Equity & Diversity Report 2017

Children's Mercy Hospital

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I have not served children unless I have served them all.”

– Katharine Berry Richardson
Greetings,

When I signed the American Hospital Association’s “Pledge to Act” in 2016 that signified our ongoing and unwavering commitment to provide safe and equitable care to all children, it was a continuation of a pledge we made more than 120 years ago.

The challenges we face today, as our country makes the demographic shift toward a minority-majority balance, are similar to those we faced in the early 20th century as the immigrant population surged, and pressure mounted on booming Midwestern communities like Kansas City to provide services to its citizens.

It wasn’t long after Children’s Mercy was founded in 1897 – to be forever non-sectarian, non-local and for those who cannot pay, according to the cornerstone of the hospital we built – that we began to print information for our families in foreign languages. Our beds were occupied by children from Russia, Italy and Greece. In the 1920s, we opened the first pediatric training program for African-American doctors and nurses so we could truly be the hospital “for all children everywhere.”

Today, our patients are even more diverse – after English and Spanish, the most common languages spoken at the homes of our patients are Somali, Arabic, Burmese and Vietnamese.

Diversity, and our commitment to equal and quality care for all, goes well beyond race and language. At Children’s Mercy, we take a comprehensive approach to providing the best care possible to all who come through our doors. We also are making a strong commitment to our workforce, ensuring that they, too, represent the diversity of our community, from the operating room all the way to the board room.

Detailed in this report is our work with high school students who may be interested in health care careers; support for veterans and their spouses, domestic partners and children; commitments to men in nursing; and help for children struggling with gender identity issues. As the saying goes, “We’re all in.”

We are proud of being named a leader in LGBTQ Health Care Equality, for partnering to host the 18th Annual White Privilege Conference and offering our staff a special Diversity Grand Rounds on “The Value of Diversity and Limitless Opportunities.”

With the support of our community, we also work outside the walls of the organization. Community works include hosting Community Baby Showers for dozens of expectant moms with the Black Health Care Coalition, and we joined efforts with Operation Breakthrough to integrate health care, social services and early childhood education to children and families so they can thrive.

I encourage you to read the details in this report. I also encourage you to think of new ways that you can help us achieve the goal of providing high-quality, equitable health care for all children. It’s a commitment the founders of Children’s Mercy made in the 19th century. It’s a commitment that remains at the heart of our mission 120 years later.

Randall L. O’Donnell, PhD
President and Chief Executive Officer
**OUR FOUNDATION AND LEGACY**

“Whatever you do, wherever you live, you owe something to your community and the people that live there. It is your duty always to do something to help others, and to help make good citizens of your neighbors.”

— Stephen Paine Berry (father of Children’s Mercy founders Alice Berry Graham and Katharine Berry Richardson)

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**What Is Your Legacy?**

**C. L. E. A. R.**

- Cultural Humility
- Leadership
- Excellence
- Advocacy
- Respect

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**Create Your Legacy With C.L.E.A.R. Vision**

**Cultural Humility**
- Acknowledge each other’s uniqueness.
- It’s OK to ask and learn about our cultures.
- Honor and celebrate diversity.

**Leadership**
- Be engaged and participate.
- Work collaboratively.
- Speak up and make changes.

**Excellence**
- Every patient, every time.
- First impressions are lasting impressions.
- Acknowledge and connect with patients, families and each other.
- Smile. Create a welcoming place.

**Advocacy**
- You are the voice of Children’s Mercy and the voice of children and families.
- Your involvement matters.

**Respect**
- Be present in the moment.
- Show non-judgment.
- Communicate openly with our patients, families and each other.
HIGHLIGHTS: 18-MONTH REVIEW
January 2016-September 2017

Here at Children’s Mercy, we want every child we serve to have every opportunity to achieve their fullest potential for good health.”
– Randall L. O’Donnell, PhD, President and Chief Executive Officer

The American Hospital Association (AHA) believes it’s important to eliminate disparities in health and health care for racially, ethnically and linguistically diverse individuals. The National Call to Action to Eliminate Health Care Disparities goal is to ensure equitable, safe care is delivered to all persons.

In 2016, Randall O’Donnell, PhD, Children’s Mercy President and CEO, signed the AHA’s #123forEquity Pledge to Act, which demonstrates the commitment Children’s Mercy is taking.

The following pages reflect the Office of Equity and Diversity’s steadfast pledge to health equity through creativity and purpose, ultimately culminating in eliminating health disparities.
**EQUITY OF CARE**
The American Hospital Association hosted its #123forEquity Campaign.

**ZIP CODE MATTERS**
Speakers Dr. Camara Jones, Senior Fellow, Satcher Health Leadership Institute and Cardiovascular Research Institute, Morehouse School of Medicine, and Melissa Robinson, MBA, President, Black Health Care Coalition, addressed Dinner at the Square: Zip Code Matters.

**BLACK HISTORY MONTH**
In celebration of Black History Month, Children’s Mercy Patient Care Services Research and the Office of Equity and Diversity sponsored the presentation, “Impact of Sleep Loss and Fatigue on Nurse-Patient Safety,” by Linda D. Scott, PhD, RN, Dean, School of Nursing, University of Wisconsin-Madison.

**HIGH SCHOOL OPEN HOUSE**
Over 100 students hailing from diverse high schools across the Kansas City Metro area gathered in the Children’s Mercy auditorium to attend the High School Health Careers Open House.

**VETERANS DAY**
Veteran employees, spouses, domestic partners and children were recognized through a “Roll of Honor” ceremony in the Lisa Barth Chapel at Children’s Mercy.

**MARTIN LUTHER KING JR. DAY**
Children’s Mercy staff came together to celebrate and honor the extraordinary life of Dr. Martin Luther King Jr. Dr. Randall O’Donnell and Kansas City civil rights pioneer Rev. Sam Mann shared powerful messages, along with music, poetry and litany reading.
HEALTH SCIENCE SUMMER INTERNSHIP
Children’s Mercy provides University Academy alumni with a focused and challenging, 10-week internship experience. Interns engage and are exposed to a variety of professional options within the health care system.

THE VALUE OF DIVERSITY
Diversity Grand Rounds Keynote speaker Linda K. Barry, MD, Assistant Professor, Department of Surgery, Chief Operating Officer and Assistant Director at Connecticut Institute for Clinical and Translational Science, University of Connecticut, delivered a powerful message identifying challenges, value, resources and opportunities to increase diversity in academic medicine in her address, “The Value of Diversity and the Limitless Opportunities: Underrepresented Minority Recruitment and Retention.”

DIVERSITY AWARDS
Dr. Justin Ramsey, left, received the 2017 Kaleidoscope Diversity Award. He is pictured with Dr. Matthew McLaughlin.

MARCH 2017

APRIL 2017

JUNE 2017

AUG. 2017

SEPT. 2017

DIVERSITY DAY
Chung-Mai Tseng, RN, BSN, MPA, EMBA, LNC, at Children’s Mercy Hospital Kansas Diversity Day.

DIVERSITY AWARDS
Margo Quiriconi, MPH, RN, Director of Community Health Initiatives, left, received the 2017 Carol Belt Advocacy Award.

TRANSGENDER HEALTH INCLUSION CONFERENCE
Children’s Mercy joined Truman Medical Center and KC Care Clinic to host the 2nd Annual Trans Health Inclusion Conference: Beyond the Basics. More than 200 community partners attended the conference where leaders such as Children’s Mercy’s Jill Jacobson, MD and Beth Sonneville, MDiv, BCC, shared insight into the fundamentals of care for the transgender community and youth. Planning for the 2018 conference is in progress.

LGBTQ HEALTH CARE EQUALITY
Children’s Mercy was named for the fifth straight year, a leader in LGBTQ Health Care Equality for demonstrating policy and practice related to the equity and inclusion of all LGBTQ community, employees, patients, families and visitors.
Equity and Diversity Mission
Children’s Mercy is a diverse group of employees and community leaders who are passionate and committed to providing an equitable, high-quality clinically competent workforce and empowerment of families.

Equity and Diversity Vision
Our vision is to become a nationally recognized leader among children's hospitals in providing culturally competent care and reducing health care disparities. We will provide the highest-quality family-centered care to every patient, every time in an inclusive environment where patients, families and employees are treated with dignity and respect.

Equity and Diversity Framework
The Equity and Diversity Framework adapted from the National Quality Forum provides Children’s Mercy with a road map toward inclusive and equitable care for all. The framework is aligned with Children’s Mercy’s current strategic goals, which guide patient and family-centered care, as well as community needs, initiatives and partnerships. Many hospitals face similar difficulties in addressing and meeting the needs of a diverse community and population.

The development, implementation and support for cultural competency, LGBTQ and transgender education, diversity in research, recruitment and retention of underrepresented minority faculty and learners, language services, and board diversity are crucial components to meeting the needs of the diverse patient population we serve at Children’s Mercy.
**EMPLOYEES**  
Children’s Mercy (FY 17)

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**DID YOU KNOW?**

Children’s Mercy has **8,196** employees  
**7,214** employees at Missouri locations  
**979** employees at Kansas locations

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**GENDER ALL EMPLOYEES**

Female **81.59%**  
Male **18.41%**

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**DEMOGRAPHICS ALL EMPLOYEES**

American Indian or Alaska Native **0.37%**  
Asian **3.70%**  
Black or African-American **10.01%**  
Hispanic or Latino **5.77%**  
Native Hawaiian or Other Pacific Islander **0.04%**  
Two or more races **1.44%**  
White **78.67%**

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**GENDER DEPARTMENT OF PEDIATRICS, CHILDREN’S MERCY FACULTY**

Female **61%** n=318  
Male **39%** n=199
DEMOGRAPHICS
DEPARTMENT OF PEDIATRICS, CHILDREN’S MERCY FACULTY

Asian 16%
Black or African-American 3%
Hispanic or Latino 3%
Other 2%
White 76%

*Equal Employment Opportunity Commission Data Report
*Year roll-up is of Kansas, Missouri and Other

Glenson Samuel, MD, FAAP
Abdulhaleem (Haleem) Sioty, medical interpreter, was born and raised in Saudi Arabia and came to the United States in May 2006. While attending Northwest Missouri State University, he was introduced to the field of interpreting. With experience in translation and legal interpreting, Haleem later became the first Arabic medical interpreter for Children’s Mercy.

The Department of Language Services plays a pivotal role in equitable care by partnering with health care providers to effectively communicate and bridge the gap with Limited English Proficient patients and families by offering medical interpreter services in Arabic, Burmese, Somali, Spanish and Vietnamese.

Haleem pledges to “continue education to be a national certified interpreter and to strive and learn more.”

Children’s Mercy Wichita is making big strides toward health equity for all with the use of technology and connectivity. Video Remote Interpreting helps to alleviate wait times and provide effective communication in emergency and non-scheduled interactions. The need to effectively communicate with diverse populations is growing at an enormous rate.

“It’s so simple to use,” according to Morgan Waller, MBA, BSN, RN, Director of Business and Operations Telemedicine. “I pledge to continue to ensure all materials created or provided by telemedicine are available in as many languages needed, as well as model leadership that supports the health of all populations being served.”

“Every person has the right to good health and good health information to make better decisions for themselves,” said Angie Knackstedt, BSN, RN-BC, Health Literacy and Bioethics Clinical Coordinator.

“Health literacy is an organizational and personal commitment to providing information, teaching communication to our patients and families as well as each other, in a way that can be understood.”

Teach Back is one of the top and most commonly used health literacy tools, designed to “find the right words for better health.” By utilizing medical interpreters, sharing materials and gaining a clear confirmation of understanding, we ensure that education and teaching is equitable.

“To improve health equity we must focus on the patient, their needs, safety and always giving the best possible care to those we serve,” said Angie.
In late 2011, Karen Cox, PhD, RN, FACHE, FAAN, brought together a project team of individuals from Nursing, Human Resources and the Office of Equity and Diversity, to act on the professional development of clinical workforce diversity. The purpose of the team was to specifically introduce and engage men of color to the field of nursing.

The Men in Nursing pilot program was created to eliminate financial barriers, providing an encouraging and supportive environment while offering participants an illustrious path to success. According to Marlon Butler, RN, BSN, “The Men in Nursing program was simply life-changing.”

Marlon pledged to improve health equity by delivering the highest quality of care possible in an inclusive environment where differences are appreciated and the common goal of better health is at the forefront of our interactions with patients and families.

Developed on an existing foundation, Children’s Mercy partnered with the University of Missouri-Kansas City’s Accelerated Bachelor of Science in Nursing program. With an emphasis on the critical qualities that are deemed necessary for leadership, problem-solving and management, UMKC offers the most diverse student population in the Kansas City area with clinical opportunities among diverse patient populations within academic, private and public hospitals and institutions.

Christopher Garcia, RN, BSN, cares for newborns diagnosed with heart defects on 4 Sutherland Tower. Christopher said, “My pledge is to do the same thing I do every time I come to work at Children’s Mercy and give the best patient care, no matter what type of patient or scenario.”

Christopher and Marlon are the first two “Men in Nursing” alumni. Jesse Cantu, Ivan Lopez and Ray Robbins are the current “Men in Nursing,” working toward completion of their BSN at UMKC.

Many more are needed to achieve gender equality and reflect the demographic of the patient population served at Children’s Mercy.
On a hot and humid Saturday morning in June, some 60 expectant mothers gathered at the Don Chisholm Training Center for a baby shower. They were, of course, showered with gifts that will come in handy once their babies are born.

But the most important gift they received was not the bag full of diapers, wipes, onesies and pacifiers they took home with them. It was information and connection to resources they can use right away, before their babies are born, to ensure the best start in life possible when their little ones arrive in the world.

“Becoming a parent can be overwhelming,” said Tiffany Chow, MS, Equity and Diversity Project Manager. “The Community Baby Shower links expectant parents to health education needs for pregnancy, early childhood resources, gifts, food and support from the community.”

Since 2012, Children’s Mercy, in partnership with Kansas City’s Black Health Care Coalition, has hosted three Community Baby Showers each year.

For Children’s Mercy, the partnership with BHCC is one piece of a comprehensive effort to address issues identified in the Community Health Needs Assessment, working together to achieve health equity.

“Why It Matters, How It’s Measured”

“We’re trying to ensure people have access to education, to address health equity and infant mortality,” said Melissa Robinson, President of BHCC. “African-American babies are three times less likely than the general population to survive to their first birthday.”

Community Baby Showers offer a way to reach expectant moms, ideally during the first trimester of pregnancy.

Once each shower attendee’s baby is born, Melissa’s team calls to offer congratulations, ask for pictures, send a gift and track the newborn’s birth weight and length. In the process, they’re able to gather the data they need to measure impact and results.
In spring 2017, Gaby Flores, BA, MSM, Director of the Office of Equity and Diversity, held an information session on the Children’s Mercy Employee Resource Group pilot program. Gaby explained that ERGs are voluntary, employee-led groups that promote a diverse, inclusive workplace, increased employee engagement and morale with an emphasis on patient and family-centered care.

Multiple applications of interested groups were received and two were identified for the pilot initiative: African American Advancement (A3) and CM Pride.

**CM Pride**

**Co-Chairs:**
Catherine O’Neill, RN, and Michael Martin

CM Pride is an employee resource group for lesbian, gay, bisexual, transgender and queer employees and allies, who will foster a culture of diversity and inclusion through continual learning opportunities around issues related to gender and sexual orientation.

**African American Advancement (A3)**

**Co-Chairs:**
Leah Jones, MD, and Tiffany Willis, PsyD

Open to any hospital employee at any level, the African American Advancement’s (A3) goal is to foster an environment where members can support one another, socialize, ensure cultural understanding and sensitivity of staff and patients while promoting education and professional advancement of Black and African-American employees.

“*Our main goal is to make Children’s Mercy a welcoming environment for all patients, families and staff. To better care for each other and our patients*”

– Catherine O’Neill, RN
BLACK WOMEN IN MEDICINE (BWIMS) AT CHILDREN’S MERCY ARE ON THE MOVE

Black Women in Medicine is an informal group of black women faculty members who identified a need and developed a network of support and peer mentorship through meeting events outside of Children’s Mercy.

Children’s Mercy, Office of Equity and Diversity and BWIMs, were honored to host Dr. Linda K. Barry, from the Connecticut Institute for Clinical and Translational Science, as the Diversity Grand Rounds speaker. Dr. Barry’s presentation focused on The Value of Diversity and the Limitless Opportunities: Under-represented Minority Recruitment and Retention.

Participants at the Black Women in Medicine 1st Annual Reception with Diversity Grand Rounds speaker, Linda K. Barry, MD.
Michael Artman, MD, Chair, Department of Pediatrics, answered the call of support. In summer 2017, the FT-DEIC began to gather. It is co-chaired by Dr. Jones and Denise Dowd, MD, MPH. Stakeholders from Equity and Diversity, Faculty Development, Graduate Medical Education, Medical Administration and Philanthropy joined the committee.

"U.S. health care systems are believed to function most efficiently when individuals from diverse backgrounds combine their talents and perspectives to work collaboratively to enhance health and health care outcomes for all. The diversity of the pediatric workforce is recognized as important in meeting the needs of the patients and families we treat and serve at Children’s Mercy," Dr. Jones said.

The need for increased diversity among faculty and support for diverse faculty were first identified in the BWIMs group. This led to recruitment efforts in Graduate Medical Education for minority learners, Diversity Grand Rounds and subsequently the Faculty and Trainee-Diversity, Equity and Inclusion Committee.”

– Bridgette Jones, MD, MSc

The diversity of the pediatric workforce is recognized as important in meeting the needs of the patients and families we treat and serve at Children’s Mercy.”

– Bridgette L. Jones, MD, MSc, FAAAAI, FAAP, Pediatric Pharmacology, Toxicology and Therapeutic Innovation and Allergy/Asthma/Immunology
PATIENTS
Children’s Mercy FY 17 All Locations (Roll-Up)

GENDER
- Male: 390,817
- Female: 370,725
- Other: 52

RACE
- White: 59.17%
- Hispanic or Latino: 17.53%
- Black or African-American: 12.43%
- Multi-Racial: 5.64%
- Native-Hawaiian or Other Pacific Islander: .34%
- Other: .26%
- American Indian or Alaska Native: 2.05%

LANGUAGE
- English: 698,299
- Spanish: 50,186
- Somali: 3,047
- Arabic: 2,047
- Vietnamese: 1,197
- Burmese: 1,411

DATA COLLECTION, PUBLIC ACCOUNTABILITY AND QUALITY IMPROVEMENT
In September 2014, Children’s Mercy launched an innovative clinic for transgender patients named Gender Pathways Services (GPS Clinic). The GPS Clinic is built on a multidisciplinary approach, which includes clinical psychology, endocrinology, dedicated nursing care and social work. When GPS began it followed roughly 20 transgender patients, now the clinic exceeds 250. The GPS Clinic is the only one of its kind from St. Louis to Denver. Due to high demand, it has grown from one clinic day per month to one clinic day per week. Even given this growth in clinic capacity, new patient referrals often wait for two to four months for an initial assessment.

Children’s Mercy has been a member and collaborative partner of the Mid-America Gay Lesbian Chamber of Commerce since 2014. Over the past two years, MAGLCC has become more engaged and connected to the GPS Clinic. Children’s Mercy, in partnership with MAGLCC, hosted a fundraising breakfast with its other partners in the community in an effort to support the needs of the GPS clinic. Through this fundraiser, the clinic has been able to add a dedicated nurse resource and additional social work support for the initial assessment process.

The second annual Trans Health Inclusion Conference: Beyond the Basics, was held on June 15, 2017. This conference was for health care providers, advocates and interested members of the community in which leaders in the field provided insight into the fundamentals of providing care for the transgender community and youth. In partnership with various local organizations, there were multiple breakout sessions. Some included: “Trans is Not a Fad: Hormonal Treatment with Pediatric Patients” by Dr. Jill Jacobson, and “Spiritual Support for Transgender Youth and Families” by Beth Sonneville, MDiv, BCC. Over 200 community and hospital partners attended the conference. Planning for the 2018 conference is well underway.
2Gen Thrive Co-Directors, Briana Woods-Jaeger, PhD, left, and Mary Mulkey, right.

“Not about a superior group or minority group, \textit{just equal}. We are all sitting at the table.”

– Kori McGowan, Community Action Board Parent

\textbf{2Gen Thrive}

The Partnership for Resilient Families brings leaders from Children’s Mercy and Operation Breakthrough together to integrate health care, social services, and early childhood education so children and families can thrive. 2Gen Thrive is a community-based, two-generational program designed to prevent toxic stress and promote resilience by improving caregiver capacity.

“We’ve had some major accomplishments this year!” said Briana Woods-Jaeger, PhD, Co-Director of 2Gen Thrive.

Developed through an initial needs and feasibility assessment, iterative pilot intervention implementation and input from the 2Gen Thrive Community Action Board, 2Gen Thrive is a priority initiative of the Partnership for Resilient Families.
The Inclusion and Diversity in Research Work Group provides advice and guidance for issues related to equity, inclusion and diversity in the Children’s Research Institute.

The CRI, in conjunction with the Children’s Mercy Equity and Diversity Council, is committed to developing policies and practices that enhance equitable selection and eliminate barriers to enrolling diverse subject populations, and educate Children’s Mercy researchers on the importance of culturally appropriate recruitment and enrollment strategies.

Ryan McDowell, MS, PMP, Director, Office of Research Integrity, and Briana Woods-Jaeger, PhD, co-chair the Inclusion and Diversity in Research workgroup.

“A diverse mix of voices leads to better discussions, decisions, and outcomes for everyone.”

Sundar Pichai, CEO Google

The Office of Equity and Diversity is proud to help lead the way on health equity efforts at the national level through two organizations: the Pediatric Health Equity Collaborative and Solutions for Patient Safety.

Children’s Mercy is a founding member of PHEC, a collaborative of 12 children’s hospitals in the U.S. and Canada focused on child health disparities. The group’s primary goal is the development of best practices in the collection and use of race, ethnicity, and language data to identify and eliminate disparities in health care and health outcomes.

SPS is a network including over 120 children’s hospitals who partner to reduce harm and increase health care quality for all children. In 2017, a new Health Equity Team was formed to begin including disparities work in the broader efforts of the network. The Children’s Mercy Equity and Diversity team was one of three chosen to co-lead this national initiative.
THE OFFICE OF EQUITY AND DIVERSITY WOULD LIKE TO EXPRESS GREAT APPRECIATION TO ALL WHO CONTRIBUTED TO THE CREATION OF THIS REPORT:

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