Creating an Organizational Culture of Inclusion: 21st Century Challenges for Healthcare Organizations

Wednesday, June 2, 2010, 1:00 p.m.-2:30 p.m. EDT

This webinar will begin momentarily
Hopkins Center for Health Disparities Solutions

“Exploration and Intervention for Health Equality...”
“Protecting Health, Saving Lives – Millions at a time…”
Funded by grant # P60MD000214 from the National Institutes of Health National Center on Minority Health and Health Disparities (NCMHD)
GoToMeeting Attendee Interface

Monthly Manager's Meeting
Organizer: Barbara Beck | Presenter: Corena Bahr
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CQCM CULTURE-QUALITY-COLLABORATIVE: A HEALTHCARE LEARNING NETWORK
Q&A Format

- Audience is muted
- To send a question, comment, or resource to the organizer at any time, please enter it in the “Questions” window at the bottom of your control panel.
  - Indicate if you would like a particular presenter to address your question or comment.
- We will forward questions and comments to the presenters, and try to answer as many as possible.

To switch from VOIP to a telephone connection, call 484-589-1010, webinar ID: 598-344-917, audio pin: Shown after joining the webinar.
Creating an Organizational Culture of Inclusion: 21st Century Challenges for Healthcare Organizations

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Professor of Health Policy & Management, and Director, Hopkins Center for Health Disparities Solutions Johns Hopkins Bloomberg School of Public Health

Kevin Flores, MHA, FACHE
Director, Managed Care Saint Elizabeth Regional Medical Center (Lincoln, NE)

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Program Director, Culture-Quality-Collaborative, Department of Health Policy & Management Johns Hopkins Bloomberg School of Public Health
Creating an Organizational Culture of Inclusion

Thomas A. LaVeist, PhD
William C. and Nancy F. Richardson Professor in Health Policy
Professor of Health Policy and Management
Director, Hopkins Center for Health Disparities Solutions
Johns Hopkins Bloomberg School of Public Health
Projected Percentage Resident Population by race/ethnicity, U.S. 2010-2070
Producing the Minority-Majority
• US Native population fertility-rate declining

• Foreign-born greater fertility-rate than US-born

• Foreign-born population greater percentage in child-bearing ages

• Foreign-born population younger age at first birth
These demographic changes are of importance to healthcare because of well-documented disparities in health status, healthcare access and healthcare quality.
Influence on Health Care Quality & Safety

• Increasing distrust of health care
Influence on Health Care Quality & Safety

- Increasing distrust of health care
- Incompatibility of disease explanatory models: spirituality, customs, practices leading to miscommunication
Influence on Health Care Quality & Safety

• Increasing distrust of health care
• Incompatibility of disease explanatory models: spirituality, customs, practices leading to miscommunication
• Complicate patient/provider communication
Influence on Health Care Quality & Safety

- Increasing distrust of health care
- Incompatibility of disease explanatory models: spirituality, customs, practices leading to miscommunication
- Complicate patient/provider communication
- Consequence: Reduced Quality and Safety
Influence on Health Care Costs

• Increased length of medical encounter
Influence on Health Care Costs

- Increased length of medical encounter
- Fewer patients seen
Influence on Health Care Costs

• Increased length of medical encounter
• Fewer patients seen
• Healthcare organization devote more resources to ancillary services
Influence on Health Care Costs

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• Healthcare providers spend more time with activities that are not reimbursable
Influence on Health Care Costs

- Increased length of medical encounter
- Fewer patients seen
- Healthcare organization devote more resources to ancillary services
- Healthcare providers spend more time with activities that are not reimbursable
- Increased risk of litigation
Quintero v. Encarnacion

- Rita Quintero
- Involuntarily committed 12 years
- Psychotropic drugs
- No access to interpreter
- No informed consent
Tarahumara Indians of Mexico
“If the patient’s capacity to understand is limited by a language barrier, and the physician proceeds without addressing this barrier… the physician may be liable for failing to obtain informed consent from the patient.”

Quintero v. Encarnacion, Lexis 30228, 10th Cir. 2000
Kevin Flores, MHA, FACHE
Director, Managed Care
Saint Elizabeth Regional Medical Center
(Lincoln, NE)
CLAS Standards

- 14 Standards organized by themes:
  - Culturally Competent Care (Standards 1-3)
  - Language Access Services (Standards 4-7)
  - Organizational Supports for Cultural Competence (Standards 8-14)
The Joint Commission Standards

• 6 new standards or elements of performance (EPs) in the following areas:
  – Effective Patient-Provider Communication
  – Right to Effective Communication
  – Qualifications for Interpreters
  – Collection of Patient-level Data
  – Access to a Support Individual
  – Non-Discrimination in Care

• Effective January 1, 2011
NCQA: Multicultural Health Care (MHC) Standards

- 5 Standards
  - Race/Ethnicity and Language Data
  - Access and Availability of Language Services
  - Practitioner Network Cultural Responsiveness
  - Culturally and Linguistically Appropriate Services Programs
  - Reducing Health Care Disparities
- Effective July 1, 2010
Meaningful Use of Electronic Health Records (EHRs)

- Electronically record, modify, and retrieve patient demographic data, including:
  - preferred language
  - insurance type
  - gender
  - race
  - ethnicity
  - date of birth
  - date and cause of death in the event of mortality
- Effective January 1, 2011
Organizational Culture of Inclusion
Definitions of Culture

- Culture is the sum of learned group behaviors considered to be the tradition of the people and transmitted from generation to generation.
- Culture is not just individuals’ behavior but how they perceive and interpret the behavior.
“Culture is to the organization what personality is to the individual – a hidden, yet unifying theme that provides meaning, direction, and mobilization.”

(Kilmann et al., 1985)
4 Functions of Organizational Culture

1. Provides shared patterns of affect

(Siehl & Martin, 1984)
4 Functions of Organizational Culture

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2. Provides shared patterns of cognitive interpretations or perceptions

(Siehl & Martin, 1984)
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1. Provides shared patterns of affect
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3. Defines and maintains boundaries (who is a member - who is not)

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4 Functions of Organizational Culture

1. Provides shared patterns of affect
2. Provides shared patterns of cognitive interpretations or perceptions
3. Defines and maintains boundaries (who is a member - who is not)
4. Functions as an organizational control system, prescribing and prohibiting certain behaviors

(Siehl & Martin, 1984)
Application of Organizational Cultural Inclusion
Application of Organizational Cultural Inclusion

• Cross-cultural relations
  – Between staff and patients
Application of Organizational Cultural Inclusion

- Cross-cultural relations
  - Between staff and patients
  - Between staff members
Application of Organizational Cultural Inclusion

• Cross-cultural relations
  – Between staff and patients
  – Between staff members
  – Practicing medicine in a second language
Application of Organizational Cultural Inclusion

• Cross-cultural relations
  – Between staff and patients
  – Between staff members
  – Practicing medicine in a second language
  – Between the hospital and the service community
Application of Organizational Cultural Inclusion

• Cross-cultural relations
  – Between staff and patients
  – Between staff members
  – Practicing medicine in a second language
  – Between the hospital and the service community
  – Not just language but cultural interpretation
COA360

- Web-based tool
- Assessment of healthcare organizations NOT individuals
- Identifies strengths and areas for improvement
- Suitable for large or small health systems
- Adaptable to unique configuration of diversity in the service area, race, ethnicity, language, or religion
- Measures CLAS, Joint Commission, and NCQA Standards
360-Degree View of Your Organization

Administrator

Healthcare Organization

Community Residents

Clinical Staff

Non-clinical Staff

Patients
Organizational Culture Change
Organizational Change is Difficult
How do we make change?
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(Siehl & Martin, 1984)
Agreement Matrix

- Vision: Where we want to go
- Process: How to get there

Vision: where we want to go

Process: How to Get there
Agreement Matrix

Vision: where we want to go

Process: How to Get there
Agreement Matrix

Vision: where we want to go

Process: How to get there

Disagree

Agree

AD

Disagree

Agree
Agreement Matrix

Vision: where we want to go

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>DD</td>
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Agreement Matrix

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<tr>
<th>Vision: where we want to go</th>
<th>Process: How to Get there</th>
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<tbody>
<tr>
<td>Agree</td>
<td>DA (Disagree)</td>
</tr>
<tr>
<td>Disagree</td>
<td>Agree</td>
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Disagree

Agree
Agreement Matrix

- **Vision**: where we want to go
- **Process**: how to get there

<table>
<thead>
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<tbody>
<tr>
<td>Agree</td>
<td>Agree AA</td>
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- **AA**: Agree to Agree
Agreement Matrix

Vision: where we want to go

Process: How to Get there

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### Mature Organizations and the Agreement Matrix

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- **AD** (Agree, Disagree): Successful
- **AA** (Agree, Agree): Innovative
- **DD** (Disagree, Disagree): Chaotic
- **DA** (Disagree, Agree): Stagnating
Mature Organizations and the Agreement Matrix

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- DD opportunity for radical innovation and leadership
- Fill the void
### Mature Organizations and the Agreement Matrix

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- **DA agreement on process but not vision**
- **“That’s the way we do things.”**
Mature Organizations and the Agreement Matrix

- AD shared vision
- “Do what you need to do to get us there”
- Results oriented
Mature Organizations and the Agreement Matrix

- AA slow to change
- Traditional
- The standard bearer
The S-Curve

Success

Organization A

Time
The S-Curve

Success

Organization A

Organizational B

Time
Victims of the S-Curve
Creating an Organizational Culture of Inclusion
Tip 1: Start Small
Tip 2: Involve Leadership
Tip 3: Stakeholders
Tip 4: Move Quickly
Tip 5: Seek Precedence
Tip 6: Measure Your Success
Tip 7: Make Friends
CQC: Culture-Quality-Collaborative

- A network of healthcare organizations
- Co-learning
- Develop interventions
- Implement and evaluate interventions
- Share findings
- Coordination by Hopkins Center for Health Disparities Solutions, Johns Hopkins Bloomberg School of Public Health
CQC Founding Hospitals

- Saint Elizabeth Regional Medical Center
- Adventist HealthCare
- Sinai Hospital
- Henry Ford Health System
- Catholic Health East
Kevin Flores
MHA, FACHE
Director, Managed Care
Saint Elizabeth Regional Medical Center
(Lincoln, NE)
Resources

- Office of Minority Health CLAS Standards
- The Joint Commission Standards
- NCQA Multicultural Health Care Standards (Abbreviated)
- Meaningful Use of Electronic Health Records Standards
- COA360
- CQC

Available at: theCQC.org/Learn.html
Join Us: Upcoming Webinar

• Assessing Organizational Cultural Competency using the COA360: A Tool for Cultural Competency Trainers
  – July 28, 2010, 1:00 p.m.-2:30 p.m. ET
  – Register at: theCQC.org
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