

Health Equity at Texas Children's Hospital

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Texas Children's Hospital



Joint Commission National Patient Safety Goal to Improve Health Care Equity - NPSG.16.01.01



EP 1- The hospital designates an individual(s) to lead activities to improve health care equity for the hospital's patients.



EP 2 – The hospital assesses the patient's health-related social needs (HRSNs) and provides information about community resources and support services. Note 1: Hospitals determine which HRSNs to include in the patient assessment.

Note 2: HRSNs may be identified for a representative sample of the hospital's patients or for all the hospital's patients.



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.

Note 1: Hospitals may focus on areas with known health care disparities identified in the scientific literature (e.g., organ transplantation, maternal care, diabetes management) or select measures that affect all patients.

Note 2: Hospitals determine which sociodemographic characteristics to use for stratification analyses.



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.



EP 5 - The hospital acts when it does not achieve or sustain the goal(s) in its action plan to to improve health care equity.

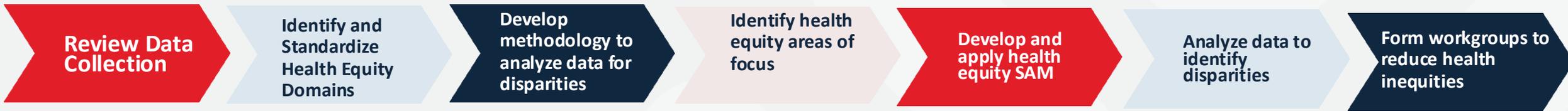


EP 6 - At least annually, the hospital informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to improve health care equity.

Healthcare Inequities

Develop Infrastructure to Review Data, Identify Disparities, and Respond to Healthcare Inequities

- Partnered with the Data, Outcomes, and Analytics Team



Healthcare Inequities

Develop Infrastructure to Review Data, Identify Disparities, and Respond to Healthcare Inequities

Review Data Collection

Identify and Standardize Health Equity Domains

Develop methodology to analyze data for disparities

Identify health equity areas of focus

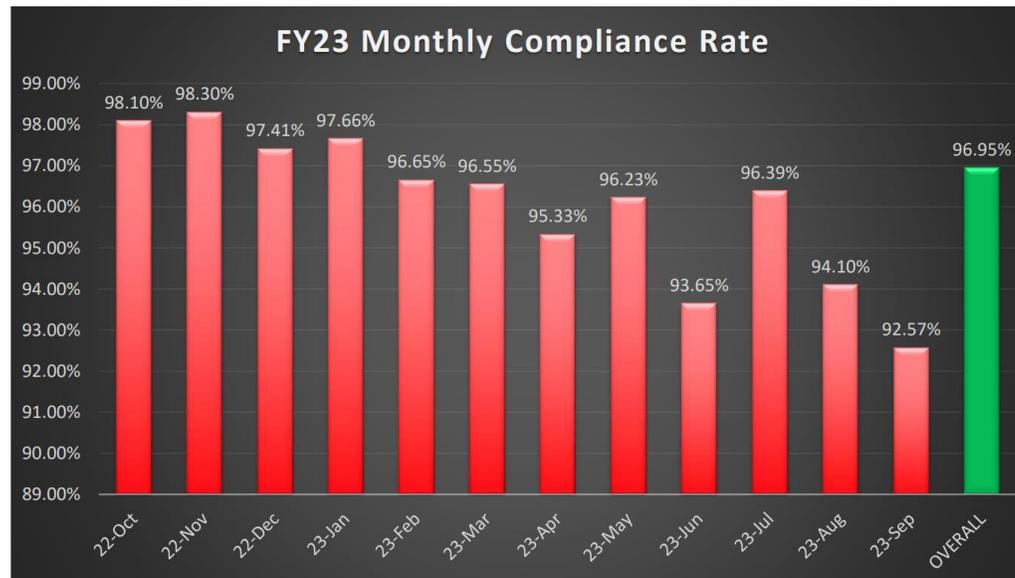
Develop and apply health equity SAM

Analyze data to identify disparities

Form workgroups to reduce health inequities

RACE, ETHNICITY, LANGUAGE COMPLIANCE

n=17455

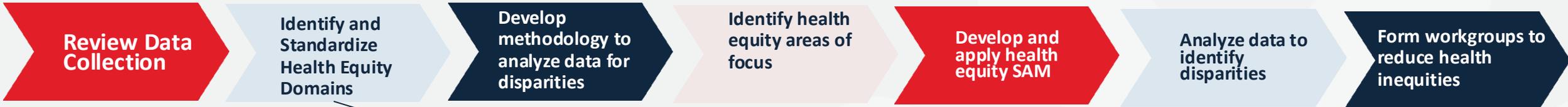


Month	Yes	No	Total	Compliance Rate
22-Oct	4434	86	4520	98.10%
22-Nov	2722	47	2769	98.30%
22-Dec	1620	43	1663	97.41%
23-Jan	1375	33	1408	97.66%
23-Feb	1097	38	1135	96.65%
23-Mar	1148	41	1189	96.55%
23-Apr	857	42	899	95.33%
23-May	918	36	954	96.23%
23-Jun	781	53	834	93.65%
23-Jul	721	27	748	96.39%
23-Aug	814	51	865	94.10%
23-Sep	436	35	471	92.57%
OVERALL	16923	532	17455	96.95%



Healthcare Inequities

Develop Infrastructure to Review Data, Identify Disparities, and Respond to Healthcare Inequities

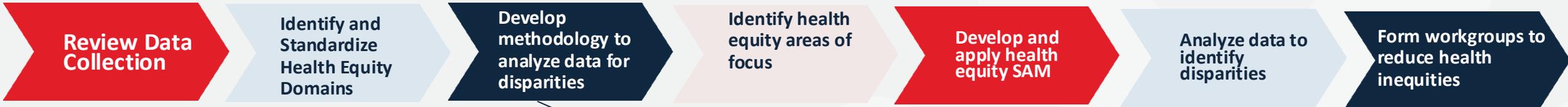


Domain	Standard Categories	
Race / Ethnicity	NH-White NH-Black Asian Hispanic	American Indian and Alaska Native Native Hawaiian and Pacific islander Multiracial/other Unknown
Language	English Spanish Vietnamese Arabic	Mandarin Other languages Unknown
Payor	Medicaid Commercial	International Self-pay
Sex	Male Female	Other
Geography: Neighborhood Poverty	150% or above the federal poverty line Below 150% of the federal poverty line	
Geography: Social Vulnerability Index	High vulnerability Medium-high vulnerability Low-medium vulnerability Low vulnerability	
<ul style="list-style-type: none"> • Overall vulnerability • Household Characteristics • Racial & Ethnic Minority Status • Housing & Transportation 		



Healthcare Inequities

Develop Infrastructure to Review Data, Identify Disparities, and Response to Healthcare Inequities



Type of Event	Definition	Methodology	Identification of a Disparity	Notes
Rare Event	Fewer than 5 counts per quarter for 8 consecutive quarters per sub-group	Funnel plot with population mean as the center line	If a sub-group is more than 2 standard deviations from the center line	Adopted from SPS
Non-rare Event	5 or more counts per quarter for 8 consecutive quarters per sub-group	Run chart stratified by domain	If a sub-group is above or below the population mean more than 90% of the time; 75% - 90% of the time recommends further investigation	Adopted from Seattle Children's



JC NPSG to Improve Health Care Equity - NPSG.16.01.01

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

Healthcare Inequities

Develop Infrastructure to Review Data, Identify Disparities, and Respond to Healthcare Inequities

Review Data
Collection

Identify and
Standardize
Health Equity
Domains

Develop
methodology to
analyze data for
disparities

Identify health
equity areas of
focus

Develop and
apply health
equity SAM

Analyze data to
identify
disparities

Form workgroups to
reduce health
inequities

1. Hospital Acquired Conditions (HAC)
2. Evidence Based Outcomes Center's Dashboard (EBOC)
3. Partnership with TCH/BCM leaders
4. Partnerships with frontline teams with health equity observations



Healthcare Inequities

Develop Infrastructure to Review Data, Identify Disparities, and Response to Healthcare Inequities

Review Data Collection

Identify and Standardize Health Equity Domains

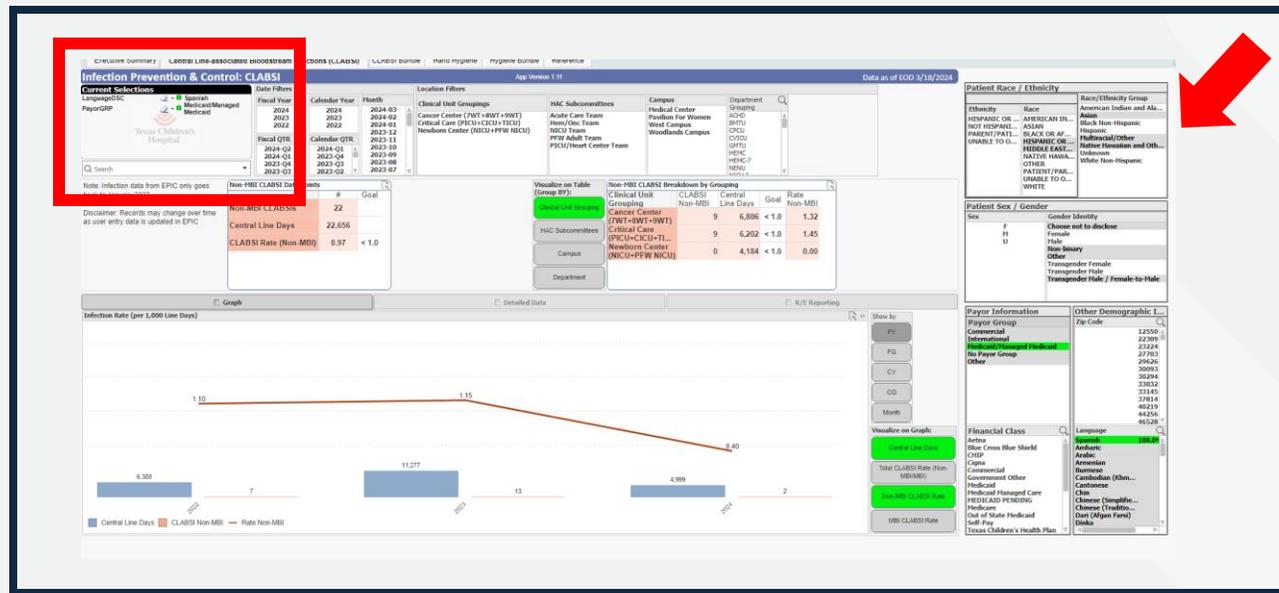
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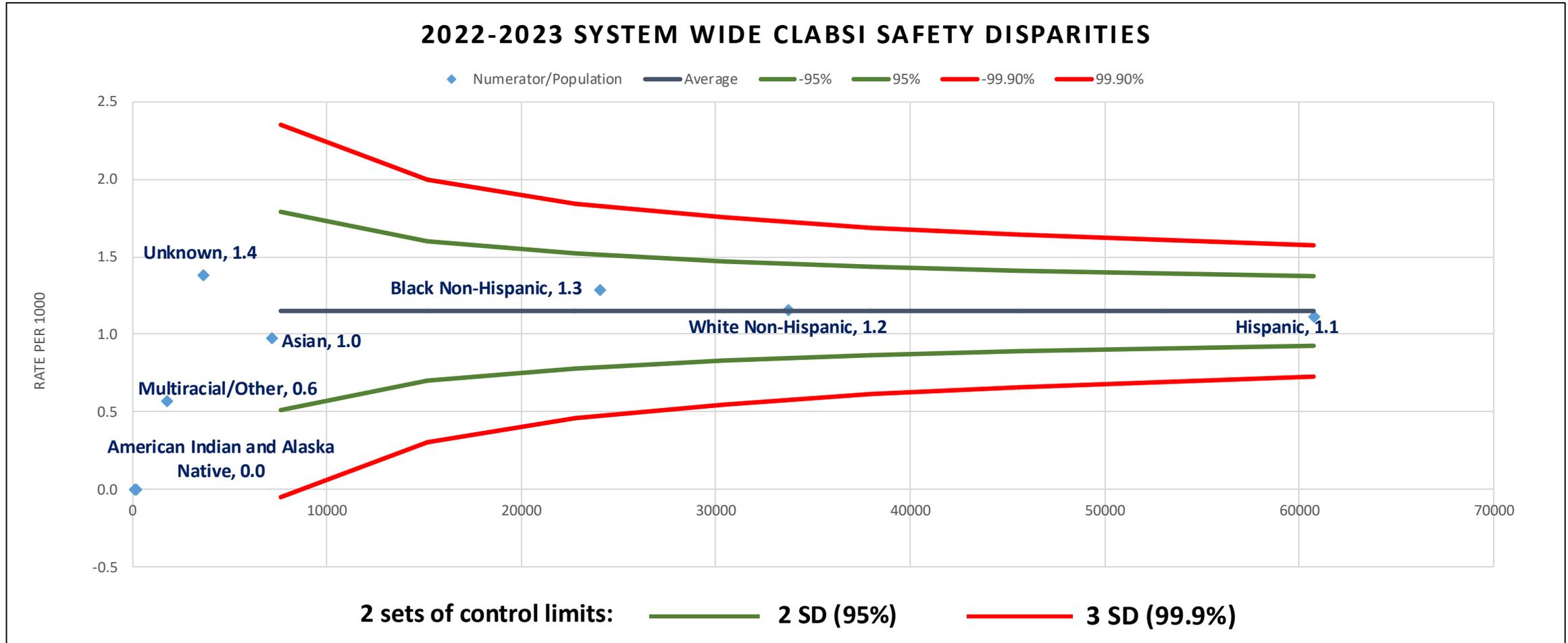
Form workgroups to reduce health inequities



HAC Health Equity Data

No R/E disparities identified

System Wide CLABSI Safety Disparities: 2022 - 2023

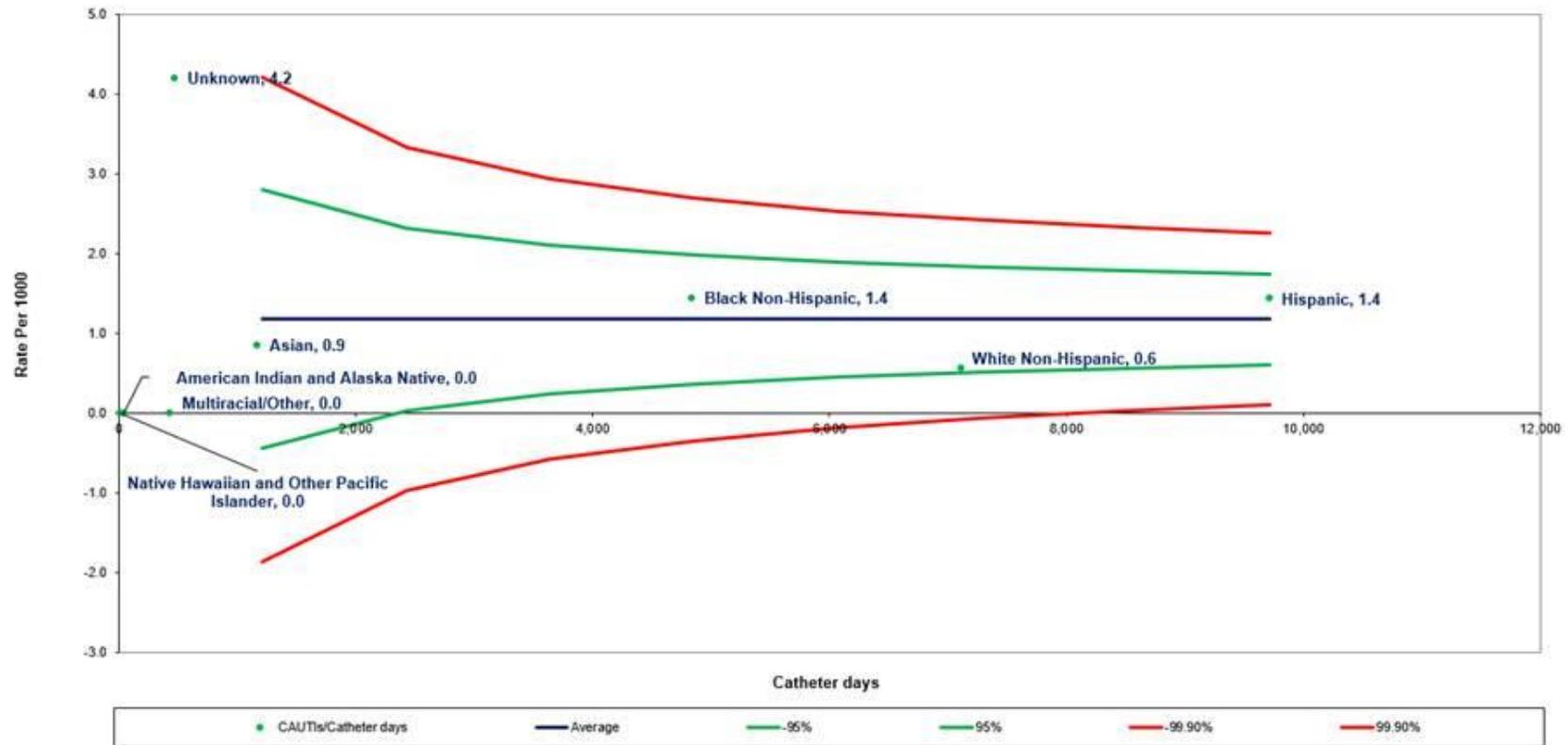


HAC Health Equity Data

System Wide CAUTI Safety Disparities: 2022 - 2023

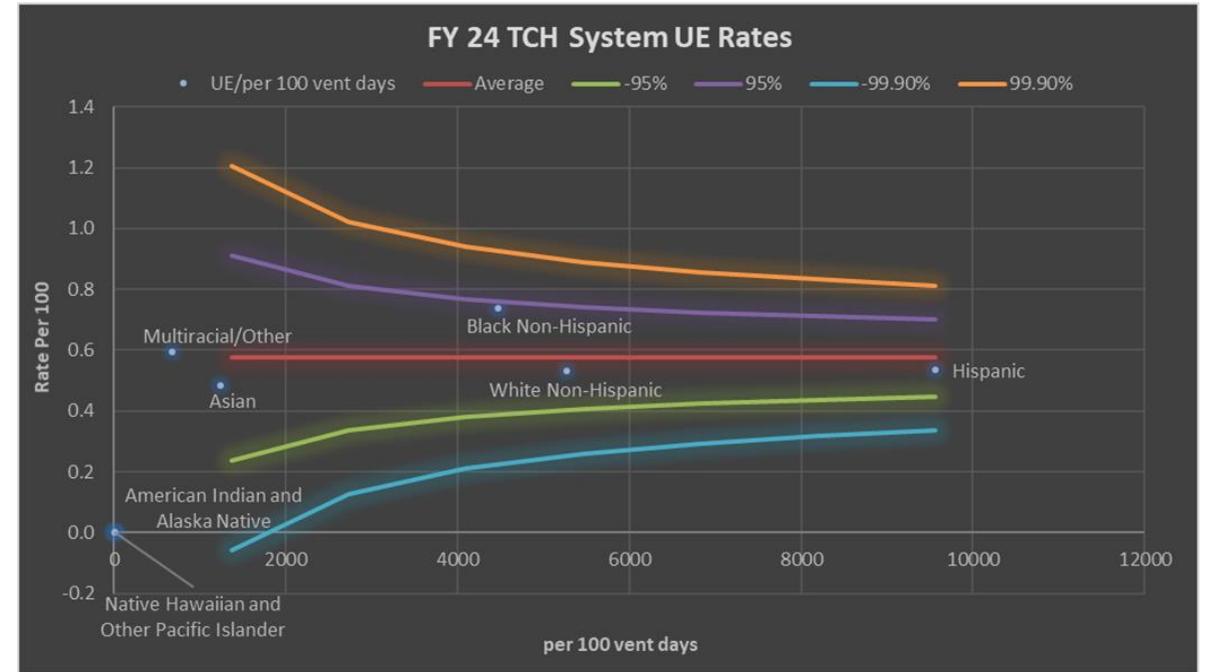
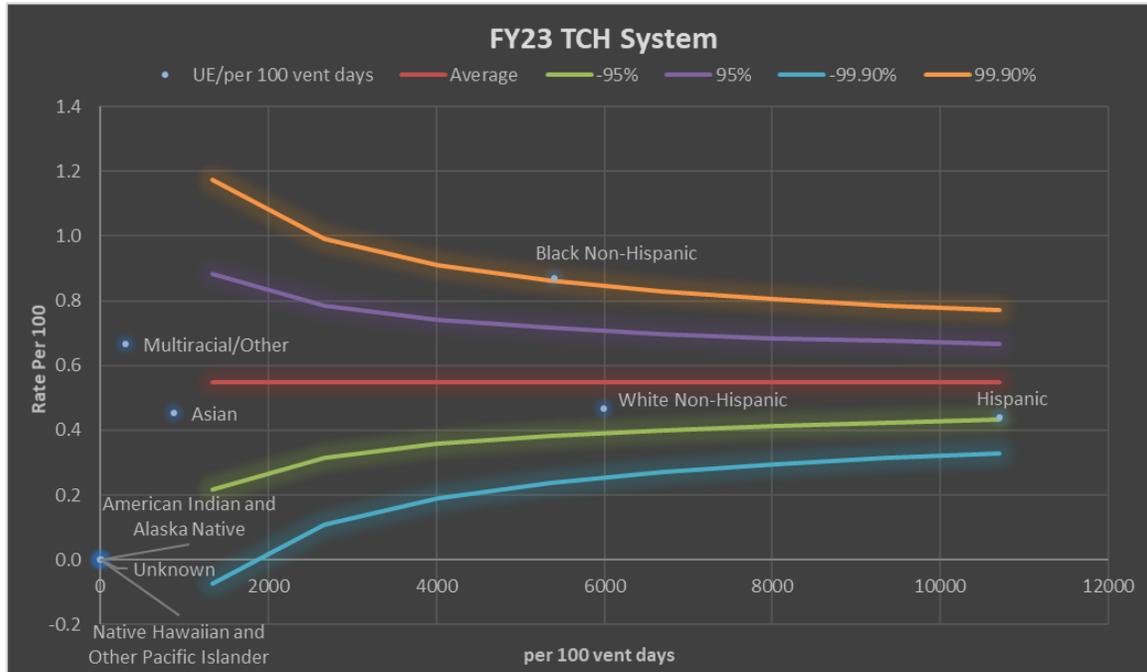
No R/E disparities identified from mean; higher rate for NH-Black and Hispanic compared to NH-White

2022-2023 System Wide CAUTI Safety Disparities



HAC Health Equity Data

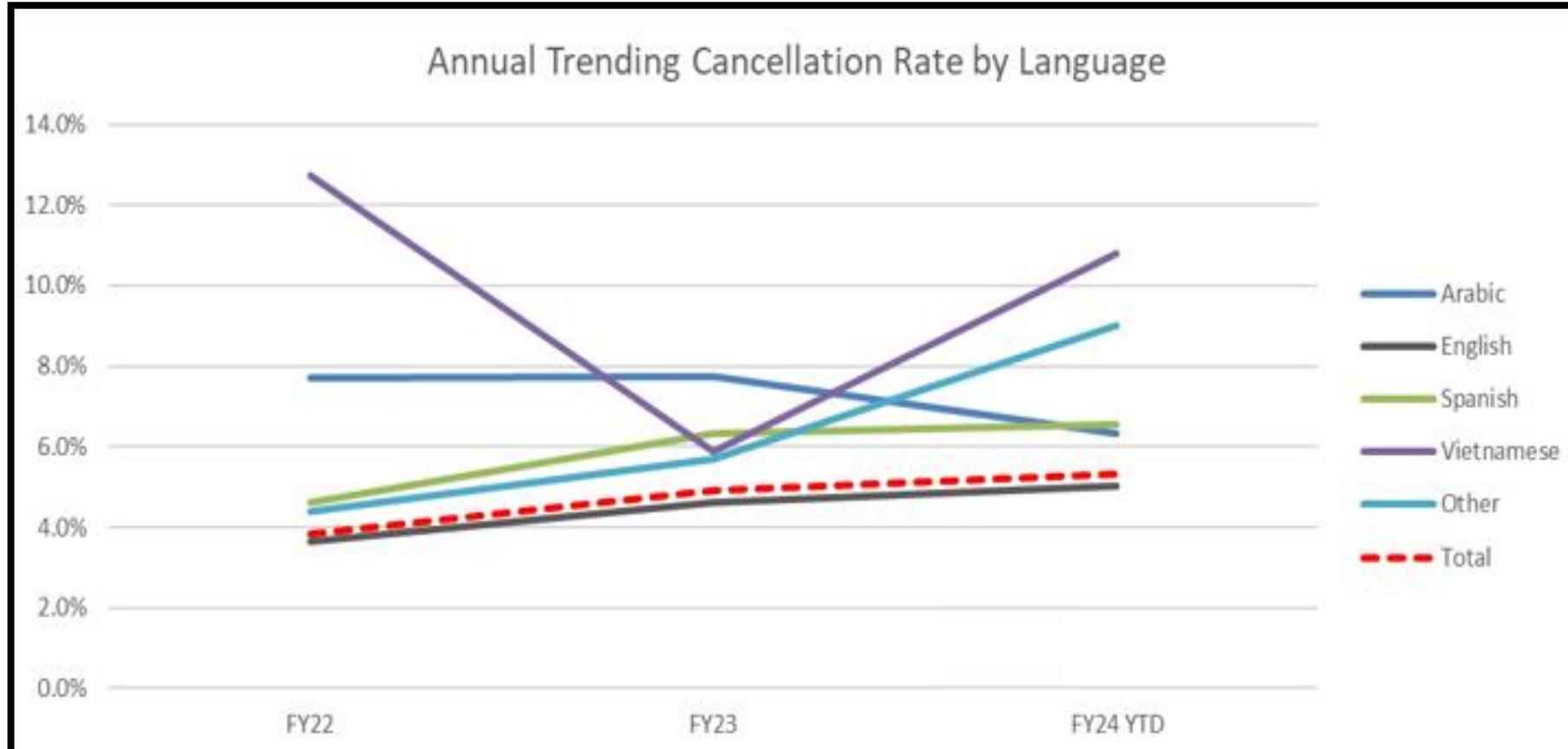
System Wide Unplanned Extubations



Health Equity Analyses

Same Day Surgery Cancellations

Non-English speaking patients have higher rates of same day surgery cancellations



Healthcare Inequities

Next Steps

Review Data Collection

Identify and Standardize Health Equity Domains

Develop methodology to analyze data for disparities

Identify health equity areas of focus

Develop and apply health equity SAM

Analyze data to identify disparities

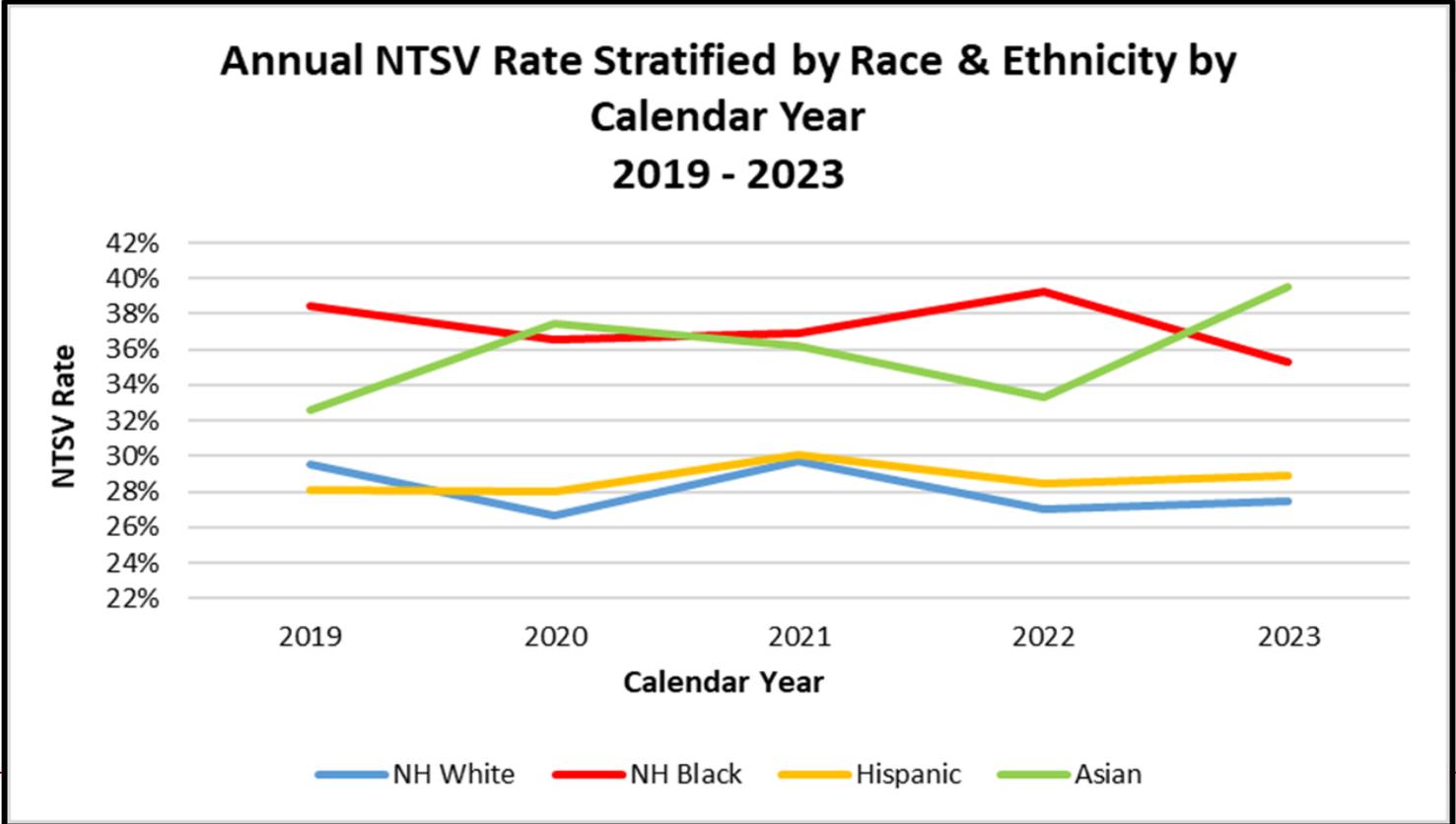
Form workgroups to reduce health inequities

- Hospital Acquired Conditions
 - Unplanned Extubations
- Same Day Surgery Cancellations
- Bronchiolitis
- NTSV Caesarean Rate



JC NPSG to Improve Health Care Equity - NPSG.16.01.01

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:



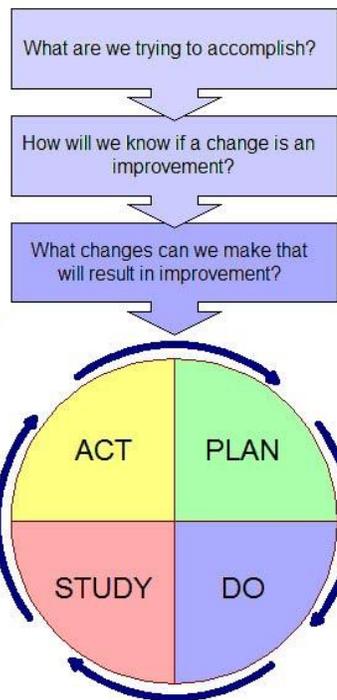
EIA + IHI + SMART/E = Project Charter

Tool to systematically examine how groups will be affected by a proposed action or decision

Used to anticipate, eliminate, and prevent adverse consequences and discrimination/inequities in access and care

Best conducted during decision-making process, prior to enacting new proposals, programs, or policies; used to inform decisions

Model for Improvement



4. EXAMINING THE CAUSES

Note: Race is a social construct and not a determining factor, risk factor, or driver of inequities. Racism is a driver of health inequities. For clinical and research initiatives, consider how race corrections (e.g., clinical decision-making tools such as the GFR kidney function test) embedded within standards of work, procedures, guidelines of care, pathways, etc. might be contributing to disparities.

What factors may be producing and perpetuating inequities associated with this initiative?

Are the inequities expanding, narrowing, or maintaining?
 Expanding Narrowing Maintaining

Does the initiative address root causes? Yes No Explain:

If the causes are unknown, describe how this initiative will help uncover the potential causes:

5. CONSIDERING ADVERSE IMPACTS

What adverse impacts or unintended consequences could result from this initiative?

How will adverse impacts be anticipated, prevented, or minimized?

6. ADVANCING EQUITABLE IMPACTS

What positive impacts on equity and inclusion, if any, could result from this initiative?

7. EXAMINING ALTERNATIVES OR IMPROVEMENTS

What steps will be taken if disparities are maintained or increased because of this initiative?

Inclusive: Have you invited, considered, and incorporated input from the priority population(s) and your community partners where appropriate?

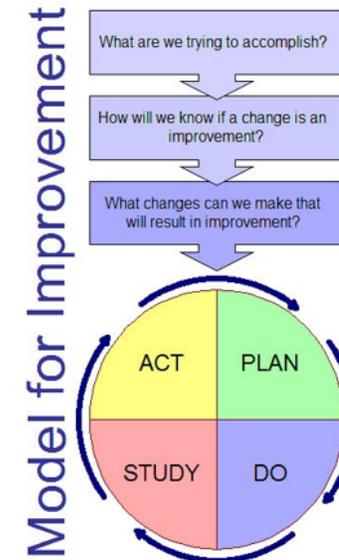
Equitable: Does the objective address the unique needs and circumstances of your priority population(s) and seek to address condition-specific disparities?

Texas Children's Pavilion for Women Project Charter

Promoting Vaginal Birth

PROJECT CHARTER TEMPLATE

PROJECT NAME	PROJECT OWNER	PROJECT SPONSOR
Promoting Vaginal Birth Project	Kristin Thorp	Dr. Christina Davidson
EMAIL	ORGANIZATIONAL UNIT(S)	
kristinthorp@texaschildrens.org	PFW Labor & Delivery	
PROJECT TEAM		
Dr. Christina Davidson, Lauren Shubert, Addy Babalola, Dr. Audra Timmins, Stephanie Gonzales-Hughes, Sharon Burks, Khanh Nguyen, Erin Gonzales, Sheena Glover, Tara Barrick, Courtney Thompson, Dr. Celeste Green, Dr. Chandler McGee, Dr. Matt Carroll		
PROJECT START DATE		
April 2023		



Global AIM: Safely reduce the rate of NTSV cesarean deliveries and eliminate racial and ethnic disparities in the rates by December 31, 2024.

Project AIM: By implementing the Promoting Vaginal Birth interventions, we will increase adherence to ACOG criteria for NTSV cesarean indications and reduce the rate of non-medically indicated NTSV cesarean deliveries by 80% as well as the Black-White and Asian-White disparity by 50% by December 31, 2024.



Achieving Health Equity through Quality Improvement

What are we trying to accomplish?

- Reduce the rate of non-medically indicated NTSV cesarean deliveries and the Black/White and Asian/White disparity

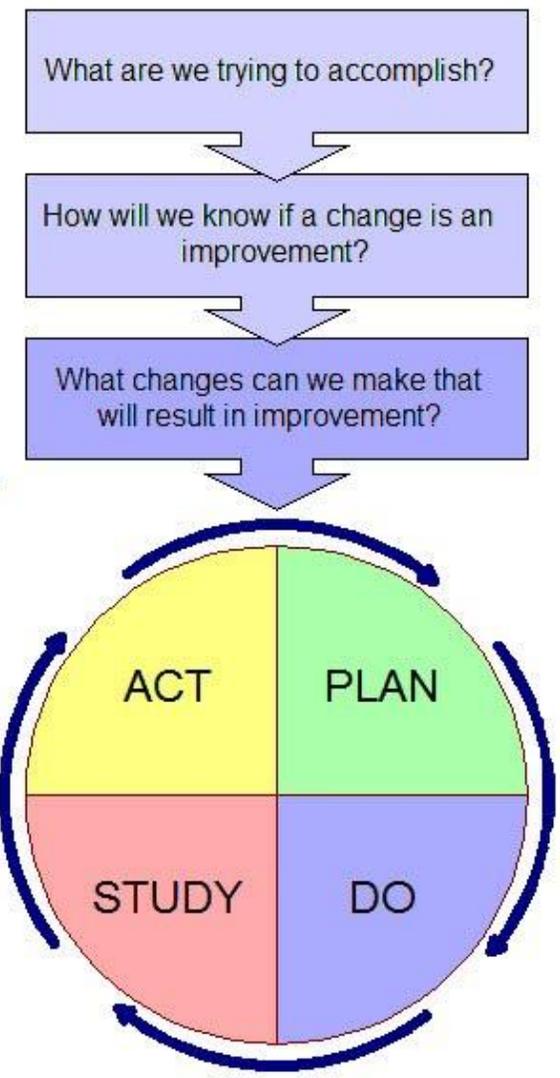
How will we know that a change is an improvement?

- Monitor NTSV cesarean rates, overall and stratified by race and ethnicity
- Monitor indications for NTSV cesareans, overall and stratified by race and ethnicity

What change can we make that will result in improvement?

- Implement labor dystocia checklist, labor huddles and scheduling criteria for primary cesareans
- Track evidence-based indications for cesarean delivery, overall and by race and ethnicity
- Engage the Patient Advisory Council
- Share data with department
- Share practice and individual provider-level data

Model for Improvement



Nulliparous, Term, Singleton, Vertex (NTSV)

(As defined by Joint Commission)

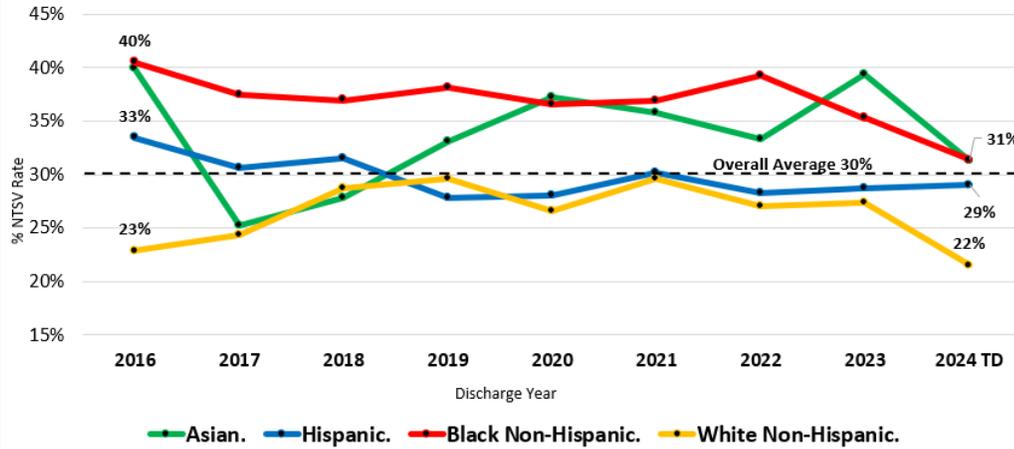
Definition: Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth.

Numerator: Patients with cesarean births.

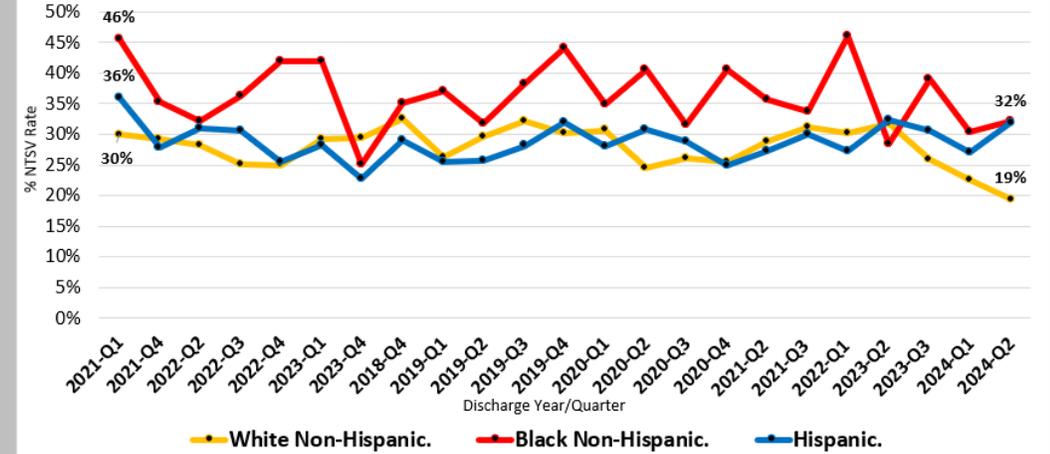
Denominator: Nulliparous patients delivered of a live term singleton newborn in vertex presentation (as defined by the Joint Commission) *Exclusion criteria: Previa, Stillbirth.

Goal: < 23.9%
(Healthy People 2030)

Annual-NTSV Cesarean Delivery Rate



Quarterly-NTSV Cesarean Delivery Rate



Discharge Year	Hispanic	Black Non-Hispanic	White Non-Hispanic	Asian
2016	28%	31%	23%	25%
2017	28%	35%	24%	28%
2018	28%	37%	27%	31%
2019	29%	37%	27%	33%
2020	29%	37%	27%	33%

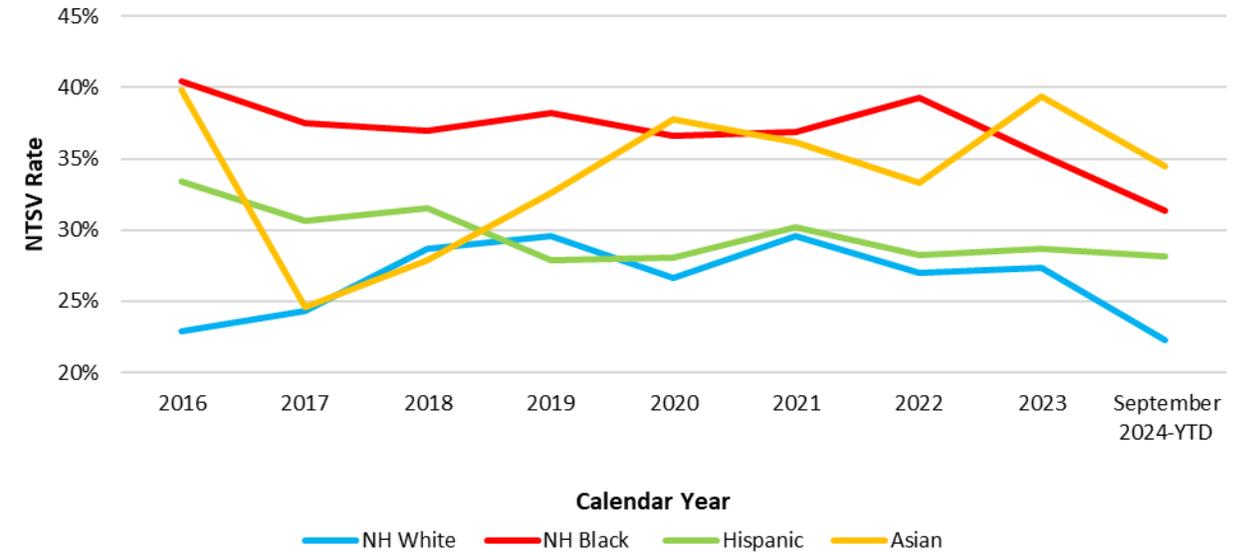
Discharge Quarter	Hispanic	Non-Hispanic Black	Non-Hispanic White
2022-Q1	28%	25%	19%
2023-Q2	28%	28%	23%
2023-Q3	28%	30%	25%
2024-Q1	29%	31%	25%
2024-Q2	29%	32%	25%

Birth Equity Dashboard

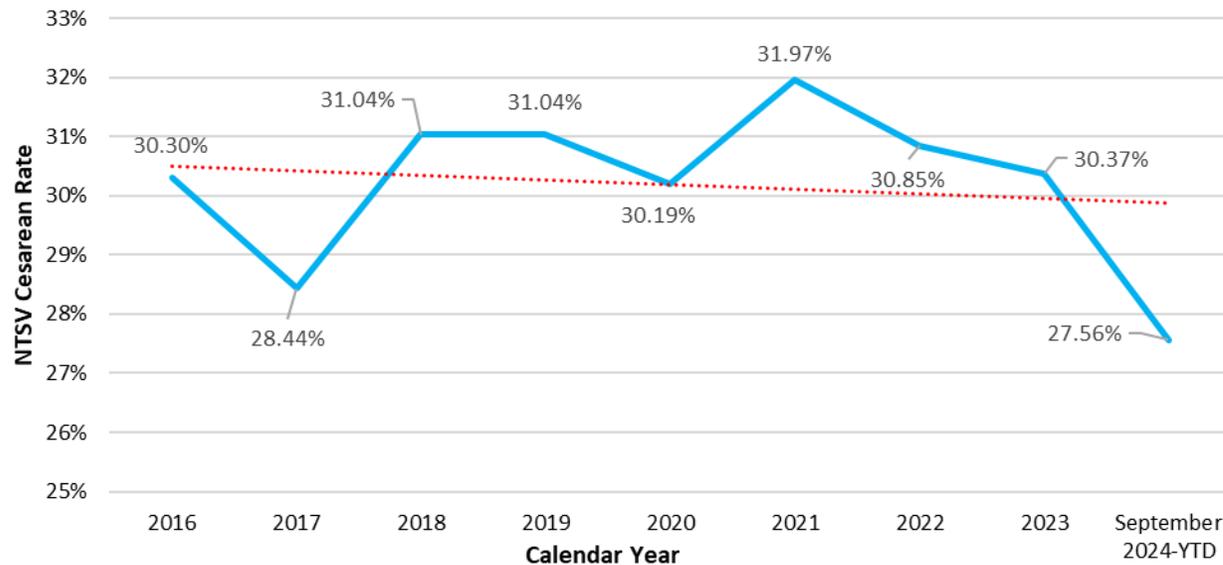
Health Equity Updates

NTSV Caesarean Delivery Rates

**Annual NTSV Caesarean Delivery Rate Stratified by Race & Ethnicity
2016 - 2024**



**Annual NTSV Caesarean Delivery Rate by Calendar Year
2016 - 2024**



Implementation and Adoption of Health Equity Dashboards

Phuong Tran, MSN, RN, CNL
Advanced Quality Specialist
Texas Children's Hospital

Alexis Williams, DNP, RN
Advanced Quality Specialist
Texas Children's Hospital



HFNC Utilization in Bronchiolitis Patients

Phuong Tran, MSN, RN, CNL

Population Application with Health Equity SAM

- Background:
 - Multidisciplinary QI team formed to reduce TCH's overutilization of HFNC in bronchiolitis patients
 - Worked with our Quality Outcomes and Analytics team to build a QlikSense application
- Overlaid health equity SAM into our bronchiolitis app for each specific measure
- Focus on one domain at a time
- [Bronchiolitis App demo](#)

HAC: CLABSI Bundle

Alexis Williams, DNP, RN

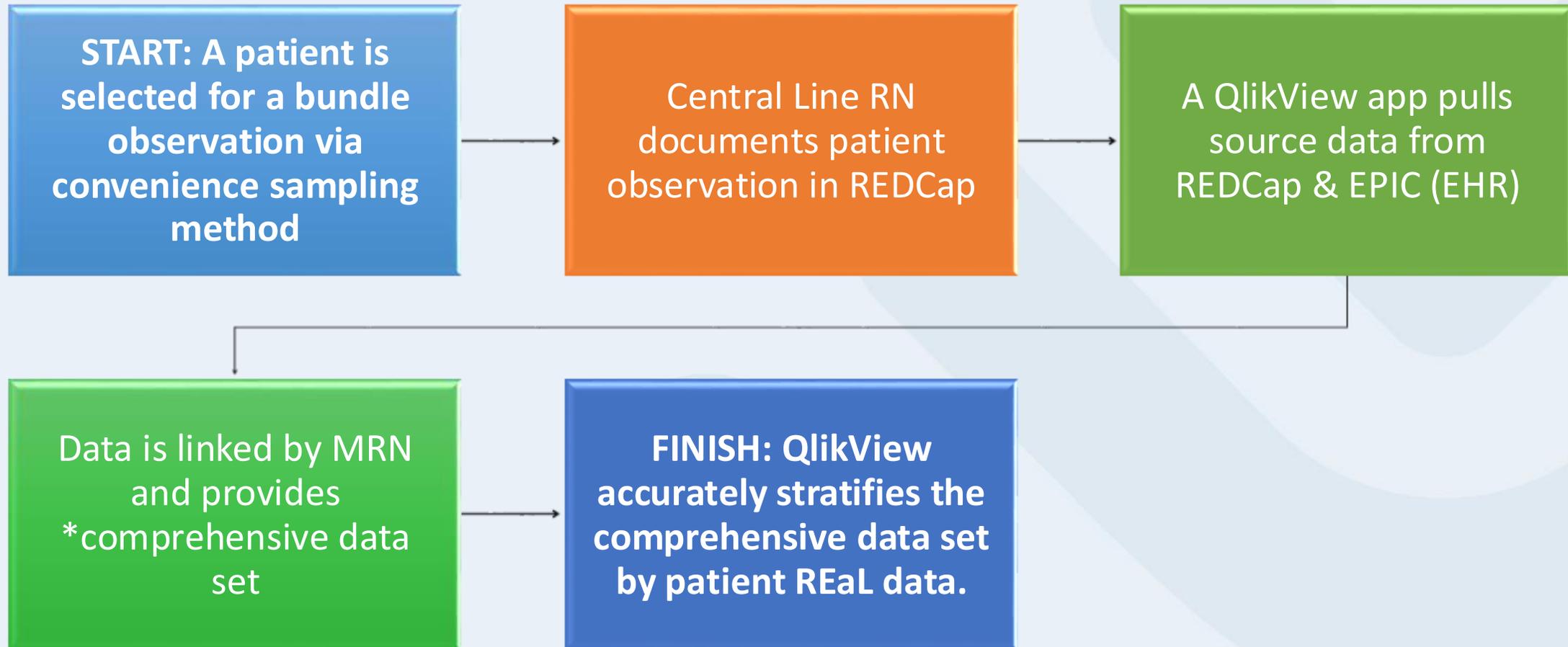
Introductory Information

- Current HAC focus: CLABSI
- Bundle Observation Collection: REDCap
- EMR: Epic
- Data Visualization Tool: QlikView



Linking REaL Data to CLABSI Bundle

Observations



Convenience sampling

- Each unit has a list of patients with central lines that is updated daily.
- Each day the CLABSI champion, Central Line nurse, VAT nurse, or Leader completes observations on patients who have a line that is being accessed/changed in real time.

START: A patient is selected for a bundle observation via convenience sampling method

Bundle Observation-REDCap

Central Line RN documents patient observation in REDCap

Central Line Bundle Observation

Please use the survey below to enter your central line observations.

Thank you!

MRN

* must provide value

Your Name

* must provide value

Your PRIMARY role (choose one)

* must provide value

Audit date  Today M-D-Y

* must provide value

Campus

* must provide value

Caregiver Handling CVL

* must provide value



QlikView Dashboard

A QlikView app pulls source data from REDCap & EPIC (EHR)

Executive Summary | Central Line-associated Bloodstream Infections (CLABSI) | **CLABSI Bundle** | Hand Hygiene | Hygiene Bundle | Reference

Infection Prevention & Control: CLABSI App Version 1.17

Current Selections



Texas Children's
Hospital

Search

Date Filters

Fiscal Year	Calendar Year	Month
2024	2024	2024-07
2023	2023	2024-06
2022	2022	2024-05
		2024-04
		2024-03
		2024-02
		2024-01
		2023-12
		2023-11

Fiscal QTR	Calendar QTR
2024-Q4	2024-Q3
2024-Q3	2024-Q2
2024-Q2	2024-Q1
2024-Q1	2023-Q4

Location Filters

Demographic Filters

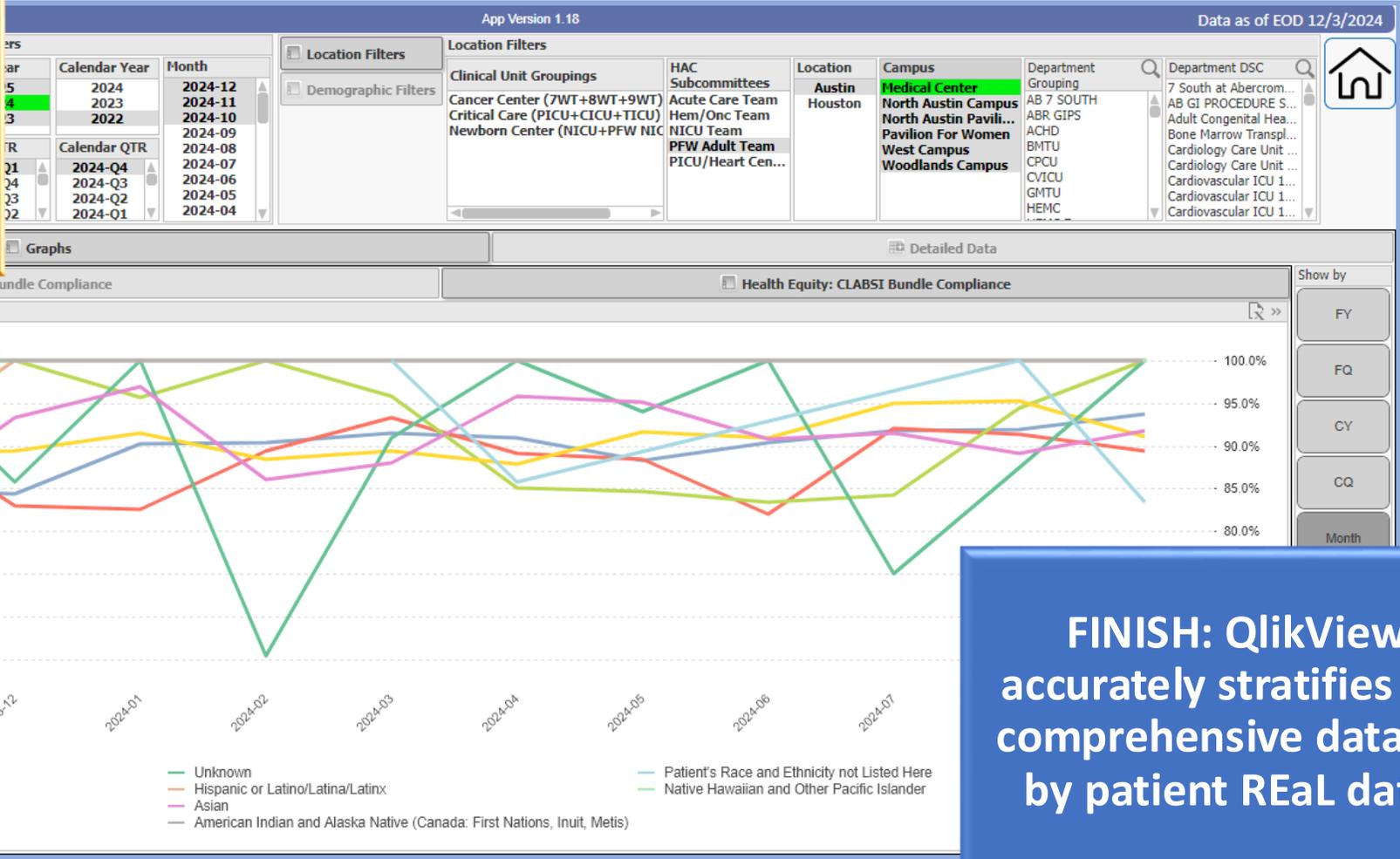
Demographic Filters

R/E Grouping	SPS R/E Grouping	Language Grouping	Sex
American Indian and Alaska Nati...	American Indian and Alask...		F
Asian	Asian	Arabic	M
Black Non-Hispanic	Black or African American	English	U
Hispanic	Hispanic or Latino/Latina/...	Mandarin	
Multiracial/Other	Multiracial, Hispanic	Other	
Native Hawaiian and Other Pacif...	Multiracial, Non-Hispanic	Spanish	
Unknown	Multiracial, Unknown Ethn...	Unknown	
White Non-Hispanic	Native Hawaiian and Othe...	Vietnamese	
	Patient's Race and Ethnicit...		



REaL Data Integration

Data is linked by MRN and provides comprehensive data set



FINISH: QlikView accurately stratifies the comprehensive data set by patient REaL data.



Lessons Learned:

- If the patients MRN is entered incorrectly into the REDCap observation tool, the patients REaL data will not be pulled from EPIC.
- Utilizing a multi-disciplinary team to build the dashboard was very helpful.

Opportunities:

- This dashboard will allow us to easily monitor CLABSI data by REaL data to identify and respond to disparities.
- The logic used for this dashboard can be applied to other dashboards across the system, to drive safety disparity work further.



Contact Information

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- Alexis Williams - aawilli1@texaschildrens.org

