

**The Committee on Racial and Ethnic Disparities**  
**Minutes October 1, 2004**

**Present:** Joseph Betancourt, Joan Quinlan, Angela Maina, Karen Donelan, Thomas Sterne, Elizabeth Mort, Nakela Cook, Elizabeth Miller, Laura Riley, Jackie Somerville, Ann Richmond, Carlyene Prince-Erickson and Ellen Forman.

I. Welcome

II. Trustees Presentation

Dr. Betancourt and Joan Quinlan presented to the group, the presentation made to the board of trustees on September 17<sup>th</sup> 2004. Peter Slavin, M.D., and members of the board were very impressed by the deliverables of the committee on racial and ethnic disparities.

**QUALITY SUBCOMMITTEE DELIVARABLES:**

The goal in the quality work is to integrate disparities measures into all quality improvement work.

- Data collection stratified by race and ethnicity is the first step the group has taken. They are working to incorporate a question on race and ethnicity into patient satisfaction data so that we can stratify results and take action if issues identified.
- Among the members of the subcommittee, there are key quality leaders who conduct quality rounds on different services throughout the year. They are going to incorporate a question around disparities into these rounds and give us a qualitative report on the findings.
- A report on the demographic profile of MGH patients and services utilized by racial and ethnic minorities will be created.
- Additional areas that the Quality subcommittee will be working on are:
  - a. Unit-Based Staff Quality Rounds. We hope to explore disparities especially the issues of language barriers
  - b. Quality dashboard. Identifying possible indicators to be stratified by race/ethnicity (readmission, satisfaction, wait times)
  - c. Patient satisfaction. Stratifying results by race and ethnicity and we have added questions about respect for culture/race and religion
  - d. CMS core measures. Stratifying results by race and ethnicity with all Boston Hospitals

**PATIENT EXPERIENCE OF CARE SUBCOMMITTEE DELIVARABLES:**

The group is currently working on several projects that include:

- Creating a multi-cultural advisory committee  
The subcommittee has worked to create a body comprised of community leaders, patients and families representing various racial and ethnic minorities. The charge of this advisory committee is to advise MGH on minority patients' experience of care at the hospital, to advise the MGH on various minority communities' perceptions of the hospital, as a provider and as a community member and to develop recommendations to address

issues identified above. The first advisory meeting is scheduled for October 25<sup>th</sup> 2004.

- Creating and administering a survey on Patient experience of care at MGH. See methodology and findings below. *Minutes section III*
- Additional areas that the patient experience/access subcommittee will be working on are:
  - a. Study access to subspecialties for ward service and resident clinic patients.
  - b. Inventory existing research studies where disparities data may be available

#### **EDUCATION SUBCOMMITTEE DELIVARABLES:**

- National speakers from IOM Committee highlight issue of Disparities (Byrd, MD; Hill, RN) in May 2004  
Attended by over 200 faculty and staff
- A Comprehensive communication strategy has been developed and is ongoing  
To Date there have been two MGH Hotline articles (an in-house weekly newsletter), Fruit Street Physician (a physician newsletter), FYI Posters at key MGH hallways.
- Slides on disparities are now incorporated into new employee orientations
- The MGH internal disparities website rolled-out in late September 2004  
[www.mghdisparities.org](http://www.mghdisparities.org) The website highlights progress, resources and keep an inventory of activities at MGH.

### III. Patient Survey Presentation

Karen Donelan and Nakela Cook presented on the findings from MGH Disparities Committee Patient Experience Survey, a projected of the Patient Experience of Care subcommittee. The Telephone survey was conducted in English and Spanish July 14-29, 2004 to assess patient perspectives of quality of care, fair treatment and respect and the impact of race, ethnicity, language, culture, and financial status. They randomly sampled from universe of all English or Spanish speaking adult medicine patients ages 18-75 living in MA, seen at MGH Boston, Chelsea, or Revere 2/1/04-4/30/04, identified through RPDR. The Fieldwork was done by International Communications Research, Media PA. The survey domains included Personal, institutional and societal observations about quality of care, race, respect and unfair treatment.

The members of the committee discussed how the findings should be disseminated to the MGH community and what steps should be taken to address the problems raised by the survey. Members of the committee will continue to explore the different ways this data will be used.

### IV. Meeting adjourned at 1:15PM

Next Committee meeting is scheduled for: Friday December 17<sup>th</sup> in Sweet Room located on the 4<sup>th</sup> floor of Gray/Bigelow.