

THANKS FOR JOINING

Onboarding and Professional Development: Assessing and Addressing DEI

Introductions

2023 CMS & NPS Highlights

Onboarding Strategies

DEI – Onboarding Education

Q&A



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RELIAS' MISSION

To measurably improve the lives
of the most vulnerable members of
society and those who care for them.

Improve Healthcare Outcomes

Relias—Unmatched Expertise

We are a global team working with a diverse customer based on solutions to advance healthcare talent.

Our Mission—To measurably improve the lives of society's most vulnerable and of those who care for them.

11,000

Healthcare and Human Services Customers

9,000

Available and Maintained Courses

1,000

Years Healthcare and Industry Experience on Staff

CUSTOMERS



PARTNERS



AWARDS



2022 Top Best Companies



Improve Healthcare Outcomes

Advance Healthcare Talent

Retain staff + Elevate care quality + Reduce Risk

Educate your workforce with expert content and easy-to-use performance tools.

SOLUTIONS

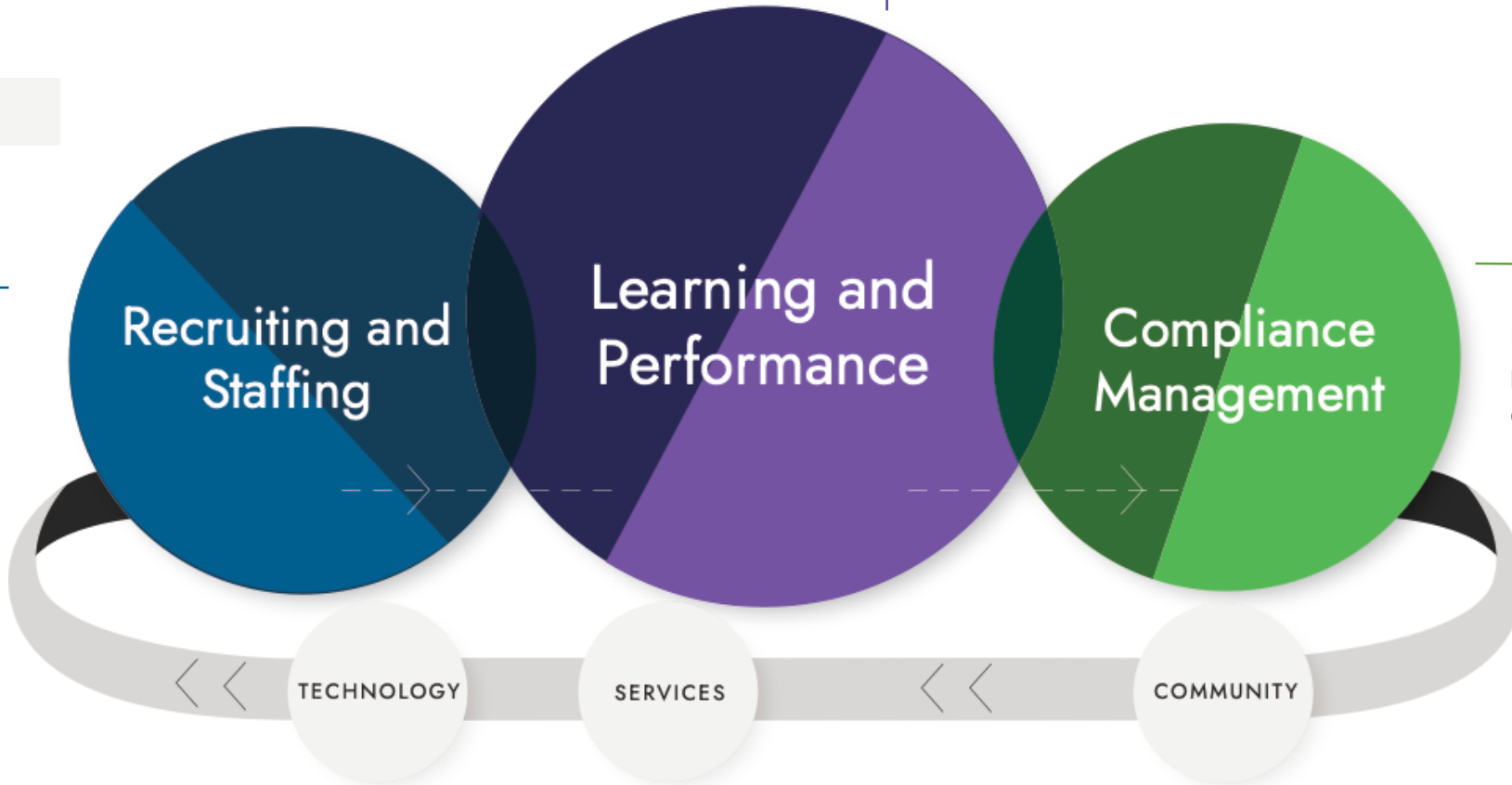
Reach qualified healthcare talent easily. Advance nurses' careers.

Recruiting and Staffing

Learning and Performance

Compliance Management

Reduce risk, manage policies, and achieve compliance efficiently.



CATALYSTS

CMS & NPS Highlight for 2023



What are the most impactful changes made to Medicare Inpatient Prospective Payment System rule that affect our clients/prospects in acute care hospitals in 2023?

A. Health Equity

B. Birthing Friendly Designation

C. Hospital Acquired Conditions Reporting and Improvement

D. \$2.6 Billion Increase in hospital reimbursement

E. All the above

F. A and D

Poll One

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F. A and D

CMS made positive sweeping changes in 2023 for hospitals and patients!

A 25 year all time high payment increase

Largely to address demands by hospital workers.

Health equity and social drivers of health data submission are spotlighted

Hospitals will have to provide patient demographic data including zip codes so CMS can track healthcare hotspots and deserts for future programs. This could be a burden for some hospitals but needed for national patient safety and access improvement.

Required reporting and participation in maternal mortality and improvement programs including education in the new Birthing Friendly Designation

10 new hospital acquired conditions are being added, reporting on 6 are being paused, but Value Based Payment Incentives for good outcomes are in place

CAUDI, CLABSI, Falls, Pressure Ulcers, Medication Errors, etc.

The National Steering Committee for Patient Safety (NSC)

[National Action Plan to Advance Patient Safety | IHI - Institute for Healthcare Improvement](#)

Coming out of Covid, 27 patient safety and high reliability leader and organizations came together to form the NSC and made a recommendation due to backsliding in safety rates.

- Leadership commit and act to implement the “total systems safety bundle” to achieve zero harm in healthcare.
- It is essential for organizations to meaningfully reset and advance safe, reliable, and equitable care and to strengthen the resilience of systems.”

Systemwide Patient Safety Concerns

Workforce Safety

“In a 2022 survey of more than 13,000 physicians in 29 specialties, 47% reported feeling burned out and 21% reported suffering from clinical depression.”

“A 2021 survey identified that nurses remain stressed almost 2 years into the pandemic, with 75% of nurses reporting feeling stressed and 62% reporting feeling overwhelmed.”

Learning Systems

“Hospital-acquired infections increased, including an estimated 47% increase in central line bloodstream infections, 45% increase in ventilator-associated events, and 19% increase in catheter-associated urinary tract infections.”

Patient & Family Engagement

“Racial and ethnic subgroups experienced a disproportionately higher percentage increase in deaths compared to their white counterparts.”

Culture, Leadership, and Governance

“Between February 2020 and September 2021, the health care industry lost half a million workers.”

“In an assessment of 160 hospitals, the AHRQ found an alarming 40% reduction in staff perceptions that management made safety a priority between 2018 to 2020.”

17 Actions

Systemwide Patient Safety Bundle

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Culture, Leadership, and Governance

1. Ensure safety is a demonstrated core value.
2. Assess capabilities and commit resources to advance safety.
3. Widely share information about safety to promote transparency.
4. Implement competency-based governance and leadership.



Patient & Family Engagement

5. Establish competencies for all health care professionals for the engagement of patients, families, and care partners.
6. Engage patients, families, and care partners in the co-production of care.
7. Include patients, families, and care partners in leadership, governance, and safety and improvement efforts.
8. Ensure equitable engagement for all patients, families, and care partners.
9. Promote a culture of trust and respect for patients, families, and care partners.

Workforce Safety

10. Implement a systems approach to workforce safety.

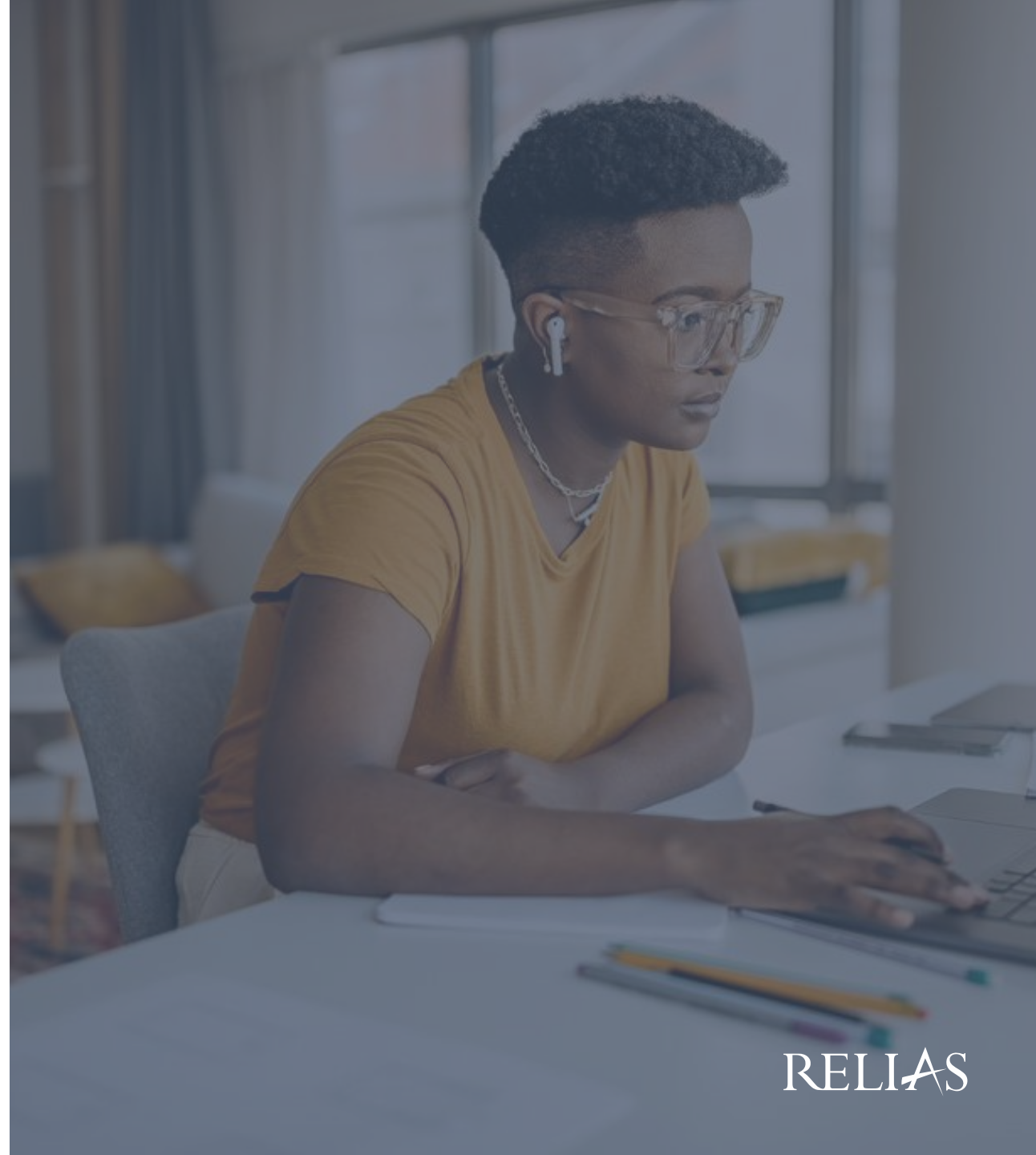
11. Assume accountability for physical and psychological safety and a healthy work environment that fosters the joy of the health care workforce.

12. Develop, resource, and execute on priority programs that equitably foster workforce safety.



Learning Systems

- 13. Facilitate both intra- and inter-organizational learning.**
- 14. Accelerate the development of the best possible safety learning networks.**
- 15. Initiate and develop systems to facilitate interprofessional education and training on safety.**
- 16. Develop shared goals for safety across the continuum of care.**
- 17. Expedite industry-wide coordination, collaboration, and cooperation on safety.**



Onboarding Strategies



RELIAS

The U.S. Surgeon General's Framework

Source:
The U.S. Surgeon General's Framework for Workplace Mental Health & Well-being:
<https://www.hhs.gov/sites/default/files/workplace-mental-health-well-being.pdf>

Five Essentials for Workplace Mental Health & Well-Being

Centered on the worker voice and equity, these five Essentials support workplaces as engines of well-being. Each Essential is grounded in two human needs, shared across industries and roles.





- + Align onboarding to your MVV – include DEIA (Diversity, Equity, Inclusion & Accessibility)
- + Provide visibility to core competences within your onboarding program
- + Be proactive in onboarding new hires
- + Quality & Patient Safety: Strong emphasis on psychological safety/just culture
- + Preceptor/Mentorships

Belonging & Connecting Begins Day One

1

Meaning &
Purpose

2

Real-Time
Measurement

3

Physical & Psychological Safety

4

Choice & Autonomy

5

Participative Management

Onboarding Considerations

- + Incorporate DEI training to all new hires during onboarding process
- + Physical & Psychological Safety
 - + Impact on Patient Safety
 - + Reinforce Safe Reporting Structures
- + Empower the workforce without fear of retaliation
- + Mentoring, coaching, and sponsorship to help diverse talent advance
- + Develop 30-60-90-day onboarding checklist in partnership with new hires with opportunities for feedback at each milestone of the onboarding journey
- + Ensure there are intentional follow-up discussions beyond onboarding
- + Peer/Mentoring Networks
- + Ensure there are intentional follow-up discussions well beyond onboarding



Diversity, Equity, and Inclusion— Onboarding Education





Central Division - TX/NM

- Covenant Medical Center
- Covenant Health Levelland
- Covenant Health Plainview
- Covenant Children's Hospital
- Covenant Health Hobbs
- Covenant Specialty Hospital

Central Division - OR

- Providence Portland Medical Center
- Providence St. Vincent Medical Center
- Providence Willamette Falls Medical Center
- Providence Hood River Memorial Hospital
- Providence Seaside Hospital
- Providence Medford Medical Center
- Providence Milwaukie Hospital
- Providence Newburg Medical Center

Central Division - E WA / MT

- Providence Holy Family Hospital
- Providence Mount Carmel Hospital
- Providence St. Joseph Hospital
- Providence Sacred Heart Medical Center
- Providence St. Mary Medical Center
- Providence Kadlec Regional Medical Center
- Providence St. Patrick Hospital
- Providence St. Joseph Medical Center (MT)

North Division - AK

- Providence Alaska Medical Center
- Providence Seward Medical Center
- Providence Kodiak Medical Center
- Providence Valdez Medical Center

North Division - PSR

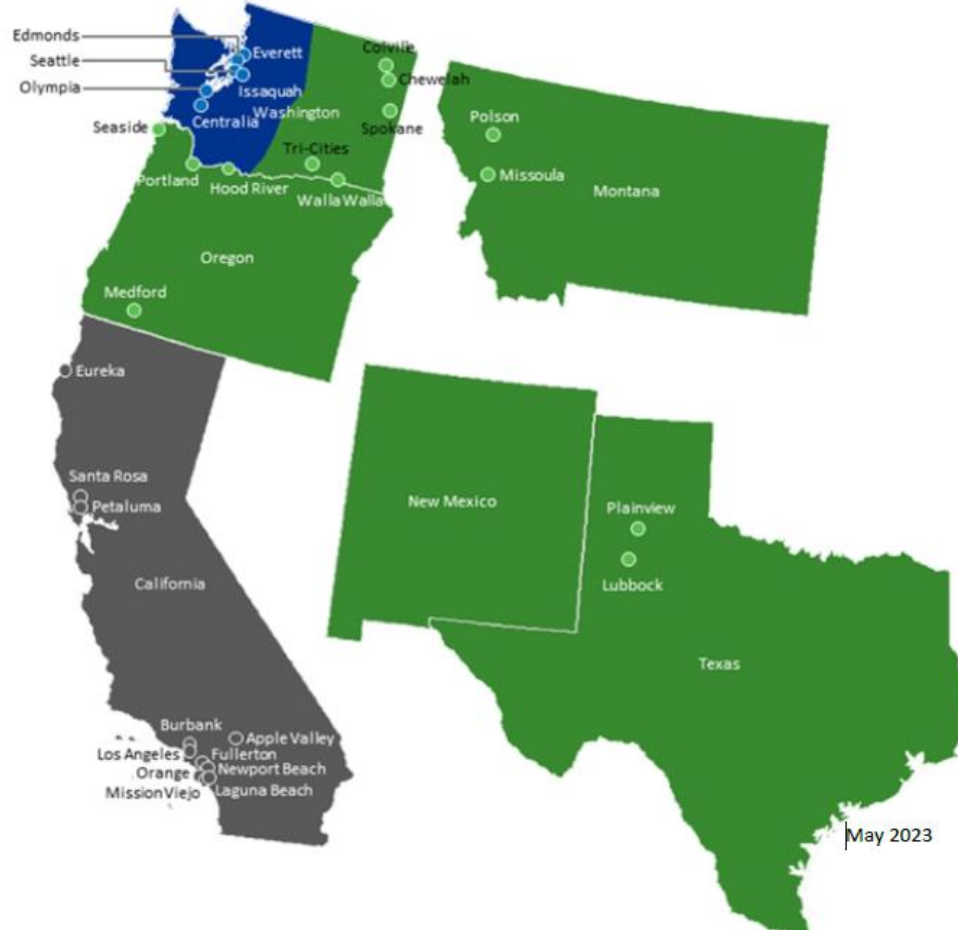
- Providence Regional Medical Center Everett
- Providence St. Peter Hospital
- Providence Centralia Hospital
- Swedish Ballard
- Swedish Cherry Hill
- Swedish Edmonds
- Swedish First Hill
- Swedish Issaquah

South Division - N CA

- NorCal HealthConnect - Healdsburg
- Redwood Memorial Hospital
- St. Joseph Hospital, Eureka
- NorCal HealthConnect - PVH
- Queen of the Valley Medical Center
- Santa Rosa Memorial Hospital

South Division - S CA

- Providence Holy Cross Medical Center
- Providence Little Company of Mary Medical Center Torrance
- Providence Little Company of Mary Medical Center San Pedro
- Providence Saint Johns Health Center
- Providence Saint Joseph Medical Center
- Providence Tarzana Medical Center
- Providence Mission Hospital
- Providence Mission Hospital - Laguna Beach
- Providence St. Jude Medical Center
- Providence St. Joseph Medical Center - Orange
- Providence St. Mary Medical Center - Apple Valley



May 2023



44 Obstetrical Units



1,845 OB Residents & Fellows



Mission

As expressions of God's healing love, we are steadfast in serving all, especially those who are poor and vulnerable

Values

Compassion | Dignity | Justice | Excellence | Integrity

Vision

Health for a better world

Promise

"Know me, care for me, ease my way"

We Pledge to:

1. **Build, strengthen and maintain relationships with our diverse communities.**
2. **Listen to and partner with our patients, communities and health plan members.**
3. **Partner with community organizations to develop data-informed health equity strategies and implement proven practices to resolve the root causes of health disparities.**
4. **Amplify the voices of all identities impacted by oppression.**
5. **Advocate to reform the drivers of health, social and economic disparities.**
6. **Use our voice to speak out against the structural racism and injustice that has led to a public health crisis.**
7. **Prevent further harm, humbly welcome discussion and feedback, and foster a culture of continuous learning and transparency.**





Our Goals

1. Increase diversity representation
2. Expand our language
3. Address implicit biases and their influences on care
4. Build a culture of empathy, respect, and compassion
5. Create a safe and inclusive space for ALL caregivers and patients



Women and Children's Clinical Academy

Substance Abuser

Non-English Speaker

Pregnant woman / Mom / Maternal

Inequalities due to race



Obstetric, Neonatal, and Children Clinical Academy (OBNC)

Substance USE Disorder

Person with limited English proficiency

Pregnant person / Birthing person

Inequalities due to racism and systematic oppression

Training

Safe Spaces

In Class

Modules

Onboarding Education

Delivering on Our Promise

Training

Safe Spaces

In Class

- + **Implicit Bias and Maternal-Fetal Outcomes**
- + **Social Determinants of Maternal-Fetal Health**
- + **Inclusive and Equitable Care in Obstetrics: Part 1**
- + **Inclusive and Equitable Care in Obstetrics: Part 2**

Modules

How are you currently introducing DEI content to new nurses? (select all that apply)

A. Online Modules

B. Modules + Class Activities

C. Changing our educational content to be more inclusive

D. Unsure

E. We are not including DEI content at this time

Which resources are you using to address health inequity? (select all that apply)

A. AWHONN's SBARs for inclusive & equitable patient care

B. CDC's health equity guiding principles for inclusive communication

C. AHA Institute for diversity and health equity resources

D. Something else

E. I have not heard of these resources

Training

Safe Spaces

In Class

Modules

Inclusive and Equitable Care in Obstetrics: Part 1 of 2

RESOURCES EXIT



Inclusive and Equitable Care in Obstetrics: Part 1 of 2
AWHONN SBAR Reflection Activities

This activity has been developed from: Association of Women's Health, Obstetrics and Neonatal Nurses (2022). Respectful maternity care framework and evidence-based clinical practice guideline. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 51(2), S1-S52. DOI: 10.1016/j.jogn.2022.01.001

NEXT >

Training

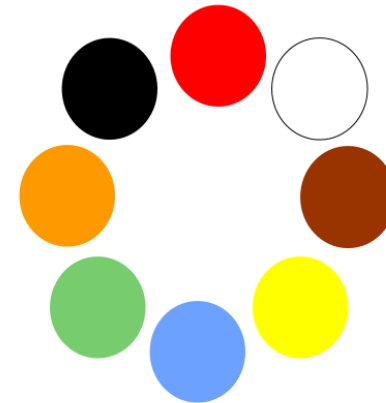
Safe Spaces

DIVERSITY, EQUITY, & INCLUSION

Open Up

- ✓ Watch video on Implicit Bias
- ✓ Complete anonymous Perinatal Perspectives & Biases quiz
- ✓ Discuss as a group

OB Curriculum: Introductory Topics



Clinical Academy 2023.01, v.1

In Class

Modules

Open Up

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- ✓ Complete anonymous Perinatal
- ✓ D

OB Cu



Perinatal Implicit Associations Quiz

Quiz Rules:

1. Write down the first word, phrase, or thought that comes to mind
2. Don't think too hard and don't hold back!
3. Responses are anonymous, but will be visible to the group
4. We will review group responses together and discuss!



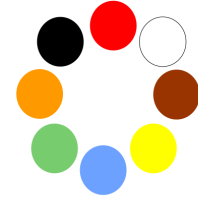
Perinatal Perspectives
Reflection Worksheet

DIVERSITY, EQUITY, & INCLUSION

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OB Curriculum: Introductory Topics



Clinical Academy 2023.01, v.1



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Perinatal Perspectives
Reflection Worksheet

Personal Perinatal Perspectives: Reflection Questions

1. How would you describe a good birth?

2. How safe or dangerous is birth?

3. What is the role of the labor & delivery or postpartum nurse in OB care?

4. What makes for the best antepartum, birthing, or postpartum environment?

5. What role do significant others play in pregnancy, birth, and postpartum?

6. What do you wish for childbearing people and their families?

7. What are your expectations of families seeking your professional care in the inpatient obstetric setting?

Training



Safe Spaces

In Class

Modules

SELF-CARE & COMPASSION

Check Out

- ✓ Self-care/compassion resources & activities
- ✓ As we go through this resource or activity as a group, think of how you might implement this into your own self-care and compassion practices

OB Curriculum: Introductory Topics



Self-Care &
Compassion
Resources &
Activities

Clinical Academy 2023.01, v.1

SELF-CARE & COMPASSION

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OB Curriculum: Introductory Topics



Self-Care and Self-Compassion Reflective Scenarios

Catalina is a new L&D RN who has been off her orientation and practicing independently for three weeks. While she is excited to finally have her own patients, she is nervous that she is going to make a mistake. Her coworkers are supportive, and she feels comfortable asking questions, but she also has self-doubt. Catalina is smart, detail-oriented, and has the knowledge, skills and abilities needed to be a great nurse. Catalina is also hard on herself when she makes mistakes, struggles with self-assuredness, and just doesn't feel like a nurse yet. Let's look at some scenarios that Catalina is managing as she transitions into her role and help her identify ways that she can practice self-compassion.

- A. Catalina is caring for a labor patient who is close to delivery. Her patient has been pushing for the last hour, and the baby's head can now be seen during pushing efforts. Catalina is excited and calls the attending provider for delivery, as well as the nursery staff who will be present due to meconium-stained amniotic fluid. After coming to the room and setting up for delivery, the provider and nursery staff wait while the patient continues to push for another 30 minutes. After an additional five minutes, Catalina's patient finally delivers a vigorous, crying baby boy. Although both patients had good outcomes, Catalina tells you that she is embarrassed about calling the provider and nursery staff so soon. She says that she "feels dumb," and hopes the provider and nursery staff don't think less of her because of this. Is Catalina practicing self-compassion? What would you say in response to Catalina's statements?
- B. One night you notice that Catalina, while she is supposed to be on her break, is sitting at a nursing station on a quiet end of the unit. She appears to be working on a computer while taking small bites of a granola bar. You ask what she is doing, and she states "Oh, I always come down to this side of the unit to chart during my lunches and breaks. How else would I stay caught up on all my charting?" Is Catalina practicing good self-care? What would you say in response to Catalina's statement?
- C. Catalina was caring for a full assignment of four couplets last night on the postpartum unit. While she was very busy helping with breastfeeding, ambulating her post-op Cesarean patient, completing three 24-hour newborn screenings, administering donor milk, and completing many other required tasks throughout the night, she forgot to do some others. When giving report to the oncoming day shift RNs, Catalina appropriately reported off the things she had forgotten to do: a

Learning Circles



“Educators can most effectively help students understand and focus on positionality when they examine their own”

(Altman et al., 2021)

Training
Safe Spaces
In Class
Modules

Has anyone used Learning Circles as a teaching methodology

A. Yes

B. No

C. I have not heard of learning circles

Learning Circles

- + A collaborative learning model
- + Based on distributed leadership
- + Small number of participants
- + Focus on theme-linked topics to gain:
 - + Deeper knowledge
 - + Shared understanding



Training
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Modules

Learning Circles: Benefits



Sense of **belonging** and **psychological safety**



Leadership & **facilitation** skills



Development of **empathy**, critical thinking, problem-solving and decision-making **through the process of sharing**



Positively enhance **learning culture**

Training

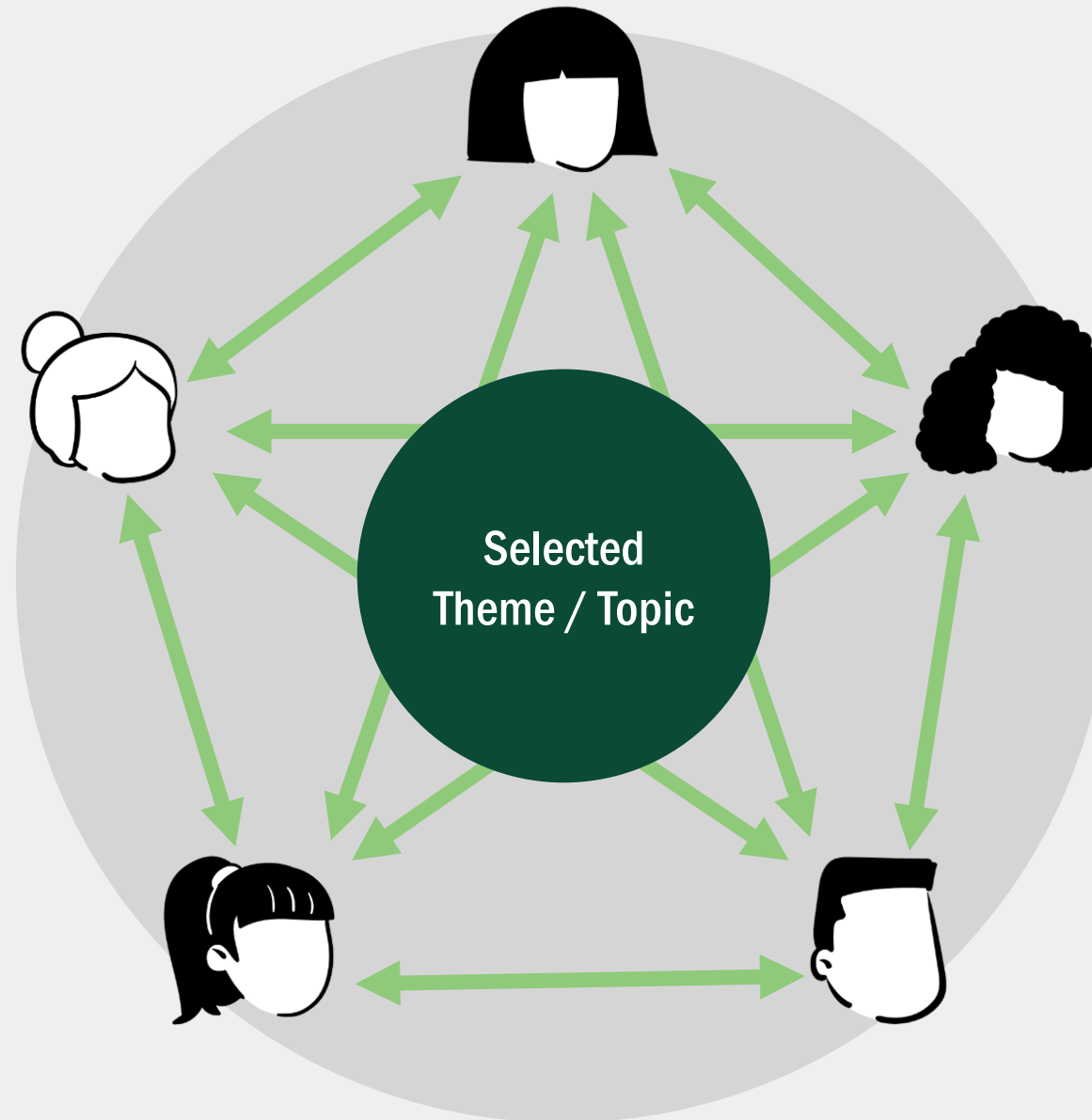
Safe Spaces

In Class

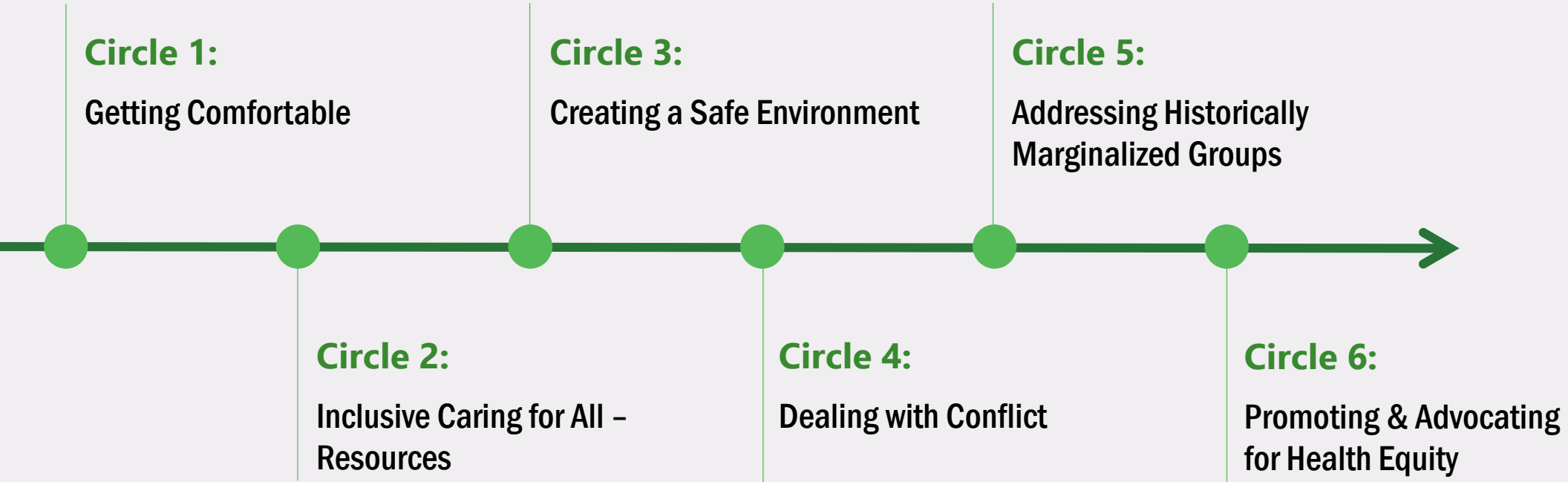
Modules

Learning Circles

- + Facilitator
- + Group of Learners
- + Meeting Space
- + Recurrence
- + Dedicated Learning Materials



Learning Circles



Learning Circles

Introductions / ice breaker

Check in / peer support

Activity

Goal setting

Plus / deltas

Clinical Academy DEI Learning Circles for NPDs

Circle 1: Getting Comfortable

Outcome:

Learners will better understand the connection between our biases and our behavior, and the impact those can have.

Objectives:

- Explore the potential impact implicit bias has on care delivery in a variety of settings
- Identify two steps to interrupt, or undo, bias
- Describe one strategy to combat bias

Asynchronous Content Completed Prior to Learning Circle

Article: [Addressing Positionality within Case-Based Learning to Mitigate Systematic Racism in Health Care](#)

Recipe Card Circle 1: Getting Comfortable

Leaders: use this recipe card section to assist with your group facilitation. You will find supporting information in **black** and talking suggestions in **blue**. The talking points in **blue** are suggestions and should be utilized as a guide, you do not need to read them verbatim. Please reword as you see appropriate.

Synchronous Content Introduction / Ice Breakers (2 minutes)

- Ensure all participants know each other and are comfortable
 - Introduce yourselves
- Identify a leader, process checker & timekeeper
 - Leader – Facilitates a discussion around this specific topic
 - Process Checker – redirects the conversation back on the topic through a “Process Check” when participants are off-topic for longer than 3-5 minutes. Who would like to be our process checker?
 - Timekeeper – assists the leader in following the identified time for activities/discussion. Who would like to be our timekeeper?

Leader 1

Activity: Positionality Statements (15 minutes)

Our next activity builds on the article we all read before this learning circle. Let’s start by just debriefing the article a bit:

- What was one thing you read in the article that changed your perspective?
- What is one thing you still have a question about after reading the article?

Training

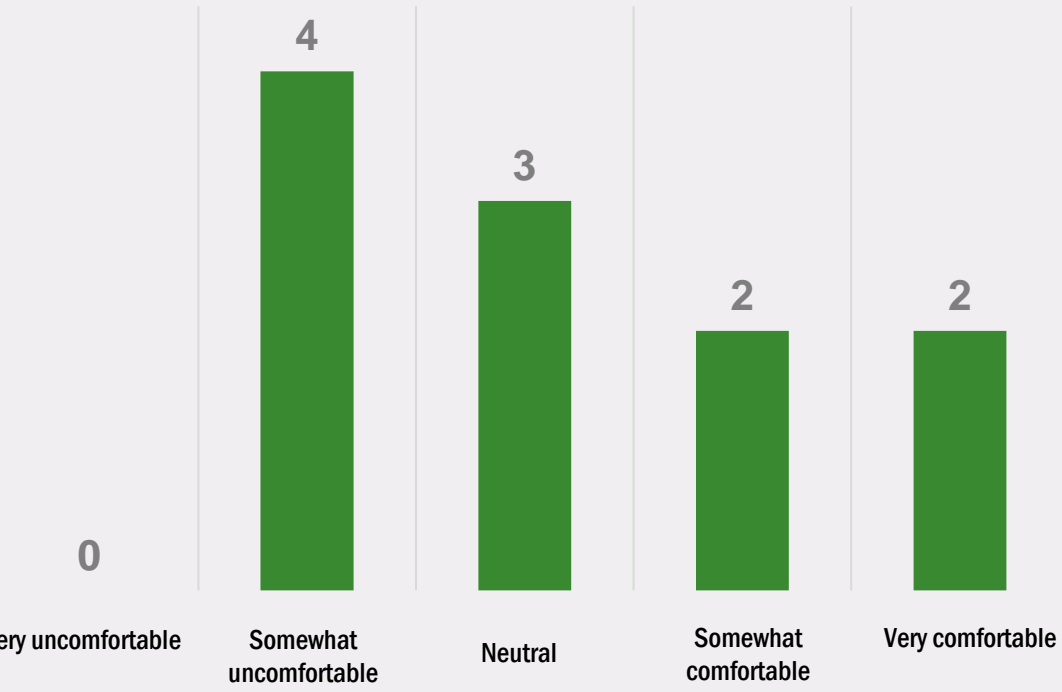
Safe Spaces

In Class

Modules

Learning Circles

RATE YOUR COMFORT AND CONFIDENCE WITH FACILITATING EDUCATION EXPLORING POSITIONALITY IN PRIVILEGE AND OPPRESSION



<https://forms.office.com/r/gyjtvrZL2D>



- Training
- Safe Spaces
- In Class
- Modules

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For NICU | Pediatrics/PICU
Providence Nursing Institute | Clinical Academy



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Questions?



Please use the Q&A widget to submit questions.

Thank You