



**BOARD OF TRUSTEES DIVERSITY
COMMITTEE**

Date: Wednesday, May 12, 2021
Time: 2:00PM – 4:00PM
Location: Virtual Zoom Meeting & In-person
Attendees: Maureen Dee (trustee), John Hairston (trustee), Inajo Davis Chappell (trustee), Terry Monnolly (trustee), JB Silvers (trustee), Vanessa Whiting (trustee), Donna Zupancic, Alan Nevel, Arlene Anderson, Bernard Boulanger, Domonique Allds, Eartha Weston, Margie Diaz, Meera Kondapaneni, Patricia Gallagher, Seona Goerndt, Sonja Rajki, Walter Jones, Michael Jones

MINUTES

The meeting was called to order by Maureen Dee at 2:07pm

I. Approval of the minutes of the regular meeting of the Diversity Committee – February 10, 2021

II. INFORMATION ITEMS

- Office of Patient Experience Update – Seona Goerndt
 - Alan noted collaboration with internal departments with the Office of Patient Experience
 - Data tells we have gap in care experiences between white and POC patients (ED & In patient). Focus groups were completed in February and had chance to compile data collected (blend of in-person and virtual)
 - Diverse facilitators
 - First impressions critical, empathetic listening key to develop respect and trust, personalized care plans mores successful, inconsistent customer service, coordinated care breakdowns negatively impact trust (care team unfamiliar with each other and inconsistent in care advisement)
 - Recurring mentioning of family
 - Discrimination questions: MHS inclusive and discrimination is not top of mind to them; noted discriminatory actions/comments by caregivers; fear of misdiagnosis, quality of care, inappropriate comments (overheard or explicitly directed); most experienced socioeconomic discrimination
 - Common themes: lack of trust, assumptions by clinicians, do not feel heard, care plan did not solve issue, lack of engagement, perceived lack of care from provider on patient health; lack of professionalism
 - Opportunities to improve:



- Greeting of patients: noted ED and first need to go through security to get into ED
- Listen: show concern for patient and ask questions; acknowledgement from provider of information relayed by patient
- Respect: eye contact (hard for providers to ignore the noise in the background); taking patient preferences into consideration; respect for patient's time (providers/members of care team late to appt)
 - Respect was most consistent theme in patient feedback. Looking to increase consistency of respect and accountability around it.
- Trust: if the above 3 do not happen, then trust cannot be achieved.
- Focus group discussions often ended with assisting patients with reaching out to Access Services to continue care through MHS.
- Future: follow core concepts of patient-centered and family-centered care: great work done within shared decision-making space, but improvements should continue to be made. Moving away from patient noncompliance and identifying barriers to compliance
 - Everything patients shared aligns with STAR-IQ values
 - Dr. Tang created 40-min training program for providers to develop communication skills.
- Margie Diaz notes importance of using common language when communicating care.
- Inclusion, Diversity and Equity Update – Margie Diaz
 - Assessment of managers and directors with Third Space – 96% completion rate.
 - Invited to CWRU to present on racial equity to 60 research investigators
 - Presented to Peds Grand Rounds on Power of the Pause
 - Shared Toxic film with Nurse Family Practice Nurses (viewing and discussion of stress in pregnancy for WoC in community)
 - SharePoint Site: Partnering with VRBC to include monthly updates and resources for leaders and their teams to be available to them.
 - Push and Pull methodology for providing resources.
 - Push: monthly newsletter that will address “topic of the month”
 - Pull: Repository on Sharepoint for self-guided usage
 - Bias and Respect learning modules: unconscious bias and high focus on respect.
 - 20 clinical and non-clinical facilitators to be trained to provide training sessions to employees across the System
 - GME & Dr. Ghorri engaged IDE team to integrate IDE themes and teachings into the resident programs
 - IDE Capacity Building: Usage of Rally and expectation for engagement of sr. leaders and HR team (allows HR team to be trained up to assist their department/service line contacts on IDE)
 - IDE Intrinsic Leadership monthly panel series – BOT asked to get recordings of sessions



- March; 289 attendees; theme: COVID – Where are we now?
- April; 193 attendees; theme: Coping through COVID (need for diverse therapists)
- Upcoming June; Theme: Dr. Bruner and justice center team
- Transgender Job Fair: 89% of survey respondents enjoyed job fair and keynote speakers and would recommend it to others
- Provider Recruiting Update – Domonique AllDs
 - 5 diverse provider new hires in Q1 (new diverse CRNA signed to join MHS 5/12/2021)
 - Zero URM resignations in Q1
 - Part of URM strategy is to engage and develop a strong relationship with Howard University, UIT, and Xavier
- Dr. Boulanger – Surgery Residents
 - Applied to ACGME for program accreditation. Began recruitment efforts in winter 2020.
 - Surgery Residents transferred from current institutions over to MHS to join our surgery resident training program.
 - Also recruited 3 preliminary residents who are set to begin clinic trainings in July.
 - First year capturing the self-identified demographic information on resident matches (104 residents matched to MHS; 30% Asian; 6.7% AA, 5.8% Hispanic; 2% Middle East; 52% white)
- Campus Transformation Update – Walter Jones
 - Now that we are wrapping external build, new trades needed for internal build
 - Female workforce gaps lower than goal
 - No workforce impacts from pandemic due to safety measures implemented by Turner
- Planning, Design & Construction Update – Robin Holmes
 - Margaret Hewitt exited MHS; Robin is now leading PD&C
 - One of goals is to increase MBE spend (struggle with supply in the Cleveland market and competing projects and bandwidth of vendors to provide services)
 - Degree to which we can retain vendors: procurement rules put us at odds of having a reserve/bank
 - Tools at our disposal to aide us in engaging/prioritizing diverse vendors:
 - List of pre-qualified professionals to work on projects of less than \$50K/year
 - Task order list of companies for contracts up to \$1M



- Accounts for 30+ projects completed or underway in past year.
 - Additional large projects outside of transformation (e.g., behavior health center build)
- Facilities Management Update – Karen Dethloff
 - More than \$900k in overall spend
- Supply Chain Update – Justin Gallo
 - Highlighted opportunity to increase diversity spend from Cardinal Health to Owens-Minor
 - Increase from \$126,380 to \$289,990 Overall diversity spend
 - Also achieving diversity spend growth on supply ordering
- Diversity Spend Team Update – Arlene Anderson
 - Update on Diversity Spend Initiative:
 - Barriers: inconsistencies with data and definitions on what is gathered and how it's gathered.
 - Generate awareness around other diversity codes
 - In Progress: Began E-Builder Pilot reporting program; reporting manual for vendors to understand what MHS looks for when id'ing diverse business
 - Partnering with Greater Cleveland Partnership on training program to submit bids
 - Developing guidelines and developing innovative ways to mentor minority businesses and vendors to participate in their own programs
 - Red Flags: Lawson reporting limitations (id'ing ways to get information that we cannot currently pull from Lawson – data buried/missing)
 - P. 59: foundation of reporting and tracking (to be tracked on monthly basis)
 - GCP and others asks for spend updates
 - Allowing standardization of reporting formatting makes it easier to report out to externals
 - Tier 2 and 3 reporting spend (captures vendors who sub-contracted vendors/suppliers)
- Audra Bohannon, Sr. Client Partner from KF discuss partnership with Med Staffing
 - URM Provider Framework: unique obstacles and challenges; create differential development solution (learning journey) – ID those who can own parts of journey
 - Efficacy program focused on development (to be launched in June 2021)
 - First cohort will be 20-25 clinical/nonclinical growth (personal and professional development)



STOP: Due to time constraints (Stop 4:02p)

- Culture & Organizational Effectiveness – Tiffany Short
 - *Workforce Development*
 - *Lincoln West Science & Health Update*
 - *Healthcare Collaborative*
 - *HAN Participation*
 - *Tri-C Access Center*

- Q&A / General Discussion - 30 min

III. NON-CONSENT/ACTION ITEMS - None

IV. CONSENT ITEMS – None

Respectfully submitted,

Maureen Dee, Chair