

NHPCO Project ECHO 2023

Equity Where It Matters

Topic: Check Ourselves Before We Wreck Ourselves: Recognizing and Reducing Provider Bias

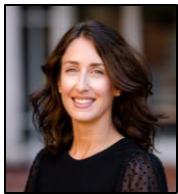
Date: January 19, 2023

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Disclosures

Disclosure

The planners and faculty disclose that they have no financial relationships with any commercial interest.

Data Collection

In order to support the growth of the ECHO® movement, Project ECHO® collects participation data for each ECHO® program. Data allows Project ECHO® to measure, analyze, and report on the movement's reach. Data is used in reports, on maps and visualizations, for research, for communications and surveys, for data quality assurance activities, and for decision-making related to new initiatives.

Evaluation

You will be receiving an email with a link to complete a short survey about this session. Please complete the survey within 48 hours. Completion of this evaluation is required for Quality Connections credit. We ask all participants to take the survey as it will help us to improve future sessions.

Ground Rules and Video Teleconferencing Etiquette

- This is an all share-all learn format; judging is not appropriate
- Respect one another – it is ok to disagree but please do so respectfully
- Participants - introduce yourself prior to speaking
- One person speaks at a time
- Disregard rank/status
- Remain on mute unless speaking and eliminate or reduce environmental distractions to improve sound/video quality
- Use video whenever possible; make eye contact with the camera when you are speaking
- **Do not disclose protected health information (PHI) or personally identifiable information (PII)**

Today's Agenda

- Introduction of Faculty – NHPCO Team
- Didactic Presentation: Reducing provider bias in delivering care through a Diversity, Equity and Access lens – Faculty
- Case Study Presentation: Check ourselves before we wreck ourselves – Faculty
- Discussion – Session Participants, Faculty, and NHPCO Team
- Key Takeaways – Faculty and NHPCO Team
- Closing Remarks – NHPCO Team

Session Faculty

Nikkie Preston, CHSP

- Chair, The Hospice Veteran Partnership of Nevada
- Member, NHPCO Volunteer Management Steering Committee
- NHPCO My Hospice Nevada State Ambassador



Marisette B. Hasan, BSN, RN

- Education and Administration Specialist
- California Hospice and Palliative Care Association



Edie Moran, LCSW, APHSW-C

- Member, NHPCO Diversity Advisory Committee
- Medical Social Worker and Bereavement Coordinator



Didactic Presentation

How Long
Does It Take
You To Make a
First
Impression?

?

**KEEP
CALM
IT'S
POLL
TIME**

How to Identify Implicit Bias in Patient Care

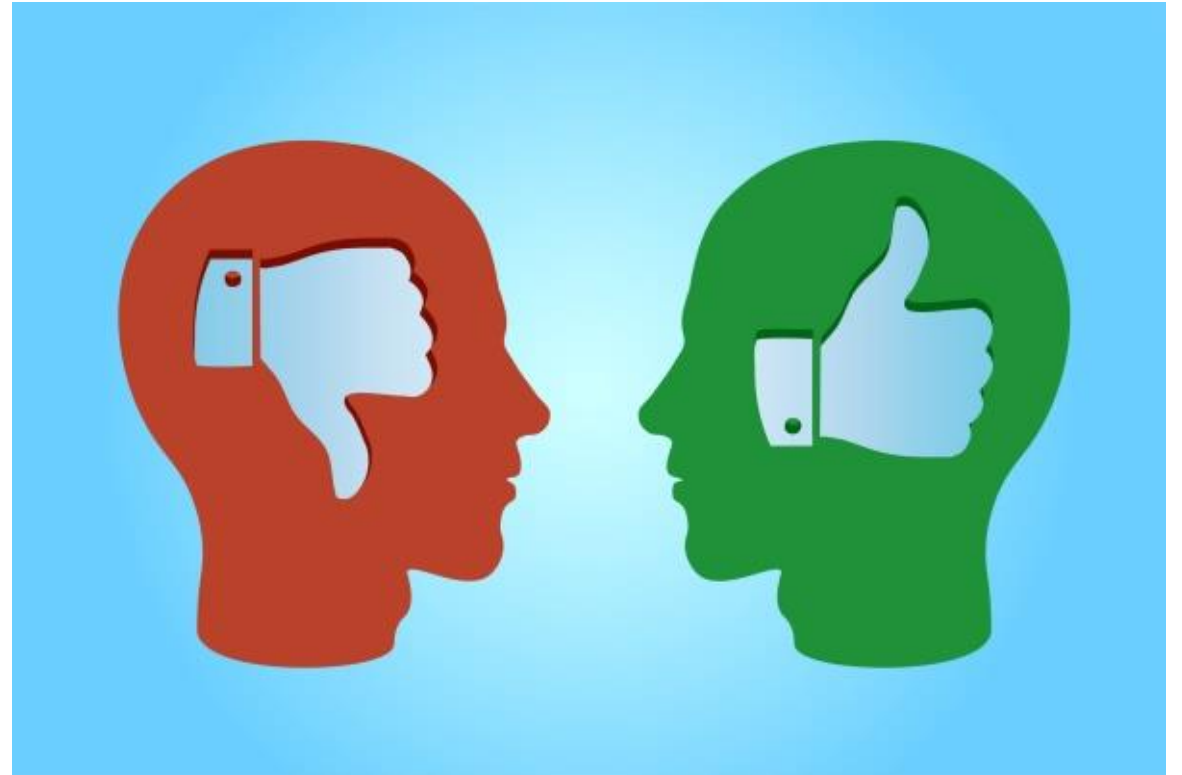


It takes a moment to judge someone, but a lifetime to understand them.



Definition of Bias

- Prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair.
- Cause to feel or show inclination or prejudice for or against someone or something.
- An inclination of temperament or outlook especially a personal and sometimes unreasoned judgment



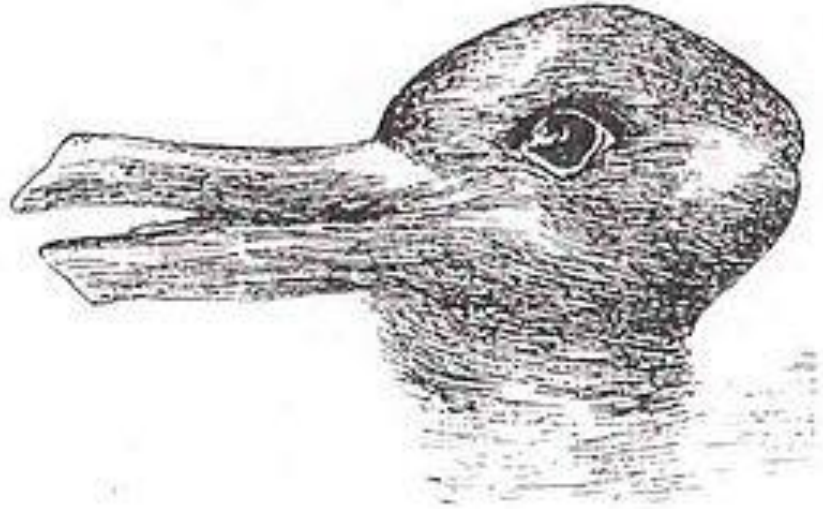
What is Implicit Bias?



Source: Adapted from The Office of Health Equity, Maine. <http://www.maine.gov/dhhs/mecdc/health-equity/bias.html>



Ambiguous Images – What Do You See?



“Could a greater miracle take place than for us to look through each other’s eyes for an instant?”

Henry David Thoreau



Minority Stress: LGBTQ+ Health Disparities

- LGBTQ+, especially transgender individuals, are more likely to have negative health outcomes than their cisgender, heterosexual counterparts.
- These disparities manifest in rates of cancer to access to insurance to feeling like they have poorer health.
- Why?
- One possible explanation is *minority stress*, which is “chronic, and based on factors outside of the control of the individual, including social structures and prejudice.”
- How do you contribute to or combat against minority stress?

Blind Spot!

- What is a blind spot?
 - You experience a blind spot when your bias crops up and affects patient care.
- How do we recognize blind spots in ourselves?
- How do we deal with blind spots in colleagues?
- Change the culture of your organization through the use of the “Blind Spot.”



Case Study Presentation

Situation and Background #1

During an interdisciplinary group meeting, a hospice nurse case manager is presenting on a patient and references the patient's "wife," even though she knows the patient is gay and is married to another man. When corrected by a colleague, the RN case manager says "Oh, you know what I mean. I was thinking he [the patient's husband] is the woman in the relationship. He's doesn't work outside of the home and takes care of cooking and cleaning. I didn't mean anything by it."

Assessment

- What implicit biases might the nurse case manager have about LGBTQ+ people?
- How better could have the nurse case manager handled the situation?
- If you were a colleague of the nurse case manager, what might you say to them after the meeting?

Situation and Background #2

An elderly white female patient in her 70s is in her first benefit period and calls the main hospice line with a few requests. Her primary request is to only have a White aide provide care.

Assessment

- How should the clinical leader handle the patient's request?
- What policies does your organization have to handle such requests?
- What outcome do you expect to be the most optimum in this case?

Situation and Background #3

A Registered Nurse is given a new patient on their caseload. Upon arriving to the home, the RN sees a LARGE Trump Supporter banner in the front yard. They have a visceral negative response when they see the flag. How do you think they should proceed with providing patient care?

Assessment

- What might be some blind spots experienced by the nurse here?
- How should the nurse proceed?

Discussion and Recommendations

Discussion and Recommendations

How do I make a difference?

Personal Reflections

- Where am I on my journey?
- What situations did I find uncomfortable?
- I bring my experiences with me on every visit
 - Cultural Humility
 - Cultural Curiosity
- Be open to learning and growing
- Cultural competency – strive to get better on your DEI Journey

Discussion and Recommendations

Enhancing your Patient/Caregiver Communication

- Unconditional Positive Regard
- Authentic human connections - treat them as a person, not just a patient
- Don't miss the opportunity to learn about who they are and what is their passion?
- Ask open ended questions:
 - What matters to you? Who matters?
 - What do you understand about your illness
 - How much information do you want to know?

Discussion and Recommendations

Enhancing your Patient/Caregiver Communication

- Their agenda is priority/your agenda is secondary
- Demonstrate empathy: Body language, eye contact, hone our listening skills (what is being said, and what is not said)
- Take time to hear their story, what have been their health experiences, etc.

Key Takeaways

- First impressions in healthcare are essential in providing a good experience outcome for patients.
- Implicit bias can detrimentally impact patient care first impressions, specifically through unreasoned judgement that cause inclination for/against someone. This can ultimately cause patients to develop mistrust and create a negative conception of patient care services.
- Implicit bias can cause minority stress, which are high levels of stress experienced by stigmatized minority groups. Minority stress is a systemic issue that impacts health outcomes, and one such example is the LGBTQ+ community, especially transgender individuals, who face negative health outcomes compared to their cisgender or heterosexual counterparts due to this concept.
- Communication is essential in developing a positive patient experience and creating intentional dialogue with patients, can contribute to a safe and welcoming environment for all.

References

- Devine PG, Forscher PS, Austin AJ, Cox WTL. Long-term reduction in implicit race bias: a prejudice habit-breaking intervention. *J Exp Soc Psychol*. 2012;48(6):1267–1278.
- *The Color of Care* - a deep dive into the structural racism embedded within the U.S. healthcare system. <https://www.youtube.com/watch?v=AwgNH2XsbKU>
- <https://www.capc.org/project-equity-improving-health-equity-for-people-with-serious-illness/>
- Negotiating Cross Cultural Issues at The End of Life; JAMA, December 19, 2001, Volume 286, No. 23
- <https://perception.org/research/implicit-bias/>
- <https://builtin.com/diversity-inclusion/unconscious-bias-examples>
- <https://implicit.harvard.edu/implicit/takeatest.html>

Additional Information

Evaluations

For all Attendees:

[Project ECHO: Post Evaluation](#)

For Attendees pursuing NHPCO DEI Certificate:

[Project ECHO Knowledge Check](#)

NHPCO Project ECHO webpage:

<https://www.nhpco.org/projectecho/>

Upcoming Sessions

Date: February 2, 2023

Topic: **Supporting African- American Patients at the End-of-life**

Date: February 16, 2023

Topic: **Caring Through Crisis**

Project ECHO Registration Link:

<https://nhpco.zoom.us/meeting/register/tZEsfu-trz4oGtQeKfw41UEIYNwjSli8QCBF>

Additional Resources

- <https://www.nhpc.org/nhpc-diversity-advisory-council-releases-inclusion-and-access-toolkit/>
- <https://www.nhpc.org/african-american-outreach-guide>
- https://www.nhpc.org/wp-content/uploads/2019/08/Chinese_American_Outreach_Guide.pdf
- <https://www.nhpc.org/education/tools-and-resources/diversity/>
- https://www.nhpc.org/wp-content/uploads/2019/08/Latino_Outreach_Guide.pdf
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