# IMPROVING THE ACCURACY OF REAL DATA

## Northwell Health's Center for Diversity, Inclusion and Health Equity | Manhattan, New York

## Overview

Treating patients throughout New York City's five boroughs, Long Island and Westchester, Northwell Health is the 14th largest health care system in the U.S., with 23 hospitals and more than 600 ambulatory practices. More than one-third of the system's 11 million patients speak a language other than English as their preferred language. "Given the diversity of our patient population, Northwell's mission has always been focused on eliminating health care disparities and delivering culturally responsive care", says Michael P. Wright, EdD, vice president, diversity and health equity at Northwell. However, in 2010, the system formalized its commitment with the implementation of a multiyear strategic plan. As part of that plan, Northwell created the Office of Diversity, Inclusion, and Health Literacy, which was later renamed the Center for Diversity, Inclusion, and Health Equity.

One of the first steps the Center took was to execute the American Medical Association's Communication Climate Assessment Tool (C-CAT), which provided



Given that one-third of the system's 11 million patients speak a language other than English as their preferred language, Northwell's patient-as-a-partner model focuses on how providers interact with patients to provide equitable and culturally competent care.

a baseline for several system hospitals' readiness to ensure effective communication, cultural competence and patient-centered care. "As we received feedback from our employees through the assessment, we recognized that there was a huge opportunity to link the tenets of diversity and the collection of race, ethnicity and language (REaL) data to our organization's health outcomes," says Jennifer H. Mieres, M.D., senior vice president and chief diversity and inclusion officer, Northwell. "Having accurate data stratified by race, ethnicity, and language preference would help us understand disparities and identify which groups were most at risk."

To that end, the Center created a curriculum to educate all employees about REaL data. According to Elizabeth McCulloch, assistant vice president of Diversity and Health Equity at Northwell, the approach was two-pronged. First, the Center created a mandatory e-learning module for all registrars and front-line staff to educate them on the importance of accurate patient data collection and provide them with the tools needed to correctly and efficiently collect and use this data. "We found that our staff would often make inferences when collecting REaL data, rather than asking patients for

the information," McCulloch says. "The curriculum stresses the importance of asking questions and how to ask them in appropriate ways."

Next, leaders at the Center recognized that patients needed to better understand why the hospital was asking for REaL data. "We have partnered with the system's community relations department to educate our patients," says McCulloch. "We found that many of our patients feared that answering questions about their ethnicity or preferred language could jeopardize their immigration status." A public service announcement video promoting the importance of REaL data has been integrated in hospital waiting rooms and patient bedsides, and iSpeak cards are available for patients needing interpretation services. The Center has also helped establish ongoing education for Northwell's nurses on how to provide language services in a culturally competent manner. "Because the education in this arena has been so robust, staff members are more familiar with the services we offer and are more comfortable offering them to our patients," says Mieres.

## Impact

Once the REaL data was being more accurately captured, the Center established a process within Northwell's electronic medical record so that the data flows to the top banner of a patient's record. "The REaL data is now right up there with the most important patient information – like name and date of birth – so that clinicians don't have to scroll through a patient's chart to find their preferred language," says McCulloch. "By having the REaL data front and center, it reminds nurses and clinicians that this is an important issue to address immediately."

Because education has been so robust among Northwell's staff, the system has seen an increase in services and their use, reflecting a strong ability on the system's part to effectively communicate with a patient population that has limited English language proficiency. In fact, from 2009 to 2018, the system's telephonic interpretation calls increased by 465% from

51,207 to 289,615. Additionally, there were 1,500 onsite interpretation sessions and new document translations and vital documents totaling 119 were made available through an online portal in 22 languages as well as large print and braille for blind or visually-impaired patients.

Once Northwell's REaL data became increasingly accurate, the Center created a dashboard showing comparison data collected internally at registration. The dashboard breaks down information by hospital and facility compared with the primary languages spoken within that zip code as well as the languages spoken by staff. "This is extremely helpful in directing our initiatives," says Mieres. "For example, if we find that 40% of patients going to a certain hospital are primarily Spanish speaking, but only 5% of the staff at that hospital speak Spanish, we can work to address that."

## Lessons Learned

One of the most important lessons the Center has learned is the importance of creating a strong partnership with information technology (IT) staff. "Northwell is such a large system that there are so many different touchpoints for collecting data," says McCulloch. "Understanding where and how data were collected and making changes to the EMR and then understanding how the data flows within the EMR was challenging, but also became one of our biggest wins because of the relationship we developed with IT."

The Center also found that asking staff for their preferences on REaL data education was crucial to successful data capture. "We ran several focus groups to determine the best mode of delivering the education," says McCulloch. "Interestingly, based on the feedback we received, what we thought would be the most useful actually was not. The staff wanted information right at their desks with easy access and scripting techniques embedded into their computer screens. As the end users, they drove the education, which ultimately increased their engagement."

## Future Goals

Now that Northwell has been able to collect accurate data, the system looks forward to stratifying the data by readmission rates and other quality indicators. In addition, the next phase of REaL data collection will include education and data enhancements focused on Sexual Orientation and Gender Identity (SOGI). "We see this is as an opportunity to take REaL data to individual departments so we can enhance our health care delivery model," says Mieres. "The patient-as-a-partner model will help us take the data and formalize how our providers interact with our patients – and ultimately help us find ways to provide equitable care."

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