
QUALITY FORUM

Striving for Quality requires a focus on Diversity and
Inclusion

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Our Mission and Core Values



To improve the health and well-being of society, particularly the citizens of Alabama, by providing innovative health services of exceptional value that are patient- and family-centered, a superior environment for the education of health professionals, and support for research that advances medical science.

We achieve our mission of excellence through our Core Values:

Always Care + Own It + Do Right + Work Together = Excellence

Diversity & Inclusion Terminology



- **Inclusion:** The act of creating environments in which any individual or group can feel welcome, respected, supported and valued. Having a climate that embraces differences and offers respect in words and actions.
- **Diversity:** Ensure our workforce and patient populations are reflective of our communities. This refers to the variety of personal experiences, values, and worldviews that arise from differences that include race, ethnicity, gender, age, religion, language, abilities, sexual orientation, socioeconomic status, geographic region and more.
- **Equity:** The guarantee of fair and just treatment towards everyone who enters our doors. Striving to increase health equity and eliminate health disparities.

Dimension of Diversity



- Internal Dimensions
- External Dimensions
- Organizations Dimensions

Business Case for Diversity & Inclusion



To Strengthen Employee Relationships

Improve employee satisfaction: By working on diversity issues, UAB will improve overall employee satisfaction..

Facilitate recruitment: A diverse workforce helps UAB to recruit talent among all demographic groups. Potential employees want to see their ethnicity reflected among current employees as well as among senior management.

Enhance Retention: By acknowledging diverse viewpoints and working styles, UAB can improve relationships with employees.

Become an employer of choice: By establishing and addressing diversity initiatives and potential issues, UAB becomes attractive to employees in all demographic groups both within and outside the company.

To Enhance the Ability to Compete

Improve organization perception among patients: A diverse workforce helps UAB to understand culture, languages, business styles of our global community we serve

Enhance the supplier base: A focus on diversity supplier base will result in costs savings as competition among suppliers brings down costs. Supplier competition also encourages innovation.

Strengthen Equal Employment Opportunity/Affirmative Action (EEO/AA) performance
Improve the organization reputation within the system

To Improve Organizational Performance

Sustain innovation: In diverse workforce brings UAB a consistent influx of ideas for new services and/or processes which provides a constant source of innovation.

Improve teamwork: Increasingly, employees are working in teams. Moreover, many quality and other concepts rely on teamwork. By addressing communication and tensions between different employee groups, will improve the functioning of teams.

Reduce the cost of discrimination and harassment litigation

Benefits of Becoming a Culturally Competent Health Care Organization

Social Benefits

- Increases mutual respect and understanding between patient and organization
- Increases trust
- Promotes inclusion of all community members
- Increases community participation and involvement in health issues
- Assists patients and families in their care
- Promotes patient and family responsibilities for health
- Train / teach the next generation of health care providers

Health Benefits

- Improves patient data collection
- Increases preventive care by patients
- Reduces care disparities in the patient population
- Increases cost savings from a reduction in medical errors, number of treatments and legal costs
- Reduces the number of missed medical visits
- Enhance patient care

Business Benefits

- Incorporates different perspectives, ideas and strategies into the decision-making process
- Decreases barriers that slow progress
- Moves toward meeting legal and regulatory guidelines
- Improves efficiency of care services
- Attract and retain the best employees
- Strengthen our position and reputation as a health care provider
- Reduce cost associated with discrimination, harassment and ignoring diversity issues

Start by simple actions: Lessons Learned Mary Coleman Dobbins



HCAHPS Top Box by Gender

	1/1/18-8/31/18			
	'Total'	'Female'	'Male'	Difference in highest and lowest
Survey Responses N	4,222	2,213	2,009	
Survey Responses %		52.4%	47.6%	
Rate hospital 0-10	77.9	76.3	79.7	3.4
COMM W/ NURSES	82.3	81.4	83.2	1.8
RESPONSE OF HOSP STAFF	65.5	65.3	65.7	0.4
COMM W/ DOCTORS	84.4	84.5	84.3	0.2
HOSPITAL ENVIRONMENT	66	66.7	65.2	1.5
COMM ABOUT MEDICINES	65.5	64.1	67.1	3
DISCHARGE INFORMATION	89.8	88.6	91.2	2.6
CARE TRANSITIONS	58.8	58	59.6	1.6
COMMUNICATION ABOUT PAIN	69.9	68.8	71.1	2.3

HCAHPS Top Box by Age

	1/1/18-8/31/18						Difference in highest and lowest
	'Total'	'18 - 34 Yrs'	'35 - 49 Yrs'	'50 - 64 Yrs'	'65 - 79 Yrs'	'80 + Yrs'	
Survey Responses N	4,222	381	518	1,355	1,527	441	
Survey Responses %		9.0%	12.3%	32.1%	36.2%	10.4%	
Rate hospital 0-10	77.9	69.6	71.2	79.9	80.7	77.3	11.1
COMM W/ NURSES	82.3	79.8	81.6	82.7	83	81.2	3.2
RESPONSE OF HOSP STAFF	65.5	65.6	62.3	66.7	67.7	58.9	8.8
COMM W/ DOCTORS	84.4	83.7	83.8	84.7	85.2	82.1	3.1
HOSPITAL ENVIRONMENT	66	69.3	66.4	66.4	65.4	63.3	6
COMM ABOUT MEDICINES	65.5	64.3	62.5	67.7	67.8	54	13.8
DISCHARGE INFORMATION	89.8	86.7	89.8	91	91	84.4	6.6
CARE TRANSITIONS	58.8	62.3	60.8	60.3	59	47.6	14.7
COMMUNICATION ABOUT PAIN	69.9	71.5	71.4	70.3	71.4	55.7	15.8

HCAHPS Top Box by Race

	1/1/18-8/31/18							Difference in highest and lowest
	'Total'	Asian	Black/ Afrcn Amr	Decline	Hispanic/ Latino	American Indian*	White	
Survey Responses N	4,222	32	925	48	35	5	3,177	
Survey Responses %		0.8%	21.9%	1.1%	0.8%	0.1%	75.2%	
Rate hospital 0-10	77.9	78.1	77.5	66.7	71.4	60	78.3	18.3
COMM W/ NURSES	82.3	79.8	84.8	82.1	85.7	73.3	81.5	12.4
RESPONSE OF HOSP STAFF	65.5	69.5	67.2	70.5	48.3	12.5	65	58
COMM W/ DOCTORS	84.4	86.6	88.3	81	89.5	93.3	83.2	12.3
HOSPITAL ENVIRONMENT	66	63.1	71.5	64	76.8	60	64.3	16.8
COMM ABOUT MEDICINES	65.5	57	71.2	59.2	72	62.5	63.9	15
DISCHARGE INFORMATION	89.8	91.8	89.8	90.2	85	100	89.8	15
CARE TRANSITIONS	58.8	51	61.3	55.1	57.6	73.3	58.2	22.3
COMMUNICATION ABOUT PAIN	69.9	65	75.4	70	72.6	100	68.2	35

*N size too low to draw meaningful conclusion

- PILOT PROCESS
- Participate on 3 conference calls to discuss equity monitoring
- Make selection regarding types of data to review
- One on one help with formatting and data display

QUESTIONS
