

# ***Cincinnati Expecting Success***

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# Greater Cincinnati Health Council

- Represented Cincinnati-area hospitals since 1957
- Mission: High quality/high value health care; improved health status
- Long history of collaboration
- 35 diverse members in 14 counties
- Southwest Ohio, Northern Kentucky, Southeastern Indiana

# Cincinnati Expecting Success

- AF4Q as opportunity
- Let's make addressing health disparities a priority
- Let's engage as many hospitals as possible
- Let's do this together
- Let's find out where we are now

# Why Participate?

- Right thing to do
- Minimal risk to participate in initial R/E/L survey and designate a workgroup representative
- Don't know who patients are or how good the data is
- Opportunity to be a leader and benefit from help of national experts



# Getting Buy-In

- Provided R/E/L survey in advance
- Project leadership to assist them
- Upfront about how we would use their data

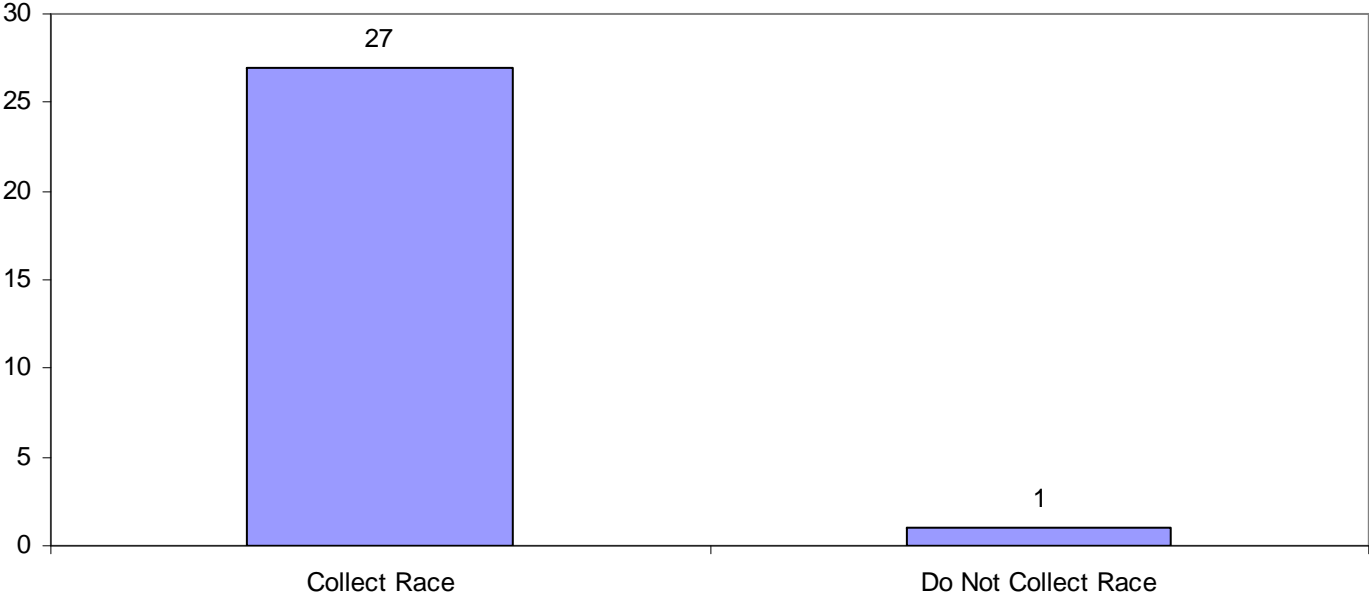
# Survey of Hospitals

- Goal: Assess current R/E/L data collection practices
- Survey based on national Expecting Success led by GWU
- Hospital characteristics, data collection practices, barriers to collection, use of data, language services, and more

# Participating Hospitals

- Adams County Regional Medical Center
- Atrium Medical Center
- Bethesda North Hospital
- Brown County General Hospital
- CMH Regional Health System
- Cincinnati Children's Hospital Medical Center
- Deaconess Hospital
- Dearborn County Hospital
- Drake Center
- Fort Hamilton Hospital
- Good Samaritan Hospital
- Highland District Hospital
- Jewish Hospital
- Lindner Center of Hope
- Margaret Mary Community Hospital
- McCullough-Hyde Memorial Hospital
- Mercy Hospital Anderson
- Mercy Hospital Clermont
- Mercy Hospital Mt. Airy
- Mercy Hospital Western Hills
- Mercy Hospital Fairfield
- Regency Hospital Company of Cincinnati
- St. Elizabeth Health Care (5)
- Select Specialty Hospital
- The Christ Hospital
- University Hospital
- Veteran Affairs Medical Center
- West Chester Medical Center

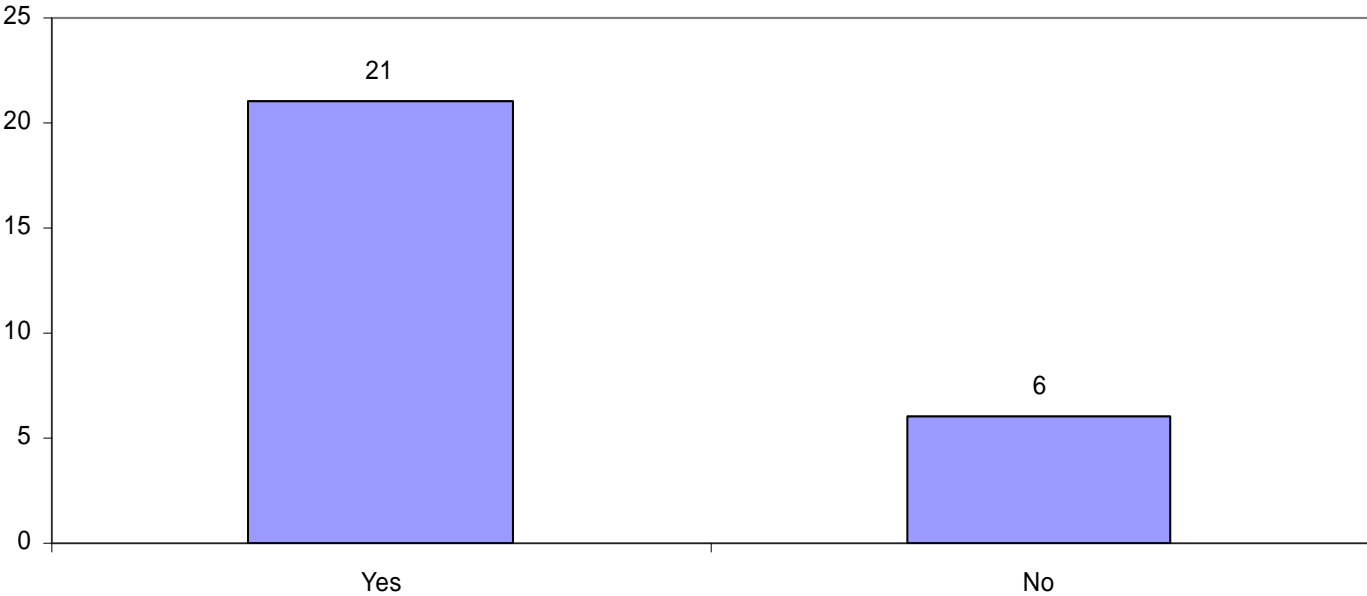
### Does Hospital Collect Information on the Race of Patients?



# Categories for Collecting Race

- One-third use standard categories
- Most include Hispanic/Latino category in race information
- A few include bi- or multi-racial category
- Method of collection – 11 use self-report, 2 use eyeballing, 14 use combination, 2 other (referral, driver's license)

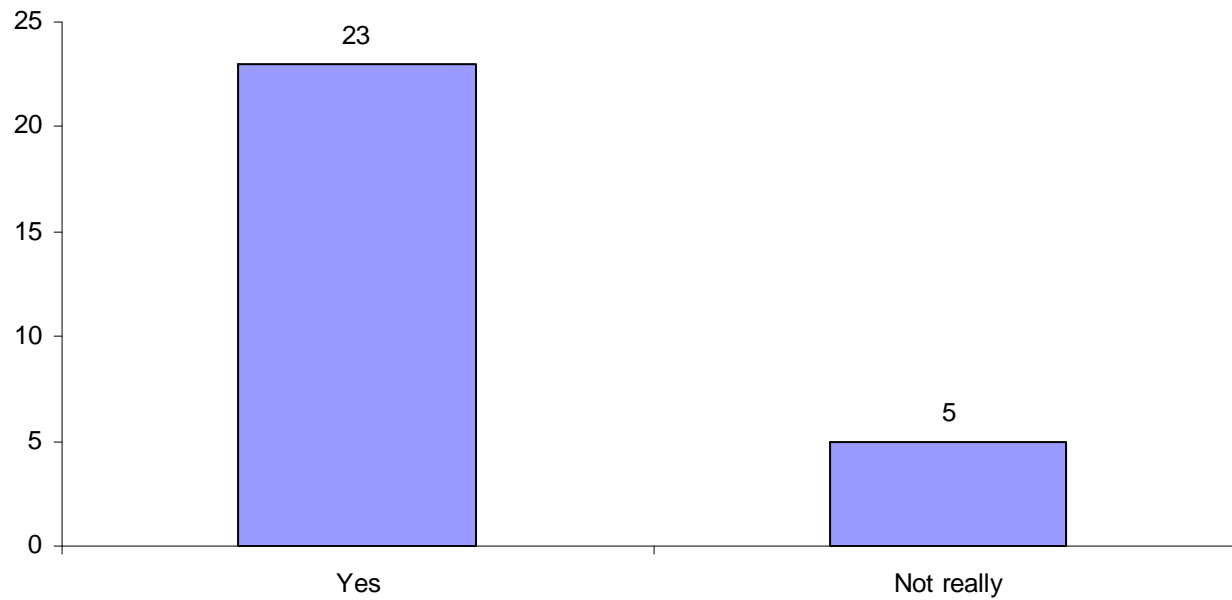
### Does Hospital Collect Information on the Ethnicity of Patients?



# Training for Registration Clerks

- Most registration clerks receive training on complete registration process, *including* completing race field
- Some receive specific training, including how to ask for self-report
- Standardized training results in fewer fields indicating race “unknown”

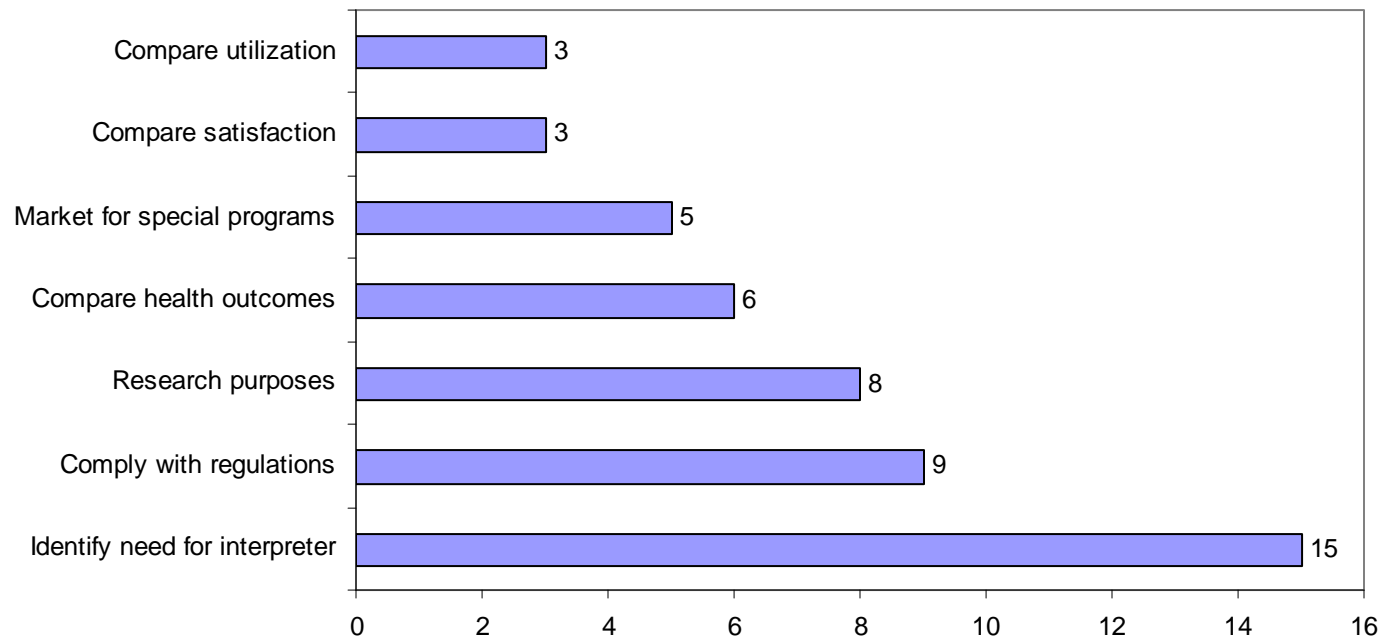
## Does Hospital See Patients Whose Primary Language Is Not English?



# Language Preference

- 23 hospitals ask patients about language preference but generally not all patients
- One-quarter record language preference for all patients – others record only for ones needing language services
- At least 11 languages identified

## Uses of REL Data



# Disparities?

- Most said they did not know, whether by race, ethnicity or language
- Of those that said yes:
  - Screening for prostate cancer (added outreach)
  - Mammography (added outreach)
  - OB (added patient education)

# Summary

- Race: majority were at or near 100%
- Less clear about ethnicity (some not collecting at all)
- More than a third had 100% of patient language data
- Some very confident in data – others much less confident
- Bravo! A unique collaboration and opportunity to be leader in regional quality improvement

# What Comes Next?

- Hospitals across the region will collect standardized REL data by Q3 2010
- This applies to *categories* (OMB) and *methods* (self-report) of collection

# Specific Tasks

- Agree on standards (OMB)
- Gap Analysis: What do you need to do?
- What tools do you need to do it?
- Registration systems adjusted and staff trained
- Community relations plan implemented
- Hospitals determine first health disparities project to engage in collaboratively
- Integrate with existing LEP and QI local efforts

# Where Are We Now vs. Three Months Ago?

- New level of excitement
- How to bring along specialty and “perimeter” hospitals
- Balancing out pace
- GCHC committed to keeping in front of hospital leadership
- Advice, tools, T/A from others

# Questions?

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