**CALQIC Idea Menu**

**Health Equity and Relational Healing Goals**

**Intersection with TRIADS core elements in TEAL**

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| **Goals** | **Reason** | **Recommendation** |
| **Empathic Environments (ENVIRONMENT)** |
| **Enhance empathy communicated environmentally**  | Empathic care, including care conveyed through the physical environment, directly influences patients’ self-disclosures of sensitive information, making screening more effective. | Assess the clinic’s environmental empathy and develop project plan to address/enhance it. |
| When patients do not see visual indicators of representation in the physical environment, the health care teams’ understanding and empathy toward these patients will likely not be assumed, impacting screening effectiveness. | Assess the clinic’s cultural responsiveness in relation to the physical environment (i.e. does art reflect the culture and community of patients served?) |
| **Improve reception and waiting experience by making relational greeting an ‘always’ event** | Goodwill greetings are a core component of effective empathy conveyance; goodwill greetings are often unevenly distributed, with our affinity group receiving more than ‘out-groups’. Patients’ experience of empathy will influence their willingness to self-disclose on screening and/or in response conversations. | Ensure there is a “Good Morning”, before “Sign in here” or “Do you have an appointment?”. This can be measured (re: QI) |
| **Policies, Procedures and Workflows (FOUNDATION)** |
| **Integrate process communication into all workflows** | Well researched communication strategies show that this results in higher levels of trust and subsequent disclosers and adherence to recommendations. Also, when staff engage in higher levels of skill in communication with patients, this decreases escalations and critical incidents. | Integrate prompts of using patient name, introducing self, smiling, using connecting statements, etc., into all screening, check ins, vitaling and other protocols. |
| **Enhance relationship and connection by humanizing and elevating individual staff**  | Through uniforms, language (non-clinical staff, or ‘staff/providers), lack of norms around introducing selves, etc. many people who work as receptionists, call center or medical assistants are not fully ‘real’ others to patients, causing a similar cascade of othering toward patients. | Provide business cards for all receptionists, MAs, billing staff, etc; provide VM systems to encourage relationship with patients; make staff introducing of themselves an ‘always’ event |
| **Data/QI (FOUNDATION, SCREENING, RESPONSE)** |
| **Decrease health care variation, disparities in care and responses by race** | Many organizations have disproportionate complaints from historically marginalized or stigmatized populations, such as Black people or those with addictive disorders. By using complaint data to identify “cold spots”- where empathy is not being effectively conveyed, specific action can be taken, resulting in increases in sharing of important and sensitive health information. | Disaggregate all documented data on negative feedback (complaints) by race and develop a QI project based on this. *(Data/QI)* |
| Decrease health inequity, and inequity in care, by transparently reviewing all organization health outcomes and other data by race | While most of us see national and state data indicating people of color, especially Black people have worse access to health care, worse health care when they do get it, and worse health outcomes, few of us run our own data reports this way. By beginning to do this with highly tracked measures like HA1C or blood pressure, it gives organizations practice in how to run, interpret, share and make meaning out of equity data.  | Disaggregate all currently tracked health outcomes (hA1c; depression scores; blood pressure; etc.) by race and develop a QI project based on this. *(Data/QI)* |
| **Employee Equity & Experience (FOUNDATIONS)** |
| **Address racial disparities in leadership make-up, promotion patterns, and pay.** | Employee experience and patient experience are so closely related, they can be used as proxy measures for each other; when racial inequities go unacknowledged and unaddressed in the workplace, this will reflect in the patients’ experience of the organization as well. | Run all organizational salary and position data by race and gender and develop strategic priorities, goals and strategies to address inequities |
| **Increase reception and other low-wage employees’ compensation**  | Poverty is a social determinant of health, a barrier to leaving abusive relationships, and can cause chronic worry, resulting in toxic stress. Our lowest wage employees are largely women of color, making this an important equity issue.  | Develop task force, establish goals, develop timelines for correcting |
| **Implement flexible work options for all hourly employees** | Flexible work schedules are directly related to emotional and physical health, with research showing impacts on sleep, exercise, diet, depression, parenting stress, preventative appointments and productivity at work. Over 90% of employees desire flexible work schedules. Low wage workers typically have the least flexibility. | Develop a task force to identify goals and objectives to ensure flexible work options are available for all levels of positions.  |
| **Provide access to virtual behavioral health support for employees *(not provided by BH clinicians-employees; instead, dedicated BH resources for employees)*** | Supporting employees is a direct path to improved patient experience, which impacts self-disclosures and reactions to response. Often our patients have better and quicker access to behavioral health support than our employees do, creating a “mission gap” where they are asked to treat patients better than they are being treated. Having integrated BH is not sufficient, unless providing services for staff is explicitly written into the job description. | Hire or contract a BH specialist to work in the HR department, consulting on population based emotional wellness interventions and direct services to employees. |
| **Leadership (FOUNDATION)** |
| **Ensure congruence between the organizations values around equity and relational healing, and written organizational goals.** | In integrating a specific focus on equity into the organizations strategic plan, stated mission and values, the organization is then compelled to develop specific strategies and measures, assisting in the operationalization of these values. It is an important message to employees, patients, and the larger community that it is acceptable, and even encouraged, to talk about and address racism and other forms of discrimination. This ultimately aids in meaningful self-disclosures by patients (and staff) regarding experiences with racism and other toxic stress. | Develop equity goals and relational healing goals to integrated into the organizations’ strategic plan, mission and values |
| **Ensure organizational leadership is racially representative of employees, and the community served**  | While this may be a somewhat difficult and audacious goal, the process that it entails generates its own good, including increasing affective tolerance for uncomfortable conversations, developing a conscious way of making decisions about representative leadership, and enhancing purposefulness about this goal. | Assess executive leadership membership against racial representation of patients served and/or community and develop strategic goals to address it |
| **Ensure there is time, money energy dedicated to equity goals** | While health equity must be integrated in all processes, positions and cultural indicators in an organization, by creating a position to address health equity the organization signals to employees and patients its willingness to dedicate resources directly to the work. | Develop a title position on executive leadership to address health equity of staff and patients |
| **Integrate equity and relational qualities, characteristics and behaviors into all job descriptions** | Most job descriptions are not relationship-centered, focusing instead on transactional tasks, as opposed to important relationship building behaviors and practices. By transforming all job descriptions to explicitly include relational aspects such as skillful empathic communication, conflict resolution and building of genuine relationships with coworkers and patients, job descriptions become one of the important building clocks of trauma informed systems. | **Integrate relationship-centered qualities and skills into all job descriptions and employee evaluations.** |
| Ensure hiring and training processes reflect relational healing principles | Interviewing procedures, without purposeful intent to make consistent with trauma informed care, can be fear-producing, based on sharply defined power-differentials, and patriarchal in nature. These hiring and interviewing processes indicate, through social learning, what is expected of employees, influencing their relationship with patients. | **Assess current recruitment, selection, hiring and onboarding processes against ideal trauma informed processes and develop strategic goals to transform toward congruence.** |
| Ensure termination processes, policies and practices are consistent with trauma informed care | Termination, whether voluntary leavings or firings are rituals, and as such they have particular power in defining and driving culture. Terminations are often secret, leaving a feeling that people ‘disappear’; they often are not discussed, which can feel like an unspoken family secret. Leavings or endings of any kind often have deep meanings and can be traumatic to experience or witness. | **Assess current termination processes and practices against relational healing and equity ideals and practices; develop task force and plan to address the gap** |
| **Bias & Stigma (SCREENING AND RESPONSE)** |
| **Address the role of implicit bias in the health and wellbeing of patients and employees** | ACE screening is entirely dependent on self-disclosures; self-disclosures are dependent in large part on whether patients feel cared about, listened to, and respected. Research on implicit bias demonstrates clearly that indications of empathy such as connecting statements, compliments, eye contact, not interrupting, etc., are most often used within our own affinity groups, and are utilized significantly less with those we have implicit bias towards. The level of unaddressed implicit bias is, and will continue to, directly impact self-disclosures, as well as patient adherence to response recommendations.Similar to above | **Initiate Implicit bias learning and development activities and discussion groups** |
| **Develop a Diversity, Equity and Inclusion (DEI) task force** |  |
| **Trauma Informed Care (FOUNDATION, SCREENING, PATIENT EDUCATION)** |
| **Lower the number of escalations, and minimize the harm of those that occur** | Over 70% of medical office receptionists are verbally abused in any given year; this is both in-person and on the phone. When an organization does not invest in de-escalation systems, including training, tracking incidents, empathic and supportive de-briefing, and root cause analysis, it replicates a family system that turns its head from seeing a member harmed. We can facilitate corrective emotional experiences for our employees when we name abuse, state unequivocally it is unacceptable, and provide support for prevention and post-incident de briefing. Additionally, when a patient yells, swears, knocks over a chair in the waiting room, all the patients in that waiting room experience it, making escalation incidents ripple throughout the organization’s patients and employees.  | **Adopt widespread trauma informed de-escalation training and related practices** |
| **Ensure the processes and practices around critical incidents is consistent with relational healing and equity goals** | **Adopt a system to capture, measure, track and prevent and respond to all escalations as critical incidents** |
| **Implement a formal trauma informed de-briefing protocol for all critical incidents** |
| **Ensure billing practices and protocols are consistent with relational healing goals and trauma informed care principles** | Chronic fear about money is toxic stress. When organization billing materials are confusing, difficult to read, sharp or cold in tone, they create more fear and erode trust between patients and the organization. | **Assess patient-facing billing materials for trauma informed/relational healing congruence and develop project plan to alter as needed** |
| **Ensure policies impacting patients reflect relational healing** | While it is important to address staff boundaries (such as having to stay late if patients arrive late, or not discharging repeatedly verbally abuse patients), most late policies and patient discharge policies are often punitive and unevenly applied, wounding relationships with patients | **Assess patient late policies, patient discharge-from-care policies, and other potentially punitive patient policies & develop strategies to enhance congruence with trauma informed policies.** |