


Operationalizing Health Equity Practices in Quality Improvement

October 26, 2022

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Compass HQIC Hosts



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COMPASS | HOSPITAL QUALITY IMPROVEMENT CONTRACTOR



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Presenter Information

Kellie Goodson, MS, CPXP

Partner/Speaker

Diversity Crew



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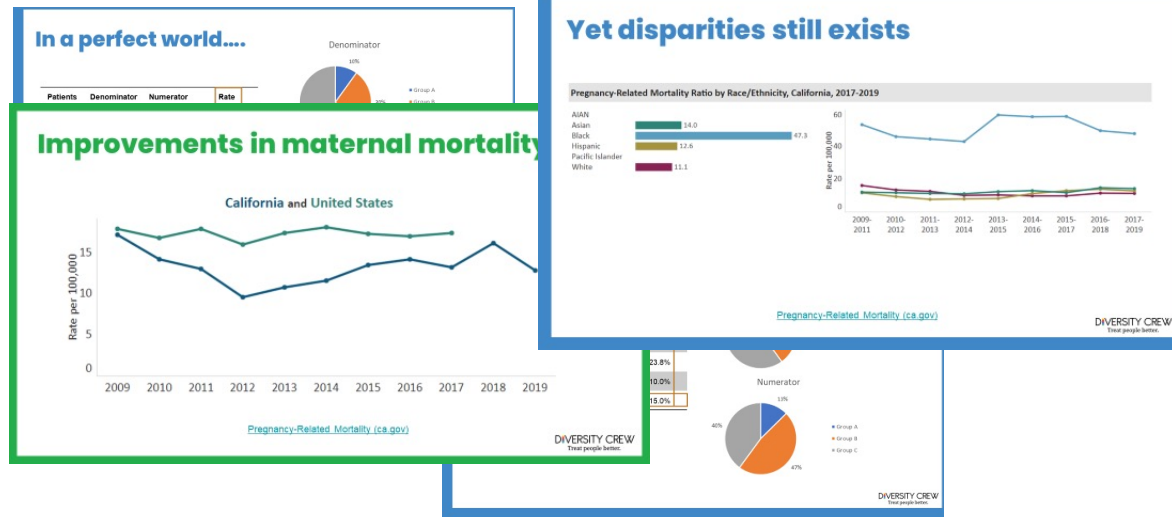


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4

Review of program #2



5

Identify, address disparities & communicate findings

- Reviewed HEOA metrics 4, 5, & 6

Metric #	Category	Standard
4	Data Stratification	Hospital stratifies patient safety, quality and/or outcome measures using patient demographic data.
5	Communicate Findings	Hospital uses a reporting mechanism (e.g., equity dashboard) to communicate outcomes for various patient populations.
6	Resolve Differences	Hospital implements interventions to resolve differences in patient outcomes.

- Questions to ask yourself and strategies & actions to consider implementing
- Discussed examples of health systems that has found disparities and worked to improve outcomes

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Examples of communicating & addressing disparities

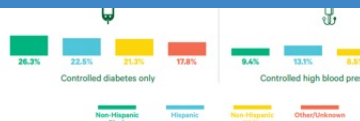
Example: Novant Health



2018 CMS Health Equity Award Winners

- This team discovered a disparity in pneumonia readmission rates. The Novant Health team performed 100 comprehensive medical record reviews, looking at 29 clinical and socioeconomic data elements in order to understand the root causes of this disparity. As a result, Novant Health identified opportunities related to the discharge process, patient support after discharge, comorbidities and mortality rate. The team formed five work streams to develop targeted interventions: discharge, population health, home visits, access to healthcare and creating awareness.
- Within one year, between January-September 2017, Novant Health successfully closed the gap: the disparity for African American patients who were readmitted with a diagnosis of pneumonia was reduced by 50% (from 4% to 2%) in comparison to the other populations served.

Past CMS Health Equity Award Winners | CMS



HealthEquity-ONLINE-ENL.pdf / rush.edu

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Example: Harborview Medical Center

- Prep clinics led by interpreters in Vietnamese and Spanish explaining the importance of colorectal cancer screening and how to prepare. Prior to the inception of prep clinics at Harborview Medical Center, some patients would arrive for colonoscopies with inadequately prepped bowels leading to prolonged and additional exams. A slide show explained the importance of the exam, defined key terms and reviewed bowel prep instructions. This improved screening rates of Vietnamese and Hispanic patients.

Spanish-speaking patients who attended prep clinic:

- 90.3% of patients completed a colonoscopy which was up from 69.5% (p < 0.05)
- Patients had excellent bowel preparation 74.3% up from 32.4% pre-intervention (p < 0.05).

Vietnamese-speaking patients who attended prep clinic:

- 98.5% of patients completed a colonoscopy which was up from 67% (p < 0.05)
- Patients had excellent bowel preparation 91.1% up from 48.3% pre-intervention (p < 0.05)

- Specialized diabetes management tools for the Hispanic and Somali populations to improve care coordination. Tools include the use of trained medical interpreters called navigators, who leverage motivational interviewing to learn how the patient's life and disease intersect. They provide care coordination, coaching, navigation, education and they assist with the development of on-line tools through EthnoMed (<https://ethnomed.org/>).

In six months, Harborview Medical Center decreased the median HbA1c from 9.3 to 8.5 for the population enrolled in the program.

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What actions did you take?

Poll question. Potential responses:

- Did the homework – thanks for the Excel spreadsheet!
- Pilot test data stratification with one measure
- Identify an upcoming project where you can stratify data before you get started
- Review existing processes for reporting findings to senior leadership
- Report your findings to hospital leadership
- Review Rush University's Health Equity report
- Review new Joint Commission standards regarding improving equity
- Recruit a unit that would be willing to engage in an equity performance improvement project
- Nothing yet, too many competing priorities
- Didn't attend the last session – wish I had!

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Operationalizing Health Equity Practices in Organizational Processes & Procedures

Kellie Goodson, MS, CPXP
October 26, 2022

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Learning Objectives

- Discuss strategies and actions to deliver culturally and linguistically appropriate services.
- Describe organizational structures that support health equity practices.
- Explain the importance of operationalizing the HEOA foundational, intermediate and advanced health equity practices throughout the organization.

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What can we do?

Build systems to identify and address disparities

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Assess your current practices

Health Equity Organizational Assessment (HEOA)

- Developed 2017-2018; Grass roots effort supported by CMS
- Aim to assess hospital's
 - 1) preparedness to address health disparities through the consistent collection of accurate demographic data;
 - 2) use of demographic data to identify and resolve disparities; and
 - 3) implementation of organizational and cultural structures needed to sustain the delivery of equitable care.
- More than 2,000 hospitals have taken the HEOA

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HEOA Assessment Categories & Standards

Metric #	Category	Standard
1	Data Collection	Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver.
2	Data Collection Training	Hospital provides workforce training regarding the collection of self-reported patient demographic data.
3	Data Validation	Hospital verifies the accuracy and completeness of patient self-reported demographic data.
4	Data Stratification	Hospital stratifies patient safety, quality and/or outcome measures using patient demographic data.
5	Communicate Findings	Hospital uses a reporting mechanism (e.g., equity dashboard) to communicate outcomes for various patient populations.
6	Resolve Differences	Hospital implements interventions to resolve differences in patient outcomes.
7	Culture & Leadership	Hospital has organizational culture and infrastructure to support the delivery of care that is equitable for all patient populations.

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Category 7: Organizational Infrastructure & Culture

Hospital has organizational culture and infrastructure to support the delivery of care that is equitable for all patient populations.

Intent of the Category:

- Hospital has a commitment to effectively deliver services that meet the cultural and linguistic diversity of the population served (according to CLAS standards).
- Hospital has designated an individual (or individuals) with leadership responsibility and accountability for health equity efforts (this person or team may wear more than one hat, be full-time or dedicate a portion of their time to equity efforts).
- Hospital actively involves key stakeholders including patients and families and/or community partners in the planning, development and implementation of health equity efforts.
- Hospital explicitly prioritizes equity in organization mission and goals.

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Metric 7: Basic level of organizational infrastructure & culture

Hospital has a standardized process to train its workforce to deliver culturally competent care and linguistically appropriate services (according to the CLAS standards).

Questions to ask yourself

- How well do we understand the CLAS standards?
- How have we leveraged the CLAS standards in our processes and practices?
- Do we train staff according to CLAS?


Strategies & Actions

- Review [CLAS standards](#) and the [implementation checklist](#) to see which standards you meet
- Share this information with others in the organization responsible for training staff
- Visit [EthnoMed](#) (developed for clinicians and health care providers working with immigrant and refugee populations in the greater Seattle area)

[Home - Think Cultural Health \(hhs.gov\)](#)

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National CLAS Standards

[National CLAS Standards](#)
(PDF – 48 KB)

FOR MORE INFORMATION

[CLAS: What, Why, and How](#)
(PDF – 1.3M)

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS)

What is CLAS?

For us, culturally and linguistically appropriate services (CLAS) is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. CLAS is about respect and responsiveness: Respect the whole individual and Respond to the individual's health needs and preferences.

Health inequities in our nation are well documented. Providing CLAS is one strategy to help eliminate health inequities. By tailoring services to an individual's culture and language preferences, health professionals can help bring about positive health outcomes for diverse populations.

The provision of health services that are respectful of and responsive to the health beliefs, practices, and needs of diverse patients can help close the gap in health outcomes. The pursuit of health equity must remain at the forefront of our efforts; we must always remember that dignity and quality of care are rights of all and not the privileges of a few.

[What is CLAS? - Think Cultural Health \(hhs.gov\)](#)

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CLAS Standards

The Principal Standard (No. 1) calls on organizations to “provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.”

The remaining standards are divided into three themes:

1. Governance, Leadership, and Workforce (Standards 2-4);
2. Communication and Language Assistance (Standards 5-8); and
3. Engagement, Continuous Improvement, and Accountability (Standards 9-15).

[Home - Think Cultural Health \(hhs.gov\)](https://www.hhs.gov/home-think-cultural-health)

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Checklist of National CLAS Standards Implementation Practices

Theme 1: Governance, Leadership, and Workforce

Select your organization's stage of implementation for each practice
<p>1.2a Identify and designate a CLAS champion or champions, who are supported by the organization's leadership, and whose specific responsibilities include (at a minimum) continuous learning about, promoting, and identifying and sharing educational resources about CLAS and the National CLAS Standards throughout the organization.</p>
<p>1.2b Create and implement a formal CLAS implementation plan that is (at a minimum) endorsed and supported by the organization's leadership, that describes how each Standard is understood, how each Standard will be implemented and assessed, and who in the organization is responsible for overseeing implementation.</p>
<p>1.3a Target recruitment efforts to the populations served to increase the recruitment of culturally and linguistically diverse individuals, through actions such as: posting job descriptions in multiple languages in local community media, holding job fairs in the community(ies) served, and/or working with leaders of local community institutions to create mentorship and training programs targeting populations served.</p>
<p>1.3b Create internal organizational mentorship programs, specifically targeting culturally and linguistically diverse individuals, that provide information about and support for additional training opportunities, and that links individuals in junior positions with individuals in senior positions to receive career guidance and advice.</p>
<p>1.4a Deliver or make freely available continuous CLAS-related training and technical assistance to leadership and all staff.</p>
<p>1.4b Create and disseminate new resources about CLAS within the organization using widely accessible platforms (e.g., employee-dedicated webpages, employee intranet, employee break room).</p>
<p>1.4c Incorporate assessment of CLAS competencies (e.g., bilingual communication, cross-cultural communication, cultural and linguistic knowledge) on an ongoing basis into staff performance ratings.</p>

Checklist of National CLAS Standards Implementation Practices

Theme 2: Communication and Language Assistance

Select your organization's stage of implementation for each practice
<p>2.5a Complete an organizational assessment specific to language assistance services to describe existing language services and to determine how they can be more efficient.</p>
<p>2.5b Standardize procedures for staff members and trainees. It may be appropriate to provide staff with information about the availability of language assistance and to inquire whether they will need to use the available services.</p>
<p>2.6 Provide individuals with notification that describe communication and language assistance is available, and to who it is available. Notification should clearly state that communication and language assistance is provided by the organization to individuals.</p>
<p>2.7a Require that all individuals serving as interpreters receive formal certification or other formal assessments of linguistic and cultural competency skills to demonstrate competency.</p>
<p>2.7b Provide financial and/or human resource (e.g., training) incentives to staff who complete interpreter trainee assessment criteria, to build organizational capacity for competent language assistance.</p>
<p>2.8 Formalize processes for translating materials into other than English and for evaluating the quality of translations. This may include testing materials with audiences.</p>

CLAS Testimonials

The quotes on this page are from leaders at the health organization named, regarding their experience with the National CLAS Standards. We provide them here to help illustrate how implementing the standards may help your organization.



NEW MEXICO DEPARTMENT OF HEALTH

New Mexico Department of Health

Why did your organization implement the National CLAS Standards?

"This was part of a strategic initiative to help us build trust and respect in the community so that we could address the disparities that we were seeing in our state."

What is the purpose of the National CLAS Standards at your organization?

"They are a continuous quality improvement mechanism for our department. It's the process that helps us stay on a track where we're continuously looking at our organization, and to see whether or not we're providing effective service, whether we're providing respectful service, whether we're trying to identify and understand the communities that we serve, those kinds of things. I think to me, it's really about maintaining a continuous quality improvement kind of mentality."

How does your organization implement the National CLAS Standards?

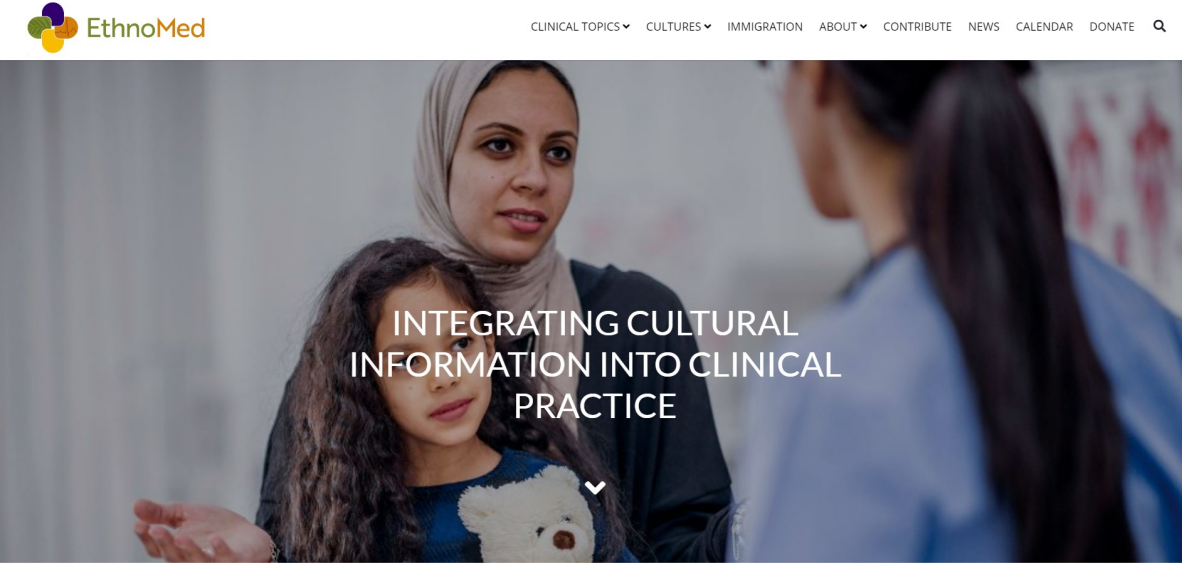
"This is supposed to be in all our policies. So whatever we're doing, whatever we're planning, we look at it through a lens of culturally and linguistically appropriateness. As we develop, we're developing with that in mind."

Organization Type	Public Health Department
Location	Santa Fe, New Mexico
Number of employees	3,000
Website	www.nmhealth.org

[An Implementation Checklist for the National CLAS Standards \(hhs.gov\)](https://www.hhs.gov/home-think-cultural-health)

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The banner features the EthnoMed logo in the top left corner, which consists of four colored circles (purple, green, yellow, and orange) arranged in a cross pattern. To the right of the logo is the text "EthnoMed". In the top right corner, there is a navigation menu with links: "CLINICAL TOPICS", "CULTURES", "IMMIGRATION", "ABOUT", "CONTRIBUTE", "NEWS", "CALENDAR", and "DONATE", followed by a search icon. The main image shows a woman wearing a hijab and a young girl holding a teddy bear, looking towards a healthcare professional whose back is to the camera. Overlaid on the image is the text "INTEGRATING CULTURAL INFORMATION INTO CLINICAL PRACTICE" in white, all-caps, sans-serif font. Below the image, the URL <https://ethnomed.org/> is displayed in blue. In the bottom right corner, the "DIVERSITY CREW" logo is shown with the tagline "Treat people better." below it.

EthnoMed

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INFORMATION INTO CLINICAL
PRACTICE

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Metric 7: Intermediate level of organizational infrastructure & culture

Hospital has named an individual (or individuals) who has leadership responsibility and accountability for health equity efforts (e.g., manager, director or Chief Equity, Inclusion and Diversity Officer/Council/Committee) who engages with clinical champions, patients and families (e.g., Patient and Family Advisory Councils (PFACs)) and/or community partners in strategic and action planning activities to reduce disparities in health outcomes for all patient populations.

Questions to ask yourself

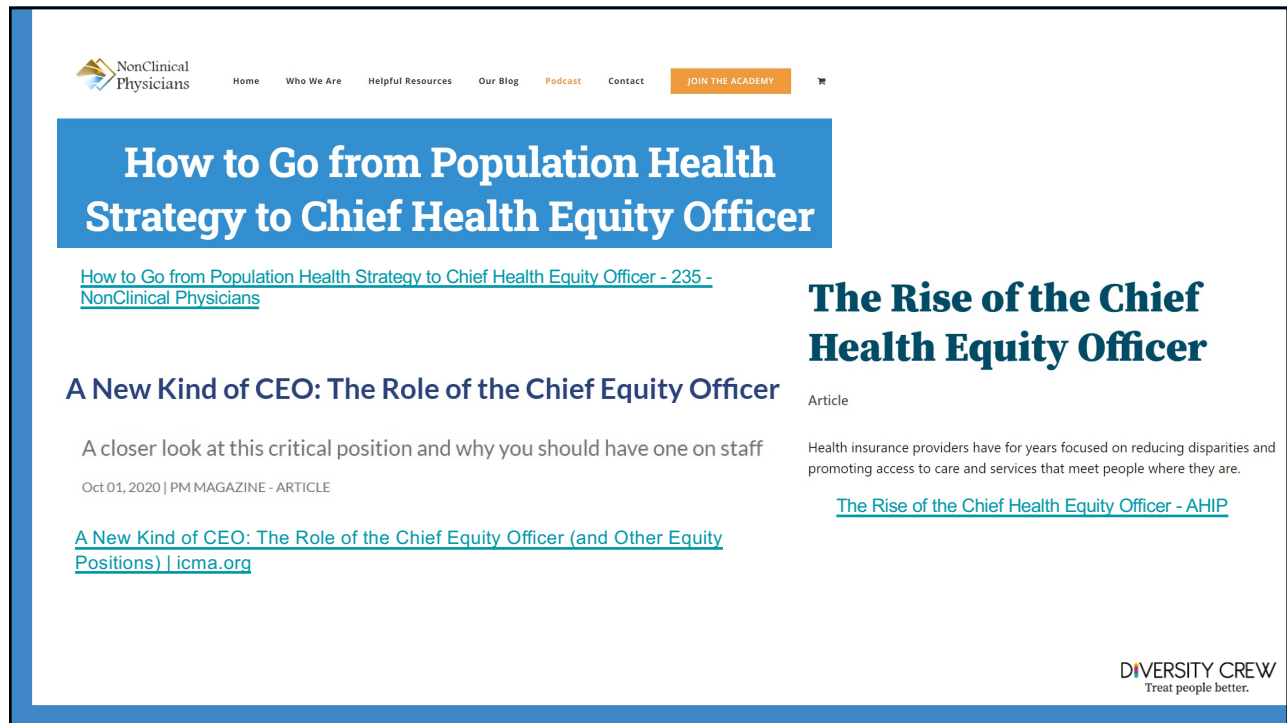
- Do we have a named leader for equity, diversity & inclusion? Do they have tools, resources and support to advance equity?

Strategies & Actions

- Examine the organizational structures in place that support health equity
- Meet with health equity leader to discuss how you can support their efforts

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The screenshot shows the NonClinical Physicians website. The navigation bar includes links for Home, Who We Are, Helpful Resources, Our Blog, Podcast, Contact, and a JOIN THE ACADEMY button. The main content area features a large blue header for the article "How to Go from Population Health Strategy to Chief Health Equity Officer". Below this, there are two article teasers. The first is "A New Kind of CEO: The Role of the Chief Equity Officer" with a sub-header "The Rise of the Chief Health Equity Officer". The second is "The Rise of the Chief Health Equity Officer - AHIP". Both teasers include a brief description and a link to the full article. The website footer includes the DIVERSITY CREW logo with the tagline "Treat people better."

How to Go from Population Health Strategy to Chief Health Equity Officer

[How to Go from Population Health Strategy to Chief Health Equity Officer - 235 - NonClinical Physicians](#)

A New Kind of CEO: The Role of the Chief Equity Officer

A closer look at this critical position and why you should have one on staff

Oct 01, 2020 | PM MAGAZINE - ARTICLE

[A New Kind of CEO: The Role of the Chief Equity Officer \(and Other Equity Positions\) | icma.org](#)

The Rise of the Chief Health Equity Officer

Article

Health insurance providers have for years focused on reducing disparities and promoting access to care and services that meet people where they are.

[The Rise of the Chief Health Equity Officer - AHIP](#)

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The slide is titled "Metric 7: Advanced level of organizational infrastructure & culture". It contains a paragraph describing a hospital's commitment to equitable health care. Below this, there are two columns: "Questions to ask yourself" and "Strategies & Actions". The "Questions to ask yourself" column lists three bullet points. The "Strategies & Actions" column lists two bullet points, one of which includes a link to #123forEquity. The slide footer includes the DIVERSITY CREW logo with the tagline "Treat people better."

Metric 7: Advanced level of organizational infrastructure & culture

Hospital has made a commitment to ensure equitable health care is prioritized and delivered to all persons through written policies, protocols, pledges or strategic planning documents by organizational leadership and Board of Directors (e.g., mission/vision/values reflect commitment to equity and is demonstrated in organizational goals and objectives).

Questions to ask yourself


- Have we made a commitment to health equity and put in writing through our policies or other documentation?
- Is health equity specifically noted in our mission/vision/values?
- Have we made a pledge to

Strategies & Actions

- Check if your organization has made the [#123forEquity](#)
- Review mission/vision/values for equity components

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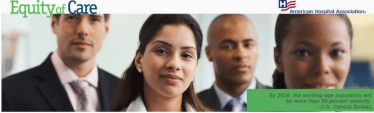


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Equity of Care
American Hospital Association

ABOUT THE PLEDGE CAMPAIGN

The American Hospital Association (AHA) launched the #123forEquity Pledge to Act Campaign in July 2015, building upon the National Call to Action to Eliminate Health Care Disparities. With two years of progress, the pledge now urges hospital and health system leaders to continue to develop and implement strategies to increase the collection and use of race, ethnicity, and language preference and socioeconomic data, advance cultural competency training, and increase diversity in leadership and governance. In addition, a fourth goal has been added to improve and strengthen community partnerships.

To accelerate progress toward eliminating health disparities, increasing quality of care and advancing diversity and inclusion in health care, all hospitals are being called on to make these efforts a priority. Please consider endorsing the pledge today, and join us as we encourage and support hospitals and health care systems to achieve their health equity goals.

PLEDGE COMMITMENT

I pledge to take action on the AHA's National Call to Action to Eliminate Health Care Disparities' goals to ensure that quality and equitable health care is delivered to all persons.

I pledge to take action on at least one of the following goals. The goals selected below will be completed in alignment with the strategic goals of my organization.

I will sign the pledge electronically online below or submit a PDF signed copy after downloading the pledge to info@rush.org.

#123forEquity

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Be a national model for healthcare equity and work to reduce health disparities.

- Collect and analyze data to understand where disparities exist.
- Develop and implement strategies to promote healthcare equity for all patients regardless of race, ethnicity, language, religion, spiritual practice, sexual orientation, gender identity or expression, and socioeconomic and mental/physical status.
- Decrease implicit bias.
- Work with the communities we serve to better understand their needs.
- Improve workforce diversity.
- Establish training resources, programs, events and policies to create an environment that supports diversity, equity and inclusion.

Diversity Strengthens Us

Here at Rush University System for Health, we commit to working together to achieve diversity, equity and inclusion (DE&I), which permeates the organization and deeply impacts who we are as a system and who we serve. Our DE&I report "Diversity Strengthens Us" highlights the progress Rush has made up to fiscal year 2020 and opportunities for growth in the future.

We are Novant Health.

We exist to save lives, all lives.
We believe Black lives matter.

In the midst of a pandemic, the epidemic of racism has once again shaken us all.

We call for empathy, compassion and zero tolerance of racism from all.

We heal bodies every day.

But we know only through social justice can we heal the soul of our community.

Because if society isn't healthy, no one is healthy.

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Metric 7 – Polling Question

What action can you take?

- Review [CLAS standards](#) and the [implementation checklist](#) to see which standards you meet
- Visit <https://ethnomed.org/>
- Examine the organizational structures in place that support health equity
- Meet with health equity leader to discuss how you can support their efforts
- Check if your organization has made the [#123forEquity](#)
- Review mission/vision/values for equity components
- Share this information with others in the organization

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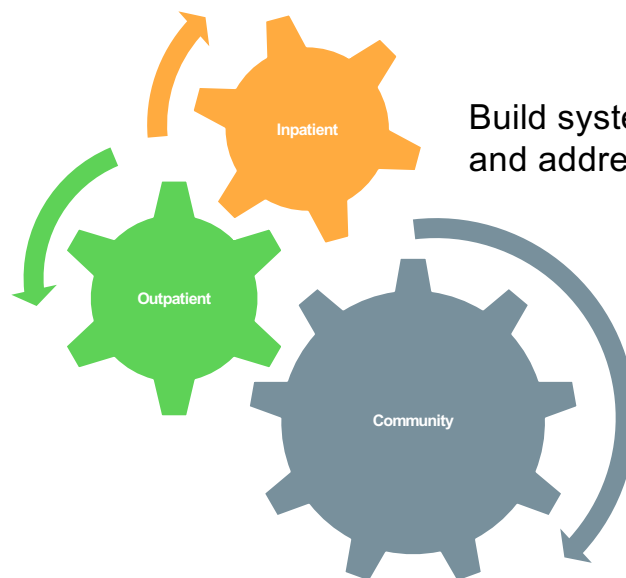
What can we do?

Build systems to identify and address disparities

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Improving
equity
requires a
team
approach

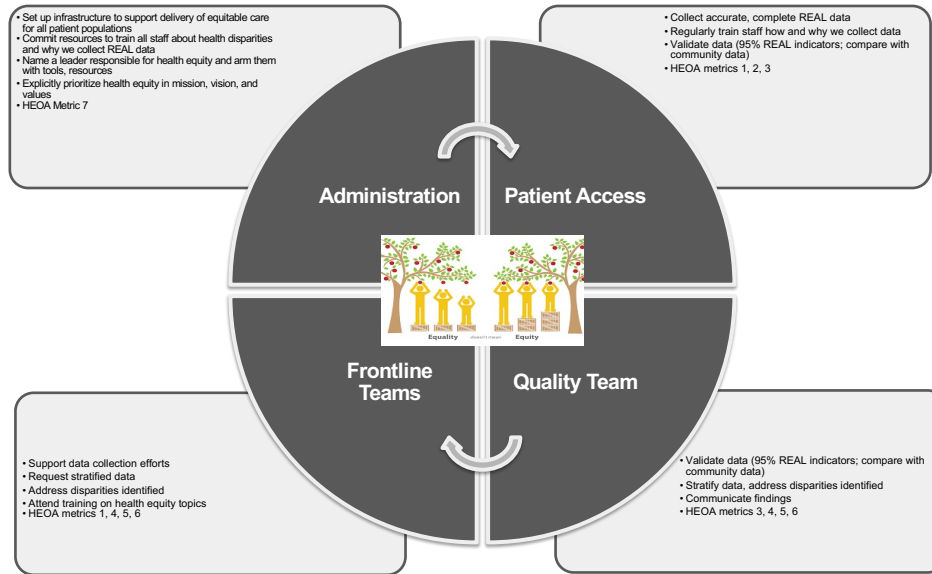


Build systems to identify
and address disparities

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Processes & systems needed to identify and address disparities



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Core teams involved in the work

Administration	<ul style="list-style-type: none"> • C-suite Leaders; Board • Diversity, Equity & Inclusion Leader • Organizational Development & Training
Patient Access	<ul style="list-style-type: none"> • Registration • IT team
Quality Team	<ul style="list-style-type: none"> • Quality Professionals • Data Analysts • IT team • Performance Improvement
Frontline Teams	<ul style="list-style-type: none"> • Medical • Nursing • Allied Health Professionals

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Why do we need to identify & address disparities?

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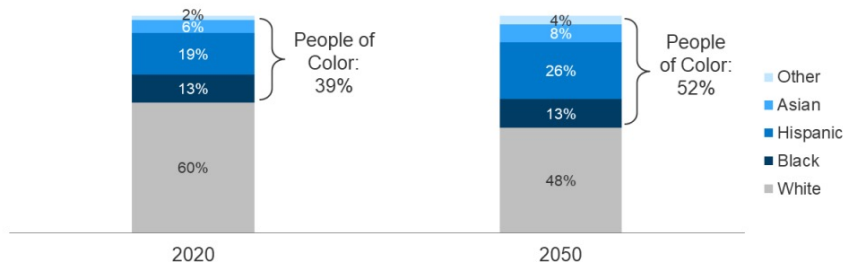
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Changing demographics

Figure 6

People of color are projected to make up over half of the U.S. population as of 2050.

Projected Distribution of U.S. Population by Race/Ethnicity, 2020 and 2050



NOTE: All racial groups are non-Hispanic. Other includes Native Hawaiians and Pacific Islanders, American Indian and Alaska Natives, and individuals with two or more races. Data do not include residents of Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands.
SOURCE: U.S. Census Bureau, 2017 National Population Projections, Race by Hispanic Origin, 2017-2060. Available at: <https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html>

KFF

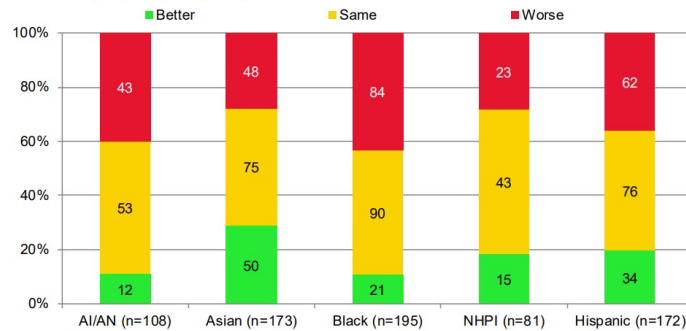
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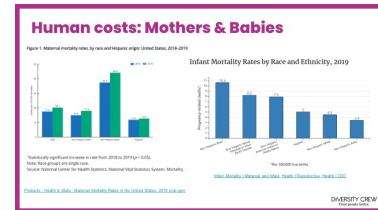
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Human costs: Quality

Figure 1. Number and percentage of quality measures for which members of selected groups experienced better, same, or worse quality of care compared with White people for the most recent data year, 2015, 2017, 2018, or 2019



Key: n = number of measures; AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian/Pacific Islander. **Note:** The difference between two groups is meaningful only if the absolute difference between the two groups is statistically significant with a p-value <0.05 on a two-tailed test **and** the relative difference between the two groups is at least 10%. The most recent data years are used for this analysis. Different data sources have different data years for most recent data year. For example, the most recent data year from the National Institute of Diabetes and Digestive and Kidney Diseases United States Renal Data System (NIDDK USRDS) is 2015 and from the Centers for Disease Control and Prevention National Health Interview Survey (CDC NHIS) is 2019.



2021 National Healthcare Quality and Disparities Report. Content last reviewed January 2022. Agency for Healthcare Research and Quality, Rockville, MD.
<https://www.ahrq.gov/research/findings/nhqrdr/nhqdr21/index.html>

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Economic costs



- \$93 B
Excess medical costs



- \$42 B
Loss in productivity
(e.g., morbidity and mortality)



+\$135 B per year
if racial disparities in health are eliminated

The Business Case For Racial Equity: A Strategy For Growth, Altarum Institute, 2018, <https://altarum.org/RacialEquity2018>

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External Pressure: Joint Commission Standards

Effective January 1, 2023, new and revised requirements to reduce health care disparities will apply to Joint Commission-accredited ambulatory health care organizations, behavioral health and human services organizations, critical access hospitals, and hospitals.



A new standard in the Leadership (LD) chapter with 6 new elements of performance (EPs) has been developed to address health care disparities as a quality and safety priority. Standard LD.04.03.08 will apply to the following Joint Commission-accredited organizations:

[New and Revised Requirements to Reduce Health Care Disparities | The Joint Commission](#)

- All critical access hospitals and hospitals
- Ambulatory health care organizations providing primary care within the "Medical Centers" service in the ambulatory health care program (the requirements are not applicable to organizations providing episodic care, dental services, or surgical services)
- Behavioral health care and human services organizations providing "Addictions Services," "Eating Disorders Treatment," "Intellectual Disabilities/Developmental Delays," "Mental Health Services," and "Primary Physical Health Care" services.

The Record of Care, Treatment, and Services (RC) requirement to collect patient race and ethnicity information has been revised and will apply to the following Joint Commission-accredited programs:

- Ambulatory health care (Standard RC.02.01.01, EP 31)
- Behavioral health care and human services (Standard RC.02.01.01, EP 26)
- Critical access hospital (Standard RC.02.01.01, EP 25)

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External Pressure: CMS Health Equity Framework (2022–2023)



[Health Equity Programs | CMS](#)

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Be the change

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

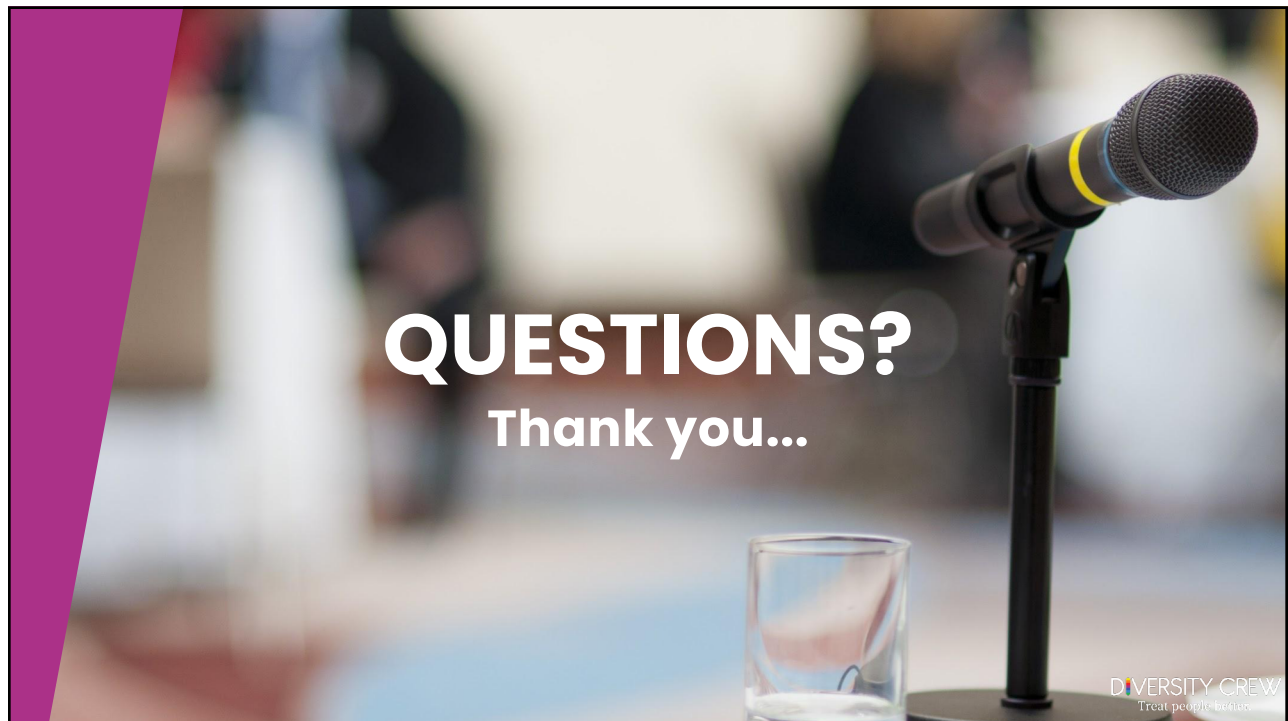
- Martin Luther King, Jr.

"To eliminate disparities, we must know enough (research); do enough (deliver the outcomes); care enough (commitment); and persevere enough (do not get discouraged)."

- David Satcher, MD, PhD, Director, Morehouse School of Medicine

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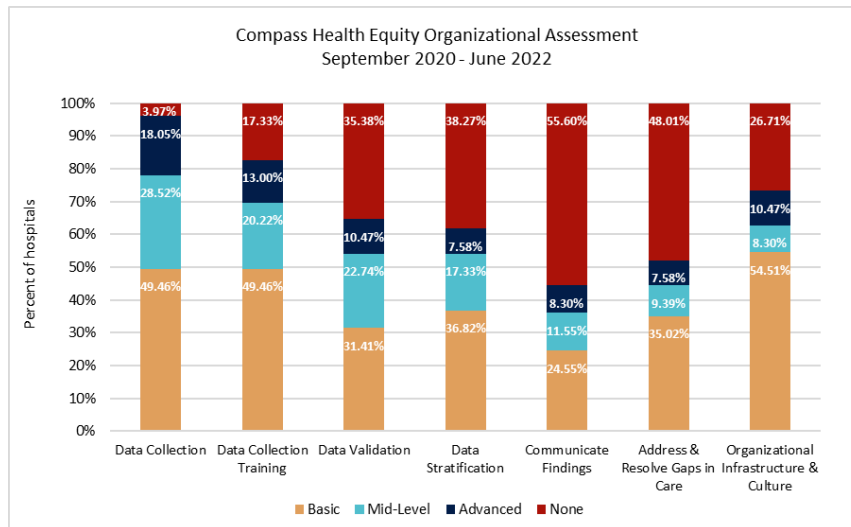
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Next Steps

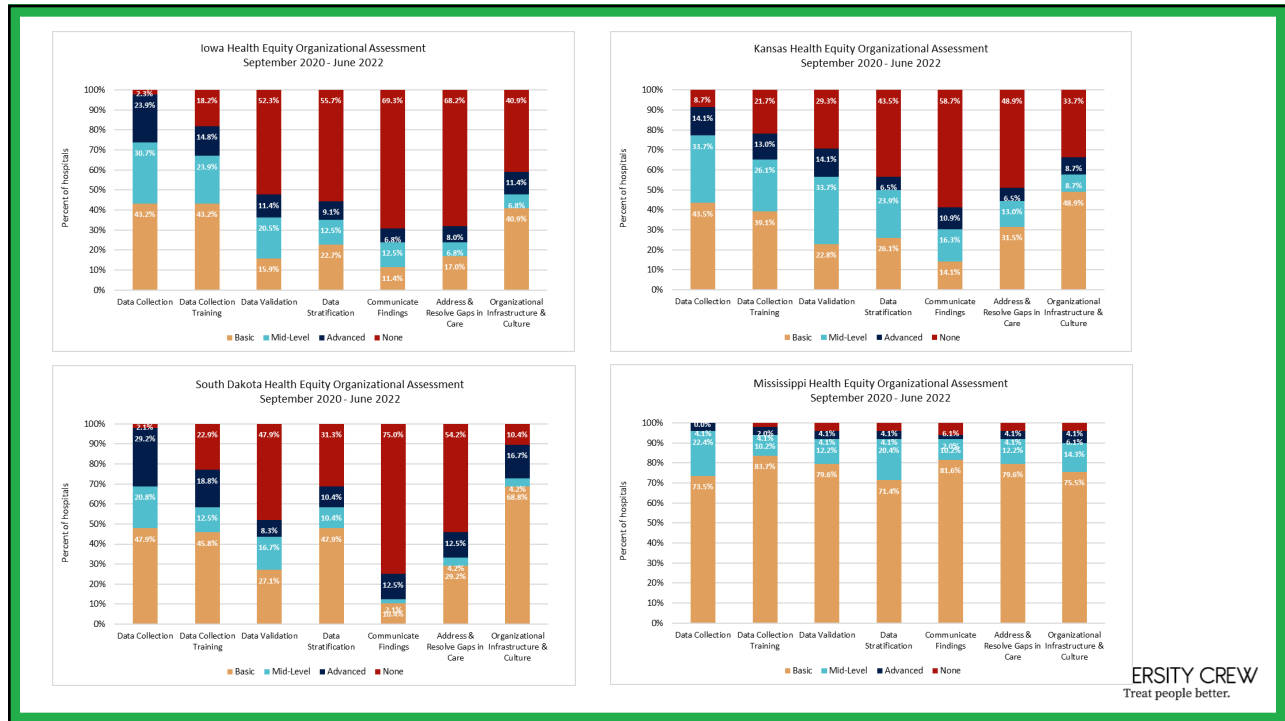
- Take action! Use the question and strategies & actions to guide your next steps
- Use the tools and resources provided in the series to continue your work
- Partner with your Clinical Advisor to keep you on track and accountable
- Track your progress!

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Tracking progress



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Kellie Goodson, MS, CPXP
kellie@diversitycrew.com

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Call to Action

Reporting

Next **HEOA** reporting will be due with your December data.

Portal open on Jan 1st, 2023

Due No later than Feb 15th, 2023

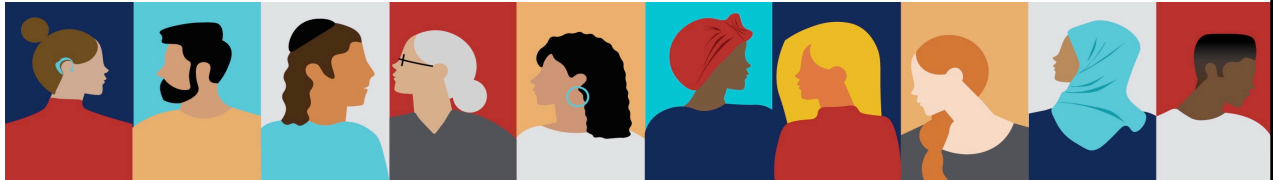
Kansas Hospitals: Your QIA will send out your HEOA survey early December

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Upcoming Compass HQIC Events



+ New Compass HQIC Series:

Engaging Patient and Family Advisory Councils in Hospital Quality Improvement Activities

- + October 25, November 9, November 30 at 1:00 p.m. CT
- + [Register Here](#)

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Contact Us:



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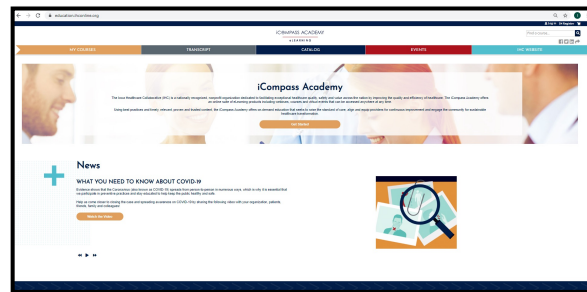
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iCompass Academy

- + This webinar will be recorded and be available on iCompass Academy
- + What is iCompass Academy?
 - iCompass Academy offers an online suite of eLearning products including webinars, courses and virtual events that can be accessed anywhere at any time.
- + Learn more about the education platform by visiting <https://education.ihconline.org/> (Link)
- + To create an account, visit: <https://education.ihconline.org/user/register?destination=homepage> (Link)



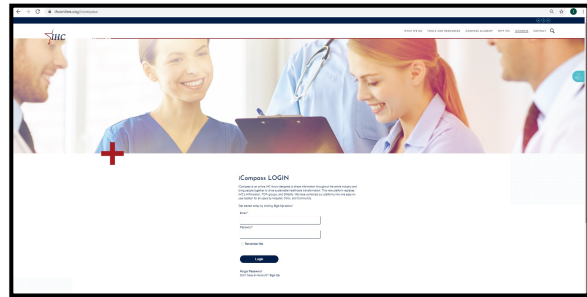
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iCompass

- + We encourage you all to also join us on our new communicative platform, iCompass.
- + iCompass is an online IHC forum designed to share information throughout the entire industry and bring people together to drive sustainable healthcare transformation.
- + Create an account today:
<https://www.ihconline.org/icompass/signup> (Link)



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- + Receive announcements on one or more of Compass's social media platforms!
- + Compass posts are available on the following platforms:
 - Twitter
 - Follow us: [@IowaHealthcare](#) (Link)
 - Facebook:
 - Follow us: [@IowaHealthcareCollaborative](#) (Link)
 - LinkedIn:
 - Follow us: [@iowa-healthcare-collaborative](#) (Link)

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Thank you!

Please take a moment to complete the post-event evaluation.

This material was prepared by Compass, the Hospital Quality Improvement Contractor (HQIC) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this document do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW Compass HQIC Network/Hospital Quality Improvement Contractor – [0196] – 8/16/2022.

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