45,000 patient visits a year to the Pediatric Care Center at Children’s Mercy, about 25% are by Spanish-speaking families. The large number of Spanish-language encounters presents challenges for communication, but also offers an opportunity to train the bilingual providers needed to serve a growing population of Latino families in Kansas City and elsewhere.

At the Pediatric Care Center, Dr. John Cowden has created the CHICOS Clinic (Clínica Hispana de Cuidados de Salud), a program where select pediatric residents with moderate Spanish proficiency or better complete a bilingual, cross-cultural care curriculum as part of their primary care training regimen.

The CHICOS model allows the residents to speak Spanish with patients and families, with an interpreter acting as a “communication safety net” in the exam room and as a language coach for the resident. Residents are also supervised by faculty attendings fluent in Spanish. During their three years in the clinic, residents’ language skills are tested formally and repeatedly to monitor for progress, and a specific set of educational topics and experiences around bilingual and cross-cultural care is provided.

“We want to use the clinic to help us develop bilingual and culturally-sensitive pediatricians,” says Dr. Cowden, “and, most importantly, to improve patient care and satisfaction among a population of families facing important barriers to quality health care.”
Quality Improvement and Staff Education

Aligning Forces for Quality (AF4Q):
A Robert Wood Johnson Foundation Initiative

In 2007, the Robert Wood Johnson Foundation (RWJF) established a unique collaborative initiative focusing on improving health care quality - Aligning Forces for Quality (AF4Q). AF4Q is the Foundation’s signature effort to lift overall quality of health care in targeted communities, reducing racial and ethnic disparities and providing models for national reform. Seventeen diverse communities were hand-picked by the Foundation to participate, with the Kansas City metro region being one of them. AF4Q communities focus areas are: performance measurement and public reporting, consumer engagement, and quality improvement. The program intends to drive change in local health care markets that will result in measurable improvements by 2015.

Hospital Quality Network (HQN):
Improving Language Services

AF4Q communities are engaging hospitals in a quality improvement initiative called the Hospital Quality Network (HQN), aimed at engaging nursing in quality improvement, reducing readmissions for cardiac patients, improving the delivery of language services for non-English-speaking patients, and improving the efficiency of hospital emergency departments.

Children’s Mercy Hospital has recently joined the “Improving Language Services” collaborative. In this collaborative, hospitals use a tested quality improvement measurement process to look at how they communicate with patients who do not speak English. The goal is to engage clinicians, language service providers, and leaders to improve the availability and access to language services at particularly important care touch points. One key element of this project is to ensure that every patient get screened for their preferred language. Children’s Mercy Hospital is in the initial phases of planning and data collection for this project. For additional information, please contact Gaby Flores at (816) 701-1394 or giflores@cmh.edu.
Quality Indicators and Health Outcomes

An essential step in improving the care we deliver is to actively monitor for disparities in health outcomes and health care. As national standards for pediatric quality indicators begin to appear, Children’s Mercy Hospital is preparing a “dashboard” that will allow for continual monitoring of indicators, including comparisons between racial, ethnic, language, and insurance groups.

On-going or planned quality measures compared by patient/family characteristics (e.g., race, ethnicity, language, insurance) include:

1. Obesity prevalence
2. Providers diagnosing/addressing obesity
3. Immunizations
4. Patient adverse events
5. Hospital-acquired infections
6. Patient satisfaction

The hospital will also be participating in an innovative study of the effects of language on patient safety in the inpatient setting. The study involves the TeamSTEPPS model, which emphasizes teamwork among staff in improving the delivery of patient care.
Education and Training

In an ongoing effort to create an extraordinary experience for patients, families, employees, a course entitled “Honoring Diversity” was rolled out as a requirement for all Children’s Mercy Hospital staff. It was facilitated by Meeks Multicultural Consulting. The owner, Cordell Meeks III, facilitated over 215 sessions during the last several years, training 6,040 Children’s Mercy Hospital employees. They were taught as a mix of departments, teams and/or public offerings.

Cordell Meeks has a very personal connection to Children’s Mercy Hospital, having been a long-term patient during his childhood. The primary goals of the course were to engage staff in a meaningful dialogue around stereotyping and bias, and to discuss strategies that can be implemented to ensure that everyone is treated with dignity and respect.

This initiative was carried out between Spring 2008 and July 2010. All employees successfully completed the training. For new hires, an online education module has been implemented.

Through the Office of Equity and Diversity, in collaboration with the Service Excellence Steering Committee, an organization-wide education strategy for diversity, inclusion, service excellence and cultural competence is currently being developed.
Next Steps

As we take stock in this report of the efforts put forth by Children’s Mercy Hospital to provide equitable care to a diverse population, we are confident that the original spirit of service and fairness embodied by our founding sisters continues to motivate our work.

We also see that there are important steps to be taken to move us closer to our goals.

The Office of Equity and Diversity is currently planning an institution-wide cultural competency assessment to be carried out by an outside vendor. The goal is to gain an objective assessment of where we stand and the ability to prioritize activities based on a comprehensive view of our strengths and weaknesses. Despite the breadth of efforts already underway, a larger map of equity and diversity issues at Children’s Mercy Hospital will provide us an important tool.

We also are adopting an institutional framework based on the National Quality Forum’s “Comprehensive Framework” for organizational cultural competence. This framework will guide us as we continue to weave equity and diversity into the fabric of everything we do at Children’s Mercy. Ultimately, we foresee a time when equity and diversity will be inherent to the work of every hospital employee and when families of all types will feel welcomed and respected at every point in their journey through Children’s Mercy Hospitals and Clinics.