HARRISHEALTH SYSTEM

# BOARD OF TRUSTEES

## Diversity Equity and Inclusion (DEI) Committee

Friday, April 21, 2023
10:00 A.M.

BOARD ROOM
4800 Fournace Place, Bellaire, Texas 77401

The meeting may be viewed online at: **http://harrishealthtx.swagit.com/live**.

*Notice: Some Board Members may participate by videoconference.*

Mission

Harris Health is a community-focused academic healthcare system dedicated to improving the health of those most in need in Harris County through quality care delivery, coordination of care, and education.

# AGENDA

| | | | |
|---|---|---|---|
| **I.** | **Call to Order and Record of Attendance** | **Professor Marcia Johnson** | **2 min** |
| **II.** | **Approval of the Minutes of Previous Meeting**<br>• DEI Committee Meeting –March 17, 2023 | **Professor Marcia Johnson** | **2 min** |
| **III.** | **Implicit Bias in Patient Care: Vizient Methodology Overview and Race Based Algorithms –** ***Dr. Steven Brass*** | | **25 min** |
| **IV.** | **Implicit Bias in Patient Care at Harris Health: Patient and Family Advisory Council (PFAC) Overview –** ***Mr. David Riddle*** | | **25 min** |
| **V.** | **Harris Health Updates (Information Only)**<br>**A. Employee Engagement Survey**<br>**B. Food Pharmacy** | | |
| **VI.** | **Upcoming Events –** ***Dr. Jobi Martinez*** | | **5 min** |
| **VII.** | **Adjournment** | **Professor Marcia Johnson** | **1 min** |

**HARRIS HEALTH SYSTEM**
**MINUTES OF THE BOARD OF TRUSTEES**
**DIVERSITY EQUITY AND INCLUSION COMMITTEE MEETING**
**Friday, March 17, 2023**
**10:00 AM**

| AGENDA ITEM | DISCUSSION | ACTION/RECOMMENDATIONS |
|---|---|---|
| **I. Call to Order and Record of Attendance** | Professor Marcia Johnson, Chair, called the meeting to order at 10:02 a.m. It was noted there was a quorum present and the attendance was recorded. Professor Johnson announced that while some board members are in the room, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. Only participants scheduled to speak have been provided dial in information for the meeting. All others who wish to view the meeting may access the meeting online through the Harris Health website: http://harrishealthtx.swagit.com/live. | |
| **II. Approval of the Minutes of the Previous Meeting –** DEI Committee Meeting – February 17, 2023 | | **Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously approved the minutes of the previous meeting.** |
| **III. Executive Summary Highlights Regarding DEI Dashboard** | Dr. Jobi Martinez, Vice President and Chief Diversity Officer, provided executive summary highlights regarding the Diversity, Equity and Inclusion (DEI) dashboard. She provided an overview of Harris Health's equity framework as well as its market review process. Mr. Omar Reid, Senior Vice President, Human Resources, shared that the annual market review process is competitive and internally equitable across the organization. Dr. Martinez addressed employment disparities such as COVID-19, unemployment, and shifts in economy or local or regional industries. Professor Johnson inquired regarding employee engagement and anonymity related to employee surveys in the workplace. Mr. Reid shared that Harris Health engages an independent third-party organization to perform anonymous employee surveys. In addition, Mr. Reid stated that the employee engagement survey results will be available late November or early December. Dr. Esmaeil Porsa, President & Chief Executive Officer, emphasized that Harris Health's employee engagement and physician satisfaction surveys are administered by a third party and that there is complete anonymity in which Harris Health receives a summary of the data results. | **As Presented.** |

| AGENDA ITEM | DISCUSSION | ACTION/RECOMMENDATIONS |
|---|---|---|
| | He noted that Harris Health has implemented an executive rounding, which occurs once a month, where executives rotate to different areas of hospital, clinics including its homeless shelters to obtain a better understanding of what our system does and who our employees are. Dr. Martinez touched upon the Equity Intelligence Platform (EIP) model and its functionality. She shared the quantitative and qualitative methodology, potential findings and biases in patient care. Dr. Porsa recognized Harris Health for ranking #1 by Vizient in health equity. Mr. Reid shared that Harris Health received national recognition for ranking #1 among the Healthiest 100 Workplaces in America. Extensive discussion ensued regarding employee and patient outcomes. Dr. Porsa concluded by highlighting a book written by Dr. Ricardo Nuila, physician at Ben Taub Hospital, entitled the Peoples Hospital: Hope and Peril in American Medicine. A copy of the presentation is available in the permanent record. | |
| **IV. Harris Health System's DEI Framework** | | **TABLED/DEFERRED** |
| **V. Adjournment** | Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously approved to adjourn the meeting. There being no further business, the meeting adjourned at 10:58 a.m. | |

I certify that the foregoing are the Minutes of the Meeting of the Diversity Equity and Inclusion Committee of the Board of Trustees of the Harris Health System held on March 17, 2023.

Respectfully submitted,

Marcia Johnson, Chair

Recorded by Cherry Pierson

HARRISHEALTH SYSTEM

**Friday, March 17, 2023**

**Harris Health System Board of Trustees Board Meeting – Diversity, Equity & Inclusion Committee Attendance**

**Note**: For Zoom meeting attendance, if you joined as a group and would like to be counted as present, please submit an email to: BoardofTrustees@harrishealth.org before close of business the day of the meeting.

| DE&I COMMITTEE BOARD MEMBERS PRESENT | DE&I COMMITTEE BOARD MEMBERS ABSENT |
|---|---|
| Professor Marcia Johnson *(Chair)* | |
| Dr. Arthur W. Bracey *(Ex-Officio)* | |
| Ms. Alicia Reyes | |
| Ms. Jennifer Tijerina | |

| EXECUTIVE LEADERSHIP |
|---|
| Dr. Esmaeil Porsa, President & Chief Executive Officer |
| Mr. Anthony Williams, Vice President, Chief Compliance Officer |
| Ms. Carolynn Jones, Executive Vice President & Chief Compliance and Risk Officer |
| Mr. Chethan Bachireddy, Senior Vice President, Chief Health Officer, Population Health |
| Dr. Jobi Martinez, Vice President and Chief Diversity Officer |
| Mr. Louis Smith, Senior Executive Vice President & Chief Operating Officer |
| Mr. Michael Hill, Executive Vice President, Chief Strategy & Integration Officer |
| Mr. Omar Reid, Executive Vice President, Chief People Officer |
| Ms. Olga Llamas Rodriguez, Vice President, Community Engagement & Corporate Communications |
| Ms. Patricia Darnauer, Executive Vice President, Lyndon B. Johnson Hospital |
| Mr. Ron Fuschillo, Senior Vice President and Chief Information Officer |
| Dr. Steven Brass, Executive Vice President & Chief Medical Executive |

| ADDITIONAL GUESTS PRESENT | |
|---|---|
| Cherry Pierson | Haley Love |
| Bryan McLeod | Jennifer Zarate |
| Daniel Smith | John Matcek |
| Derek Holmes | Katie Rutherford |
| Dr. Esperanza (Hope) Galvan | Nicholas Bell |
| Ebon Swofford | Shawn DeCosta |
| Elizabeth Winn | Tai Nguyen |
| George Gaston | |

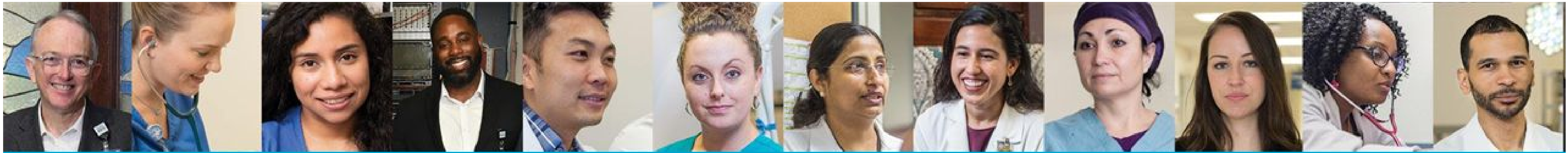
BOARD OF TRUSTEES

Diversity Equity and Inclusion Committee

HARRISHEALTH SYSTEM

**Friday, April 21, 2023**

**Implicit Bias in Patient Care: Vizient Methodology Overview and Race Based Algorithms**



# Board of Trustees DEI Committee April 21, 2023

Steven Brass, MD MPH MBA
Executive Vice President – Chief Medical Executive Harris Health



HARRISHEALTH SYSTEM

"Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane."

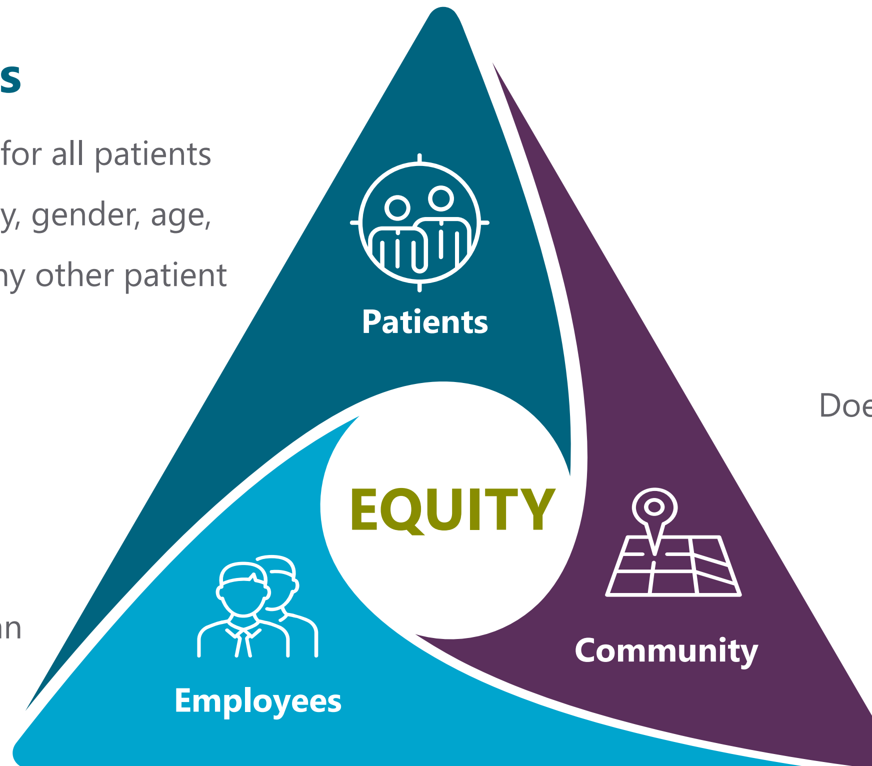
*DR. MARTIN LUTHER KING, JR.*

Library of Congress Prints and Photographs Division Washington, D.C. 20540 USA h[illegible]w.loc.gov/item/2003688129/

# Framework for Equity: Harris Health System

## Patients

Providing high quality care for all patients irrespective of race, ethnicity, gender, age, language of preference or any other patient background



## Community

Does the community we serve see us as an equitable organization?

## Employees

Do our employees see us as an equitable organization?

# Tackling Implicit Bias in Health Care

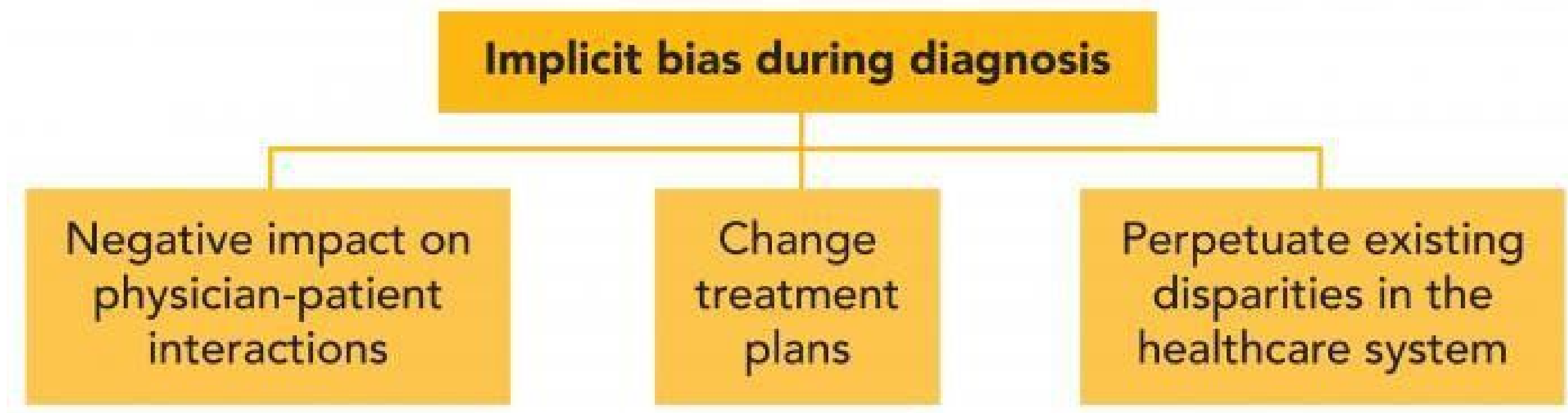
NEJM 387;2 July 14, 2022

- **Explicit biases** are the attitudes and assumptions that we acknowledge as part of our personal belief systems, that can be assessed directly by means of self-report.

- **Implicit biases** are attitudes and belief about race, ethnicity, age, ability, gender, or other characteristics that operate outside our conscious awareness and can be measured only indirectly.

# Tackling Implicit Bias in Health Care

NEJM 387;2 July 14, 2022




**Implicit biases surreptitiously influence judgment and can, without intent, contribute to discriminatory behavior and have impact on outcomes.**

# Tackling Implicit Bias in Health Care

- One way to look at the impact of bias is to look at outcomes -health outcomes in our patient population.
- The subject of how to measure health inequity has existed for a long time.

*"Health equity means that everyone has a fair and just opportunity to be as healthy as possible.  This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."*

- *Robert Wood Johnson Foundation*

# Vizient Consortium

- Vizient, Inc. is a health care performance company.
- The company manages a network of healthcare organizations to improve performance in clinical, financial, and operational management, as well as offers data analytics, contracting, consulting, and network development services.
- In recent years, Vizient has begun to look at evidence-based health outcomes among member hospital and health systems as a measure of health equity and explicit/implicit bias.

# Cohort comparison

| | CT-NS Cases | Acute Transfer In Cases | Trauma Cases | Transplant Cases |
|---|---|---|---|---|
| **HARRIS HEALTH** | **338** | **84** | **2182** | **0** |
| **LSCC** | **575** | **1583** | **1242** | **14** |

Large, Specialized Complex Care Medical Center (n=127)

Anchoring on having at least 75 combined cardiothoracic and neurosurgery cases and

- At least 25 solid organ transplants and 75 combined cardiothoracic and neurosurgery cases
- Or 600 trauma and 75 combined cardiothoracic and neurosurgery cases
- Or 1500 acute transfers in from another acute facility and 75 combined cardiothoracic and neurosurgery cases

# Four Different Conditions

Congestive Heart Failure

Myocardial Infarction

(Non ST)

Maternal Health and Vaginal Delivery

Sepsis

# Three Equity Groupings

Race

(White/Non-White)

Gender

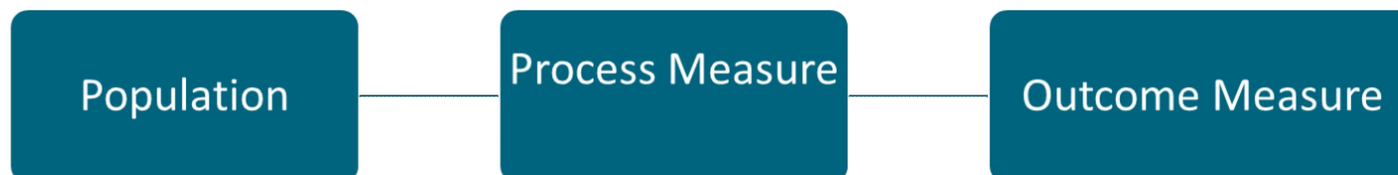
(Male/Female)

Socioeconomic Status

(Medicaid, county medically indigent, charity, self-pay/uninsured, and Title V maternal/child health vs. all other payer types)

# Types of Measures Making Up Equity Score

- Process Measures:
  - These are, in general, measures regarding the steps providers take (or don't take) during a patient encounter and/or in the course of providing care.
- Outcome Measures:
  - Outcomes are "what matters" to patients and represent the most important aspects of care, namely the resulting health of those treated.



# Sepsis

# Congestive Heart Failure

# Myocardial Infarction

# Maternal Health

# Equity Table Summary

| Population | Equity Process Measure | Equity Outcome Measure |
|---|---|---|
| Present on Admission Severe Sepsis & Septic Shock | Time to Initial Lactate Measurement (in hours) | Risk Adjusted O/E Mortality Index |
| Non-ST Segment Elevated Myocardial Infarction (NSTEMI) | Time to initial Troponin Measurement (in hours) | Risk Adjusted O/E Mortality Index |
| Congestive Heart Failure | Percent improvement in BNP from Admission to Discharge (%) | Risk Adjusted O/E Mortality Index |
| Vaginal Delivery | Change in Hemoglobin before/after Delivery Date (g/dL) | Percent RBC Transfusion Rate (%) |

# Analysis

- No statistically significant differences were noted among the different equity groupings for the 4 disease states.
- We ranked #1 among the cohort (n=127) for Equity.

| | 2022 Study Quarters | | | | 2022 Current Cumulative Performance | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Qtrly View 1 | Qtrly View 2 | Qtrly View 3 | Qtrly View 4 | Total Hospitals | | 127 | | | |
| Measure | Metric Value | Metric Value | Metric Value | Metric Value | Time Period | Metric Value | Z-Score | % of Domain Score | % of Overall Score | Domain Rank |
| Sepsis Lactate Timing-Male | 5.38 | 2.63 | 2.55 | 1.69 | Q3 2021 - Q1 2022 | 3.19 | Equal | 1.36% | 0.07% | 1 |
| Sepsis Lactate Timing-Female | 1.41 | 4.38 | 2.38 | 2.21 | | 2.64 | Equal | 1.36% | 0.07% | |
| Sepsis Lactate Timing-White | 6.24 | 3.15 | 1.96 | 1.22 | | 3.27 | Equal | 1.36% | 0.07% | |
| Sepsis Lactate Timing-Non-White | 3.11 | 3.58 | 2.55 | 2.09 | | 2.85 | Equal | 1.36% | 0.07% | |
| Sepsis Lactate Timing-LowSES | 4.00 | 3.91 | 2.65 | 2.11 | | 3.19 | Equal | 1.36% | 0.07% | |
| Sepsis Lactate Timing-HighSES | 2.90 | 2.65 | 1.97 | 1.60 | | 2.32 | Equal | 1.36% | 0.07% | |
| Sepsis Mortality O/E-Male | 1.42 | 0.94 | 0.86 | 0.99 | | 1.06 | Equal | 3.17% | 0.16% | |
| Sepsis Mortality O/E-Female | 1.32 | 0.78 | 1.38 | 0.80 | | 1.14 | Equal | 3.17% | 0.16% | |
| Sepsis Mortality O/E-White | 1.98 | 0.81 | 0.28 | 1.07 | | 1.07 | Equal | 3.17% | 0.16% | |
| Sepsis Mortality O/E-Non-White | 1.27 | 0.90 | 1.18 | 0.86 | | 1.09 | Equal | 3.17% | 0.16% | |
| Sepsis Mortality O/E-LowSES | 1.44 | 0.97 | 1.08 | 0.85 | | 1.11 | Equal | 3.17% | 0.16% | |
| Sepsis Mortality O/E-HighSES | 1.27 | 0.74 | 1.16 | 0.99 | | 1.04 | Equal | 3.17% | 0.16% | |
| N-STEMI Troponin Timing-Male | 1.80 | 0.61 | 2.77 | 0.25 | | 1.53 | Equal | 1.36% | 0.07% | |
| N-STEMI Troponin Timing-Female | 2.42 | 1.12 | 0.89 | 0.67 | | 1.18 | Equal | 1.36% | 0.07% | |
| N-STEMI Troponin Timing-White | 5.97 | 0.09 | 0.00 | 0.63 | | 1.62 | Equal | 1.36% | 0.07% | |
| N-STEMI Troponin Timing-Non-White | 1.18 | 1.03 | 2.31 | 0.36 | | 1.35 | Equal | 1.36% | 0.07% | |
| N-STEMI Troponin Timing-LowSES | 2.75 | 1.01 | 2.32 | 0.22 | | 1.67 | Equal | 1.36% | 0.07% | |
| N-STEMI Troponin Timing-HighSES | 0.78 | 0.68 | 1.52 | 0.79 | | 0.95 | Equal | 1.36% | 0.07% | |
| N-STEMI Mortality O/E-Male | 0.95 | 0.57 | 0.36 | 1.68 | | 0.78 | Equal | 3.17% | 0.16% | |
| N-STEMI Mortality O/E-Female | 2.38 | 0.58 | 0.71 | 8.83 | | 1.42 | Equal | 3.17% | 0.16% | |
| N-STEMI Mortality O/E-White | 4.04 | 1.13 | 0.00 | 0.00 | | 1.54 | Equal | 3.17% | 0.16% | |
| N-STEMI Mortality O/E-Non-White | 1.45 | 0.38 | 0.56 | 2.93 | | 1.01 | Equal | 3.17% | 0.16% | |
| N-STEMI Mortality O/E-LowSES | 1.69 | 0.00 | 0.48 | 4.31 | | 0.83 | Equal | 3.17% | 0.16% | |
| N-STEMI Mortality O/E-HighSES | 1.79 | 1.05 | 0.71 | 2.40 | | 1.40 | Equal | 3.17% | 0.16% | |
| Maternal Hemoglobin Change-White | 0.91 | 0.73 | 0.73 | 0.61 | | 0.76 | Equal | 2.04% | 0.10% | |
| Maternal Hemoglobin Change-Non-White | 0.79 | 0.77 | 0.88 | 0.75 | | 0.80 | Equal | 2.04% | 0.10% | |
| Maternal Hemoglobin Change-LowSES | 0.80 | 0.76 | 0.86 | 0.73 | | 0.79 | Equal | 2.04% | 0.10% | |
| Maternal Hemoglobin Change-HighSES | 0.79 | 0.86 | 0.92 | 0.88 | | 0.85 | Equal | 2.04% | 0.10% | |
| Maternal Tranfusion Rate-White | 0.00 | 0.00 | 0.04 | 0.00 | | 0.01 | Equal | 5.14% | 0.26% | |
| Maternal Tranfusion Rate-Non-White | 0.02 | 0.01 | 0.00 | 0.00 | | 0.01 | Equal | 5.14% | 0.26% | |
| Maternal Tranfusion Rate-LowSES | 0.02 | 0.01 | 0.01 | 0.00 | | LV | - | - | - | |
| Maternal Tranfusion Rate-HighSES | 0.00 | 0.00 | 0.00 | 0.00 | | LV | - | - | - | |
| HF BNP Improvement-Male | 0.06 | 0.02 | 0.02 | 0.03 | | 0.03 | Equal | 1.36% | 0.07% | |
| HF BNP Improvement-Female | 0.06 | 0.01 | 0.03 | 0.03 | | 0.03 | Equal | 1.36% | 0.07% | |
| HF BNP Improvement-White | 0.06 | 0.02 | 0.00 | 0.01 | | 0.02 | Equal | 1.36% | 0.07% | |
| HF BNP Improvement-Non-White | 0.06 | 0.02 | 0.03 | 0.04 | | 0.04 | Equal | 1.36% | 0.07% | |
| HF BNP Improvement-LowSES | 0.07 | 0.02 | 0.02 | 0.02 | | 0.04 | Equal | 1.36% | 0.07% | |
| HF BNP Improvement-HighSES | 0.02 | 0.02 | 0.03 | 0.06 | | 0.03 | Equal | 1.36% | 0.07% | |
| HF Mortality O/E-Male | 0.69 | 1.32 | 0.62 | 0.00 | | 0.59 | Equal | 3.17% | 0.16% | |
| HF Mortality O/E-Female | 0.00 | 1.48 | 0.00 | 1.23 | | 0.48 | Equal | 3.17% | 0.16% | |
| HF Mortality O/E-White | 0.00 | 3.42 | 0.00 | 0.00 | | 0.56 | Equal | 3.17% | 0.16% | |
| HF Mortality O/E-Non-White | 0.63 | 0.88 | 0.32 | 0.56 | | 0.54 | Equal | 3.17% | 0.16% | |
| HF Mortality O/E-LowSES | 0.62 | 1.03 | 0.00 | 0.00 | | 0.43 | Equal | 3.17% | 0.16% | |
| HF Mortality O/E-HighSES | 0.00 | 2.17 | 0.42 | 1.37 | | 0.75 | Equal | 3.17% | 0.16% | |

# How do we advance the Health Equity Agenda?

- Committed and engaged leadership starting from the top
- Establishing Heath Equity as our 6th Strategic Pillar
- **Prioritizing Clinical Care and Data**
- Community and Patient Engagement
- Health related social needs screening and referrals
- Health Equity Research
- Advocacy in local, county, state and national level
- Educating the next generation of equity leaders

# Health Equity Work at Harris Health

The NEW ENGLAND JOURNAL of MEDICINE

MEDICINE AND SOCIETY

Debra Malina, Ph.D., *Editor*

## Hidden in Plain Sight — Reconsidering the Use of Race Correction in Clinical Algorithms

Darshali A. Vyas, M.D., Leo G. Eisenstein, M.D., and David S. Jones, M.D., Ph.D.

Physicians still lack consensus on the meaning of race. When the *Journal* took up the topic in 2003 with a debate about the role of race in medicine, one side argued that racial and ethnic categories reflected underlying population genetics and could be clinically useful.[1] Others held that any small benefit was outweighed by potential harms that arose from the long, rotten history of racism in medicine.[2] Weighing the two sides, the accompanying Perspective article diagnostic algorithms and practice guidelines that adjust or "correct" their outputs on the basis of a patient's race or ethnicity. Physicians use these algorithms to individualize risk assessment and guide clinical decisions. By embedding race into the basic data and decisions of health care, these algorithms propagate race-based medicine. Many of these race-adjusted algorithms guide decisions in ways that may direct more attention or resources to white patients than to members of ra-

# “Hidden in Plain Sight – Reconsidering the Use of of Race Correction in Clinical Algorithms“

- Several clinical algorithms and practice guidelines exists in medicine that “correct” output based on patient’s race or ethnicity.
- These algorithms may direct more attention or resources to white patients than to members of racial and ethnic minorities thus exacerbating inequities.
  - Some algorithms have no explanation why race differences might exist.
  - Race categories often fail to capture complexity of patient’s race or ethnic background ex: mixed race.

# “Hidden in Plain Sight – Reconsidering the Use of of Race Correction in Clinical Algorithms “

| Specialty | Algorithm | Use of Race | Equity Concern |
|---|---|---|---|
| Nephrology (Corrected January 2023) | Estimated Glomerular Filtration Rate eGFR | Higher eGFR if African American (AA) | Higher eGFR for AA patients which may delay referral to specialist or being listed for kidney transplant. |
| Obstetrics | Vaginal Birth after Cesarean(VBAC) Risk Calculator | AA and Hispanic correction lower success rate. | The VBAC Score may predict lower chance of success and dissuade trials of labor to AA or Hispanic patients. |
| Endocrine | Osteoporosis Risk Score | Assigns 5 points if nonblack | Lowering risk in AA patients may delay diagnosis. |
| Cardiology | Get With The Guidelines for Heart Failure. Predicts in hospital mortality in patients with heart failure and guides when to begin therapy. | Add 3 points if nonblack and thus higher mortality. | Lower risk score in AA patients may raise the threshold for using clinical resources. |

# Race in Kidney Function Calculations

- Estimations of kidney function are based on serum creatinine
- Prior equations included a coefficient for African American race
- Results displayed with separate African American and non-African American values

| | |
|---|---|
| eGFR<br>>=90 mL/min/1.73 m2 | 42 |
| eGFR If African Am<br>>=90 mL/min/1.73 m2 | 49 |

| Stage | Description | eGFR |
|---|---|---|
| 3a | ***Mild to moderate*** loss of kidney function | 45-59 |
| 3b | ***Moderate to severe*** loss of kidney function | 30-44 |

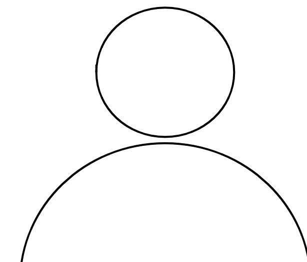
# Older equations systematically built in misconceptions that African Americans tend to have higher levels of creatinine, possibly due to larger muscle mass, diet, or other factors

eGFR: 65

Age: 55

Sex: male

Creatinine: 1.4



eGFR: 56

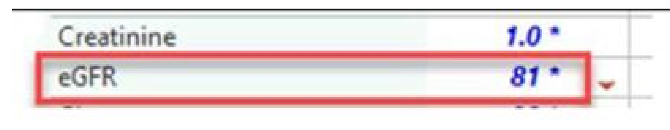
# Addressing the problem

- Race is a social construct, not a biological one
- Race-based equations contributed to systemic racism and healthcare bias against Black/African American patients
- The National Kidney Foundation and American Society of Nephrology convened a taskforce

# Moving forward

- Starting January 3rd, Harris Health adopted the non-race based calculation and eGFR results will be reported without any race qualifiers

New eGFR reporting




- These changes mark a monumental step as our organization continues to evolve with the newest evidence and to take actionable steps to remove systematic racism and healthcare bias from our practice of medicine

# Health Equity: Next Steps

- Discussion of Joint Conference March 9, 2023
  "Reconsidering the Use of Race Correction in Clinical Algorithms"

- In 2023 Harris Health Service Lines to review race correction in clinical algorithms
  - Maternal Health
    - Vaginal Birth After C-Section Score
  - Cardiology Service
    - Get With The Guidelines for Heart Failure

**Friday, April 21, 2023**

**Implicit Bias in Patient Care at Harris Health:**
**Patient and Family Advisory Council (PFAC) Overview**

HARRISHEALTH SYSTEM

# Patient Family Advisory Council

Jobi Martinez, Ph.D., Chief Diversity Officer

David Riddle, CPXP, Administrative Director, Patient Experience

Andrea Kennedy-Tull, MSBM, CPXP, CAVS, Director, Patient Experience and Operations

1

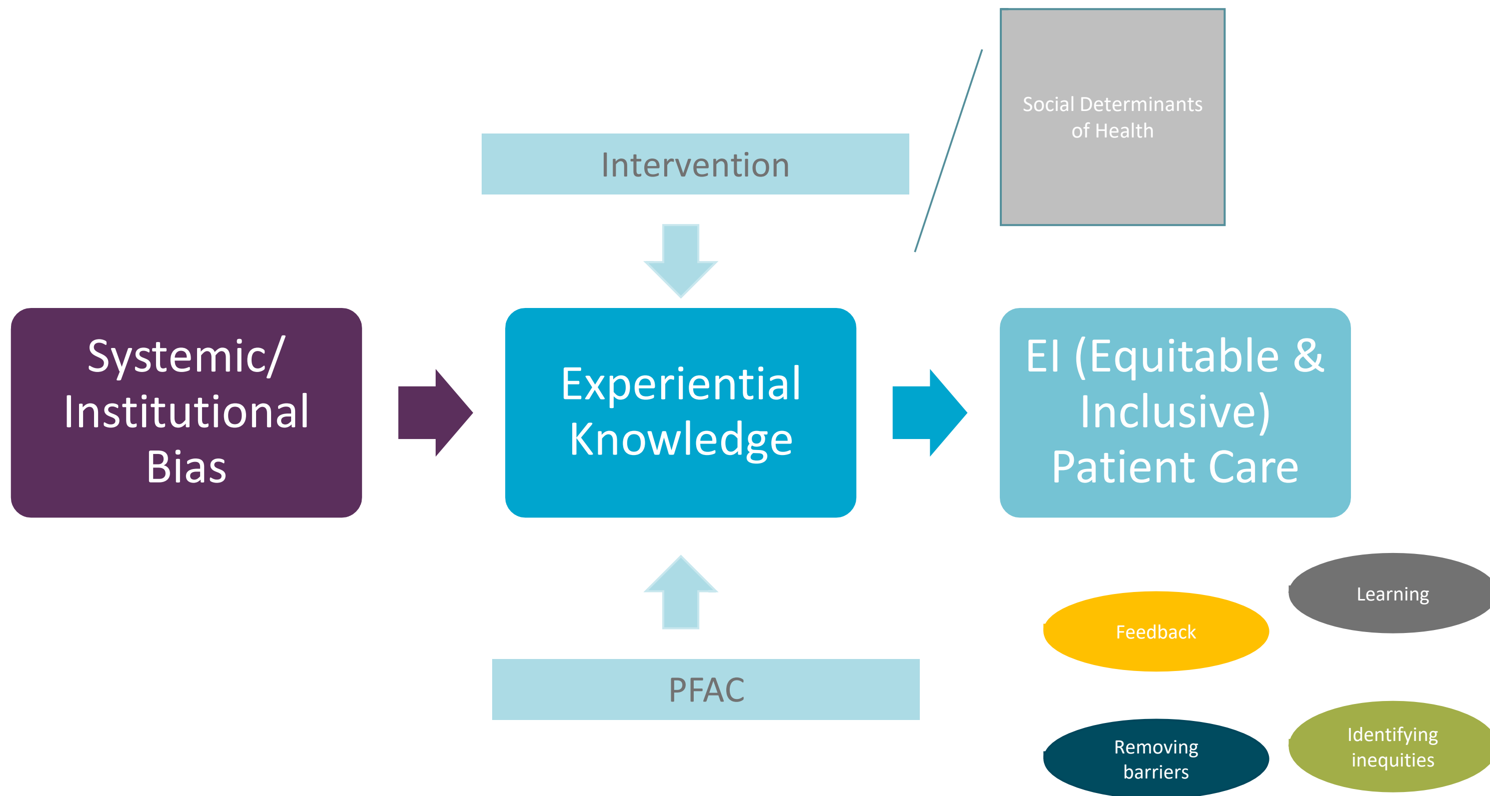
# About the PFAC

The Patient & Family Advisory Council (PFAC) consists of **patients and family members** who have had recent experiences with our organization.

PFAC members represent the **voice of the patient** by providing input to the pavilion leaders on programs, policies, procedures, and processes that impact the patient experience.

# Institutional biases

- Systemic discrimination based on biases, stereotypes, and organizational culture (“ways of doing things”), advance and maintain institutional bias(es) regardless of the good intentions of the individuals within the institution.
- Institutional biases in healthcare exist in education, training, research, policies, practices, and healthcare algorithms.
- Healthcare algorithms and algorithm-informed healthcare decision tools commonly include clinical and socio-demographic variables and measures.
- Race and ethnicity are often used as input variables and influence clinical decision-making and patient outcomes.
- Because race and ethnicity are socially constructed, their inclusion as variables within healthcare algorithms may lead to unknown or unwanted effects, including the potential perpetuation of health and healthcare disparities.


Social Determinants of Health
Intervention
Systemic/ Institutional Bias
Experiential Knowledge
EI (Equitable & Inclusive) Patient Care
PFAC
Learning
Feedback
Removing barriers
Identifying inequities

# Examples of PFAC Agenda Items

- Encourage greater collaboration and patient centeredness
- Develop specific processes for evaluating and addressing bias

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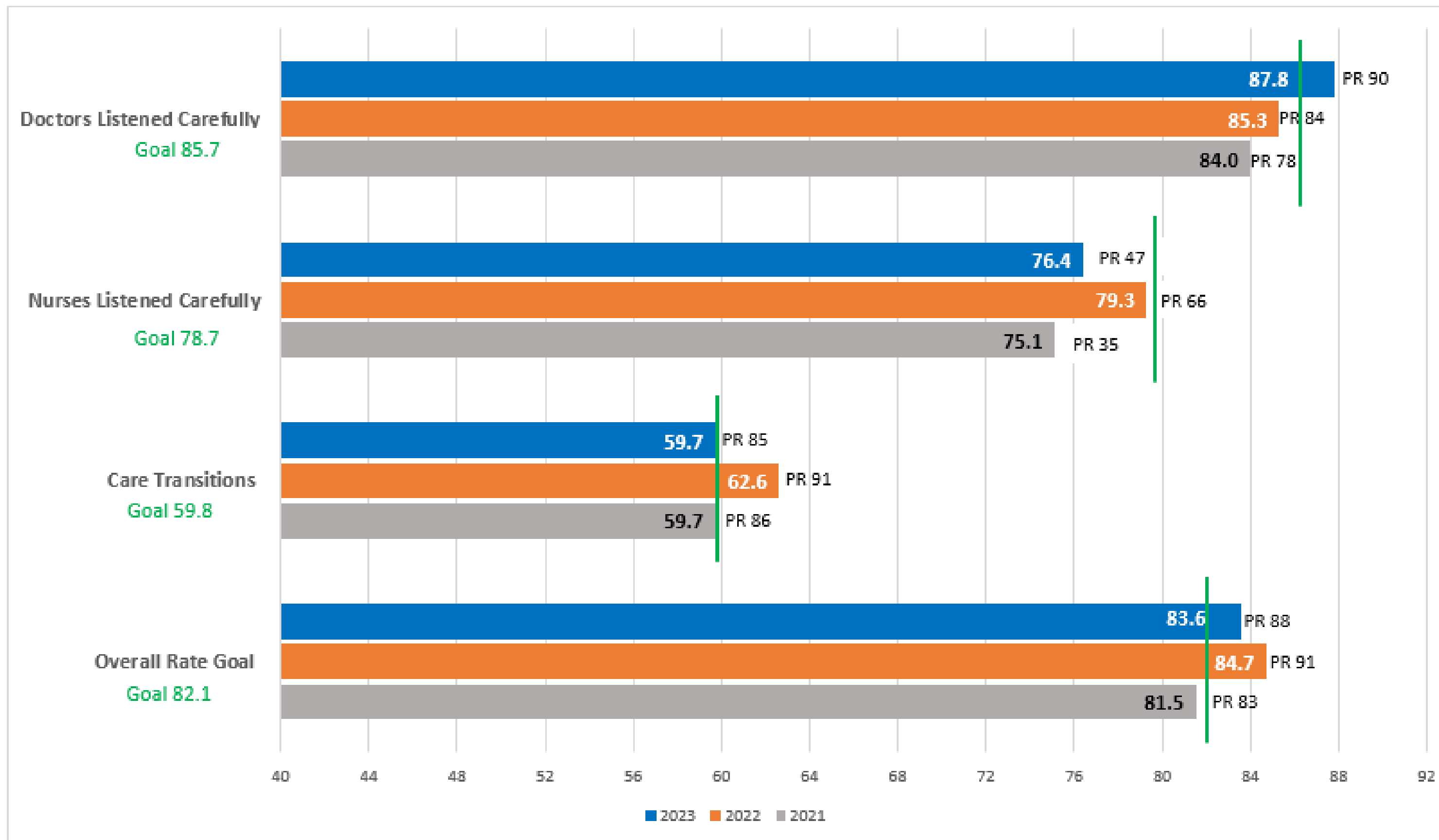
- Discharge planning folder
- Nurses and doctors listening
- Gemba Walk and Flexx Study
- Corporate Communications marketing campaign
- Emergency Center construction phase walkthrough
- Meal planning, tasting and selection
- Patient education for remote monitoring

# Patient Experience Survey Questions Performance 2021 – Q1 2023 for Inpatient



# Biases & Blind Spots

- ADA issues related to adding automated access to door at Rehab at LBJ, Bathroom door automation and access regarding BT Bathrooms on main level.
- During a tour of the Ben Taub EC construction phase, PFAC members identified opportunities regarding wheelchair access to bathrooms, navigation of assistive devices through space and readability of signage for individuals with visual impairments.
- Newly established Bilingual PFAC Sub-Committee met on 2/22. Reviewed 2022 patient satisfaction data for Spanish speaking patients. This initiative is in its infancy and needs further development.

# Overview

## Where we get it right

- Listening to and learning from patients and their families
- Diversity in council membership
- Co-creating resources
- Collaborating with administration

## Where we need improvement

- Establish Spanish PFAC
- Expand PFAC member representation in committees throughout Harris Health

## Strategies going forward

- Create Spanish speaking PFAC
- Strengthen awareness of PFAC program and its benefits
- Implicit bias training

**Friday, April 21, 2023**

**Harris Health Updates (Information Only)**

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Employee Engagement Survey

Harris Health's Employee Engagement Survey is schedule to take place November 2023. In preparation for the launch of the survey, several activities are occurring including:

- Establishing an employee engagement strategic plan
- Meeting weekly with vendor to discuss implementation
- Established an employee value proposition, ICONNECT, in response to feedback from prior surveys and listening campaigns
- Launch of "pulse survey" early summer to understand how leaders have been performing against previous action plans
- Developing a communication plan to address frequently asked questions (including anonymity)
- Developing survey questions
- Hosting engagement "road shows" at multiple locations to discuss and assess employee engagement
- Establishing key metrics of success
- Developing marketing material
- Preparing for trial launch with HR staff

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**Harris Health Updates (Information Only)**

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FoodRx Expansion updates:

- Met with Houston Food Bank to add Settegast Health Center as next Food Rx site and discuss opportunities to implement food prescription programming through alternate modalities at other sites
- Internally, different teams within the system are working to identify funding and resources (engineering, construction, staff) to accelerate Settegast FF
- Experience groups scheduled with Settegast patients to better understand needs in order to tailor programming
- No update from Commissioner's Court yet on approval of ARPA funds for MLK, Gulfgate, and El Franco Lee Food Farmacies