



MHA Keystone Center

A Certified Patient Safety Organization

Health Equity Organizational Assessment

The Health Equity Organizational Assessment (HEOA) was originally developed by the Centers for Medicare & Medicaid Services Partnership for Patients Hospital Improvement Innovation Network Health Equity Affinity Group to better understand hospitals: (1) preparedness to address health disparities through the consistent collection of accurate demographic data; (2) use of demographic data to identify and resolve disparities; and (3) implementation of organizational and cultural structures needed to sustain the delivery of equitable care.

Organizations are encouraged to complete and update the HEOA survey in the MHA Keystone Center data system, KeyMetrics. For access to the HEOA survey in KeyMetrics, contact keystonedata@mha.org.

DATA COLLECTION

1. **Does your hospital use a self-reporting* methodology to collect demographic data from the patient and/or caregiver, including (select all that apply):**
**Using a self-reporting methodology to collect patient demographic data removes “guess-work” and ensures accurate data is being collected)*
 - REAL data (race, ethnicity and language)
 - SO/GI data (disability status, sexual orientation/gender identity)
 - SDOH/social risk factors data (social determinants of health data may include veteran status, geography, education level, access to housing, food availability, migrant status, income, incarceration history, access to healthcare, and employment status, etc.)
 - None of the above

Background: All race and ethnicity categories collected should, at a minimum, roll up to the OMB categories and should be collected in separate fields. SDOH/social risk factors may include education level, access to housing, food availability, migrant status, income, incarceration history, access to healthcare, and employment status, etc.

2. *(This question applies only if you marked “REAL data (race, ethnicity and language)” in question #1.)* **Does your hospital collect REAL data for at least 95% of patients with the opportunity for verification at multiple points of care (beyond just registration) to ensure the accuracy of the data and to prevent any missed opportunities for data collection (e.g., pre-registration process, registration/admission process, inpatient units, etc.).***
 - a. Yes
 - b. No

DATA COLLECTION TRAINING

3. **Does your hospital provide workforce training regarding the collection of patient self-reported data (examples of training may include: role-playing, scripts, didactic, manuals, online modules, or other tools/job aids?)**
 - a. Yes
 - b. No

Background: Standardized procedures are in place to train staff to use patient self-reporting methodologies to collect demographic data, ensuring this data is accurately and consistently collected. Examples of training may include: role playing, scripts, didactic, manuals, on-line modules, or other tools/job aids. Patient/Family Advisors should be included in the development and delivery of workforce training to collect REAL data.

4. *(This question applies only if you answered “Yes” to question #3.)* **What type of patient demographic data is included in the workforce training (select all that apply):**
 - REAL data (race, ethnicity, and language)
 - SOGI data (disability status, sexual orientation/gender identity)
 - SDOH/social risk factors data (social determinants of health data may include veteran status, geography, education level, access to housing, food availability, migrant status, income, incarceration history, access to healthcare, and employment status, etc. For additional details, click here)
5. *(This question applies only if you answered “Yes” to question #3.)* **Does your hospital evaluate the effectiveness of workforce training on an annual basis to ensure staff demonstrates competency in patient self-reporting data collection methodology (i.e., observations, teach back, post-test, etc.):**

- a. Yes
- b. No

DATA VALIDATION

6. **Does your hospital have a standard process in place to verify the accuracy and completeness (percent of fields completed) of patient demographic data?**

- a. Yes
- b. No

***Background:** Hospital has a standardized process in place to evaluate and validate the accuracy of patient-self reported demographic data including percent of “unknown”, “unavailable”, or “declined” (aiming for a cumulative goal of <5%). Hospital evaluates and addresses system-level issues throughout evaluation processes to continually improve the collection of self-reported patient demographic data.*

7. *(This question applies only if you answered “Yes” to question #6.)* **What patient demographic data does your hospital verify for accuracy and completeness (select all that apply):***

- REAL data (race, ethnicity, and language)
- SOGI data (disability status, sexual orientation/gender identity)
- SDOH/social risk factors data (social determinants of health data may include veteran status, geography, education level, access to housing, food availability, migrant status, income, incarceration history, access to healthcare, and employment status, etc.)

8. **Does your hospital have a standardized process in place to evaluate and compare hospital collected patient demographic data to local demographic community data?**

- a. Yes
- b. No

9. *(This question only applies if you answered “Yes” to question #8.)* **Which patient demographic data does your hospital evaluate and compare to local demographic community data (select all that apply):**

- REAL data (race, ethnicity, and language)
- SOGI data (disability status, sexual orientation/gender identity)
- SDOH/social risk factors data (social determinants of health data may include veteran status, geography, education level, access to housing, food availability, migrant status, income, incarceration history, access to healthcare, and employment status, etc.)

10. **Does your hospital have a standard process in-place to addresses any system-level issues (e.g., changes in patient registration screens/fields, data flow, workforce training, etc.) to improve the collection of self- reported patient demographic data?**

- a. Yes
- b. No

DATA STRATIFICATION

11. **Data stratification – please select the statement that best describes your hospital:**

- Hospital stratifies **at least one** patient safety, quality and/or outcome measure by REAL data
- Hospital stratifies **more than one (or many)** patient safety, quality and/or outcome measure by REAL data

- Hospital stratifies **more than one (or many)** patient safety, quality and/or outcome measure by REAL and other demographic data (beyond REAL) such as disability status, sexual orientation/gender identity (SOGI), veteran status, geography and/or other social determinants of health (SDOH) or social risk factors
- None of the above.

COMMUNICATE FINDINGS

12. Does your hospital use a reporting mechanism (i.e. equity dashboard) to routinely communicate outcomes for various patient populations?
- a. Yes
 - b. No

Background: Hospital communicates identified gaps in disparities with the intent to create organization- and community-wide awareness of potential differences in patient outcomes and promotes understanding of patient population needs. A regular reporting mechanism (e.g. quarterly, semi-annually, etc.) is in place that leadership can visually assess for potential differences in patient outcomes. This may include equity dashboards, scorecards or reports.

13. (This question only applies if you answered “Yes” to question #12.) With whom does your hospital communicate outcomes for patient populations (select all that apply):

- Hospital Executive Leadership (including medical staff leadership)
- Hospital Board
- Widely within the organization (i.e. quality staff, front line staff, managers, directors, providers, committees and departments or service lines)
- Patients and families (i.e. PFAC members) and/or other community partners or stakeholders
- None of the above

ADDRESS & RESOLVE GAPS IN CARE

14. What type of interventions does your hospital implement to resolve differences in patient outcomes (select all that apply):

- Engaging multidisciplinary team(s) to develop and test pilot interventions to address identified disparities in patient outcomes.

Practical Example: Hospital organized a team [nursing, linguistic services, case management, providers and Patient and Family Advisory Council (PFAC) member] to pilot test the mandatory use of in-person interpreters at the point of discharge for all patients/families with limited English proficiency (LEP) for 3 months and monitor readmissions rates.

- Implementing interventions to resolve identified disparities and educates staff/workforce regarding findings.

Practical Example Pilot data shows reduction in readmissions in LEP patients. Due to positive results, linguistic resources were broadened, policy was changed to make in-person interpreter mandatory at discharge and triggers were built in the EHR to alert staff to use in-person interpreters at the point of discharge.

- Standard process in place for ongoing review, monitoring, recalibrating interventions (as needed) to ensure changes are sustainable.

Practical Example Linguistic services and case management keep dashboards to monitor LEP related readmissions, in person interpreter utilization with EHR triggers and report this to leadership on a monthly basis.

- None of the above

Background: Ensure proper provision of resources to resolve differences in patient outcomes. Tailor interventions to resolve differences in patient outcomes and educate staff about gaps in care. To every extent possible, existing teams should be utilized to address gaps in care.

ORGANIZATIONAL INFRASTRUCTURE & CULTURE

15. **What elements are part of your organizational infrastructure to support the delivery of care that is equitable for all patient populations (select all that apply):**

- Standardized process to train workforce to deliver culturally competent care and linguistically appropriate services (according to the CLAS standards)
- Hospital has named an individual (or individuals) who has leadership responsibility and accountability for health equity efforts (e.g., manager, director or Chief Equity, Inclusion and Diversity Officer/Council/Committee) who engages with clinical champions, patients and families (e.g., Patient and Family Advisory Councils (PFACs)) and/or community partners in strategic and action planning activities to reduce disparities in health outcomes for all patient populations.
- Hospital has made a commitment to ensure equitable health care is prioritized and delivered to all persons through written policies, protocols, pledges or strategic planning documents by organizational leadership and Board of Directors (e.g. mission/vision/values reflect commitment to equity and is demonstrated in organizational goals and objectives)
- None of the above

Background: Training should routinely involve patient and family input (e.g., Patient and Family Advisory Councils (PFACs)) and can include cultural competency/intelligence regarding racial and ethnic minorities, patients with physical and mental disabilities, veterans, limited English proficient patients, lesbian, gay, bisexual and transgender (LGBT) patients, elderly patients, etc. Responsible individual may wear more than one hat, be full-time or dedicate a portion of their time to equity efforts. Hospital actively involves key stakeholders including patients and families and/or community partners in the planning, development and implementation of health equity efforts. Hospital explicitly prioritizes equity in organization mission and goals.

Please contact the [MHA Keystone Center](#) with questions.