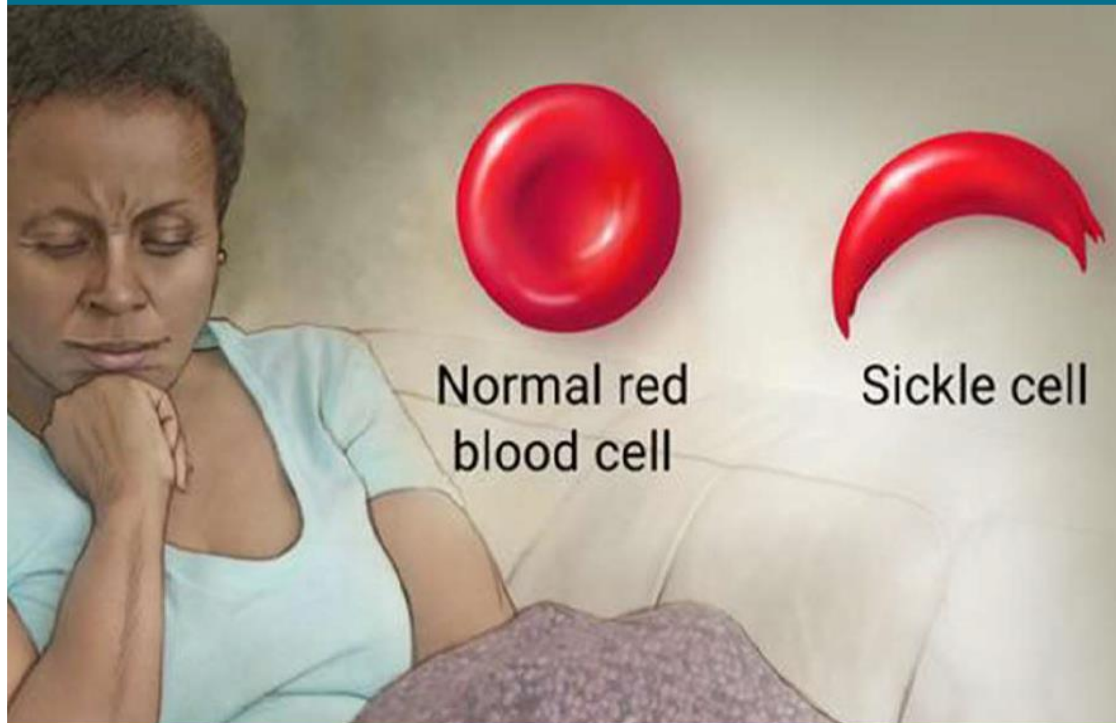


## Luminis Health Conference on Sickle Cell



Via ZOOM: <https://zoom.us/j/4434813000>

Anita Smith, Manager – Patient Advocacy, Interpretation Services, Spiritual Care

Melissa Anderson, Patient Relations Coordinator, African American BRG

# Diversity Definition

- Define Diversity as an organization

**DIVERSITY =  
Diversity + Equity + Inclusion**

## Diversity, Inclusion and Equity



*Diversity Equity and Inclusion together as a collective concept at AAMC*

# I2Y FRAMEWORK

Built on SIX GOAL PILLARS – we aim to:

- 1) Ensure Equity In Opportunity
- 2) Increase Workforce Diversity
- 3) Enhance Workplace Culture to Foster Inclusion
- 4) Eliminate Disparity and Barriers to Culturally Customized Care**
- 5) Increase Supplier Diversity and Minority-Owned Business Enterprise (MBE) Participation
- 6) Ultimately become an Inclusive Employer of Choice and Diverse Leader in Healthcare

# Understanding Disparities

## Health Equity In Short:

Health equity” or “equity in health” implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential [World Health Organization]

**DISPARITIES ARE THE OUTCOMES YIELDED FROM  
INEQUITABLE CARE**

**INEQUITABLE CARE IS THE MANIFESTATION OF MANY ELEMENTS  
WITH BIAS AS A LEADING CAUSE**

# Societal Disparities

- People of color face significant disparities in access to and in utilization of care
- Despite coverage gains (ACA) Hispanics, Blacks (African Americans), and American Indians and Alaska Natives remain significantly most likely to be uninsured
- Blacks (AA) and American Indians and Alaska Natives fare worse than Whites on the majority of examined measures of health status and outcomes
- Blacks (AA) received worse care than Whites for about 40% of health equity measures in recent studies

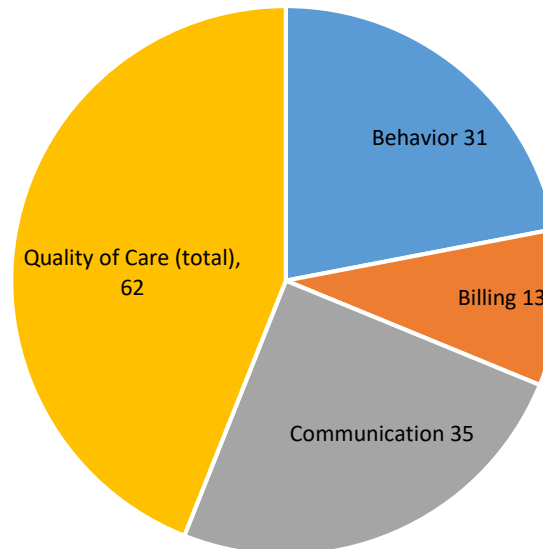
# What Does It Look Like at AAMC

- At AAMC we continuously trend patient complaints & grievances
  - Quality of Care complaints
    - Inequity of care complaints
- Like industry trends AAMC inequity of care incidents/ complaints trended upward during times of crisis
  - Many disparities were exposed

# Quality of Care

- Complaint Numbers: Average of 247/ month
  - FY20 2,965 Total Complaints
  - Nearly 45% of all complaints relate to quality of care for FY'20

Most Frequently Occurring Complaints Past 12 Months



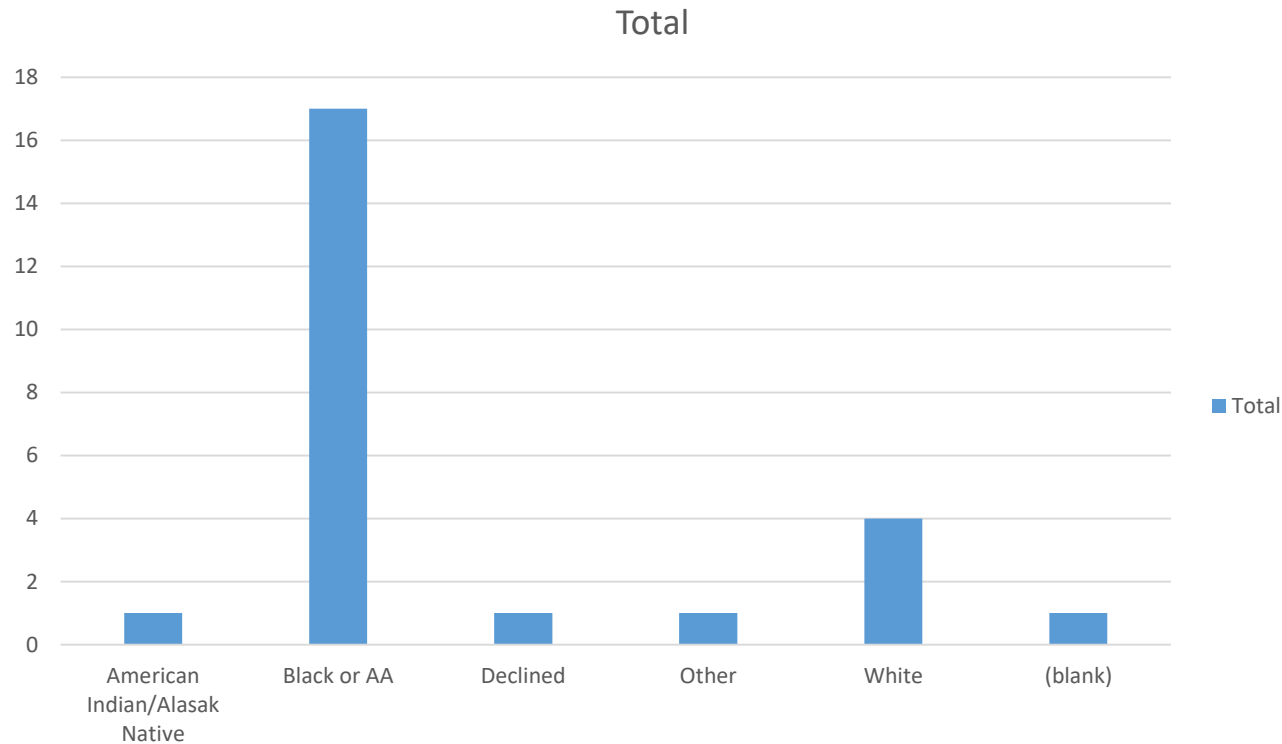
# What Does It Look Like at AAMC

- Blacks (African Americans) and Hispanics are more likely to feel mistreated at AAMC more than any other patient demographic
- Black (African Americans) and Hispanic patient/ families are more likely to express that they feel less welcomed and report poor staff behavior towards them
- Blacks (African Americans) had more complaints associated with pain management than any other group



# Grievances : Disparity of Care

- On avg. 90 – 100 Grievances/Year
- From Jan 2020 – July 2020
- 1/4 of Grievances are from AA patients/families



# Sickle Cell Patient/Family Complaints

- 100% concerned with pain management
- 80% reported by Families
- 25% Readmitted within 48hours
- Feelings of being labeled as “drug seeker”

# The AAMC Patient Voice

## ➤ Patient 1:

- Sickle Cell patient with reoccurring admissions and also works as a nurse. Patient states that she knows her body and what's needed and that its difficult to understand how her care regimen can change from one admission to another.
- When she was finally was in bed at 10:am, the pt. asked for pain meds but waited 4 hours. When the meds came, patient says that she had to argue with the Dr. to increase the IV dilaudid from 2-8

## ➤ Patient 2:

- Patient's sister called and shared that the Provider was dismissive and labeled her a drug seeker.
- She explained how they have a family of sickle cell patients and have lost a relative due to the disease. She emphasizes that her sister has “struggled with sickle cell since childhood and knows her body”.

# The AAMC Patient Voice

## ➤ Patient 3:

- Niece of a patient calls to get help with getting pain meds for her aunt.
- Niece shares, “the patient is a sickle cell patient and knows what medication works for her”
- Left AMA

## ➤ Patient 4:

- Brother of patient calls and shares that his brother was D/C and back in the ED 2-3 hours later
- He is concerned because his brother is in “excruciating pain” that is not being addressed

# Avoidable Mistakes

“It can only be assumed that because the patient is young and not crying out in pain, they did not think much of his initial presentation... He was discharged xxxx.”

“Unfortunately, the patient went back into crisis less than 12 hours after being discharged and presented back to the hospital on ... pain meds were delayed for over 3 hours, his pain became severely out of control, and his crisis worsened.”

“If they had spoken to the patient or even just reviewed his medical chart it would have been discovered that the patient does not take any chronic pain meds outpatient, rather he is a natural and holistic person and has managed to remain crisis free for over 2 years until these recent episodes. Instead they treated him as a drug-seeking person, ultimately comprising his care...”

# Avoidable Mistakes

“He is currently at XXX Hospital where now being treated for acute chest syndrome with signs of multi-organ failure/stress most likely from being in crisis for such a prolonged period of time. He was appropriately seen by a Hematologist, and a multi-disciplinarian team determined he needed blood transfusions and ultimately a blood exchange. ”

“He presented to your hospital twice, looking for help. He was dying, if you have any medical knowledge, you may know that acute chest syndrome, has a high mortality rate in sickle cell disease... There is a serious lack of understanding of sickle cell disease treatment at your facility, despite the areas demographics, in addition to a total miss in the area of pain management training at the hospital as can be illustrated from my brother's story.”

# WAYS TO MITIGATE BIAS

## Never Assume

- Know enough to know you need to ask the questions
- Avoid assuming race, gender, and ...

## Eliminate Biased Behavior

## Pay attention to Bias Drivers

- They are Coded Stereotyping  
Communication that impact our brain by forming opinions that steer our actions

# BIAS DRIVERS

- Patient Medicated Repeatedly (Again and Again)
- History of Drug Abuse
- Non Compliant
- Previous Admissions
- Drug Seeking
- Disengaged in Care
- Translation Needed
- Frequent Flyer
- History of ETOH
- Overbearing Families





# Self Awareness

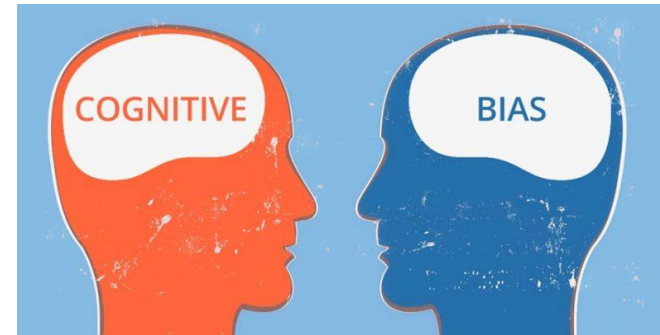


## SELF-AWARENESS

- Individual Values
- Know Your Own Bias

-IAT

<https://together.aahs.org/Project-Implicit-and-Understanding-Unconscious-Bias/>



# THANK YOU!

DIVERSITY, EQUITY, & INCLUSION

**Inclusion Includes**

**Y.O.U.**

**Melissa Anderson**  
**[manderson5@aaahs.org](mailto:manderson5@aaahs.org)**

**Anita Smith**  
**[asmith2@aaahs.org](mailto:asmith2@aaahs.org)**

<http://together.aaahs.org/Diversity-Equity-Inclusion/>