Administrative Manual

Subject	**Improving Health Outcomes for All**
Policy NO:	**AM 1.10**
Department:	**Information Technology**
Effective Date	**03/20/2024**
Reviewed/Revised	**06/24/2026**
Regulatory	**TJC: NPG 4: The hospital prioritizes excellent health outcomes for all**

PURPOSE:

To provide guidelines for identifying, analyzing, addressing, and monitoring disparities in health care among the patient populations served by the hospital; to minimize inequities; and to increase quality and safety in an equitable fashion for all patients.

POLICY:

Improving health care equity for WCRH patients is a quality and safety priority

- WCRH shall designate a leader(s) to lead activities to improve health care equity.
- WCRH shall assess the patient health-related social needs (HRSNs) and provide information about community resources and support services.
- WCRH shall identify sociodemographic characteristics to use as stratification analysis.
- WCRH shall develop a written action plan that describes how it will improve health care equity by addressing at least one of the health care disparities identified in its patient population.
- WCRH shall monitor data within the PI committee and revise action plans as needed.
- WCRH shall inform key stakeholders, including leaders, licensed practitioners, and staff, about its progress to improve health care equity annually
- Staff will be educated upon hire and annually thereafter.

PROCEDURE:

1. The Director of Q& S is the chairperson of a committee comprised of data analysts, EMR specialists, HIM leaders, Social Workers, Dietitians, and admissions and quality leaders has been identified as the leaders. The committee, known as Health Equity meets at least quarterly and is involved in the data analysis and action planning.
    a. The committee identified two (2) HRSNs for our high risk patient population: Diabetes.
        i. Access to transportation
        ii. Food insecurity
2. The committee identified Gender and Race/Ethnicity as our sociodemographic characteristic to be used in stratification analysis.

3. Written Action Plan to be reviewed quarterly.
4. Nutrition Department will monitor food insecurity education and Social Work department will monitor food insecurity and transportation resources.

ORIENTATION AND EDUCATION:

New Staff Member Orientation

New staff member orientation materials will include information about cultural sensitivity, including care equity initiatives and related issues, activities, policies, and procedures. The information provided will vary depending on the individual's job duties and responsibilities.

Annual Continuing Education

Annual education and training activities for staff members will include materials and information on cultural sensitivity, including health care equity, as appropriate to their job duties and responsibilities. The hospital determines the required activities based on needs and available resources. Activities may include but are not limited to the following:

- Online training modules
- In-person professional development sessions
- Staff meetings
- Outside classes

Performance Monitoring

The health care equity leader oversees development of appropriate performance monitors for the hospital's health care equity initiatives. The committee collects and documents data for the identified performance monitors and reports quarterly to hospital leaders and, as appropriate, leaders of identified community partners and stakeholders.

Annual Evaluation

The health care equity leader(s) evaluates the hospital's health care equity initiatives and this plan, including efficacy, continued relevance, and potential areas for improvement. This evaluation process occurs at the following times:

- At least Annually

Hospital leader(s) do the following:

- Review and approve the annual evaluation report.

REFERENCES:

Joint Commission Standard NPG.04.01.01, EP 1. The hospital designates an individual(s) to lead

activities to improve health care equity for the hospital's patients.

Joint Commission Standard NPG.04.01.01, EP 2. The [hospital] assesses the patient's health-related social needs (HRSNs) and provides information about community resources and support services.

Joint Commission Standard NPG.04.01.01, EP 3. The hospital identifies health care disparities in its patient population by stratifying quality and safety data using the sociodemographic characteristics of the hospital's patients.

Joint Commission Standard NPG.04.01.01, EP 4. The hospital develops a written action plan that describes how it will improve health care equity by addressing at least one of the health care disparities identified in its patient population.

Joint Commission Standard NPSG.16.01.01, EP 5. The hospital acts when it does not achieve or sustain the goal(s) in its action plan to improve health outcomes for all.

Joint Commission Standard NPSG.16.01.01, EP 6. At least annually, the hospital informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to improve health outcomes for all.

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Governing Board Signature

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Administrator(s) Signature(s)