

XYZ Medical Center

May 15, 2023

Engagement & Equity Assessment Report*

**An Integrated Tool to Measure and
Benchmark your Engagement
& Equity Performance**

** Formerly known as Integrated PFE Index Assessment or IPIA*



ATW HEALTH SOLUTIONS
Raising Healthcare's Standard

www.atwhealth.com

Executive Summary

We are pleased to provide your Engagement and Equity Assessment Report. This report aggregates, benchmarks, and provides recommendations for your organization based on the result of your assessment. Our integrated tool measures practices that effectively engage patients, families, caregivers, and communities as well as identifies and addresses health disparities as part of your quality and safety program. The comparative benchmark data included in this report is based on our scientific methodology and algorithms that were tested and validated by a National Expert Panel and more than 200 hospitals focused on quality and safety improvements. The recommendations were developed using decades of expertise studying and implementing evidence-based practice across more than 4,000 hospitals.

It is well-known and researched that quality and safety outcomes are improved when person/patient and family engagement (PFE) and health equity focused interventions are implemented. The goal of this report is to identify areas of opportunity and make recommendations to integrate PFE and health equity practices that are known to improve outcomes for your quality and safety processes and systems. There are three sections to the report:

- Section 1. PFE and Health Equity Summary Findings
- Section 2. National Benchmark Comparisons
- Section 3. PFE and Health Equity Detailed Scores and Recommendations

Understanding the Results

PFE and health equity scores summarize strategies, tactics and activities measured across multiple areas within your organization. Data is then analyzed and benchmarked at the system (if applicable) and national levels, followed by a detailed facility level assessment across each domain with recommendations.

Scoring Matrix

PFE Score (8 Total Domains)	Health Equity Score (8 Total Domains)
<p>Core PFE Score – 1. Composite score of the minimum level of activities at the point of care, organization, governance, and community levels.</p> <p>PFE Integration Score 2. Leadership 3. Operations 4. Human Resources 5. Measurement of PFE 6. Patient and Family Advisory Councils 7. Patient Family Advisors 8. Organizational Value/Culture</p>	<p>Core Equity Score – 1. Composite score of the minimum level of activities representing foundational elements of each measurement domain.</p> <p>Equity Integration Score 2. Data Collection 3. Data Collection Training 4. Data Validation 5. Data Stratification 6. Communicate Findings 7. Improvement Efforts 8. Organizational Infrastructure & Culture</p>

Section 1. PFE and Health Equity Summary Findings

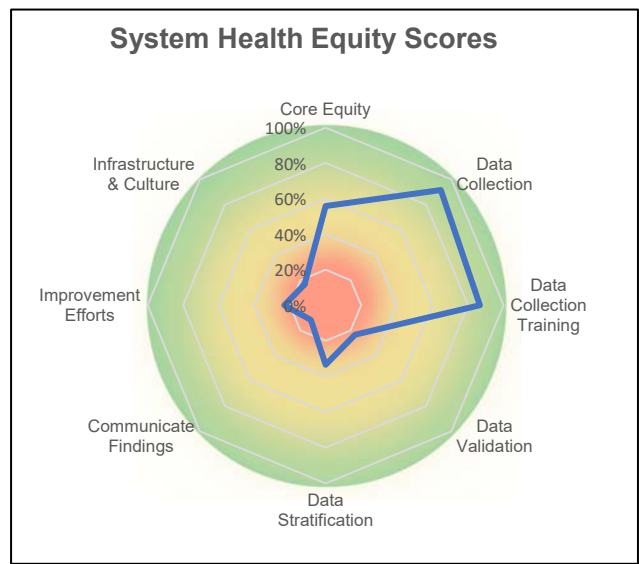
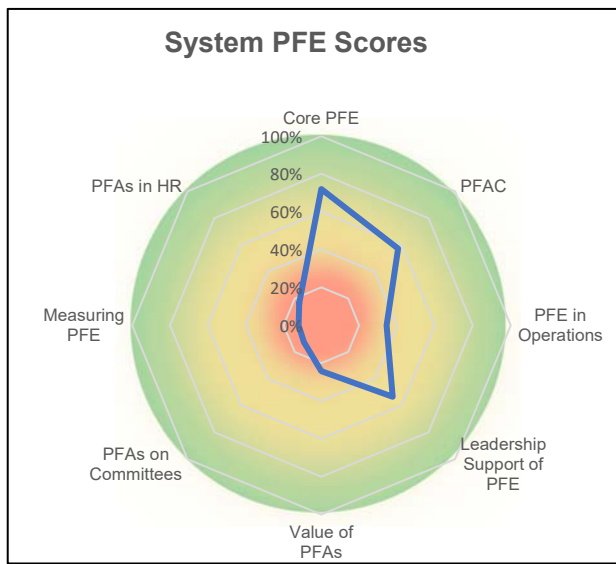
Each radar diagram lists the assessment domains around the outside and displays the national benchmark using color coding (red, yellow, green); the green indicates high performance, yellow indicates median or intermediate performance, and red indicates areas of opportunity for improvement.

The blue line indicates your system score (if applicable) and your facility score.

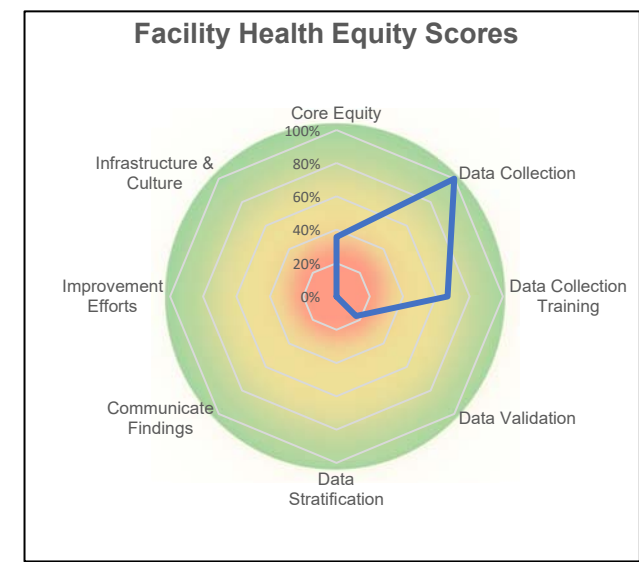
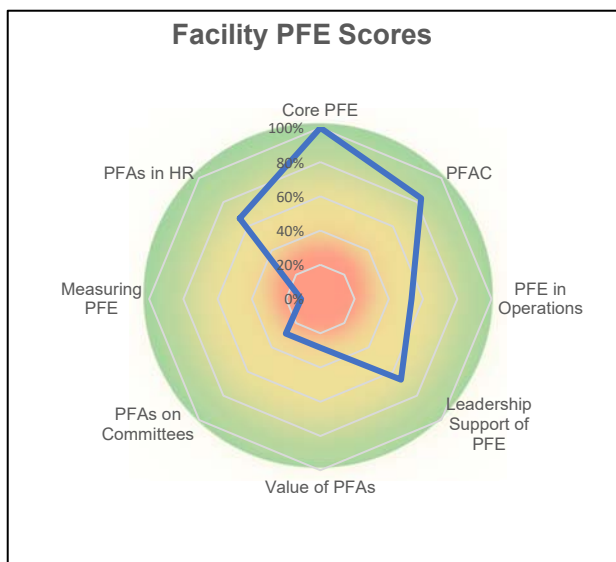
PFE = Person/Patient and Family Engagement
 PFAs = Patient and Family Advisors

PFAC = Patient and Family Advisory Council
 HR = Human Resources

System Level - ABC Healthcare System



Facility Level - XYZ Medical Center



Section 2. National Benchmark Comparisons

PFE Score

Organizations are scored according to the matrix on page 2 of this report. Within this section our report summarizes and compares your organization with other like organizations according to your Peer Comparison. Peer Comparisons are determined based on self-reported organizational characteristics. Your Total PFE Score represents the sum of the Core and Integration Scores.

XYZ Medical Center

	Core PFE Score	PFE Integration Score	Total PFE Score
	Max Score = 50	Max Score = 50	Max Score = 100
Your Organization	50.0	27.3	77.3

Self-reported hospital type and population density:

- Community Hospital
- Urban

National Peer Group Comparisons

National Peer Comparisons include a total of N=135 facilities

To better understand your organization's performance level and opportunities, we have developed the following peer comparison information. The low, median, and high scores categorized by hospital type and population density for the Core, Integration and Total PFE Scores of ATW's assessment participants are provided here for your reference. Your corresponding peer groups for hospital type and population density are highlighted in the grids below.

	Core PFE Score			PFE Integration Score			Total PFE Score		
	Max Score = 50			Max Score = 50			Max Score = 100		
	Low	Median	High	Low	Median	High	Low	Median	High
All Participants	0.0	40.0	50.0	0.0	19.7	42.1	0.0	59.5	92.1

Hospital Type	Core PFE Score			PFE Integration Score			Total PFE Score		
	Low	Median	High	Low	Median	High	Low	Median	High
Critical Access	0.0	42.5	50.0	0.0	11.5	24.8	0.0	61.5	72.4
Community Hospital	7.5	40.0	50.0	0.0	18.0	30.8	7.7	53.2	80.8
Complex Teaching	7.5	40.0	50.0	0.2	20.6	35.0	7.7	58.7	85.0
Academic Medical Center	22.5	42.5	50.0	7.3	25.2	42.1	32.7	64.7	92.1

Population Density	Core PFE Score			PFE Integration Score			Total PFE Score		
	Low	Median	High	Low	Median	High	Low	Median	High
Rural	0.0	40.0	50.0	0.0	17.0	42.1	0.0	53.0	92.1
Suburban	7.5	40.0	50.0	0.0	20.5	30.8	7.7	58.7	80.8
Urban	7.5	40.0	50.0	0.2	20.4	41.2	7.7	61.8	89.2

Health Equity Score

Organizations are scored according to the extent and frequency at which they implement practices that address health disparities through the consistent collection and use of patient demographic data to identify disparities as well as the implementation of organizational and cultural structures needed to sustain the delivery of equitable care. Organizations are scored according to the matrix on page 2 of this report. Your Total Health Equity Score listed below represents the sum of the Core and Integration Scores of the assessment.

XYZ Medical Center

	Core Equity Score	Equity Integration Score	Total Equity Score
	Max Score = 14	Max Score = 42	Max Score = 56
Your Organization	5.0	11.0	16.0

National Peer Group Comparisons

National Peer Comparisons includes a total of N=2,298 participating CMS Hospitals

To better understand your organization's performance, we are able to provide the following peer comparison information. Your hospital rating as it aligns with the health equity national benchmark data is highlighted in the table below for the respective health equity assessment categories.

Health Equity Assessment Categories	Percentage of Hospitals in each Category		
	Advanced	Intermediate	Basic
Data Collection	13%	21%	66%
Data Collection Training	10%	21%	69%
Data Validation	8%	20%	72%
Data Stratification	8%	17%	75%
Communicate Findings	7%	13%	80%
Improvement Efforts	11%	17%	72%
Organizational Infrastructure & Culture	14%	16%	70%

Section 3. PFE and Health Equity Detailed Scores and Recommendations

PFE Assessment Domains

Core PFE:



50.0 out of 50.0 possible points

Spectacular! You have implemented all Core PFE practices to embed and standardize how you engage with patients and families to improve patient and organizational outcomes. To further drive quality improvements, look at the other assessment domains for additional areas to integrate PFE in your organization.

PFAC:



8.3 out of 10.0 possible points

Kudos! Your PFAC is high functioning and integrated with quality and safety improvement efforts within your organization. Ensure that processes and procedures are standardized and reviewed annually, including your PFAC charter as well as your recruitment, onboarding and succession plans.

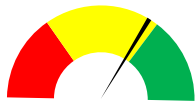
PFE Operations:



5.1 out of 9.5 possible points

You've begun integrating PFE with quality and safety. Consider having a standardized process for recruitment so that the PFAC is representative of the patients being served. Develop onboarding and orientation process for new PFAC members.

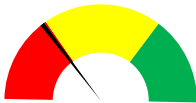
Leadership:



3.3 out of 5.0 possible points

Leadership support is critical to build a successful PFE program. Ensure leaders are leveraging existing venues to promote and frame PFE as an improvement strategy (e.g., presence at PFE-related meetings, partnering with patients/families in organizational improvement efforts, telling patient stories).

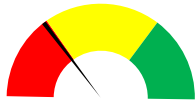
Value of PFAs:



1.7 out of 6.0 possible points

You have begun to partner with patients and leverage their voice for quality improvement. Their unique perspectives should be seen as a valuable resource that cannot be replicated with any other improvement methods. Create and share stories of learnings from patients/families to demonstrate their impact.

PFAs on Committees:



2.9 out of 10.0 possible points

You've begun partnering with patients/family members on committee(s). Expand this work so that other committees can benefit from the patient and family perspective. Be sure to prepare both patients/families and committee leads to work together. Use succession planning to support continuous participation.

Measurement of PFE:



0.7 out of 6.0 possible points

Tracking contributions made by PFACs and PFAs provides evidence of the impact of their contributions that can be shared internally and externally for continued support of the PFE program. Start small by tracking the number of volunteer hours gained or the number of PFAs recruited or onboarded each year.

PFAs and HR:

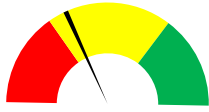


2.3 out of 3.5 possible points

You've begun to integrate PFE in HR. Embedding PFE concepts in hiring practices (e.g., behavior standards, having patients interview for key leadership positions) and other HR processes (e.g., new hire orientation, annual performance goals) can reinforce and strengthen PFE within an organization's culture.

Health Equity Assessment Domains

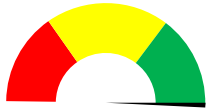
Core Equity



5.0 out of 14 possible points

You are on your way implementing Core Equity practices! These foundational practices impact your efforts to identify and address health disparities, communicate findings, as well as support the infrastructure and culture to deliver equitable care. Review each domain below to improve your Core Equity score.

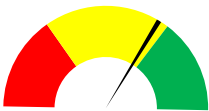
Data Collection:



6.0 out of 6 possible points

Congratulations! You're not only meeting best practices for REAL data collection but you're going above and beyond by collecting additional patient demographic data. Your organization is well positioned to utilize multiple, intersecting data points in your efforts to identify health disparities.

Data Collection Training:



4.0 out of 6 possible points

Well Done! Evaluating the effectiveness of REAL data collection training ensures you maintain accurate and complete patient data. Consider implementing training to collect additional demographic data (e.g., sexual orientation, gender identity, or veteran status) using patient self-reporting methods.

Data Validation:



1.0 out of 6 possible points

Verifying the accuracy and completeness of patient self-reported data is an important step to take. Without quality data, questions arise that can thwart efforts to identify health disparities through stratification of patient outcomes or experience measures.

Data Stratification:



0.0 out of 6 possible points

Data stratification is key to identify health disparities—differences in outcomes for historically marginalized populations. Take the first step to improve health equity for your patients! Start with one measure and stratify by race, ethnicity and preferred language (REAL) data.

Communicate Findings:



0.0 out of 6 possible points

It's important for leaders to understand that the results of data stratification efforts provide a starting point for quality improvement focused on patients experiencing health disparities. Its an important step that provides focus for an organization to improve health equity.

Improvement Efforts:



0.0 out of 6 possible points

Once health disparities have been identified, quality improvement tools can be applied to uncover potential causes—it important not to rush to judgement or assume the reason for the disparity. Root cause analysis is a key first step to develop and test pilot interventions that may address identified disparities.

Organizational Infrastructure & Culture: **0.0 out of 6 possible points**



Training your workforce to provide culturally competent care and linguistically appropriate services (CLAS) is foundational. It's so important, HHS has a website dedicated to the National CLAS Standards (thinkculturalhealth.hhs.gov). Be sure your organization is following CLAS Standards.

For More Information Contact:

Kellie Goodson, MS, CPXP
Chief Experience & Engagement Officer
Kellie.Goodson@atwhealth.com

Dr. Tanya Lord
Chief Innovations Officer
Tanya.Lord@atwhealth.com

Additional inquiries can be addressed to:
ATW Health Solutions, Inc.
1132 S. Wabash Ave., Suite 304
Chicago, IL 60605
(312) 858-6800

