Island Health Care

3-year Diversity, Equity, Inclusion, and Justice Strategic Plan

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January 2022

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WORKPLACE CULTURE

GOAL 1: Improve IHC's workplace culture to better support, value, and appreciate our diverse employees.

STRATEGY/TACTIC	ACCOUNTABLE STAKEHOLDERS	TIMELINE	METRICS
S1: Provide regular opportunities for IHC staff to engage in organization-wide team-building, connection and communication activities.	Senior Management, Leadership Team	**Year 1:** • Research best practices for staff engagement in a remote environment • Begin implementing quarterly activities • Solicit feedback from staff and plan future activities accordingly **Year 2 and 3:** • Sustain quarterly activities and collect annual feedback from staff	• Solicit annual feedback to assess staff enjoyment of the activities • Annually, review the results of the DEIJ employee survey to measure changes in employees' sense of connection
S2: Create safe opportunities and reliable methods for qualitative feedback on workplace-related experiences.	Senior Management Team, Department Leads	**Year 1:** • Research best practices for employee feedback / reporting workplace concerns in a small organization • Develop cohesive plan for HR Team including documentation and workflows • Design the method(s) **Year 2:** • Implement method(s) • Begin quarterly meeting of HR Team (TBD) to review **Year 3:** Sustain the process	• Annually, HR Team compiles, reviews, and reports out on the success of the new method(s) • Review results of annual DEIJ survey to track employees' satisfaction with the method(s)
S3: Provide quarterly (at minimum) trainings, workshops and dialogues to promote diversity, equity, inclusion and justice values within the workplace.	All Staff, DEIJ Committee, Leadership Team	**Year 1:** • Begin quarterly trainings • Design standard quarterly survey to be sent out after each event	• Conduct a standard quarterly survey to assess the impact of the trainings / workshops

		• Add DEIJ questions / prompts to Employee Engagement annual performance review process to give employees a chance to give feedback on their managers in the context of our DEIJ strategic plan **Year 2:** • Conduct first annual review of the quarterly surveys, the annual DEIJ employee survey, and the Employee Engagement data • Identify trends in data and implement strategies to improve **Year 3:** Sustain the process of quarterly trainings and surveys, annual employee DEIJ survey, and Employee Engagement review	• Annually, review the results of the DEIJ employee survey with the Leadership Team to inform the trainings for the upcoming year • Conduct review of Employee Engagement responses to identify trends and implement strategies to improve

DEIJ LEADERSHIP

GOAL 2: Build IHC leaders' capacity to achieve our DEIJ goals in support of a diverse workforce, patients, and communities served.

STRATEGY/TACTIC	ACCOUNTABLE STAKEHOLDERS	TIMELINE	METRICS
S1: Build leaders' capacity to support DEIJ organizational efforts and align behaviors, practices, and communication by participating in quarterly trainings, workshops and dialogues.	Senior Management Team, Managers	**Year 1:** • Begin quarterly trainings • Design standard quarterly survey to be sent out after each event • Add DEIJ questions / prompts to Employee Engagement annual performance review process to give employees a chance to give feedback on their managers in the context of our DEIJ strategic plan **Year 2:** • Conduct first annual review of the quarterly surveys, the annual employee survey, and the Employee Engagement data • Identify trends in data and implement strategies to improve **Year 3:** • Sustain the process of quarterly trainings and surveys, annual employee survey, and Employee Engagement review	• Conduct a standard quarterly survey to assess the impact of the trainings / workshops • Annually, review the results of the DEIJ employee survey with the Leadership Team to inform the trainings for the upcoming year • Conduct review of Employee Engagement responses to identify trends and implement strategies to improve
S2: Build capacity for leadership to respond to employees' work-related concerns within 24 hours (related to Strategy #2 supporting Goal #1).	Leadership Team	**Year 1:** Leadership Team begins responding to issues within 24 hours **Year 2 and 3:** Sustain the feedback method(s) created in G1 S2 and ensure that initial responses are provided within 24 hours of receipt of feedback	• Quarterly meeting of HR team (TBD) to review • Assess results of annual employee survey questions re: new feedback method(s)

PATIENT SATISFACTION AND OUTCOMES

GOAL 3: Build staff capacity to better meet the needs and preferences of diverse patients through DEIJ staff training, practice, and routine incorporation of equity metrics.

STRATEGY/TACTIC	ACCOUNTABLE STAKEHOLDERS	TIMELINE	METRICS
S1: Deliver professional development training targeting one clinical focus area per year.	DEIJ Committee, Quality Assurance / Improvement Committee, Clinical Staff, Population Health Team	**Year 1:** • Run report of top diagnoses and pick one clinical focus area • Create and execute professional development plan to address focus area **Year 2 and 3:** Continue same process.	• Create an employee participation metric • Use patient data to measure impact • End of year review of project aims
S2: Expand language capacity of all staff through identification and utilization of common phrases in target language.	DEIJ Committee, Staff Interpreters, All Staff	**Year 1:** • Establish list of key phrases in 1st quarter • Practice one phrase per All Staff meeting • Develop new list of phrases **Year 2 and 3:** Continue same process, consider new languages	• Look at annual UDS data on preferred patient languages • Quarterly, play Kahoot (or other participatory game) at All Staff using phrases learned that quarter – goal of 100% engagement
S3: Review QI metrics and KPIs to identify and demonstrate measurable impact on outcome disparities (e.g. diabetes, hypertension, or depression) and create an "equity spotlight" for routine reporting.	Chief Quality Officer, Population Health Manager, Chief Operating Officer, Chief Executive Officer, Quality Assurance / Improvement Committee	**Year 1:** • Create and implement QMIP focused on one outcome disparity • Identify how / where we will create an "equity spotlight" for routine reporting **Year 2 and 3:** Create new QMIPs and sustain the "equity spotlight"	• QMIPs • Consistent use of the "equity spotlight" • Patient outcomes tracked and analyzed over time
S4: Add DEIJ questions to our existing patient feedback surveys and implement QMIP(s) based on findings.	Patient Feedback Committee, Quality Assurance/Improveme	**Year 1:** • Add 3 DEIJ questions to patient satisfaction	• Analyze results from surveys, Feedback Questionnaire,

	nt Committee	survey • One quarter per year, Patient Feedback Committee incorporates DEIJ questions on their Feedback Questionnaire (this survey will be done again in Y2 and Y3). **Year 2**: • At start of Y2, analyze results from Y1 • Create and implement QMIP for goals/interventions identified. **Year 3:** Analyze trends in quantitative data (Phreesia survey + PFC yearly survey) and decide next steps.	QMIP(s) as described in Timeline column • Standardize DEIJ questions to track changes in patient experience and satisfaction

COMMUNITY COLLABORATION

GOAL 4: Establish and strengthen community partnerships to better inform Health Center practices and improve patient outcomes and disparities

STRATEGY/TACTIC	ACCOUNTABLE STAKEHOLDERS	TIMELINE	METRICS
S1: Analyze Social Determinants of Health (SDoH) data to inform new and existing community partnerships.	Chief Executive Officer, Leadership, Population Health Manager, CHW Team	**Year 1:** • Review and analyze SDOH data • Map data to both on-Island and statewide partnerships **Year 2 and 3:** • Strategically modify or expand partnerships to align with identified need • Establish frequency and metrics for review	• Annual review of strength/utilization of partnerships as related to SDoH data and community needs • Triennial comprehensive review of partnerships • Identify SDOH trends year to year
S2: Create and actively engage Patient and Family Advisory Council (PFAC) to provide feedback on past, current, and upcoming projects.	Senior Management, DEIJ Committee, CHW/Interpreter Team	**Year 1:** Establish plan for Patient and Family Advisory Council **Year 2 and 3:** Build PFAC and ensure membership aligns with DEIJ focus, community demographics, and other health care models	• Create measurable goals for the PFAC as part of Year 1 plan • Establish annual qualitative PFAC review
S3: Assess COVID-19 response and vaccine outreach efforts to identify disparities, best practices, and challenges.	Leadership Team, Population Health Team, Public Health Nurses	**Year 1:** Compile existing data and identify trends, disparities, and gaps **Year 2:** Explore best practices for data collection and create and execute a plan to address data gaps. Begin compiling best practices and challenges. **Year 3:** Determine how to use the findings to inform future goals/work. Write paper detailing process, findings, and strategies to share with community.	• Establish periodic check-ins with stakeholders. Discuss progress, barriers, and plans • Annual presentation to Senior Management and the Board of Directors

EQUITY IN ALL POLICIES

GOAL 5: As policies come up for regular review, incorporate DEIJ values and appropriate language.

STRATEGY/TACTIC	ACCOUNTABLE STAKEHOLDERS	TIMELINE	METRICS
S1: Review and assess the extent to which policies reflect bias in ways that disadvantage or over-advantage particular groups, and update policies accordingly.	Chief Operating Officer, Chief Executive Officer, Senior Management Team, DEIJ Committee	**Year 1:** • Research best practices for updating organizational P&Ps through a DEIJ lens • Begin reviewing, assessing, and updating policies as they come up for annual review • Create policy / checklist for incorporating DEIJ consideration / focus in all new P&Ps **Year 2 and 3:** Use policy / checklist to review, assess, and update all policies during the three-year review cycle	• Identify and create list of P&Ps that should result in actionable items and measurable change • From the list, create corresponding metrics to track changes as the P&P is implemented and sustained
S2: Communicate updated and/or new policies to IHC staff and/or patients. Ensure policies are accessible to all staff and patients through a variety of means (ex. email, newsletters, internal communications, meetings, etc.)	Chief Operating Officer, Population Health Manager, Leadership Team, Communications Team	**Year 1:** • Quarterly (or more frequently as needed) reports at All Staff meetings on updated policies • Make P&Ps accessible on website and N:Drive • Ensure that applicable policies are easily accessible to the relevant teams **Year 2 and 3:** Sustain the process.	• Annually assess accessibility of IHC P&Ps to all staff through a question on the DEIJ survey • Solicit input from staff about the fairness, inclusivity, and equity of our P&Ps through a question(s) on the annual DEIJ survey