

# DLP CASE STUDY

## Children's Mercy Hospitals & Clinics

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**Year Participated in DLP: 2009-2010**

### Background

Children's Mercy Hospitals and Clinics (CMHC) is a not-for-profit, comprehensive pediatric hospital located in Kansas City, Missouri that provides medical care to patients from birth to 18 years of age. Children's Mercy Hospitals and Clinics is the only free-standing children's hospital between St. Louis and Denver. With 350 beds and over 6,000 employees, CMHC offers a broad range of services including clinical expertise, health education, medical provider education, community outreach and cutting-edge medical research related to children and their families.

CMHC serves as the safety net hospital for the indigent under- and uninsured population throughout the region. The hospital was founded by two women in the late 1800's to serve otherwise neglected children and has continued to build on the tradition of serving all who enter their doors.

In 2007, Dr. John Cowden, a pediatrician at CMHC, began to recognize the inadequacy of the race, ethnicity, and language (REaL) data being collected from patients and their families. At the same time, Karen Cox, PhD, Executive Vice President of Patient Care Services and Co-COO, began seeking ways to better address equity and diversity issues in the institution. With the support of CEO Randall O'Donnell, Drs. Cowden and Cox partnered to establish an approach for achieving health equity at CMHC.

The first step was to bring a group of key stakeholders together to talk about the topics of health disparities and diversity. In 2008, 30 individuals from all levels of the organization participated in a retreat to begin a strategic planning process. This retreat resulted in the formation of an Office of Equity and Diversity (OED) and an Equity and Diversity Council. Ultimately, Dr. Cowden was named the Medical Director of Equity and Diversity at CMHC.



CEO, Rand L. O'Donnell, PhD

### Participation in the DLP

Dr. Cowden reached out to others to learn more about what their institutions were doing to address issues related to health disparities and diversity. He spoke with Sarah Rafton, the Director of the Center for Diversity and Health Equity at Seattle Children's Hospital and Dr. Mike Weaver, the VP of Clinical Diversity at Saint Luke's Health System in Kansas City.

Ms. Rafton and Dr. Weaver were graduates of the Disparities Leadership Program (DLP). They recommended that Dr. Cowden apply to this program to further his knowledge and to connect with others doing this important work. In 2009, Dr. Cowden and Elizabeth Guerrero, the new OED Project Manager, enrolled in the DLP.



John "JC" Cowden, MD, MPH

## DLP Project Title, Overview, and Outcomes

### Race, Ethnicity, and Language Data (REaL) Improvement Project

#### *Overview:*

The CMHC team sought to build on the momentum that was occurring within their institution around health disparities and diversity. They determined that the first challenge was to improve the REaL data that was collect from patients and their families.

*We were collecting data on race but we weren't able to effectively use what we were collecting. We didn't have to convince people to collect data, but we had to convince them that we needed to do it differently.* JC Cowden, MD, MPH

Specific objectives of the project were to:

1. create a collaborative vision for REaL data collection at CMHC
2. describe the current REaL data system and plan changes in accordance with the current national recommendations for best practice and CMHC goals
3. test and implement data collection revisions
4. assess the effectiveness of the new system

#### *Outcomes:*

Through this project, CMHC revised their data collection system to include more detailed information on patient/family race, ethnicity, and language. Successful implementation of this work required a shared vision throughout the institution and collaboration between hospital leaders in equity and diversity, admissions, and information services.

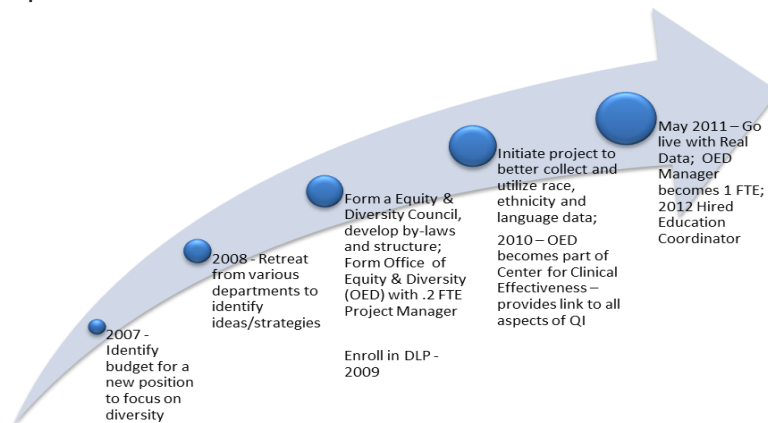
The team reported that this project helped form "a stronger infrastructure than they had first envisioned." With other key stakeholders they planned improvements to the current data collection system. Changes in the system were to be tested in a pilot phase but were ultimately tested all at once throughout the entire institution beginning in January 2011. Staff members were trained on how to collect and record the new data. In addition, "stories were collected and shared with both the leadership and with those charged with collecting patient and family data to increase their understanding of why the new data was important to their efforts to improve care for all."

The team also used this project to facilitate the use of a new vocabulary for disparities work at CMHC. While the system had long served anyone that walked through their doors, there was not a commonly agreed upon vocabulary for some of their work. Through this project, the team

and their colleagues created new norms around using words like ‘disparities’ and ‘equity.’ A goal for the future is to continue to demonstrate improved health outcomes from the changes made in their institutional culture and systems.

## Project Accomplishments

The timeline below shows the major milestones in CMHC’s health equity movement, including the year they participated in the DLP.



## Key Success Factors

The CMHC DLP team was able to meet all of their objectives for this project. This success was facilitated by a number of factors.

### Executive leadership support

The team had buy-in from senior leadership, including the hospital CEO and other key leaders such as Dr. Karen Cox, Executive Vice President and Co-Chief Operating Office, as well as the head of the IT Department. The team was also successful because of the infrastructure that the executive champions put in place early in the process. This infrastructure included a dedicated budget for the new Office of Equity and Diversity, the creation of the Equity and Diversity Council, and the hiring of new staff, such as the OED Project Manager position.

### Shared vision and involvement across the organization

The success of this project was also due to the process used by the CMHC DLP team and their colleagues to create a shared vision between multiple stakeholders across the institution. The involvement of people across the institution provided multiple perspectives on issues, as well as buy-in from people working in various departments or buildings.

*We needed people to come up with their own ideas and not tell them what we wanted them to do. We found that people were eager to support this work, and they wanted involvement across the institution to go beyond the volunteer level. JC Cowden, MD, MPH*

### Achievement of small victories

The continued support for the infrastructure and shared vision was also due to the achievement of some small wins. For example, the successful implementation of changes to the collection of new data and the use of stories to show how this data is being used to make service and health

outcome improvements is helping to facilitate the continuation of the diversity and health disparities work.

*People need to see how this is improving the quality of our work. Gaby Flores, Director, OED*

### **Connection to DSC and participation in DLP**

Finally, the CHMC DLP team highlighted the relationship they have with the staff and faculty of the Disparities Solution Center (DSC) and the DLP as being instrumental to their success. The DSC's connection to the widely recognized Mass General Hospital added credibility to the DLP program and to the importance of work on health disparities. The DSC staff are known and appreciated for their depth of knowledge of the issues related to this work.

### **Challenges to Making Progress**

Despite the support of the organizational leaders and the recent infrastructure and staffing changes, there were challenges to implementing this project and to continuing this work. These included:

- finding time to work on issues with so many other competing demands;
- assuring the stability of staffing for this work;
- obtaining true buy-in from key stakeholders such as admissions leaders who control the registration data collection process; and
- understanding the levels of staff training needed to make wide-spread culture and process change.

*We are at a 5 or 6 on a 10 point scale on our goals of health equity. Limited resources such as time and people are a challenge. We have a new Endowed Chair (Health Services Research.) This will make a difference as we move forward. Karen Cox, PhD, RN, FAAN*

### **Knowledge and Skills Needed for Change**

Both technical and relational skills were needed to carry out this project and the organizational changes at CMHC. The DLP project team at CMHC used the following knowledge and skills as they progressed on the REaL Data Project:

#### **Technical knowledge & skills**

- Understand how to collect and utilize credible data
- Understand cycles of improvement and change
- Be aware of evidence-based interventions and evaluation of impact
- Technology infrastructure

#### **Relational & leadership skills**

- Able to influence others toward a shared vision
- Active listener, ability to assure others that they have been heard
- Non-judgmental, open to others' views
- Persistent, does not give up
- Able to manage conflict and differences
- Politically saavy – diplomacy and negotiation
- Storytelling, able to build the stories

## DLP Support

The Disparities Leadership Program served as a catalyst for doing health disparities work at Children's Mercy Hospital. While there was a sense of momentum for disparity and health equity work, involvement in the program helped the team find focus and provided them a level of accountability needed to make on-going progress. Participation in the program provided space and time to focus on issues of health inequities and diversity. The faculty and staff of the program provided consultation on best practices and coaching on planning and problem-solving. This relationship remains important to CMHC.

*If we had not sent a team to participate in the Disparities Leadership Program we would be a couple of years behind where we are in reaching our goals in health equity. We would have less focus and would have only achieved smaller wins.* Karen Cox, PhD, RN, FAAN

## Broader Impact

### DLP project as a catalyst for change

The movement towards reducing health inequities at CMHC was started before a team was sent to participate in the Disparities Leadership Program. However, participation in the program supported and accelerated the pace of change in this institution. In particular, the REaL project was a catalyst for changing the conversations throughout the institution. Now it is commonplace to hear race, ethnicity, and language included in discussions of care in each department. Data collection related to language has also expanded and is impacting how interpreter services are provided to patients and their families.

*We have an expanded vision of how to better serve our patients and community. It is not just the vision of two people.* Karen Cox, PhD, RN, FAAN

*We've looked for ways to hard wire this work through-out our institution.* Randall O'Donnell, PhD, President and CEO

### Changes in infrastructure and organizational culture

In addition to the changes made in how data is collected and utilized, the infrastructure changes made at CMHC, such as the formation of the Health Equity Council and the Office of Equity and Diversity have also promoted a more substantial change in the organizational culture. Specifically, the organization is modeling cross-boundary work, interdisciplinary collaboration, and enhanced interactions with the community.

*We are now part of the Center for Clinical Effectiveness, which integrates this work in all aspects of Quality Improvement.* JC Cowden, MD, MPH

*We have learned to include and involve the community more in our work.* Randall O'Donnell, PhD, President and CEO

Diversity is promoted and celebrated. For example, speakers are routinely brought in to talk with employees about a variety of aspects of diversity, such as a recent speaker who spoke on spiritual diversity, and an award is given (Kaleidoscope Award) to the individual who best exemplifies a commitment to understanding and embracing diversity.

## **Initiatives on the Horizon**

DLP alumni, Dr. Cowden, and others at CMHC are now being asked to share what they have learned and accomplished.

*We have linked our work with colleagues at Kaiser and have completed studies with Seattle Children's Hospital.* JC Cowden, MD, MPH

While heading in the right direction, they are quick to point out that they have a long way to go to meet their diversity and health equity goals. Effectively utilizing data to make decisions about interventions needs to continue, as do efforts to involve and work with the community for improved health. The challenge will be to balance this work while also “navigating the waters of change that are coming for healthcare.”

## **Case Study Informants**

### **DLP Leads**

John “JC” Cowden, MD, MPH, Pediatrician, Interim Director, Division of General Pediatrics, Medical Director, Office of Equity and Diversity  
Gabriela “Gaby” Flores, Director, Office of Equity and Diversity

### **Other Informants**

Keith Mann, MD, MEd, Medical Director of Quality and Safety  
Karen Cox, PhD, RN, FAAN, Executive Vice President and Co-Chief Operating Officer  
Randall O'Donnell, PhD, President and CEO

## **Support**

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