

Addressing identified Disparities in Patient and Family Experience

The Center for Diversity and Health Equity's step-wise approach to improving care.

Identify

- Collect race, ethnicity, language
- Apply demographics to hospital metrics to identify disparities

Understand

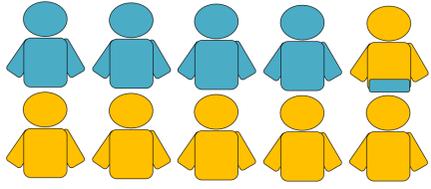
- Conduct literature review
- Inform leadership
- Understand disparities:
 - Family voice
 - Staff experiences & practices

Overcome

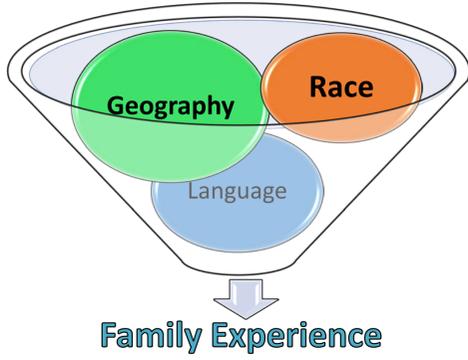
- Educate staff
- Implement change
- Evaluate change
 - Ongoing measurement
 - Family, community, staff voice

Identify

Since 2007 Seattle Children's collects self-identified patient race, ethnicity and language.



of Seattle Children's patients are nonwhite and/or Latino



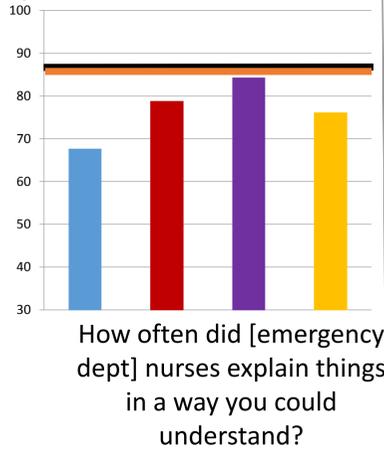
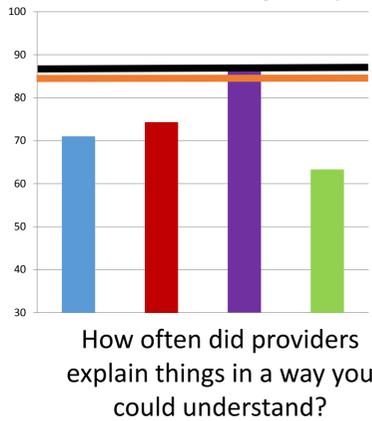
We have identified statistically significant differences in experiences for nonwhite and Hispanic families in:

- understandable explanations
- experiences of courtesy and respect
- family input on care

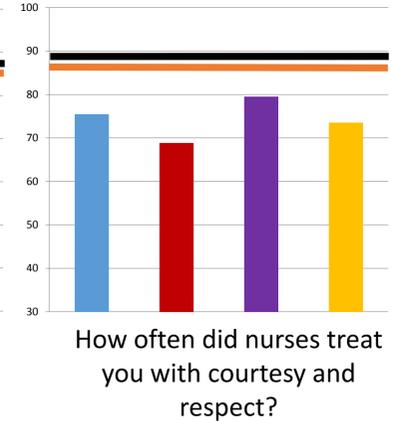
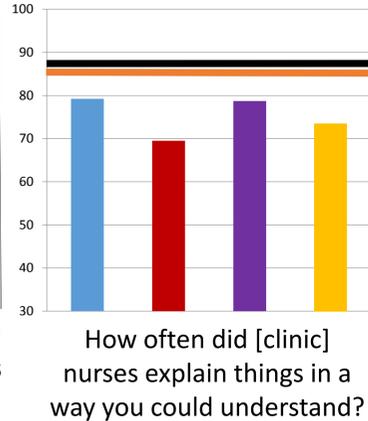
Inpatient

65% of American Indian & Alaskan Native (AI / AN) families felt they had enough input on care compared to 79% of White families.
77% of AI / AN families experienced courtesy and respect with nursing compared to 92% of White families.

Emergency Department (ED)



Clinics



Understand



Literature Review

What contributes to positive experiences for nonwhite and Hispanic patients and caregivers with nurses?

- Non-task related time spent with patient/family
- Effort to build personal rapport

What contributes to positive Emergency Department experiences for nonwhite and Hispanic patients?



- Wait times
- Provider interpersonal skills

Gather reflections on data and input from faculty and staff

Medical Unit and ED Nurses partner with Health Equity Liaisons to learn from families

Health Equity Liaisons



Travel to communities in Seattle, rural WA, Anchorage AK to hear from patient families

Families provide input through targeted focus groups and key informant interviews

Family Voice

Gather qualitative data from inpatient nurses to improve care for American Indian and Alaskan Native families

Overcome

Leaders use data to prioritize and support actions

Plan

Modify ED nurse triage practices

Tailor nursing continuing education using family-identified ways of: demonstrating courtesy and respect, providing easy-to-understand explanations, and assuring families' input on care

Do

Report performance on key metrics to monitor effectiveness of interventions and identify new opportunities

Check

Act

Continue to learn from families and community partners through Community Advisory Board

Trial bedside strategies to improve experiences for Alaskan Native and American Indian families

Challenges

- PDCA cycles of improvement rely on monthly or quarterly data. The n-size of nonwhite and Hispanic groups in the ED and inpatient units precludes real time feedback.
- On-going local accountability
- Establishing sustainable model for improvement institution-wide