Workforce Diversity Solutions Starter®

This Solutions Starter is a compilation of strategic and tactical suggestions to consider as you begin your improvement journey. Suggestions are organized by the standard survey sections and questions of the Press Ganey Workforce Diversity Survey.

Press Ganey research scientists developed the question definitions using a combination of reviews of comments to previous surveys, literature reviews, client feedback, patient focus groups, and expert feedback from Press Ganey's Client Advisory Council. The solutions are informed by evidence, top-performer experience, and Press Ganey thought leadership.

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Contents

Organization

Organization

This organization values employees from different backgrounds

QUESTION DEFINITION

The intent of this item is to capture respondent perceptions of how well the organization demonstrates value for employees from various backgrounds (e.g., age, race, gender, disability, etc.). Low scores on this item can indicate potential systemic issues related to diversity, especially if low scores are concentrated within certain demographic groups.

Throughout this document, the term "employee" encompasses all staff, advanced practice providers, and physicians. For physician-specific projects, survey wording can be altered to directly reflect the physician population. Please contact your Advisor or Account Manager for assistance.

IMPROVEMENT SOLUTIONS

To achieve optimal quality, according to the Institute of Medicine's 2001 report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, care must be safe, timely, efficient, effective, patient-centered, <u>and equitable</u>.

Evaluate Human Resources practices and policies.

- Assess hiring, promotion, and retention practices.
  - Human Resources (HR) practices must include a diversity and equity lens in key areas of hiring, retention, policies, procedures, and ongoing support.
  - Develop a talent management strategy to support all aspects of a diverse, equitable, and inclusive workforce life cycle.
    - Identify and define what talent means to your organization and how diverse workgroups enhance that talent pool.
    - Introduce organizational values for diversity, equity, and inclusion during recruitment and onboarding.
    - Be transparent and flexible about career paths with clearly documented experience requirements for advancement that supersede education-levels.
    - Offer a variety of training opportunities for career development. Actively support promising, under-represented staff in their career advancement.
    - Continuously support a positive shift toward an equitable and inclusive environment with ongoing communications and outreach efforts across the organization.
  - Recognize that diversity, equity, and inclusion in health care can positively influence the experience of your workforce and that unconscious/implicit bias can have the opposite effect.

- Develop an Affirmative Action Plan which helps direct recruiting and advancement for qualified minorities, women, persons with disabilities, and veterans.

- Bring together HR, patient experience, safety professionals, and educators to collaborate as part of a greater cultural alignment strategy.

- Understand hiring prejudices and how they operate. Segment HR hiring data by applicant demographics and examine the demographics of those not hired versus those hired. Assess this data at the facility-, system-, and (to the extent the data is available) community-levels. This may require a review of hiring data to ensure the information necessary to adequately monitor hiring practices is captured (e.g., age, race, language, gender, disability, veteran status, education level, job title, pay scale, work location, and more).

- Consider targeted recruiting to improve underrepresented groups. Base target populations on data findings.

- Rework your job listings and descriptions.

  - Job listings play an important role in recruiting talent. Leverage legal language software to screen for stereotypical words and names in candidate qualifications and job descriptions.

  - Try to strike a balance between descriptors perceived to be more masculine and more feminine (e.g., competitive versus cooperative, build versus create, or determined versus dedicated) to attract a more diverse pool of candidates.

  - Assess descriptive phrases to overcome unconscious/implicit bias toward historically marginalized groups (e.g., use communicate instead of speak, move instead of carry, or identify instead of see) and broaden the talent pool for people with disabilities.

  - Replace the phrase "degree required" with "degree or equivalent experience required" to include candidates with the necessary skills but do not have a degree.

  - For each role, define clear diversity, equity, and inclusion behavioral expectations and review compliance during performance reviews.

- Screen out demographics during candidate selection.

  - Overcome unconscious/implicit bias by reviewing the relevant work experience when selecting candidates for interviews.

  - If able, use a software program that blocks name, gender, race, age, address, and other demographics to help ensure a level playing field when decisions are being made about whom to interview. All this data is needed for an evaluation of hiring practices but may trigger bias in candidate selection. Blocking demographics may need to be avoided if targeting recruits to improve underrepresented groups.

- Use a structured interview process.

  - Use a structured interview process to keep your interviews balanced and neutral. Unstructured interviews—which lack defined questions and rely on the interviewer's ability to draw out

a candidate's experience and talents during the natural course of conversation—are not as reliable for predicting a good fit as structured interviews during which every candidate is asked the same set of questions.

- Create structured interview guides to be used by all interviewers. Standardize the interview process by asking candidates the same set of defined questions. Assess candidates' responses to each question on a predetermined scale.

    - For additional assistance, ask your Advisor about Press Ganey's Workforce Solutions consulting services. Our consultants combine data analyses with expertise in industrial and organizational psychology, artificial intelligence, and best practices for turnover reduction, continuous listening, competency modeling, and talent assessments. Offerings include instruction in the development and implementation of a structured interview process.

- Ideally, those selecting the candidates for interviews and those conducting the interviews are different people with diverse backgrounds. The idea is that the interviewers don't know the specifics of the review process or why the candidate has been granted an interview, and involving people with different perspectives in the interview process widens the lens when determining which candidates are the best fit. This helps provide another independent data point for hiring decisions.

- Establish policies that recognize preferred time away for all aspects for your workforce. For example, consider providing floating holidays that employees may use for religious observances.

    - Examine maternity and family leave policies to make sure they are not gender specific.

    - Consider establishing a day to volunteer in favorite organizations.

Understand your legal obligation to protect against discrimination.

- Your organization has a legal obligation to protect employees from discrimination and to safeguard their mental and emotional health. Title VII of the Civil Rights Act of 1964 makes it illegal to discriminate against someone on the basis of race, color, religion, national origin, or sex. This law also protects employees against retaliation for going forward with a claim regarding discrimination in the workplace. These laws are enforced by the U.S. Equal Employment Opportunity Commission.

- Develop career ladders for each role and set standards of performance for employees to meet if they want to advance. Be transparent with the standards of performance so that employees are aware of what they are. This improves an understanding of individual and organizational responsibilities and can decrease the likelihood of conflicts or lawsuits.

    - The U.S. Equal Employment Opportunity Commission enforces the federal discrimination laws. An employee who believes he or she has been the subject of discrimination can contact the EEOC's Office of Equal Opportunity to file a complaint.

- Track career advancement by segments of the employee population to identify biases, both unconscious and conscious, and unacknowledged areas of discrimination against race, age, gender,

disabilities, etc. Discuss the data routinely at Human Resource leadership meetings and share findings transparently with management. This helps reduce the likelihood of discriminatory practices.

- Create policies to promote equity in your organization. Policies should:
  - Ensure equal pay for equal work across age, disability, gender, ethnic, and racial employee cohorts.
  - Be transparent and forthcoming about the pay associated with each role. Avoid asking for salary history and expectations.
  - Demonstrate support for work-life balance recognizing variations based on age, religion, ethnicity, and other factors.
  - Apply policies to all employees, including management and senior leadership, and make sure processes are in place to ensure everyone can be held accountable for the standards therein.
  - Define and document a chain of command for staff to elevate their concerns and receive immediate assistance (e.g., staff to manager to supervisor to CHRO, CNO, CMO, or CXO depending on whether the occurrence involves a patient, visitor, physicians, or staff).
- Document corporate guidelines attending to all forms of harassment and discrimination, including acts of microaggressions.
  - Leadership must model the way for all employees to adopt a culture of inclusivity where all forms of harassment are prohibited and addressed.
  - Develop guidelines to foster a culture of respect for all backgrounds, difference, diversity of thought, curiosity, and encourage empathy.
  - Outline the procedures for reporting all forms of discrimination without fear of retribution, promoting a Just Culture.

Include the Board of Directors in diversity efforts.

- Board members are a reflection of the organization's values and beliefs, and should also reflect the populations they serve. Board members are empowered and entrusted with its most important decisions and should model behaviors that foster trust, openness, and mutual respect. Organizations with boards comprised of a diverse range of leaders benefit from a variety of perspectives during deliberations. This is a powerful tool for achieving health-care-related missions and goals.
- Board members should be encouraged to share their perspectives, identity, and life experience during their board service.
- To promote and increase inclusive behavior, work to build a culture of trust, candor, and respect. Boards that cultivate an inclusive culture bring their perspectives, identity, and life experience to their board service. An inclusive board culture welcomes and celebrates differences among members and safeguards equal shares of power and responsibility for the organization's mission.

- Board members should be made aware of systemic inequities and their impact on the community and the organization. This helps ensure the topics of diversity, equity, and inclusion are not overlooked as critical decisions are made.

- At board meetings, include discussions about systemic inequities and how they manifest within the community served. This awareness and transparency helps boards overcome biases that can lead to flawed strategies. It also positions the board to make impactful advancements for the public good.

Establish a group of Diversity Advisors.

- As opposed to creating another committee with another set of meetings, Diversity Advisors are people in routine attendance at meetings with executive leadership who are trusted to give frank and honest feedback to executives.

  - Advisors should represent the diversity sought—various ages, genders, races, ethnicities, and disabilities.

  - Feedback can be given in writing, in round table discussions, or in private conversations with the executives they observe.

- These advisors share their opinions with leaders about how leadership behaviors are supporting or inhibiting inclusion. For example: Does the leader give equal time to all meeting participants, or favor those who are co-located over those who have dialed in? Does the leader always refer to one gender when giving examples? Does the leader use a broad spectrum of imagery when addressing a diverse audience, or imagery (such as sports metaphors or all-male iconography) that represents only one group of people? Do the meeting locations and materials meet the needs of attendees with disabilities (e.g., related to mobility, hearing, and vision).

- Involve Diversity Advisors on senior-level hiring committees and in senior-level interviews.

- Recognize and reward advisors who contribute to the advancement of diversity, equity, and inclusion in the workforce and in care delivery.

Practice inclusive leadership.

- Leadership commitment to diversity, equity, and inclusion must be visible. Articulate an authentic commitment to diversity, equity, and inclusion by challenging the status quo, holding others accountable, and making diversity, equity, and inclusion a priority.

- Leadership's commitment includes not being afraid to admit mistakes and being willing to share their vulnerabilities. Be modest about capabilities, show awareness, and be vulnerable about flaws and limitations - create opportunities for others to contribute to an inclusive culture. Humility encourages others to open up and share feedback (e.g., a leader that is unaware that they are displaying favoritism, or has a tendency to interrupt people, or regularly ignores a certain category of information).

- Demonstrate an open mindset and deep curiosity about others, listen without judgment, and seek with empathy to understand those around you. Be attentive to others' cultures and adapt as needed.

- Pay attention to diverse perspectives, protect an atmosphere of psychological safety, and focus on team cohesion. Empathy and perspective-taking build trust that a leader takes others' views into account.

  - To develop empathy, reflect on personal experiences of marginalization or exclusion—including subtle slights or microaggressions. Consider how those experiences made you feel and why.

- Hold leaders accountable for promoting and upholding the principles of a just culture (i.e., establishing the psychological safety necessary to have the difficult conversations around diversity and inequity).

  - Include expectations for supporting and engaging in diversity, equity, and inclusion initiatives in job descriptions of managers and senior leadership.

  - Set expectations for an ongoing dialogue with staff regarding diversity, equity, and inclusion, staff training, and fostering a diverse, equitable, and inclusive workplace.

  - Share metrics, success stories, position statements, expected behaviors, events, and leadership support for related activities.

  - Connect diversity, equity, and inclusion efforts to organizational goals and strategic plans.

Align diversity, equity, and inclusion efforts with the organization's mission, vision, and values.

- Talk about inequities in the workplace.

  - An important first step in overcoming discrimination and inequity is to recognize that it happens. Many people would rather remain silent or pretend discrimination is not taking place because acknowledging it and talking about it is uncomfortable. However, discriminatory practices can't be overcome in an organization that doesn't admit it occurs.

  - Executive leadership is fundamental to the success of a company-wide diversity, equity, and inclusion effort. As a leader, familiarize yourself with microaggressions and biases, emphasize that your company won't tolerate discrimination – subtle or otherwise. Applaud and thank people who initiate conversations about biases, and become a role model for handling bias. If your company doesn't have a policy against microaggressions and other expressions of bias, suggest that top management adopt one or implement one for your team.

  - Bring the issue into the open by talking about discrimination and inequity—due to gender, disability, race, age, or other bias.

  - Employees should feel comfortable raising the issue of inequity with a supervisor, manager, or member of the Human Resource department. Once leaders are aware that discrimination is occurring, it is their responsibility to address it appropriately.

- Celebrate advancement and promotions and showcase your diversity internally and externally. Include pictures and bios in internal and external announcements.

- Publicize the efforts your facility, system, or organization is making to promote diversity, equity, and inclusion. Become a role model to others in your industry, your vendors, and your local workforce by modeling the way.

Organization

This organization demonstrates a commitment to workforce diversity

QUESTION DEFINITION

This item taps employee perceptions of how committed the organization is to issues related to diversity. This is a broad assessment that can include topics ranging from equitable treatment of employees from different backgrounds to how the organization itself reflects a diverse employee population.

Throughout this document, the term "employee" encompasses all staff, advanced practice providers, and physicians. For physician-specific projects, survey wording can be altered to directly reflect the physician population. Please contact your Advisor or Account Manager for assistance.

IMPROVEMENT SOLUTIONS

Conduct leader rounds on staff.

- Conduct High Reliability Rounding™.
  - High Reliability Rounding is a universal rounding model whereby leaders incorporate all aspects of safety, quality, patient experience, and workforce experience into one rounding practice. It is an evidence-based best practice for establishing sustainable, reliable improvements in culture, safety, and patient and workforce experiences. This is not one rounding practice, but one model for standardizing the practices across all rounds.
  - This rounding model is rooted in the High Reliability Organization principles of sensitivity to operations, preoccupation with failure, reluctance to simplify, commitment to resilience, and deference to expertise. It is a driver of organizational health across safety (establishing psychological safety and a just culture), quality (improving operational efficiency and clinical outcomes), and patient and workforce experiences (open communication, service recovery, and bi-directional understanding of challenges and opportunities).
    - **VIDEO**: High Reliability Rounding ▶
- Involve executive, mid-level, medical and nursing leaders in rounds.
  - Conduct rounds in all areas of the organization (e.g., clinical units in all settings, environmental services, Human Resources, food services, and others) at least monthly if not weekly. Exposure to various segments of the workforce improves the understanding of the level of diversity, equity, and inclusion in practice, and disrupts pre-conceived ideas.
  - Establish methods for staff to provide anonymous feedback about diversity, equity, and inclusion. For many, the subject matter can be too private or too sensitive to be discussed publicly.
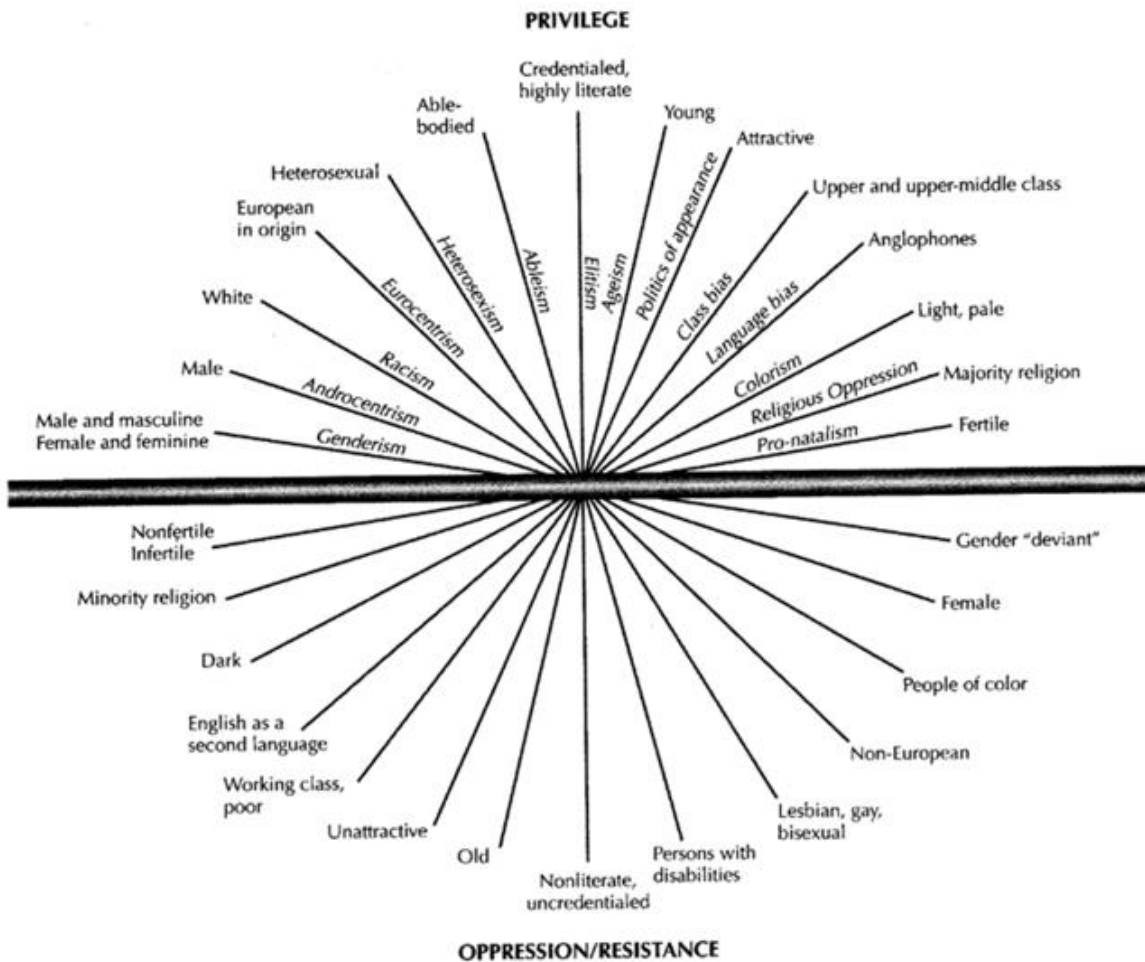
- Collect information from all parties (i.e., other leaders, frontline staff, patients, and families) about concerns and needs. Invite questions and solicit feedback. Provide follow-up information about previously expressed concerns or issues. Practice active listening.

- During rounds, observe for environmental and cultural influences on diversity, equity, and inclusion. Look for examples of diversity, equity, and inclusivity as well as inequitable and discriminatory behavior. Observe human interaction, facility layout, even artwork. Seek others' opinions on the same—including asking translators to review signs.

- Capture real-time data during rounds with an electronic rounding tool to ensure data-driven decision making and action planning.

- **VIDEO**: Model the Behavior ▶

- During leader rounds on staff, or during focus groups convened for the purpose, ask the hard questions about behaviors and concerns uncovered through surveys and other feedback mechanisms (e.g., What elements of systemic racism do you experience while at work here? Why am I perceived to be inauthentic when I talk about diversity? What opportunities do you see for yourself here?).

Educate everyone.

- One thing that is becoming increasingly obvious is the life experiences of marginalized groups, which shapes how marginalized groups navigate the work environment. To make progress, physicians, leaders, and staff must have a common language for and understanding of diversity, equity, inclusion, systems of oppression, which may lead to systemic racism, as well as unconscious biases.

- Organizations that conduct formal cultural competency training and ongoing learning on diversity, equity, and inclusion have an easier time overcoming biased and discriminatory behaviors. Awareness—in a strong safety culture where people feel it is safe to speak up—allows people subject to or witnessing discrimination to speak up and initiate productive conversations whether immediately following an event or much later. It also makes it more likely that the initiator of the discriminatory behavior will accept and use the feedback.

- During diversity training, introduce conversations about biases with the aim to increase awareness and spark ideas about overcoming them. Ensure that your "ground rules" do not create space for some to excuse their poor behavior, allow others to dominate the conversation, etc.

- By first recognizing and then acting to mitigate unconscious/implicit bias through training and other actions, leaders will impact hiring, career development, leadership and care team makeup, individual patient care, care delivery structure, and other systemic prejudices to enhance inclusivity and equity within the organization and the community.

  - Unconscious racism, ageism, and sexism directly affect hiring practices. Unconscious/implicit bias leads people to make decisions in favor of one person or group to the detriment of others. In the workplace, this can prevent diversity, severely limit recruiting opportunities, and hinder promotion and retention efforts. These same biases tend to shape an organization's culture.

- Develop a formal education and cultural competency training process. Design a training session that shows employees (including leaders) how diversity, equity, and inclusion can improve the patient-centered experience and enhance the work environment and the workforce experiences, while unconscious biases can detract from it. Include in-depth discussions of organizational values and facilitator-led activities and conversations about diversity and bias.

- Well trained facilitators are critical. Those leading learning events and improvement efforts must have a core understanding of the principles of diversity, equity, bias, multiple "isms," and their intersections with social justice. Figure 1, from the Social Justice Wiki, helps expand our understanding of the multitude of human dimensions impacted by bias as viewed through the lens of privilege versus oppression.

Figure 1: Social Justice and Dimensions of Diversity

Source: Social Justice Wiki

- Prepare facilitators to incorporate equity and diversity measures into data analyses and to execute improvement strategies using high reliability principles. This ensures the effectiveness and sustainability of improvement strategies by embedding them into the fabric of the organization.

- Provide continual learning opportunities on diversity, equity, and inclusion.

  - Learning events should be facilitated by trained experts skilled in managing conversations around various forms of "isms," biases, and microaggressions.

  - Workforce training for all staff, including leaders, should include ongoing learnings on diversity, equity, and inclusion as well as the impact that implicit biases, microaggressions, and inequities have on health outcomes.

    - If appropriate, create space to discuss and address systems of oppression, policies that promote systemic/structural racism, and marginalization. This can be very difficult to do. It requires a facilitator that can maintain a safe environment for open dialogue.

    - Managers should receive additional training focused on managing a diverse workforce, crucial conversations, recognizing discrimination, inequities, and microaggressions. Managers and senior leaders should be comfortable discussing and addressing a culture that does not support a diverse, equitable, and inclusive environment.

  - Commit to the development of a formal diversity, equity, and inclusion initiative. This should be a strategic priority closely aligned with the organization's workforce experience, patient experience, and safety goals.

    - Set an aggressive timeline for rollout (e.g., within the next six months).

    - Include didactic and interactive exercises such as online and in-person learning opportunities, team-building exercises, an annual staff retreat, and monthly meetings.

    - Support the cultural shift by initiating discussions about diversity and equity as a routine component of staff meetings.

    - Practice facilitating psychologically safe conversations to get comfortable shifting the culture away from unconscious behaviors, denial, and avoidance.

    - Incorporate diversity, equity, and inclusion learning events into new hire orientations.

  - Leadership behaviors determine whether the staff considers it safe to speak up when someone says or does something inappropriate. To manage biased behavior discretely, address such behavior immediately after the encounter (away from patients and other staff members) and invite the initiator of inappropriate actions or behaviors to participate in an open conversation in which the goal is learning and inclusion.

  - Understand that reinforcing the principles of diversity, equity, and inclusion—and training on how to practice self-awareness and recognize and mitigate unconscious bias—improves both patient and workforce experiences and advances patient and workforce safety.

- Organizations that seek to increase awareness of unconscious bias can have leaders and staff agree on a word or phrase that signals the need to be aware or to pause to discuss a misstep—similar to a safety timeout. This is more effective in organizations that have created a culture of safety around diversity conversations.
  - Explain what part of someone's statement caused discomfort, sadness, or anger. When comments or behaviors are determined to stem from unconscious bias, discuss why it was problematic.
  - If you don't have time for a thorough conversation or you feel rattled, agree to talk soon, but the follow-up should occur shortly after the encounter. Hurtful behaviors that go undiscussed result in festering resentment and will erode efforts to advance toward a more inclusive culture.
  - Leaders should express the expectation that staff make an effort. Advancing equity requires active leadership support.

Recognize all forms of inequity as deviations from quality.

- In addition to physical and emotional harm and poor patient experiences, inequity can lead to diminished staff engagement and resilience, and an increased risk of burnout. To achieve zero harm for patients and the workforce, diversity, equity, and inclusion strategies must focus on both groups, and leaders must clearly communicate this aspiration and prioritization across the organization.
- Work toward high reliability with a perspective that integrates safety, coordination, technical excellence, empathy, and equity. Excellence cannot be achieved in the absence of any of these.

Address inequities as you would safety events.

- A safety approach involves an assessment of safety event data to ensure systems reliably prevent safety events. Use data to learn about systems issues impeding diversity, equity, and inclusion within a health care organization.
- Segment various data types—from hiring and retention data to clinical outcomes—by demographic to determine if the systems in place support equity and diversity.
  - Apply an equity lens to existing safety data—such as data generated from safety reporting, root-cause analyses, and efforts to reduce adverse events. As able, group data by patient race, ethnic group, language, sex, gender identity, disability status, and other key social determinants of health. Assess for variations in reporting among those who report events and for variations in adverse event type and incidence among those experiencing an adverse event.
  - Where safety event reporting systems do not contain patient or reporter demographics, set goals to increase data capture and/or merge electronic health records and safety data.

- Select three meaningful quality measures (e.g., readmissions, wait times, or diabetes metrics) and group those by race, ethnicity, sex, gender identification, age, and other demographics to determine if any disparities in care exist.

- When disparities are identified, develop a performance improvement team charter defining how the disparities will be addressed and link results to leadership incentives for the next year.

- Qualify the level at which each instance of bias and prejudice occur:

  - **Interpersonal**: One person discriminating against another. Individuals that demonstrate prejudiced behavior requiring correction.

  - **Implicit**: Demonstrations of unconscious bias. Discriminatory behaviors outside of a person or a group's awareness.

  - **Institutional**: Facility-level policies and practices that result in systematic barriers to diversity, equity, and inclusion. These may be technical, process-driven, or even staffing barriers.

  - **Structural**: System- or community-level policies and practices. Historical, societal norms and systems within the broader community. Addressing this can appear daunting and is often excused as something others (e.g., educators, lawmakers) have to act on. However, it is more important to build relationships with those entities in the community, initiate the discussions needed, and model the way to develop everyone's sense of responsibility for equity. It will require cross-industry collaboration to overcome structural issues in a sustainable way. Health care can and should take their place at the table to participate in—and where necessary initiate—the difficult conversations.

- Focus on systems problems rather than interpersonal individual actions. System opportunities help develop the culture of safety around this topic (as opposed to creating a shame and blame approach) while setting you up for early wins to celebrate to keep the momentum moving forward.

- Make it safe and okay to celebrate the identification of inequities and their causes in the sense that it should be considered a cultural win to uncover and learn about these areas of improvement.

- Just like a safety event effort, when reporting increases, it may seem that you are doing worse; in fact you are making progress because you now have the data you need to learn and act.

- A strong safety culture also supports the psychological safety needed to have the difficult conversations around diversity and inequity. Understand your safety culture as you embark on learning about and overcoming bias in your organization.

- Assess for inequities or bias in Human Resources data (e.g., hires by position, promotions, remediation, and salaries and benefit packages). Examine policies and practices and determine if any need to be eliminated or adjusted. For example:

  - Employee referral programs can be effective for attracting candidates. However, they often result in "like me" referrals, where employees refer candidates of the same race, religion, national origin, or other class. To overcome bias in candidate identification, you may need

to limit the use of employee referrals or consider other sourcing options to supplement the referral program.

- Apparent or overtly stated preferences toward pro-life, traditional marriage, and other positions often associated with religious beliefs can dissuade candidates with differing beliefs or lifestyles.

Set diversity goals and measures.

- Engage stakeholders from across the organization in goal setting. Use data to guide goal-setting discussions.

- Identify key performance indicators, understand variation by different segments of the workforce (e.g., service line, unit, provider type, and tenure), understand barriers to improvement, and assign appropriate targets for each segment.

- Set specific goals related to diversity, equity, and inclusion based on the company's strategic objectives.

- At the end of each hiring process or cycle, track progress toward diversity goals. This helps keep diversity, equity, and inclusion in the narrative.

- Incorporate the organizational commitment to diversity, equity, and inclusion beginning on day one; share relevant stories; and discuss all three topics during new employee orientation.

- Conduct diversity, equity, and inclusivity audits.

  - Formal and informal survey processes provide leaders with the data they need to understand and overcome misconceptions and myths about diversity and equity in the organization.

  - Employee feedback is needed to determine workforce readiness for education and openness to discussions about equity and diversity. It also helps leaders identify individual champions.

  - Gather data anonymously by surveying employees to learn about their perceptions of diversity, equity, and inclusion as well as leadership authenticity.

  - Examine the aggregate data but also read every comment if comments are included. Discuss the findings during rounds and with focus groups.

  - Distribute periodic pulse surveys to gauge progress.

  - During leader rounds on staff, or during focus groups convened for the purpose, ask the hard questions about behaviors and concerns uncovered through surveys and other feedback mechanisms (e.g., What elements of systemic racism do you experience while at work here? Why am I perceived to be inauthentic when I talk about diversity? What opportunities do you see for yourself here?).

  - Examine employees' perceptions of how authentic leadership and organizational efforts to advance equity truly are. Seek to learn of any distrust among colleagues or if any group lacks a sense of belonging and why.

- Consider holding moderated forums for discussions about race, gender, and other biases identified in your organization.

- During new employee orientation, share and discuss the organizational commitment to diversity, equity, and inclusion beginning on day one.

- Measure diversity, equity, and inclusion.

- Organizations can only improve what they measure. To capture the data needed to detect and improve equity, providers must routinely ask patients and the workforce for an array of demographic data [Figure 2]. This includes hiring data, engagement surveys, patient experience survey data (quantitative and comment data), patient safety, and quality data (particularly outcomes data and safety reporting data), and patient complaints. These data can then be grouped for the analyses necessary to help identify inequities and prioritize improvement efforts.

Figure 2: Demographic Dimensions of Diversity

Source: Cuyahoga County Diversity Committee

- Examine employee demographics and assess for disparities (e.g., is management predominantly white males, are some care settings more diverse than others, does wheelchair access limit hiring practices, or do you tend to hire only women in case management?).

- Much of this information may be available in the Human Resources Information System, affirmative action plans, and Equal Employment Opportunity reporting obligations. However, you may need to survey the workforce through voluntary self-identification or anonymous surveying to obtain additional data (e.g., religion and sexual orientation).

  - It can be challenging to gather diversity data from employees when employees are unsure of how the data will be used or if there is general distrust of leadership in an organization. If this is the case, consider using a third party or survey technology to capture information that will be reported in aggregate without personal identifiers.

  - If there is wide-spread unwillingness to divulge information to the organization, it may indicate a lack of trust and can be a broader indicator of issues with your safety culture.

  - Upload race and ethnicity data for all patients in all settings and for your workforce.

  - Examine your data to uncover how unconscious/implicit bias manifests itself in your organization.

- Develop and implement systems that enable the capture of data needed to drive improvement in diversity, equity, and inclusion.

- Respond to the data analytics findings to address gaps in equity in health care with your leadership.

- Measure diversity, equity, and inclusion.

Expand on the definition of the patient experience to implicitly contain diversity, equity, and inclusion.

- Embedding the values for diversity, equity, and inclusion in a patient-centered approach to care will translate to a more inclusive culture overall.

- Diversity, equity, and inclusion must be part of the organizational culture. Expanding the patient-centered approach to equitable patient care will translate to a more inclusive culture overall.

  - Understand and adopt The Joint Commission standards supporting the provision of an equitable and inclusive health care environment, including addressing implicit bias, cultural competence, race and ethnicity data collection, overcoming language barriers, and more.

  - The Centers for Disease Control and Prevention have released guidance around health equity considerations and social determinants of health in an effort to advance fair access to health care.

Expand Patient and Family Advisory Committees.

- Examine methods used to identify past patients and families for participation on Patient and Family Advisory Committees (PFACs). Ask yourself if the methods result in outreach to a diverse patient subset.

- Invite PFAC members to share their perceptions of diversity, equity, and inclusion across the organization and solicit their recommendations for improvement.

  - Offer focus group participation and anonymous surveying to gain feedback about equity from PFAC members.

  - Engage PFAC members to share with staff and leaders their stories about needs that were met or unmet reflective of racial, ethnic, gender, religious, sexual orientation, or disability perspectives.

  - Include PFAC members in staff education and community outreach efforts.

Organization

All employees have an equal opportunity for promotion regardless of their background

QUESTION DEFINITION

This item allows employees to provide their perspective on how fairly employee background is considered when decisions are made regarding promotions.

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IMPROVEMENT SOLUTIONS

Establish clear policies for advancement and promotion.

- Develop career ladders for each role and set standards of performance for employees to meet if they want to advance. This improves an understanding of individual and organizational responsibilities and can decrease the likelihood of conflicts or lawsuits.
  - The U.S. Equal Employment Opportunity Commission enforces the federal discrimination laws. An employee who believes he or she has been the subject of discrimination can contact the EEOC's Office of Equal Opportunity to file a complaint.
- Track career advancement by segments of the employee population to identify bias, unconscious bias, and unacknowledged areas of discrimination. Discuss the data routinely at Human Resource leadership meetings and share findings transparently with management. This helps ensure that discrimination does not occur.
- Create policies to promote diversity, equity, and inclusion in your organization. Policies should:
  - Ensure equal pay for equal work across age, disability, gender, ethnic, and racial employee cohorts.
  - Promote equity in recruitment, training, hiring, and promotion practices.
  - Demonstrate support for work-life balance recognizing variations based on sex, gender-identification, age, religion, ethnicity, and other factors.
  - Prohibit all forms of harassment.
  - Outline the procedure for reporting discrimination without fear of retribution.
  - Apply to all employees, including management and senior leadership, and processes are in place to ensure everyone can be held accountable for the standards therein.

Document corporate guidelines against microaggression.

- A Diversity, Equity, and Inclusion Committee comprised of a representative subset of the workforce can inform an organization's response to microaggression through the development of formal guidelines for expected responses to microaggression and other expressions of bias.
  - Guidelines should be based in mutual respect and include the expectation for active listening.
  - Corporate guidelines against microaggression foster trust and collaboration, create a productive setting for feedback, help everyone feel included, and establish a culture of transparency, civility, and accountability.
- Create a company culture in which people call out bias. Empower your Human Resource officers to intervene constructively when necessary. Positively reinforce expected behaviors by recognizing individuals who exhibit those behaviors.
- Thoughtless behavior that continues unchecked drives talented people away. Mitigate talent loss with accountability policies that are known and understood by all employees.

Understand your legal obligation to protect against discrimination.

- Your organization has a legal obligation to protect employees from discrimination and to safeguard their mental and emotional health. Title VII of the Civil Rights Act of 1964 makes it illegal to discriminate against someone on the basis of race, color, religion, national origin, or sex. This law also protects employees against retaliation for going forward with a claim regarding discrimination in the workplace. These laws are enforced by the U.S. Equal Employment Opportunity Commission.

Employee

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Employee

My coworkers value individuals with different backgrounds

QUESTION DEFINITION

Similar to the general organizational value of individuals from various backgrounds, this item captures feelings of that broad sense of value of employees from different walks of life, although this focuses directly on other employees that the respondent works with. Looking at performance on this item across different work units can help identify "pockets" of potentially problematic behavior regarding diversity, equity, and inclusion issues.

Throughout this document, the term "employee" encompasses all staff, advanced practice providers, and physicians. For physician-specific projects, survey wording can be altered to directly reflect the physician population. Please contact your Advisor or Account Manager for assistance.

IMPROVEMENT SOLUTIONS

Seek to understand unconscious bias.

- Above all else, acknowledge that everyone has a lot to learn about barriers to diversity, equity, and inclusion in the workplace and in society as a whole.

- An annual online compliance training course is not enough. Frank conversations and a culture of learning and acceptance have to be fostered throughout the year.

- Work to develop your own understanding and your staffs' understanding of their own biases and how they affect choices and behaviors. The following are a few types of biases:

  - **Affinity Bias**: Showing preference to people with the same qualities as you.

  - **Confirmation Bias**: The tendency to process information by looking for or interpreting information that is consistent with one's existing beliefs.

  - **Conformity Bias**: The tendency to behave like those around you instead of using your own judgement.

  - **Explicit bias**: Attitudes and behaviors toward a person or group on a conscious level. To knowingly and deliberately engage in discriminatory behaviors (e.g., hate speech, or prejudiced hiring decisions).

  - **Unconscious (or Implicit) Bias**: Attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. Acknowledge that we all have unconscious biases and work to increase awareness and avoidance of unconscious bias.

- Also work to develop your own understanding and your staffs' understanding of phrases that support a diverse, equitable, and inclusive organization. The following are a few terms:

  - **Culture of Inclusion**: Cultural participation, access, and the right to express and interpret culture promoted and protected through law and policymaking. An inclusive culture involves the full integration of diverse people into a workplace or industry, and extends beyond the basic or token presence of diverse workers.

  - **Equality**: Treating everyone the same and giving everyone access to the same opportunities.

  - **Equity**: Providing additional resources to those with less in an effort to remove the advantages one group has over another.

  - **Institutional Racism**: Behavioral norms that support racist thinking and fuel active racism. This is racism expressed by a societal element, either social or political institutions, individuals, or informal social groups.

  - **Microaggression**: A statement, action, or incident regarded as indirect, subtle, or unintentional discrimination against members of a marginalized group—such as women, the disabled, the elderly, and racial and ethnic minorities (e.g., "Are there any American doctors here?" "I never see you as a Black guy," or "You look very pretty today.").

  - **Systemic (or Structural) Racism:** A system in which public policies, institutional practices, and other cultural norms perpetuate racial inequity. Those dimensions of history and culture that allow privileges associated with "whiteness" and disadvantages associated with "color" to endure and adapt over time. Structural racism is embedded in the social, economic, and political systems in which we all exist.

Conduct diversity, equity, and inclusion audits.

- Formal and informal survey processes provide leaders with the data they need to understand and overcome misconceptions and myths about diversity, equity, and inclusion in the organization.

- Employee feedback is needed to determine workforce readiness for education and openness to discussions about equity and diversity. It also helps leaders identify individual champions.

- Gather data anonymously by surveying employees to learn about their perceptions of diversity, equity, and inclusion as well as leadership authenticity.

- Examine the aggregate data but also read every comment if comments are included. Discuss the findings during rounds and with focus groups.

- Distribute periodic pulse surveys to gauge progress.

- During leader rounds on staff, or during focus groups convened for the purpose, ask the hard questions about behaviors and concerns uncovered through surveys and other feedback mechanisms (e.g., What elements of systemic racism do you experience while at work here? Why am I perceived to be inauthentic when I talk about diversity? What opportunities do you see for yourself here?).
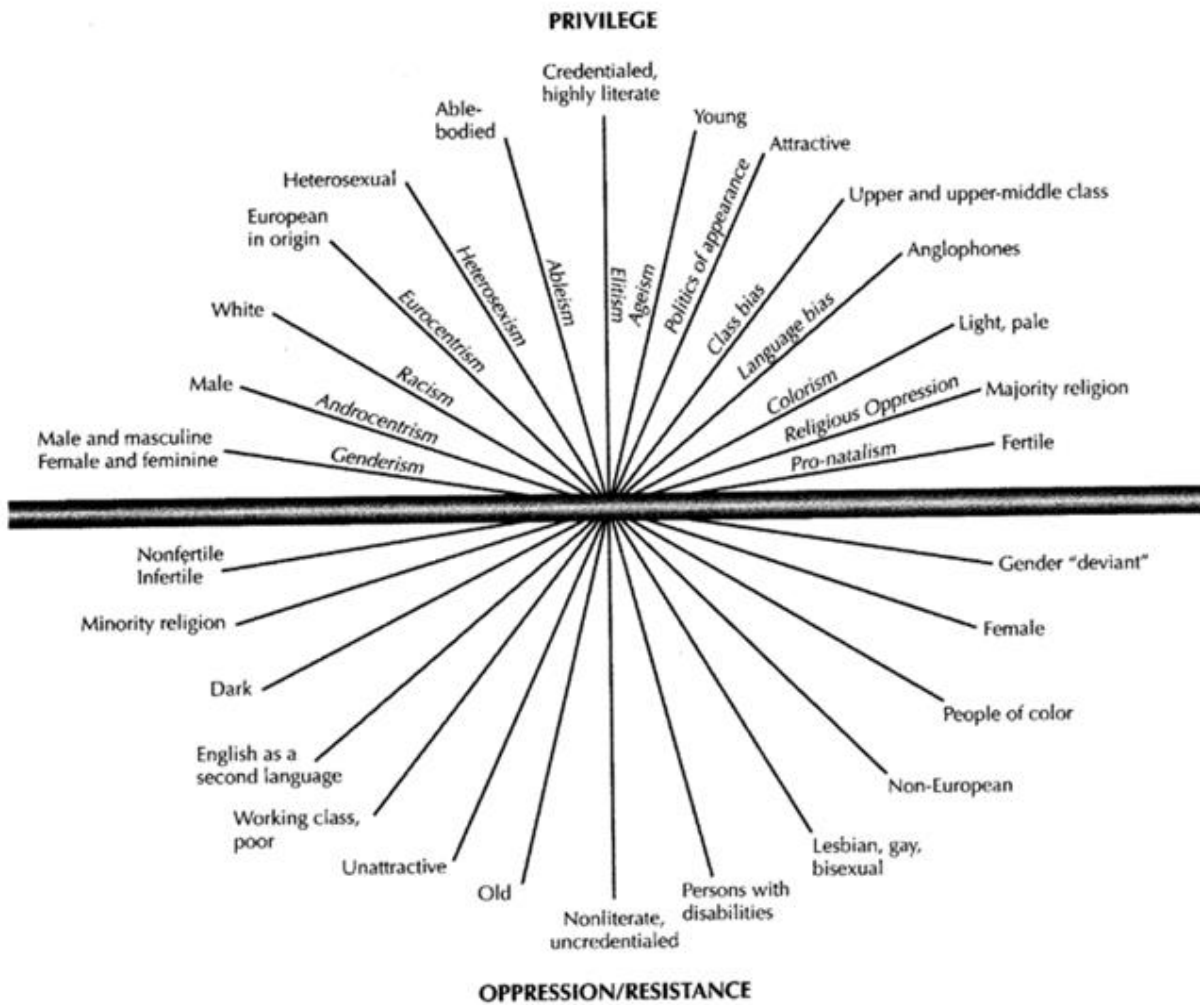
- Examine employees' perceptions of how authentic leadership and organizational efforts to advance equity truly are. Seek to learn of any distrust among colleagues or if any group lacks a sense of belonging and why.

- Consider holding moderated forums for discussions about race, gender, and other biases identified in your organization.

- During new employee orientation, share and discuss the organizational commitment to diversity, equity, and inclusion beginning on day one.

Educate everyone.

- One thing that is becoming increasingly obvious is the life experiences of marginalized groups, which shapes how marginalized groups navigate the work environment. To make progress, physicians, leaders, and staff must have a common language for and understanding of diversity, equity, inclusion, systems of oppression, which may lead to systemic racism as well as unconscious biases.

- Organizations that conduct formal training on diversity, equity, and inclusion have an easier time overcoming biased and discriminatory behaviors. Awareness—in a strong safety culture where people feel it is safe to speak up—empowers people subject to or witnessing discrimination to speak up and initiate productive conversations whether immediately following an event or much later. It also makes it more likely that the initiator of the discriminatory behavior will accept and use the feedback.

- During diversity training, introduce conversations about biases with the aim to increase awareness and spark ideas about overcoming them. Ensure that your "ground rules" do not create space for some to excuse their poor behavior, allow others to dominate the conversation, etc.

- By first recognizing and then acting to mitigate unconscious/implicit bias through training and other actions, leaders will impact hiring, career development, leadership and care team makeup, individual patient care treatment, care delivery structure, and other systemic prejudices to enhance inclusivity and equity within the organization and the community.

  - Unconscious racism, ageism, and sexism have a direct impact on hiring practices. Unconscious/implicit bias leads people to make decisions in favor of one person or group to the detriment of others. In the workplace, this can prevent diversity, severely limit recruiting opportunities, and hinder promotion and retention efforts. These same biases tend to shape an organization's culture.

- Develop a formal education and training process. Design a training session that shows employees (including leaders) how diversity, equity, and inclusion can improve the patient-centered experience and enhance the work environment and the workforce experiences, while unconscious biases can detract from it. Include in-depth discussions of organizational values and facilitator-led activities and conversations about diversity and bias.

- Well trained facilitators are critical. Those leading learning events and improvement efforts must have a core understanding of the principles of equity, bias, multiple "isms," and their intersections with social justice. Figure 3, from the Social Justice Wiki, helps expand our understanding of the multitude of human dimensions impacted by bias as viewed through the lens of privilege versus oppression.

Figure 3: Social Justice and of Dimensions of Diversity

Source: Social Justice Wiki

- Prepare facilitators to incorporate diversity, equity, and inclusion measures into data analyses and to execute improvement strategies using high reliability principles. This ensures the effectiveness and sustainability of improvement strategies by embedding them into the fabric of the organization.

- Understand and overcome bias.

  - Introduce the following exercises to promote conscious examination of biases during decision making:

    – **Counter-stereotype imagining**: Detecting one's stereotypical responses and visualizing examples of people who are famous or known personally who prove the stereotype to be inaccurate.

    – **Increasing opportunity for positive contact**: Actively seeking out situations that expose us to positive examples of stereotyped groups.

    – **Individuating**: Gathering specific information about a person, so that the particulars of that person replace generic notions based on group membership.

    – **Perspective-taking**: Adopting the perspective of a member of a stigmatized group. This strategy can be useful in assessing the emotional impact on individuals who are often being stereotyped in negative ways.

    – **Stereotype replacement**: Recognizing when one is responding to a situation or person in a stereotypical manner, and actively substituting the biased response with an unbiased one.

- Provide continual learning opportunities on diversity, equity, and inclusion.

  - Learning events should be facilitated by trained experts and focus on the impacts of racism, sexism, ageism, and other biases and microaggressions. Consider looking outside the organization for the right facilitators if the internal expertise is undeveloped.

  - Workplace training must include information on the impact of bias and microaggressions on health outcomes and should also increase awareness of one's own biases.

  - Workforce training for all staff, including leaders, should include ongoing learnings about diversity, equity, inclusion as well as the impact that implicit biases, microaggressions, and inequities have on health outcomes.

    – If appropriate, create space to discuss and address systems of oppression, policies that promote systemic/structural racism, and marginalization. This can be very difficult to do. It requires a facilitator that can maintain a safe environment for open dialogue.

    – Managers should receive additional training focused on managing a diverse workforce, crucial conversations, recognizing discrimination, inequalities, and microaggressions. Managers and senior leaders should be comfortable discussing and addressing a culture that does not support a diverse, equitable, and inclusive environment.

  - Commit to the development of a formal diversity, equity, and inclusion initiative. This should be a strategic priority closely aligned with the organization's workforce experience, patient experience, and safety goals.

    – Set an aggressive timeline for rollout (e.g., within the next six months).

- Include didactic and interactive exercises such as online and in-person learning opportunities, team-building exercises, an annual staff retreat, and monthly meetings.
- Support the cultural shift by initiating discussions about diversity and equity as a routine component of staff meetings.
- Practice facilitating psychologically safe conversations to get comfortable shifting the culture away from unconscious behaviors, denial, and avoidance.
- Incorporate diversity, equity, and inclusion learning events into new hire orientations.

- Leadership behaviors determine whether the staff considers it safe to speak up when someone says something inappropriate. To manage biased behavior discretely, address such behavior immediately after the encounter (away from patients and other staff members) and invite the initiator of inappropriate actions or behaviors to participate in an open conversation in which the goal is learning and inclusion.

- Organizations that seek to increase awareness of unconscious bias can have leaders and staff agree on a word or phrase that signals the need to be aware or to pause to discuss a misstep—similar to a safety timeout. This is more effective in organizations that have created a culture of safety around diversity conversations.

  - Explain what part of someone's statement caused discomfort, sadness, or anger. When comments or behaviors are determined to stem from unconscious bias, discuss why it was problematic.
  - If you don't have time for a thorough conversation or you feel rattled, agree to talk soon; the follow-up should occur shortly after the encounter. Hurtful behaviors that go undiscussed result in festering resentment and will erode efforts to advance toward a more inclusive culture.
  - Leaders should express the expectation that staff make an effort. Advancing equity requires active leadership support.

- Understand that reinforcing the principles of diversity, equity, and inclusion—and training on how to practice self-awareness and recognize and mitigate unconscious bias—improves both patient and workforce experiences and advances patient and workforce safety.

Manager

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Manager

The person I report to treats all employees equally regardless of their background

QUESTION DEFINITION

This item provides an assessment of how well managers or leaders treat those that report to them fairly. Low scores on this item can indicate potential issues regarding prejudice or favoritism related to one's personal background.

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IMPROVEMENT SOLUTIONS

Hold management accountable for supporting diversity, equity, and inclusion.

- Include expectations for supporting and engaging in diversity, equity, and inclusion initiatives in job descriptions of managers and senior leadership. Set expectations for an ongoing dialogue with staff regarding diversity, equity, and inclusion, staff training, and fostering a diverse and inclusive workplace. Consider including this expectation in evaluation tools.

- Sponsor diversity, equity, and inclusion awareness events for all employees.

- Establish a communication plan.

  - Plan a routine cadence for communications related to diversity, equity, and inclusion.

  - Use all available media, including the organization's websites, social media, newsletters, intranet, and e-mail.

  - Share metrics, success stories, position statements, expected behaviors, events, and leadership support for related activities.

  - Connect the diversity, equity, and inclusion efforts to organizational goals and strategic plans.

Address inequities as you would safety events.

- A safety approach involves an assessment of workforce and patient safety event data to ensure systems reliably prevent safety events. Use data to learn about systems issues impeding diversity, equity, and inclusion within a health care organization.

- Segment various data types—from hiring and retention data to clinical outcomes—by demographic to determine if the systems in place support equity and diversity.

- Apply an equity lens to existing safety data—such as data generated from safety reporting, root-cause analysis, and efforts to reduce adverse events—group data by patient race, ethnic group, language, sex, gender identity, disability status, and other key social determinants of health. Assess for variations in reporting among those who report events and for variations in adverse event type and incidence among those experiencing an adverse event.

- Select three meaningful quality measures (e.g., readmissions, wait times, or diabetes metrics) and group those by race, ethnicity, sex, gender identification, age, and other demographics to determine if any disparities in care exist.

- When disparities are identified, develop a performance improvement team charter defining how the disparities will be addressed and link results to leadership incentives for the next year.

- Qualify the level at which each instance of bias and prejudice occur:

  - **Interpersonal**: One person discriminating against another. Individuals that demonstrate prejudiced behavior requiring correction.

  - **Implicit**: Demonstrations of unconscious bias. Discriminatory behaviors outside of a person or a group's awareness.

  - **Institutional**: Facility-level policies and practices that result in systematic barriers to diversity, equity, and inclusion. These may be technical, process-driven, or even staffing barriers.

  - **Structural**: System- or community-level policies and practices. Historical, societal norms and systems within the broader community. Addressing this can appear daunting and is often excused as something others (e.g., educators, lawmakers) have to act on. However, it is more important to build relationships with those entities in the community, initiate the discussions needed, and model the way to develop everyone's sense of responsibility for equity. It will require cross-industry collaboration to overcome structural issues in a sustainable way. Health care can and should take their place at the table to participate in—and where necessary initiate—the difficult conversations.

- Focus on systems problems rather than interpersonal individual actions. System opportunities help develop the culture of safety around this topic (as opposed to creating a shame and blame approach) while setting you up for early wins to celebrate to keep the momentum moving forward.

- Make it safe and okay to celebrate the identification of inequities and their causes in the sense that it should be considered a cultural win to uncover and learn about these areas of improvement.

- Just like a safety event effort, when reporting increases, it may seem that you are doing worse; in fact you are making progress because you now have the data you need to learn and act.

- A strong safety culture also supports the psychological safety needed to have the difficult conversations around diversity, inequity, and inclusion. Understand your safety culture as you embark on learning about and overcoming bias in your organization.

- Assess for inequalities or bias in Human Resources data (e.g., hires by position, promotions, remediation, and salaries and benefit packages). Examine policies and practices and determine if any need to be eliminated or adjusted. For example:

  - Employee referral programs can be effective for attracting candidates. However, they often result in "like me" referrals, where employees refer candidates of the same race, religion, national origin, or other class. To overcome bias in candidate identification, you may need to limit the use of employee referrals or consider other sourcing options to supplement the referral program.

  - Apparent or overtly stated preferences toward pro-life, traditional marriage, and other positions often associated with religious beliefs can dissuade candidates with differing beliefs or lifestyles.

LGBTQ Scaled Items

LGBTQ: Organization

This organization protects LGBTQ employees
from discriminatory practices

QUESTION DEFINITION

This item measures respondent perceptions of how well the organization proactively prevents discrimination based on LGBTQ+ status.

Throughout this document, the term "employee" encompasses all staff, advanced practice providers, and physicians. For physician-specific projects, survey wording can be altered to directly reflect the physician population. Please contact your Advisor or Account Manager for assistance.

IMPROVEMENT SOLUTIONS

Understand your legal obligation to protect against discrimination.

- Your organization has a legal obligation to protect employees from discrimination and to safeguard their mental and emotional health. Title VII of the Civil Rights Act of 1964 makes it illegal to discriminate against someone on the basis of race, color, religion, national origin, or sex. This law also protects employees against retaliation for going forward with a claim regarding discrimination in the workplace. These laws are enforced by the U.S. Equal Employment Opportunity Commission.

- Review antidiscrimination laws.

  - Ensure the board of directors and executive leadership know the laws protecting against LGBTQ+ discrimination at the state and federal levels.

  - LGBTQ+ employment discrimination in the United States is illegal under Title VII of the Civil Rights Act of 1964. Employment discrimination on the basis of sexual orientation or gender identity is encompassed by the law's prohibition of employment discrimination on the basis of sex.

- Develop career ladders for each role and set standards of performance for employees to meet if they want to advance. Be transparent with the standards of performance so that employees are aware of what they are. This improves an understanding of individual and organizational responsibilities and can decrease the likelihood of conflicts or lawsuits.

  - The U.S. Equal Employment Opportunity Commission enforces the federal discrimination laws. An employee who believes he or she has been the subject of discrimination can contact the EEOC's Office of Equal Opportunity to file a complaint.

- Track career advancement by segments of the employee population to identify biases, both unconscious and conscious, and unacknowledged areas of discrimination against race, age, gender,

disabilities, etc. Discuss the data routinely at Human Resource (HR) leadership meetings and share findings transparently with management. This helps reduce the likelihood of discriminatory practices.

- Create policies to promote equity in your organization. Policies should:
  - Ensure equal pay for equal work across age, disability, gender, ethnic, and racial employee cohorts.
  - Be transparent and forthcoming about the pay associated with each role. Avoid asking for salary history and expectations.
  - Demonstrate support for work-life balance recognizing variations based on age, religion, ethnicity, and other factors.
  - Apply policies to all employees, including management and senior leadership, and make sure processes are in place to ensure everyone can be held accountable for the standards therein.

Document corporate guidelines against microaggression.

- Put it in writing. Incorporate LGBTQ+ language in non-discrimination policies.

- Amend hospital inclusivity policies to address gender identity. Incorporate "sexual orientation" and "gender identity" in non-discrimination policies.

- Prominently post the hospital's nondiscrimination policy—with protections for sexual orientation and gender identity—for easy employee, patient, and visitor access (e.g., on external websites, intranet postings, in registration materials, and in waiting areas).

- Outline the procedures for reporting all forms of discrimination without fear of retribution, promoting a Just Culture.

- Define and document a chain of command for staff to elevate their concerns and receive immediate assistance (e.g., staff to manager to supervisor to Chief Human Resources Officer, Chief Nursing Officer, Chief Medical Officer, or Chief Patient Experience Officer depending on whether the occurrence involves a staff, physicians, patients, or visitors).

- Similar to sexual harassment policies, LGBTQ+ microaggressions policies can be created to protect individuals from experiencing microaggressions.

- Broaden nondiscrimination standards to explicitly mandate respectful delivery of care to LGBTQ+ patients.

- A Diversity, Equity, and Inclusion Committee comprised of a representative subset of the workforce can inform an organization's response to microaggression through the development of formal guidelines for expected responses to microaggression and other expressions of bias.
  - Guidelines should be based in mutual respect and include the expectation for active listening.
  - Corporate guidelines against microaggression foster trust and collaboration, create a productive setting for feedback, help everyone feel included, and establish a culture of transparency, civility, and accountability.

- Create a company culture in which people call out bias. Empower your Human Resource officers to intervene constructively when necessary. Positively reinforce expected behaviors by recognizing individuals who exhibit those behaviors.

  - Leadership must model the way for all employees to adopt a culture of inclusivity where all forms of harassment are prohibited and addressed.

- Thoughtless behavior that continues unchecked drives talented people away. Mitigate talent loss with accountability policies that are known and understood by all employees.

Evaluate Human Resources practices and policies.

- Assess hiring, promotion, and retention practices.

  - HR practices must include a diversity and equity lens in key areas of hiring, retention, policies, procedures, and ongoing support.

  - Develop a talent management strategy to support all aspects of a diverse, equitable, and inclusive workforce life cycle.

    - Identify and define what talent means to your organization and how diverse workgroups enhance that talent pool.

    - Introduce organizational values for diversity, equity, and inclusion during recruitment and onboarding.

    - Offer a variety of training opportunities for career development. Actively support promising, under-represented staff in their career advancement.

    - Continuously support a positive shift toward an equitable and inclusive environment with ongoing communications and outreach efforts across the organization.

  - Recognize that diversity, equity, and inclusion in health care can positively influence the experience of your workforce and that unconscious/implicit bias can have the opposite effect.

  - Develop an Affirmative Action Plan that helps direct recruiting and advancement for qualified LGBTQ+ candidates.

  - Consider targeted recruiting to improve underrepresented groups. Base target populations on data findings.

  - Bring together HR, patient experience, safety professionals, and educators to collaborate as part of a greater cultural alignment strategy.

  - Understand hiring prejudices and how they operate. Segment HR hiring data by applicant demographics and examine the demographics of those not hired versus those hired. Assess this data at the facility-, system-, and (to the extent the data is available) community-levels. This may require a review of hiring data to ensure the information necessary to adequately monitor LGBTQ+ hiring practices is captured (e.g., sex at birth and gender identity).

▪ Screen out demographics during candidate selection.

  ▪ Overcome unconscious/implicit bias by reviewing the relevant work experience when selecting candidates for interviews.

  ▪ If able, use a software program that blocks sex, gender/gender identity, name, race, age, address, and other demographics to help ensure a level playing field when decisions are being made about whom to interview. All this data is needed for an evaluation of hiring practices but may trigger bias in candidate selection. Blocking demographics may need to be avoided if targeting recruits to improve underrepresented groups.

▪ Use a structured interview process.

  ▪ Use a structured interview process to keep your interviews balanced and neutral. Unstructured interviews—which lack defined questions and rely on the interviewer's ability to draw out a candidate's experience and talents during the natural course of conversation—are not as reliable for predicting a good fit as structured interviews during which every candidate is asked the same set of questions.

  ▪ Create structured interview guides to be used by all interviewers. Standardize the interview process by asking candidates the same set of defined questions. Assess candidates' responses to each question on a predetermined scale.

    – For additional assistance, ask your Advisor about Press Ganey's Workforce Solutions consulting services. Our consultants combine data analyses with expertise in industrial and organizational psychology, artificial intelligence, and best practices for turnover reduction, continuous listening, competency modeling, and talent assessments. Offerings include instruction in the development and implementation of a structured interview process.

  ▪ Ideally, those selecting the candidates for interviews and those conducting the interviews are different people with diverse backgrounds. The idea is that the interviewers don't know the specifics of the review process or why the candidate has been granted an interview, and involving people with different perspectives in the interview process widens the lens when determining which candidates are the best fit. This helps provide another independent data point for hiring decisions.

Establish clear policies for advancement and promotion.

▪ Develop career ladders for each role and set standards of performance for employees to meet if they want to advance. This improves an understanding of individual and organizational responsibilities and can decrease the likelihood of conflicts or lawsuits.

  ▪ The U.S. Equal Employment Opportunity Commission enforces the federal discrimination laws. An employee who believes he or she has been the subject of discrimination can contact the EEOC's Office of Equal Opportunity to file a complaint.

- Track career advancement by segments of the employee population to identify bias, unconscious bias, and unacknowledged areas of discrimination. Discuss the data routinely at Human Resource leadership meetings and share findings transparently with management. This helps ensure that discrimination does not occur.

- Create policies to promote diversity, equity, and inclusion in your organization. Policies should:

  - Ensure equal pay for equal work across age, disability, gender, ethnic, and racial employee cohorts.

  - Promote equality in recruitment, training, hiring, and promotion practices.

  - Demonstrate support for work-life balance recognizing variations based on age, religion, ethnicity, and other factors.

  - Prohibit all forms of harassment.

  - Outline the procedure for reporting discrimination without fear of retribution.

  - Apply to all employees, including management and senior leadership, and processes are in place to ensure everyone can be held accountable for the standards therein.

Establish gender-transition guidelines in Human Resources.

- Outline what happens when a transgender or newly transitioning person comes out.

- Create a transparent process accessible to transgender individuals and HR professionals. Guidelines should address:

  - Names and contact information of those responsible for helping transitioning employees manage their workplace transition.

  - A list of documents needed to initiate and manage any related benefits. Repeatedly approaching an employee for additional documentation may result in the perception that they have to prove their need for services, treatments, or benefits. Being transparent allows for a greater sense of control and understanding about the type of communication or documentation that helps ensure the sought-after services are rendered.

  - What transgender and transitioning employees can expect from management.

  - Behavioral expectations for staff, including transgender and transitioning employees.

  - Employee or other support groups that facilitate successful workplace transitions.

  - HR procedures for implementing transition-related workplace changes, such as adjusting personnel and administrative records, as well as a communication plan for coworkers and clients.

  - Answers to frequently asked questions about dress codes and restroom use.

Create LGBTQ+ action committees.

- Form LGBTQ+ committees to inform, educate, and encourage awareness of LGBTQ+ needs among staff and leaders, and to ensure that all LGBTQ+ patients receive appropriate, individualized, and patient-centered care.

- Include LGBTQ+ representation during strategic planning, consensus building, and interprofessional collaboration for employee and patient initiatives.

  - Incorporate LGBTQ+ representation among a group of Diversity Advisors. As opposed to creating another committee, Diversity Advisors are people in routine attendance at meetings with executive leadership who are trusted to give frank and honest feedback to executives.

    – LGBTQ+ Advisory Board members can foster inclusion and promote understanding for LGBTQ+ patients, families, and staff.

    – Advisors should represent the diversity sought—various ages, genders, races, ethnicities, and disabilities.

    – Feedback can be given in writing, in round table discussions, or in private conversations with the executives they observe.

  - Expand the Patient and Family Advisory Council to ensure LGBTQ+ membership that is representative of the population served. Provide opportunities to discuss and advocate for LGBTQ+ patients and staff members. Proactively offer community outreach and collaboration.

  - Recognize and reward those who contribute to the advancement of diversity, equity, and inclusion in the workforce and in care delivery.

- Partner with advocacy organizations to improve the inclusivity of LGBTQ+ staff. There are many advocacy groups across the nation, including the LGBT National Help Center; the Human Rights Campaign; Parents, Family & Friends of Lesbians and Gays; Gay & Lesbian Advocates & Defenders; Out and Equal Workplace Advocates; and The Transgender Training Institute.

LGBTQ: Organization

This organization does not tolerate bias against LGBTQ employees

QUESTION DEFINITION

This measures how reported (or observed) instances of bias based on LGBTQ+ status is handled. This item focuses on reactive measures against exhibited bias.

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IMPROVEMENT SOLUTIONS

Address inequities as you would safety events.

- A safety approach involves an assessment of safety event data to ensure systems reliably prevent safety events. Use data to learn about systems issues impeding diversity, equity, and inclusion within a health care organization.

- Segment various data types—from hiring and retention data to clinical outcomes—by demographic to determine if the systems in place support equity and diversity.

  - Apply an equity lens to existing safety data—such as data generated from safety reporting, root-cause analyses, and efforts to reduce adverse events. As able, group data by patient sex and gender identity, and by the event reporter's sex and gender identity. Assess for variations in reporting among those who report events and for variations in adverse event type and incidence among those experiencing an adverse event.

  - Where safety event reporting systems do not contain the necessary patient or reporter demographics, set goals to increase data capture and/or merge electronic health records and safety data.

  - Select three meaningful quality measures (e.g., readmissions, wait times, or diabetes metrics) and group those by sex and gender identification to determine if any disparities in care exist.

- When disparities are identified, develop a performance improvement team charter defining how the disparities will be addressed and link results to leadership incentives for the next year.

- Qualify the level at which each instance of bias and prejudice occur:

  - **Interpersonal**: One person discriminating against another. Individuals that demonstrate prejudiced behavior requiring correction.

  - **Implicit**: Demonstrations of unconscious bias. Discriminatory behaviors outside of a person or a group's awareness.

- **Institutional**: Facility-level policies and practices that result in systematic barriers to diversity, equity, and inclusion. These may be technical, process-driven, or even staffing barriers.

- **Structura**l: System- or community-level policies and practices. Historical, societal norms and systems within the broader community. Addressing this can appear daunting and is often excused as something others (e.g., educators, lawmakers) have to act on. However, it is more important to build relationships with those entities in the community, initiate the discussions needed, and model the way to develop everyone's sense of responsibility for diversity, equity, and inclusion. It will require cross-industry collaboration to overcome structural issues in a sustainable way. Health care can and should take their place at the table to participate in—and where necessary initiate—the difficult conversations.

- Focus on systems problems rather than interpersonal individual actions. System opportunities help develop the culture of safety around this topic (as opposed to creating a shame and blame approach) while setting you up for early wins to celebrate to keep the momentum moving forward.

- Make it safe and okay to celebrate the identification of inequities and their causes in the sense that it should be considered a cultural win to uncover and learn about these areas of improvement.

- Just like a safety event effort, when reporting increases, it may seem that you are doing worse; in fact you are making progress because you now have the data you need to learn and act.

- A strong safety culture also supports the psychological safety needed to have the difficult conversations around diversity and inequity. Understand your safety culture as you embark on learning about and overcoming bias in your organization.

- Assess for inequities or bias against the LGBTQ+ community in Human Resources data (e.g., hires by position, promotions, remediation, and salaries and benefit packages). Examine policies and practices and determine if any need to be eliminated or adjusted.

Set diversity goals and measures that include LGBTQ+.

- Engage stakeholders from across the organization in goal setting. Use data to guide goal-setting discussions.

- Identify key performance indicators, understand variation by different segments of the workforce (e.g., service line, unit, provider type, and tenure), understand barriers to improvement, and assign appropriate targets for each segment.

- Set specific goals related to diversity, equity, and inclusion based on the company's strategic objectives.

- At the end of each hiring process or cycle, track progress toward diversity goals. This helps keep diversity, equity, and inclusion in the narrative.

- Incorporate the organizational commitment to diversity, equity, and inclusion beginning on day one; share relevant stories; and discuss all three topics during new employee orientation.

- Conduct diversity, equity, and inclusivity audits.

  - Formal and informal survey processes provide leaders with the data they need to understand and overcome misconceptions and myths about diversity and equity in the organization.

  - Employee feedback is needed to determine workforce readiness for education and openness to discussions about equity and diversity. It also helps leaders identify individual champions.

  - Gather data anonymously by surveying employees to learn about their perceptions of diversity, equity, and inclusion of LGBTQ+ as well as leadership authenticity.

  - Examine the aggregate data but also read every comment if comments are included. Discuss the findings during rounds and with focus groups.

  - Distribute periodic pulse surveys to gauge progress.

  - During leader rounds on staff, or during focus groups convened for the purpose, ask the hard questions about behaviors and concerns uncovered through surveys and other feedback mechanisms (e.g., What elements of systemic racism do you experience while at work here? Why am I perceived to be inauthentic when I talk about diversity? What opportunities do you see for yourself here?).

  - Examine employees' perceptions of how authentic leadership and organizational efforts to advance equity truly are. Seek to learn of any distrust among colleagues or if any group lacks a sense of belonging and why.

  - Consider holding moderated forums for discussions about race, gender, and other biases identified in your organization.

  - During new employee orientation, share and discuss the organizational commitment to diversity, equity, and inclusion beginning on day one.

- Measure diversity, equity, and inclusion.

  - Organizations can only improve what they measure. To capture the data needed to detect and improve LGBTQ+ equity, providers must routinely ask patients and their sex at birth and gender identity. This includes hiring data, engagement surveys, patient experience survey data, patient safety, and quality data (particularly outcomes data and safety reporting data), and patient complaints. These data can then be grouped for the analyses necessary to help identify inequities and prioritize improvement efforts.

  - Examine employee demographics and assess for disparities (e.g., is management predominantly heterosexual, white males, are some care settings more diverse than others, or do you tend to only hire LGBTQ+ candidates into specific roles?).

  - Develop and implement systems that enable the capture of data needed to drive improvement in LGBTQ+ diversity, equity, and inclusion.

  - Much of this information may be available in the Human Resources Information System, affirmative action plans, and Equal Employment Opportunity reporting obligations. However, you

may need to survey the workforce through voluntary self-identification or anonymous surveying to obtain additional data (e.g., sex at birth and gender identity).

- It can be challenging to gather diversity data from employees when employees are unsure of how the data will be used or if there is a general distrust of leadership in an organization. If this is the case, consider using a third party or survey technology to capture information that will be reported in aggregate without personal identifiers.

- If there is wide-spread unwillingness to divulge information to the organization, it may indicate a lack of trust and can be a broader indicator of issues with your safety culture.

- Upload race and ethnicity data for all patients in all settings and for your workforce.

- Examine your data to uncover how unconscious/implicit bias manifests itself in your organization.

- Respond to the data analytics findings to address gaps in equity with your leadership.

Assess data for gender disparities.

- Facilitate disclosure of sexual orientation and gender identity in all forms of data collection, but acknowledge and respect that disclosure is up to the individual.

- Enable employees and potential employees, on a volunteer basis, to self-identify their sexual orientation, gender identity, and relationship status so that these demographic data can be used to assess workforce diversity and equity.

- Ensure all forms—for employees and patients—contain gender-neutral language and allow the individual to input their preferred name, gender, and pronouns.

- Use a two-question gender identification process (i.e., gender identity and sex assigned at birth).

- As able, capture the following in employment and patient records:

  - Preferred name/pronouns

  - Sex

  - Gender identity

  - Open fields for parental identifiers on pediatric forms (i.e., parent1/parent2 or parent/gaurdian1 and parent/guardian2 as opposed to Mother/Father)

  - Options for non-marital relationships (e.g., domestic/life partner, significant other)

- Add optional information about sexual orientation and gender identity to employee surveys. Make it clear that this data will be used anonymously.

- Segment data by gender and assess for disparities in hiring, promotions, retention, and safety.

Align diversity, equity, and inclusion efforts with the organization's mission, vision, and values.

- Talk about inequality in the workplace.

  - An important first step in overcoming discrimination and inequity is to recognize that it happens. Many people would rather remain silent or pretend discrimination is not taking place because acknowledging it and talking about it is uncomfortable. However, discriminatory practices can't be overcome in an organization that doesn't admit it occurs.

  - Executive leadership is fundamental to the success of a company-wide diversity, equity, and inclusion effort. As a leader, familiarize yourself with microaggressions and biases, emphasize that your company won't tolerate discrimination – subtle or otherwise. Applaud and thank people who initiate conversations about biases, and become a role model for handling bias. If your company doesn't have a policy against microaggressions and other expressions of bias, suggest that top management adopt one or implement one for your team.

  - Bring the issue into the open by talking about discrimination and inequality—due to gender, disability, race, age, or other bias.

  - Employees should feel comfortable raising the issue of inequity with a supervisor, manager, or member of the Human Resource department. Once leaders are aware that discrimination is occurring, it is their responsibility to address it appropriately.

  - Celebrate advancement and promotions and showcase your diversity internally and externally. Include pictures and bios in internal and external announcements.

  - Publicize the efforts your facility, system, or organization is making to promote diversity, equity, and inclusion. Become a role model to others in your industry, your vendors, and your local workforce by modeling the way.

Practice inclusive leadership.

- Leadership commitment to diversity, equity, and inclusion must be visible. Articulate an authentic commitment to diversity, equity, and inclusion by challenging the status quo, hold others accountable, and make diversity, equity, and inclusion a priority.

- Leadership's commitment includes not being afraid to admit mistakes. Be modest about capabilities, show awareness, and be vulnerable about flaws and limitations–create opportunities for others to contribute to an inclusive culture. Humility encourages others to open up and share feedback (e.g., a leader that is unaware that they are displaying favoritism, or has a tendency to interrupt people, or regularly ignores a certain category of information).

- Demonstrate an open mindset and deep curiosity about others, listen without judgment, and seek with empathy to understand those around you. Be attentive to others' cultures and adapt as needed.

- Pay attention to diverse perspectives, protect an atmosphere of psychological safety, and focus on team cohesion. Empathy and perspective-taking build trust that a leader takes others' views into account.
    - To develop empathy, reflect on personal experiences of marginalization or exclusion—including subtle slights or microaggressions. Consider how those experiences made you feel and why.
- Conduct leader rounds on staff.
    - Adopt High Reliability Rounding™—a universal rounding model whereby leaders incorporate all aspects of safety, quality, patient experience, and workforce experience into one rounding practice. It is an evidence-based best practice for establishing sustainable, reliable improvements in culture, safety, and patient and workforce experiences. This is not one rounding practice, but one model for standardizing the practices across all types of rounds.
    - This rounding model is rooted in the High Reliability Organization principles of sensitivity to operations, preoccupation with failure, reluctance to simplify, commitment to resilience, and deference to expertise. It is a driver of organizational health across safety (establishing psychological safety and a just culture), quality (improving operational efficiency and clinical outcomes), and patient and workforce experiences (open communication, service recovery, and bi-directional understanding of challenges and opportunities).
    - **VIDEO**: High Reliability Rounding
    - Involve executive, mid-level, medical and nursing leaders in rounds.
    - Conduct rounds in all areas of the organization (e.g., clinical units in all settings, environmental services, Human Resources, food services, and others) at least monthly if not weekly. Exposure to various segments of the workforce improves the understanding of the level of diversity, equity, and inclusion in practice, and disrupts pre-conceived ideas.
    - Establish methods for staff to provide anonymous feedback about diversity, equity, and inclusion. For many, the subject matter can be too private or too sensitive to be discussed publicly.
    - Collect information from all parties (i.e., other leaders, frontline staff, patients, and families) about concerns and needs. Invite questions and solicit feedback. Provide follow-up information about previously expressed concerns or issues. Practice active listening.
    - During rounds, observe for environmental and cultural influences on diversity, equity, and inclusion. Look for examples of inclusivity and equity as well as inequitable and discriminatory behavior. Observe human interaction, facility layout, even artwork. Seek others' opinions on the same.
    - Capture real-time data during rounds with an electronic rounding tool to ensure data-driven decision making and action planning.
- **VIDEO**: Model the Behavior

- During leader rounds on staff, or during focus groups convened for the purpose, ask the hard questions about behaviors and concerns uncovered through surveys and other feedback mechanisms (e.g., What elements of systemic racism do you experience while at work here? Why am I perceived to be inauthentic when I talk about diversity? What opportunities do you see for yourself here?).

- Hold leaders accountable for supporting diversity, equity, and inclusion.

  - Include expectations for supporting and engaging in diversity, equity, and inclusion initiatives, including for LGBTQ+ staff members, in job descriptions of managers and senior leadership.

  - Set expectations for an ongoing dialogue with staff regarding diversity, equity, and inclusion, staff training, and fostering a diverse, equitable, and inclusive workplace.

  - Share metrics, success stories, position statements, expected behaviors, events, and leadership support for related activities.

  - Connect diversity, equity, and inclusion efforts to organizational goals and strategic plans.

Hold management accountable for supporting LGBTQ+ diversity, equity, and inclusion.

- Include expectations for supporting and engaging in diversity, equity, and inclusion initiatives in job descriptions of managers and senior leadership. Set expectations for an ongoing dialogue with staff regarding diversity, equity, and inclusion, staff training, and fostering a diverse and inclusive workplace. Consider including this expectation in evaluation tools.

- Sponsor diversity, equity, and inclusion awareness events for all employees.

- Establish a communication plan.

  - Plan a routine cadence for communications related to diversity, equity, and inclusion.

  - Use all available media, including the organization's websites, social media, newsletters, intranet, and e-mail.

  - Share metrics, success stories, position statements, expected behaviors, events, and leadership support for related activities.

  - Connect the diversity, equity, and inclusion efforts to organizational goals and strategic plans.

Improve the safety culture for LGBTQ+ employees.

- Purposefully integrate the organization's mission for LGBTQ+ diversity, equity, and inclusion with existing diversity efforts.

- Demonstrate visible senior leadership support for the LGBTQ+ community with a public commitment to one year of action aimed at improving the culture as soon as possible.

- Establish an LGBTQ+ inclusive culture overall—for patients, visitors, providers, and staff.

- Educate staff to engage with LGBTQ+ coworkers and patients in a dignified way and provide them with the tools necessary to ensure the comfort of LGBTQ+ patients and their families.

- To prevent bias in meetings, establish policies granting everyone equal time to speak. Listen attentively without interrupting.

- Incorporate LGBTQ+ bias in diversity training. Progress in achieving diversity goals begins when everyone becomes aware of their biases and how they can hurt others.

- Provide LGBTQ+-relevant brochures, post LGBTQ+-friendly symbols (e.g., rainbow flag, pink triangle, or other human rights symbols).

- Provide unisex or single-stall restrooms.

- Create a welcoming environment for LGBTQ+ staff members (e.g., sponsor facility booths at Gay Pride events, support local events that recognize National Coming Out Day, host hospital-wide conferences on LGBTQ+ patient care).

- Set behavioral expectations for LGBTQ+ inclusivity. For example:
  - Use neutral and inclusive language while interviewing candidates for employment (and when talking with patients).
  - Avoid assumptions about sexual orientation and gender identity based on appearance.
  - Use the individual's language choice when they describe their sexual orientation and relationships.

- Consider applying for the Human Rights Campaign's Healthcare Equality Index designation, which requires employees of an organization to undergo cultural competency training on LGBTQ+ issues.

Educate everyone.

- Organizations that conduct formal training and ongoing learning on diversity, equity, and inclusion have an easier time overcoming biased and discriminatory behaviors. Awareness—in a strong safety culture where people feel it is safe to speak up—allows people subject to or witnessing discrimination to speak up and initiate productive conversations whether immediately following an event or much later. It also makes it more likely that the initiator of the discriminatory behavior will accept and use the feedback.

- During diversity training, include conversations about LGBTQ+ biases with the aim to increase awareness and spark ideas about overcoming them. Ensure that your "ground rules" do not create space for some to excuse their poor behavior, allow others to dominate the conversation, etc.

- By first recognizing and then acting to mitigate unconscious/implicit bias through training and other actions, leaders will impact hiring, career development, leadership and care team makeup, individual patient care treatment, care delivery structure, and other systemic prejudices to enhance inclusivity and equity within the organization and the community.
  - Unconscious/implicit bias leads people to make decisions in favor of one person or group to the detriment of others. In the workplace, this can prevent diversity, severely limit recruiting

opportunities, and hinder promotion and retention efforts. These same biases tend to shape an organization's culture.

▪ Develop a formal education and training process. Design a training session that shows employees (including leaders) how diversity, equity, and inclusion can improve the patient-centered experience and enhance the work environment and the workforce experiences, while unconscious biases can detract from it. Include in-depth discussions of organizational values and facilitator-led activities and conversations about diversity and bias.

▪ Well trained facilitators are critical. Those leading learning events and improvement efforts must have a core understanding of the principles of diversity, equity, bias, multiple "isms," and their intersections with social justice. Prepare them to incorporate equity and diversity measures into data analyses and to execute improvement strategies using high reliability principles. This ensures the effectiveness and sustainability of improvement strategies by embedding them into the fabric of the organization.

▪ Provide continual learning opportunities on diversity, equity, and inclusion.

  ▪ Learning events should be facilitated by trained experts skilled in managing conversations around various forms of "isms," biases, and microaggressions. LGBTQ+ experiences must be incorporated into those conversations.

  ▪ Workforce training for all staff, including leaders, should include ongoing learnings about diversity, equity, inclusion as well as the impact that implicit biases, microaggressions, and inequities have on health outcomes.

    – If appropriate, create space to discuss and address systems of oppression, policies that promote systemic/structural marginalization. This can be very difficult to do. It requires a facilitator that can maintain a safe environment for open dialogue.

    – Managers should receive additional training focused on managing a diverse workforce, crucial conversations, recognizing discrimination, inequities, and microaggressions. Managers and senior leaders should be comfortable discussing and addressing a culture that does not support a diverse, equitable, and inclusive environment.

  ▪ Commit to the development of a formal diversity, equity, and inclusion initiative. This should be a strategic priority closely aligned with the organization's workforce experience, patient experience, and safety goals.

    – Set an aggressive timeline for rollout (e.g., within the next six months).

    – Include didactic and interactive exercises such as online and in-person learning opportunities, team-building exercises, an annual staff retreat, and monthly meetings.

    – Support the cultural shift by initiating discussions about diversity and equity as a routine component of staff meetings.

    – Practice facilitating psychologically safe conversations to get comfortable shifting the culture away from unconscious behaviors, denial, and avoidance.

- Incorporate diversity, equity, and inclusion learning events into new hire orientations.

▪ Leadership behaviors determine whether the staff considers it safe to speak up when someone says or does something inappropriate. To manage biased behavior discretely, address such behavior immediately after the encounter (away from patients and other staff members) and invite the initiator of inappropriate actions or behaviors to participate in an open conversation in which the goal is learning and inclusion.

▪ Organizations that seek to increase awareness of unconscious bias can have leaders and staff agree on a word or phrase that signals the need to be aware or to pause to discuss a misstep— similar to a safety timeout. This is more effective in organizations that have created a culture of safety around diversity conversations.

- Explain what part of someone's statement caused discomfort, sadness, or anger. When comments or behaviors are determined to stem from unconscious bias, discuss why it was problematic.

- If you don't have time for a thorough conversation or you feel rattled, agree to talk soon, but the follow-up should occur shortly after the encounter. Hurtful behaviors that go undiscussed result in festering resentment and will erode efforts to advance toward a more inclusive culture.

- Leaders should express the expectation that staff make an effort. Advancing equity requires active leadership support.

▪ Understand that reinforcing the principles of diversity, equity, and inclusion—and training on how to practice self-awareness and recognize and mitigate unconscious bias—improves both patient and workforce experiences and advances patient and workforce safety.

LGBTQ: Organization

LGBTQ employees receive the same employee benefits as everyone else

QUESTION DEFINITION

This item captures the perception that LGBTQ+ employees equitably receive access to the same employee benefits as non-LGBTQ+ employees (e.g., paid time off, health insurance including coverage for spouses, and employee perks and discounts).

Throughout this document, the term "employee" encompasses all staff, advanced practice providers, and physicians. For physician-specific projects, survey wording can be altered to directly reflect the physician population. Please contact your Advisor or Account Manager for assistance.

IMPROVEMENT SOLUTIONS

Establish clear policies for advancement and promotion.

- Develop career ladders for each role and set standards of performance for employees to meet if they want to advance. This improves an understanding of individual and organizational responsibilities and can decrease the likelihood of conflicts or lawsuits.

  - The U.S. Equal Employment Opportunity Commission enforces the federal discrimination laws. An employee who believes he or she has been the subject of discrimination can contact the EEOC's Office of Equal Opportunity to file a complaint.

- Track career advancement by segments of the employee population to identify bias, unconscious bias, and unacknowledged areas of discrimination. Discuss the data routinely at Human Resource leadership meetings and share findings transparently with management. This helps ensure that discrimination does not occur.

- Create policies to promote diversity, equity, and inclusion in your organization. Policies should:

  - Ensure equal pay for equal work across age, disability, gender, ethnic, and racial employee cohorts.

  - Promote equity in recruitment, training, hiring, and promotion practices.

  - Demonstrate support for work-life balance recognizing variations based on sex, gender-identification, age, religion, ethnicity, and other factors.

  - Prohibit all forms of harassment.

  - Outline the procedure for reporting discrimination without fear of retribution.

  - Apply to all employees, including management and senior leadership, and processes are in place to ensure everyone can be held accountable for the standards therein.

Seek to understand unconscious bias.

- Above all else, acknowledge that everyone has a lot to learn about barriers to diversity, equity, and inclusion in the workplace and in society as a whole.

- An annual online compliance training course is not enough. Frank conversations and a culture of learning and acceptance have to be fostered throughout the year.

- Work to develop your own understanding and your staffs' understanding of their own biases and how they affect choices and behaviors. The following are a few types of biases:

  - **Affinity Bias**: Showing preference to people with the same qualities as you.

  - **Confirmation Bias**: The tendency to process information by looking for or interpreting information that is consistent with one's existing beliefs.

  - **Conformity Bias**: The tendency to behave like those around you instead of using your own judgement.

  - **Explicit bias**: Attitudes and behaviors toward a person or group on a conscious level. To knowingly and deliberately engage in discriminatory behaviors (e.g., hate speech, or prejudiced hiring decisions).

  - **Unconscious (or Implicit) Bias**: Attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. Acknowledge that we all have unconscious biases and work to increase awareness and avoidance of unconscious bias.

- Also work to develop your own understanding and your staffs' understanding of phrases that support a diverse, equitable, and inclusive organization. The following are a few terms:

  - **Culture of Inclusion**: Cultural participation, access, and the right to express and interpret culture promoted and protected through law and policymaking. An inclusive culture involves the full integration of diverse people into a workplace or industry, and extends beyond the basic or token presence of diverse workers.

  - **Equality**: Treating everyone the same and giving everyone access to the same opportunities.

  - **Equity**: Providing additional resources to those with less in an effort to remove the advantages one group has over another.

  - **Institutional Racism**: Behavioral norms that support racist thinking and fuel active racism. This is racism expressed by a societal element, either social or political institutions, individuals, or informal social groups.

  - **Microaggression**: A statement, action, or incident regarded as indirect, subtle, or unintentional discrimination against members of a marginalized group—such as women, the disabled, the elderly, and racial and ethnic minorities (e.g., "Are there any American doctors here?" "I never see you as a Black guy," or "You look very pretty today.").

  - **Systemic (or Structural) Racism:** A system in which public policies, institutional practices, and other cultural norms perpetuate racial inequity. Those dimensions of history and culture that

allow privileges associated with "whiteness" and disadvantages associated with "color" to endure and adapt over time. Structural racism is embedded in the social, economic, and political systems in which we all exist.

Document corporate guidelines against microaggression.

- A Diversity, Equity, and Inclusion Committee comprised of a representative subset of the LGBTQ+ workforce can inform an organization's response to microaggression through the development of formal guidelines for expected responses to microaggression and other expressions of bias.
  - Guidelines should be based in mutual respect and include the expectation for active listening.
  - Corporate guidelines against microaggression foster trust and collaboration, create a productive setting for feedback, help everyone feel included, and establish a culture of transparency, civility, and accountability.

- Create a company culture in which people call out bias. Empower your Human Resource officers to intervene constructively when necessary. Positively reinforce expected behaviors by recognizing individuals who exhibit those behaviors.

- Thoughtless behavior that continues unchecked drives talented people away. Mitigate talent loss with accountability policies that are known and understood by all employees.

Establish gender-transition guidelines in Human Resources.

- Outline what happens when a transgender or newly transitioning person comes out.

- Create a transparent process accessible to transgender individuals and HR professionals. Guidelines should address:
  - Names and contact information of those responsible for helping transitioning employees manage their workplace transition.
  - A list of documents needed to initiate and manage any related benefits. Repeatedly approaching an employee for additional documentation may result in the perception that they have to prove their need for services, treatments, or benefits. Being transparent allows for a greater sense of control and understanding about the type of communication or documentation that helps ensure the sought-after services are rendered.
  - What transgender and transitioning employees can expect from management.
  - Behavioral expectations for staff, including transgender and transitioning employees.
  - Employee or other support groups that facilitate successful workplace transitions.
  - HR procedures for implementing transition-related workplace changes, such as adjusting personnel and administrative records, as well as a communication plan for coworkers and clients.
  - Answers to frequently asked questions about dress codes and restroom use.

Re-visit employee benefits offerings.

- Examine maternity, medical, and family leave policies to make sure they are not specific to sex, gender, or marital status.

- Review policies addressing paid time off to cover sick time and vacations, health insurance including coverage for spouses, and employee perks and discounts through the lens of diverse workforce needs.

LGBTQ: Organization

Clinical staff are provided training on LGBTQ patient care

QUESTION DEFINITION

This measures whether patient-facing personnel are provided training on interacting with LGBTQ+ patient populations. This can be related to interpersonal communications (e.g., using preferred gender identities), account for stigma, and contextualize assessments and treatments to specific needs of LGBTQ+ patients.

Throughout this document, the term "employee" encompasses all staff, advanced practice providers, and physicians. For physician-specific projects, survey wording can be altered to directly reflect the physician population. Please contact your Advisor or Account Manager for assistance.

IMPROVEMENT SOLUTIONS

Expand on the definition of the patient experience to implicitly contain diversity, equity, and inclusion.

- Embedding the values for diversity, equity, and inclusion in a patient-centered approach to care will translate to a more inclusive culture overall.
- Diversity, equity, and inclusion must be part of the organizational culture. Expanding the patient-centered approach to equitable patient care will translate to a more inclusive culture overall.
  - Understand and adopt The Joint Commission standards supporting the provision of an equitable and inclusive health care environment, including addressing implicit bias, cultural competence, race and ethnicity data collection, overcoming language barriers, and more.
  - The Centers for Disease Control and Prevention have released guidance around health equity considerations and social determinants of health in an effort to advance fair access to health care.

Deliver LGBTQ+ cultural competency training to everyone.

- Mandate completion of LGBTQ+ cultural competency training and make resources available to providers and staff about the LGBTQ+ community and experience. Everyone—medical providers and staff—should obtain basic training in the use of welcoming language and appropriate terminology around gender identity.
- Consider partnering with local LGBTQ+ organizations, such as the National LGBTQIA+ Health Education Center, to provide training and education for staff, including discussions about health issues that are specific to the LGBTQ+ population.

- Identify LGBTQ+ advocates from among staff and Patient Advisory Councils. Have advocates visit and provide support to LGBTQ+ patients depending on the healthcare needs.

- Provide education about LGBTQ+ health disparities in cultural competency and diversity, equity, and inclusion training. Include a focus on delivering LGBTQ+ patient-centered care.

- Improve provider knowledge of legal and cultural issues facing LGBTQ+ people. Partner with Risk Management and Education Services to offer courses and resources in print and online.

- Educate leaders and staff about gender terminology to improve understanding and advance toward a truly inclusive community.

  - Differentiate between sex and gender. Sex refers to a person's anatomy (i.e., the biological sex a person is born with), while gender represents an individual's personal identification with their societal and social roles.

  - Provide a glossary of terms in training materials to include cisgender, transgender, non-conforming, fluid, gender neutral, ze, and other terms commonly referenced in the LGBTQ+ community.

- Create online resources for employees to instruct and inform providers and staff about how microaggressions are expressed and perceived. Resources should advance the understanding of the nature and impact of microaggressions.

Revise visitation policies.

- Revise official language to be more inclusive of nontraditional families (e.g., visitation policies that are inclusive of same-sex partners and LGBTQ+ parent, and allow patients to determine their visitors).

  - Allow open visitation and encourage the participation of a support person for the LGBTQ+ patient. This enhances the patient's and family's experience and improves communication (which is subsequently associated with improved compliance and outcomes).

Provide communication training.

- All staff should be knowledgeable about how to interact and communicate with LGBTQ+ patients. For example:

  - Strive to be open, comforting, and nonjudgmental. Nonjudgmental verbal and nonverbal communication remains the most explicit and enduring test of how staff value the dignity of LGBTQ+ patients.

  - Avoid assuming that the patient is heterosexual.

  - Use gender-neutral pronouns.

- Ask all patients how they identify in terms of gender and sexual orientation. Demonstrate inclusive, caring competencies that exemplify cultural sensitivity and validate the patient's gender identity.

- Understand LGBTQ+ patients' unique health needs. Ask permission to include information about sexual orientation and gender identity in the medical record. With the patient's permission, communicate information related to the patient's gender identity, sexual orientation, and other clinically relevant information, such as sex hormones the patient might be taking, in the medical record and during handoffs and shift reports.

- Recognize the stigma, isolation, discrimination, and violence many LGBTQ+ individuals confront.

- Advise LGBTQ+ patients and staff on gender-affirming dysphoria counseling. The transgender population is at nine times greater risk for attempted suicide than the general population.

Expand Patient and Family Advisory Committees.

- Diversity, equity, and inclusion must be part of the organizational culture. Expanding the patient-centered approach to equitable patient care will translate to a more inclusive culture overall.

- Examine methods used to identify past patients and families for participation on Patient and Family Advisory Committees (PFACs). Ask yourself if the methods result in outreach to a diverse patient subset including the LGBTQ+ community.

- Invite LGBTQ+ PFAC members to share their perceptions of diversity, equity, and inclusion across the organization and solicit their recommendations for improvement.

  - Offer focus group participation and anonymous surveying to gain feedback about equity from PFAC members.

  - Engage PFAC members to share with staff and leaders their stories about needs that were met or unmet reflective of gender or sexual orientation.

  - Include PFAC members in staff education and community outreach efforts.