



**Baptist Health
South Florida**



OUR MISSION


The mission of Baptist Health is to improve the health and well-being of individuals, and to promote the sanctity and preservation of life, in the communities we serve. Baptist Health is a faith-based organization guided by the spirit of Jesus Christ and the Judeo-Christian ethic. We are committed to maintaining the highest standards of clinical and service excellence, rooted in the utmost integrity and moral practice.

Consistent with its spiritual foundation, Baptist Health is dedicated to providing high-quality, cost-effective, compassionate healthcare services to all, regardless of religion, creed, race or national origin, including, as permitted by its resources, charity care to those in need.

Learning Objectives

- **The Business Imperative of Cultural Competency**
 - Patient Care Safety
 - Patient Satisfaction
 - Employee Satisfaction
- **A Diversity to Inclusion Transformation**





Baptist Health South Florida is the largest faith-based, not-for profit health care organization in the region, with an outstanding reputation for medical and service excellence.


Employees — 14,798

Hospitals - 7

Urgent Care and Diagnostic Facilities - 14

Ambulatory Surgery Centers - 3

Sleep Centers - 4



Baptist Health South Florida International Services is one of the largest hospital-based international programs in America. Thousands of people each year travel to Miami from around the world to visit our respected physicians and our medical facilities.

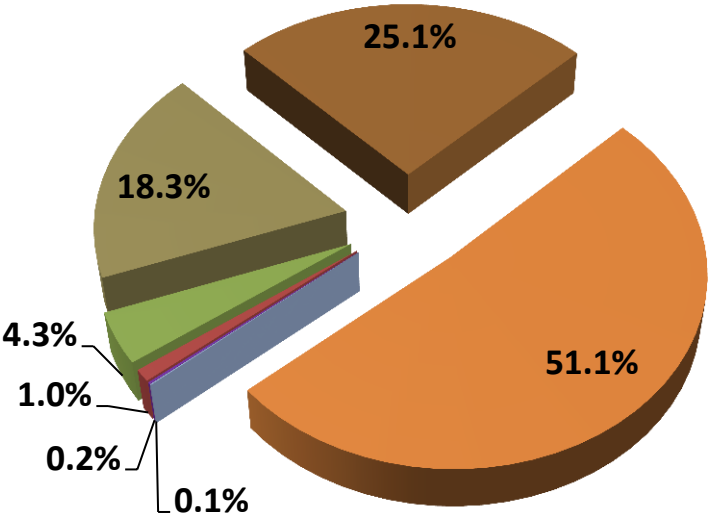
Countries Served - 80

Patients in FY-2010 - 12,000

Focus Area - Latin America and Caribbean

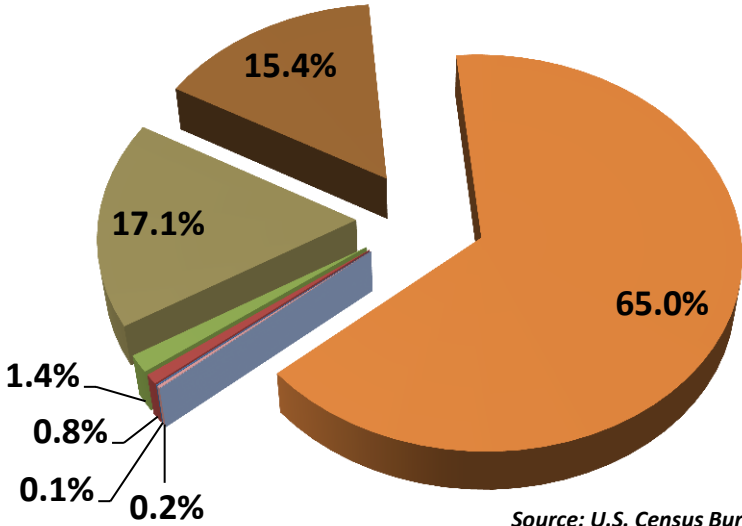
BHSF Workforce compared to Miami-Dade County Population

BHSF Workforce (14,798)



Source: Baptist Health South Florida Payroll Data as of: 07/2011

Miami-Dade County Population (2,496,435)



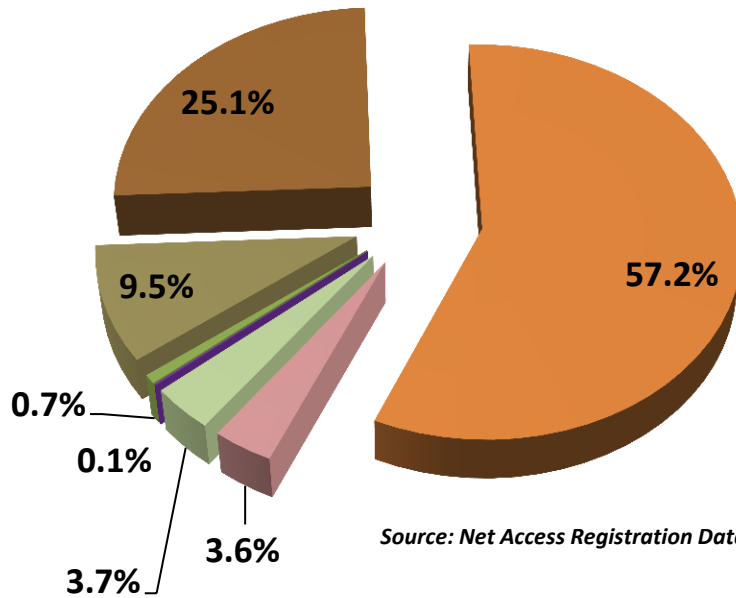
Source: U.S. Census Bureau, 2010 Census

- American Indian/Alaska Native
- Asian
- White
- Native Hawaiian/Pacific Island

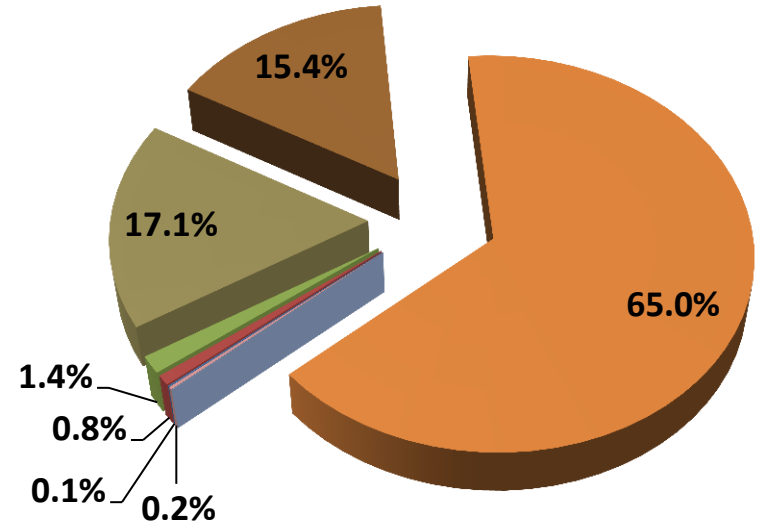
- Two Races
- Black
- Hispanic
- Other

BHSF Patient Population compared to Miami-Dade County Population

BHSF Patient Population FY 2010-2011



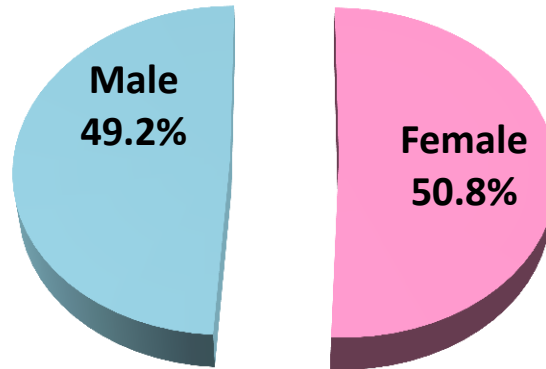
Miami-Dade County Population (2,496,435)



- American Indian/Alaska Native
- Asian
- White
- Native Hawaiian/Pacific Island
- No Response

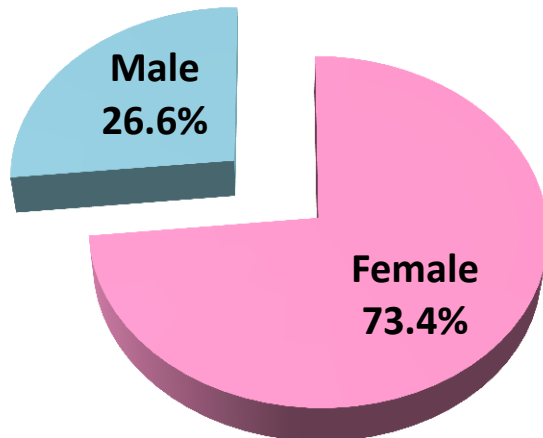
- Two Races
- Black
- Hispanic
- Other

U.S. Population by Gender (308,745,538)



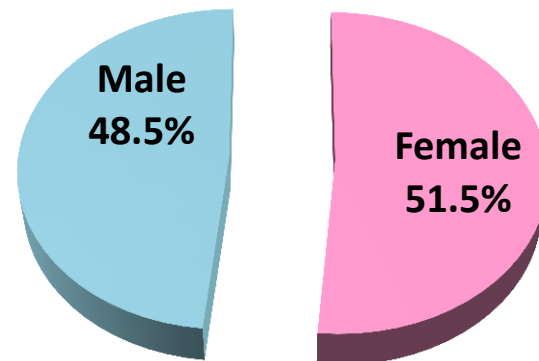
Source: U.S. Census Bureau, 2010 Census Summary File 1

Baptist Health South Florida Workforce (14,798)



Source: Baptist Health South Florida
Payroll Data as of: 07/2011

Miami-Dade County Population by Gender (2,460,070)



Source: Claritas 2011




Recognition

- Baptist Health has been Recognized Nationally in the Areas of:
 - Ethics
 - Quality
 - Employee Relations
 - Service Excellence

FORTUNE

Home Fortune 500 Fortune Tech Fortune Finance Investing Management and Career Rankings

100 BEST COMPANIES TO WORK FOR

2011 

Full List

Near You

Top Companies

Big Pay

Best Perks

By size | Job growth | Low turnover | No layoffs | Women | Minorities | All stars

Top companies: Most diverse

Company	Best Cos. rank	U.S. employees	% minorities
Baptist Health South Florida	42	12,249	73%
Four Seasons Hotels	53	11,729	67%
The Methodist Hospital System	19	11,298	66%
Kimpton Hotels & Restaurants	83	6,735	63%
Marriott International	71	106,280	61%
Qualcomm	33	12,520	55%
Men's Wearhouse	87	14,548	53%

Top Employer

FORTUNE®
100 BEST
COMPANIES
TO WORK FOR

WORKING
MOTHER
100 BEST 2009
COMPANIES



Health Care's
MOST WIRED®
Winner 2009

Modern Healthcare
BEST PLACES
TO WORK

Clinical Quality



Customer Service



Environmentally Friendly



Corporate Values





This journey is NOT about

- *Affirmative Action*

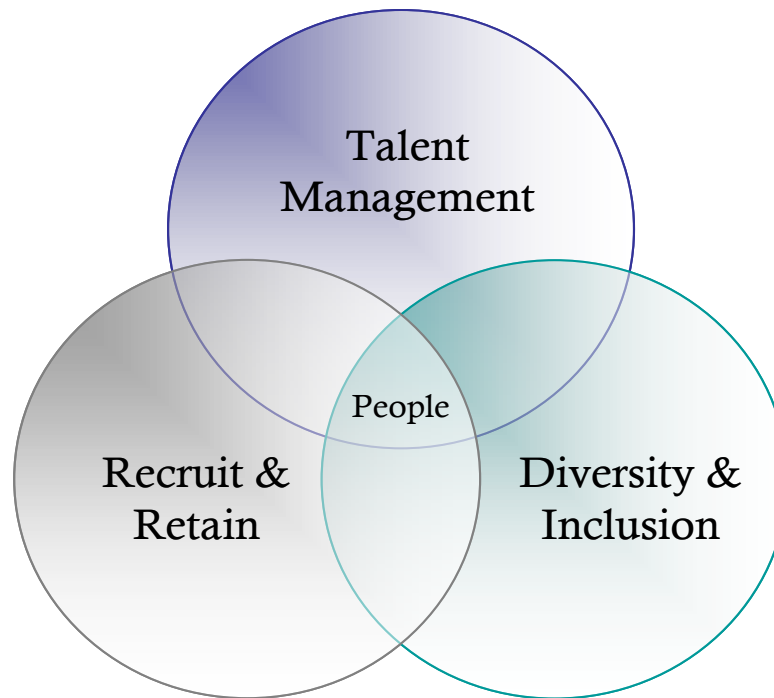
But all about

- *Talent Management*
- *Inclusion*
- *Cultural Competency*



Baptist Health South Florida

Office of Diversity



Discussion Items

- Role of the Diversity Council
- Elements of Diversity/Strategic Approach
- Knowing your Organization
- Cultural Competency Action Items
- Results
- Key Take Away



Corporate Diversity Council Membership

Chairman:

Executive Vice President/Chief Administrative Officer

Council Exec:

Corporate Vice President/Chief Diversity Officer

Human Resources:

Corporate Vice President/Chief Human Resources Officer

Nursing:

Corporate Vice President/Chief Nursing Officer

Entity Executive:

Baptist Hospital

Vice President/Chief Operations Officer

South Miami Hospital

Vice President

Doctors Hospital

Assistant Vice President

Homestead Hospital

Vice President

Mariners Hospital

Vice President

BOS

Assistant Vice President

BHE

Corporate Vice President

Marketing:

Corporate Vice President

Finance:

Assistant Vice President

Labor Relations:

Assistant Vice President and Associate General Counsel

Member-at-Large

Rotating Staff Level Personnel

A large, detailed image of a pineapple is positioned on the left side of the slide, extending from the top to the bottom. The pineapple's crown of green leaves is at the top, and its textured, yellow-green and brownish-brown skin is visible below.

Vision Statement

Baptist Health South Florida values diversity and inclusion. It is an organization that demonstrates the excellence reflective of a diverse and vibrant workforce.

Mission Statement

By fostering a culture of diversity and inclusion, Baptist Health South Florida will continue to attract and retain the highest levels of talent. It will further seek to embrace the diversity of the community it serves through purposeful community outreach.

Strategic Intent

To position BHSF to be the recognized leader in the application of Diversity and Inclusion Best Practices in achieving the Business Imperative of Employee Satisfaction and the delivery of available, accessible and acceptable safe quality healthcare services to a patient population of multiple and varied background.



Baptist Health South Florida

Office of Diversity

Supplier Diversity: Work with Purchasing to identify minority vendor opportunities and track and monitor progress against the goal of increasing minority engagement

Talent Development: Work with HR Strategy and Culture on system-wide talent management to realize an internal pipeline of talented diversity representation

**Diversity Council
Focus Areas**

Talent Acquisition: Work with Community Outreach on projects to identify best and brightest in the College Educational System both local and national towards an external pipeline of future recruits

Develop linkages with organizations and associations to brand BHSF as the employer of choice for talented diverse candidates

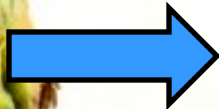
Education: Work with HR on developing training modules for leadership and staff competency certification in Diversity and Cultural Competency

Align training around Studer LDI sessions

The Makeup of Diversity

Elements:

- Age
- Approach
- Competencies
- Cultural Background
- Ethnicity
- Experiences
- Gender
- Generational Insight
- Management Style
- Mental Ability
- Nationality
- Physical Ability
- Problem-Solving
- Race
- Religion
- Sexual Orientation
- Thinking Style
- Work Habits



Diversity is More than Race

3 Year Focus:

- **Cultural Background/Ethnicity**
- **Disability**
- **Generational Insight**



Press Ganey

BHSF Overall Satisfaction Score

➤ *Average Press Ganey “All Health System” Percentile Ranking*

	Overall Percentile Rankings			
	<i>Emergency Overall</i>		<i>Inpatient Overall</i>	
	2009	2010	2009	2010
BHSF	80	90	97	98

A vertical image of a pineapple is positioned on the left side of the slide, extending from the top to the bottom. The top part shows the green leaves, and the bottom part shows the textured, yellowish-green skin of the fruit.

Press Ganey Survey Cultural Competency Score

➤ *“Degree to which staff meet your cultural and ethnic needs”*

	Cultural Competency Mean Score			
	<i>Emergency Overall</i>		<i>Inpatient Overall</i>	
	2009	2010	2009	2010
BHSF	86.1	87.1	87.1	88

A vertical image of a pineapple is positioned on the left side of the slide, extending from the top to the bottom. The top part shows the green leaves, and the bottom part shows the textured, yellowish-green skin of the fruit.

Gallup Survey Diversity and Inclusion Score

Cultural Competency Question

- ***Q13 (C01) Employees at Baptist Health South Florida are treated fairly, with dignity and respect, regardless of ethnic background, race, gender, age, disability, or any other differences not related to job performance.***

	Diversity & Inclusion Mean Score (Q13)	
	2009	2010
BHSF	4.49	4.53/ 70th percentile

The Challenges

- **Improve Patient Satisfaction in Cultural Competency**
- **Improve Employee Satisfaction in Cultural Competency**



Phase 1 Action Plan

Stages in Journey to Cultural Competency

Foundational/Data Collection	Actions	Cultural Integration
<ul style="list-style-type: none">• Patient Satisfaction• Employee Satisfaction• Demographic analysis • Employee Focus Groups (to identify opportunities, strengths and priority focus for each entity) • CEO Engagement/Leads Initiative and sets expectations of all leaders	<ul style="list-style-type: none">• Leadership Development Institutes (focus on leadership awareness/call to action)• CEO commitment directive at each entity• Creation of Roll-Out Action Committees at each site commissioned by CEO's• Creation of Communication structures• Identified key areas of focus:<ul style="list-style-type: none">✓ "Curb to Curb" Patient and Employee Experience and Cultural Competency✓ People with disability✓ Generational insight✓ Released diversity message on Human Resources webpage✓ Designed Diversity message for Baptist Health main web site✓ Created a Diversity and Inclusion brochure to widely distribute to target groups and community events	<ul style="list-style-type: none">• Revised Standards of Behavior• Visible Expectations in Leadership• Evaluation Manager (accountability tool)• Participate in Disability Mentor Day• Establish a Residency Program for people with disabilities• Establish an administrative residency program to build diverse management pipeline



Implementation Caution
<ul style="list-style-type: none">• In a System-wide roll out, start with early adopters to gain traction.• Participants on the Committees should be high performers who have a passion to advance cultural inclusion within the organization• Always use multiple data points to confirm action plans (quantitative and qualitative)• Integrate the "voice of the customer" whenever possible into action planning (example-employee based focus groups, committee membership)• Start with action plans that resonate with leadership, staff-patient centered initiative is always a winner!

Phase 2 Action Plan

Stages in Journey to Cultural Competency

Data Collection/ Monitoring Performance (create dashboards to monitor performance)	Actions	Cultural Integration
<ul style="list-style-type: none">• Patient Satisfaction• Employee Satisfaction• Demographic analysis • Employee and Patient Focus Groups to gain more discrete insight into the “curb to curb” patient experience (Cultural Insiders). Three primary focus areas:<ul style="list-style-type: none">✓ Navigating the environment (signage, forms, educational materials, translation services)✓ Plan of Care (diet, treatment plans, follow-up)✓ Growth/Community Outreach (new customers, educational events)	<ul style="list-style-type: none">• Leadership Development Institutes (focus on entity-based areas of focus and action plans)• Execution of entity-based plans:<ul style="list-style-type: none">✓ Homestead✓ Mariners• Cross pollination of initiatives within system committees as relevant (Patient and Family Centered Steering Committee; Patient Interpretation/ Communication Committee)• Focus on front end processes/registration:<ul style="list-style-type: none">✓ Review and revise questions on registration form related to language preferred, country of origin. Create new script.✓ Design a cultural sensitivity training for all registrars using the revised forms/questions. Include discussion of the relationship between accuracy of data collection and health outcomes, quality and financial health.)✓ Build verification (review of documentation for accuracy) and validation (observation of registrar’s skill) into the training process with feedback for improvement	<ul style="list-style-type: none">• Standing diversity and inclusion question used by leadership in the Monthly Supervisory Meeting Model



Implementation Caution
<ul style="list-style-type: none">• Beware: Do not take on too many actions at the same time. Maintain a narrow focus of 2-3 actions, <i>hardwire</i>, then move on to the next 2-3.

Phase 3 Action Plan

Stages in Journey to Cultural Competency

Data Collection/ Monitoring	Actions	Cultural Integration
<ul style="list-style-type: none">• Patient Satisfaction• Employee Satisfaction• Demographic analysis <ul style="list-style-type: none">• Employee and Patient Focus Groups to validate progress (repeated at least once a year). Questions may change based on area of focus.	<ul style="list-style-type: none">• Leadership Development Institutes (focus on entity-based areas of focus and action plans)• Launch at additional sites as ready for execution• Integrate lessons learned from employee and patient forums into entity action planning and execute (choose two key focus areas). Trend results of implementation and revise as needed.	<ul style="list-style-type: none">• Integrate focus on diversity and inclusion into all patient's plans of care (consistency, decreased provider to provider variance)

Results

- **Examples of Initiatives**
 - **Culture Tool**
 - **Curb to Curb Culturally Competent Patient Experience**
 - **Management Accountability Tools**









BHSF Culture Tool

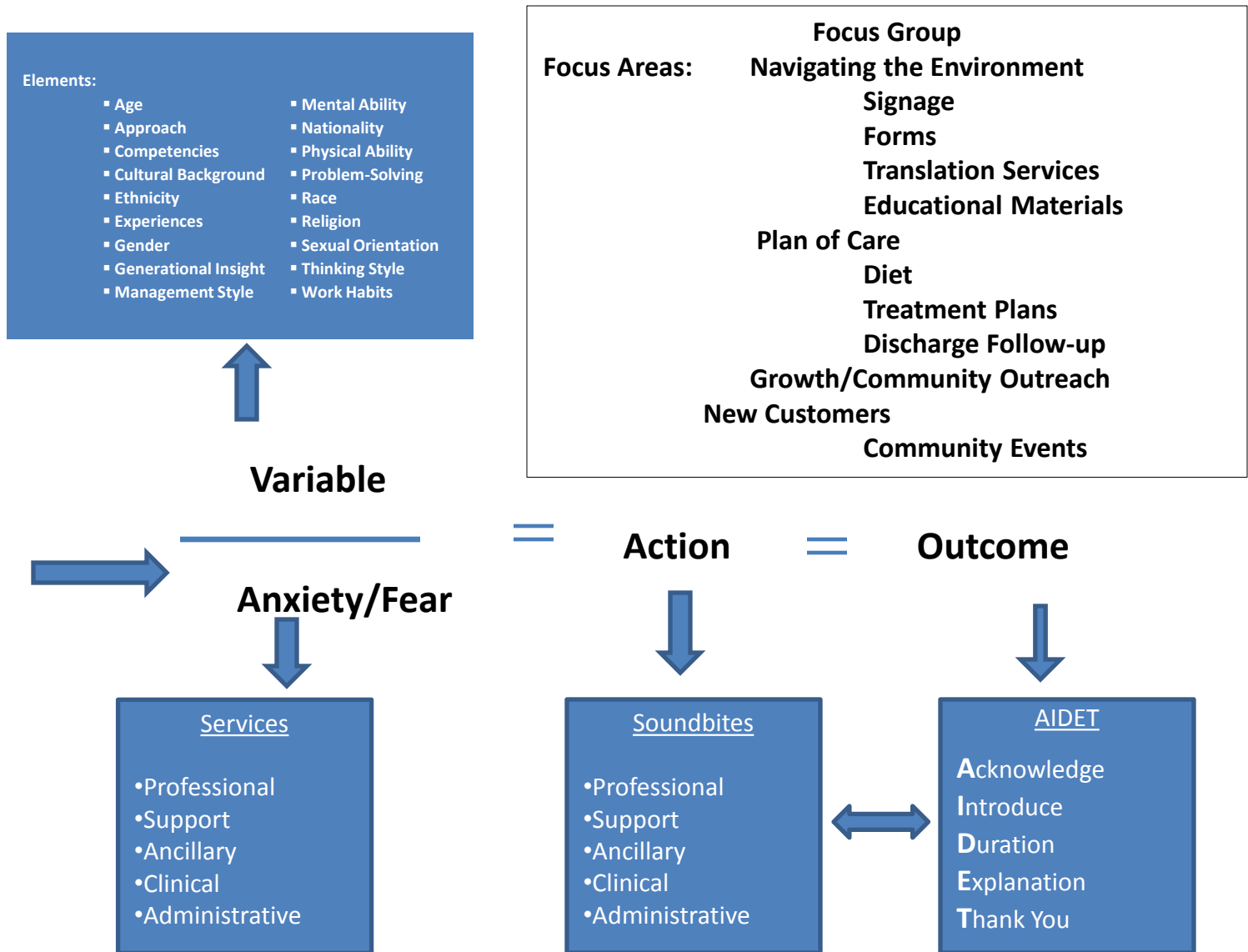
- Cultural Factors To Acknowledge in the Care Process
 - Language
 - Spiritual Beliefs
 - Dietary Preferences
 - Communication Style
 - Health Beliefs and Treatment of Illness
 - Pain Beliefs and Treatment

Characteristics of these groups are generalizations only; individual variables must be taken into account to avoid stereotyping. Provide culturally sensitive care by expecting, accepting, and respecting the uniqueness of others.

Cultural Group and Language	Spiritual Beliefs	Dietary Preferences	Communication Style	Health Beliefs & Treatment of Illness	Pain Beliefs & Treatment
African Americans English, African American English 	Strong religious affiliation, predominantly Protestant. Lay spiritual leaders common. Prayer used to treat illness. Visible grieving behaviors such as crying and wailing expected and accepted by culture as a sign of respect, importance, and love of the deceased.	May favor "Southern" type foods as well as the typical American fare. Meat, potatoes, rice considered staples for many. Increasing popularity of vegetarian and vegan diets. Coffee, tea, water, soft drinks, alcoholic beverages.	Reserved. Shake hands. Limited public display of affection and emotion. Little kissing and touching in formal situations. Address others with title and formal name.	Some African Americans believe in a direct connection between their health and God's plan. Illnesses can be treated not only with medical intervention but also with spiritual approaches such as prayer and supportive visits from church ministers and members.	Stoic or expressive. May deny pain even if severe. Addiction fears common.
Anglo Americans (northern European descent) English with many regional variations	Christianity predominates. Some Christians believe in miracles. Consequently, they may delay seeking treatment while waiting on a miraculous healing. This belief may also affect the decision to discontinue life support once it is started. Grieving usually private.	Eclectic mix of home cooked, fast foods, health foods and ethnic foods. Meat, potatoes, rice considered staples for many. Increasing popularity of vegetarian and vegan diets. Coffee, tea, water, soft drinks, alcoholic beverages.	Reserved. Shake hands firmly. Limited public display of affection and emotion. Little kissing and touching in formal situations.	Focus is on Western medicine but use over-the-counter treatments, home remedies, food, complementary therapies and prayer. Prescription meds valued. Expect high quality care. Value preventative medicine/life styles.	Stoic or expressive. The poor and elderly may be less expressive. Accepting of efforts to relieve pain. May believe that injections are more powerful than pills. Addiction fears common.
Arab Originate from Lebanon, Egypt, Iraq, Libya, and other Arab nations English Arabic	Predominate religion is Islam. Followers of Islam are called Muslims. Lebanese tend to be Christians. Strong family ties. May prefer to have poor prognosis discussed with family, not patient. Before death, confession of sins with family present. After death, only relatives or priest may touch the body. The body is bathed and clothed in white and buried within 24 hours.	Consumption of pork and alcoholic beverages are prohibited. Muslims are required to consume meat that is ritually slaughtered (halal). Preferred foods include lamb, rice, bread, chick peas, lentils, fava beans, ground sesame seed oil, olive oil, olives, feta cheese, dates, and figs.	Reserved. Shake hands. Public display of emotion not acceptable. Little kissing and touching in formal situations only within the same gender. Modesty is highly valued, especially in women.	Women may avoid eye contact when communicating with men.	Females tend to be expressive while males tend to be stoic. Pain may be viewed as punishment; suffering may be perceived as atonement.
Argentinean Castilian Spanish 	Predominate religion is Catholicism. Strong family ties. Family involved in care-giving.	Emphasis on meat, especially beef with pastas, empanadas, paellas, pastries, local wines, tea, espresso. Mate (tea) is a national beverage that is a stimulant.	Kiss when greeting. Touching common during talking. Close personal space accepted. Animated speech. Public display of emotion acceptable. Direct and to the point.	Modern medicine coexists with traditional (folk) medical beliefs. In some regions of Argentina, beliefs in cold and hot principles, which are very common in Latin America, guide the understandings of health. Self-medication is quite common. Use home remedies (aloe, herbs, oils, poultices) as well as Western medicine.	Stoic or expressive. Access to opioids for treating pain limited to the wealthy.
Brazilian Portuguese 	Predominate religion is Catholicism with some followers of Spirits. Strong family ties. Family involved in care-giving.	Brazilian cuisine varies by region. Some examples include: beans and rice are staples along with tropical fruits. Beef e.g., churrasco style, pork, seafood, yams, peanuts, mango, papaya, guava, pineapple.	Kiss when greeting. Touching common during talking. Close personal space accepted. Animated speech. Public display of emotion acceptable. Good eye contact.	Trust and respect the healthcare team. Use home remedies (herbs, teas, balsams) and Western medicine.	Stoic or expressive. Use home remedies and analgesics.
Canadian English/French 	Christianity predominates. Family and community are important.	Comparable to US diet with the addition of the French influence in Montreal and Quebec particularly.	Reserved. Shake hands. Limited public display of affection and emotion. Little kissing and touching in formal situations.	Trust and respect the healthcare team.	Stoic or expressive. The poor and elderly may be less expressive. May believe that injections are more powerful than pills. Addiction fears

Cultural Group and Language	Spiritual Beliefs	Dietary Preferences	Communication Style	Health Beliefs & Treatment of Illness	Pain Beliefs & Treatment
Caymanian English 	Predominately Protestant-Baptist or Church of God primarily. Voodoo and psychics are outlawed.	Fish, turtle, goat, conch, rice, beans, plantains, and U.S. influences.	Friendly, like to be acknowledged. Reserved. Shake hands. Limited public display of affection and emotion. Little kissing and touching in formal situations.	Prefer information directly from the physician. Use prayer and complementary therapies along with Western medicine.	Primarily stoic. Home remedies are used first to treat pain. Stoic if British lineage, expressive if Caribbean lineage.
Chinese English Chinese 	Chinese practice a variety of religious beliefs including, Buddhism, Taoism (or Daoism), Confucianism, Christianity. Self-expression and individualism discouraged. Hierarchical structure for interpersonal and family decision-making and communications.	Balance and contrast between Yin (cold) and Yang (hot) foods by choosing the proper combination of cooking methods and food choices. May avoid cold (yin) foods after surgery. May be lactose intolerant. Chinese food is quite diverse and selections depend on the region in China from which it originated. Examples of typical foods include: rice, tofu, fish, beef, pork, fowl, vegetables, soups, and a large variety of seasonings.	Avoidance of eye contact may signify respect. Shyness and passivity the norm. Shake hands. Public display of emotion not acceptable. Non-confrontational. Privacy and modesty important.	Reluctant to talk to an outsider about health and psychosocial problems. May not ask questions. Silence does not mean agreement. Foods used to treat body imbalances. May use traditional Chinese herbal medicine, acupuncture, and acupressure to treat pain and other illnesses. May use faith healers, prayer, and ritualistic acts (chanting, use of charms).	Stoic. May not report pain. The poor and elders may complain less but this does not mean pain is less severe. May avoid asking for pain relief. Influence of the evil eye on the cause of pain or other illnesses. Opioids okay but may fear dependence.
Cuban English, Spanish 	Predominate religion is Catholicism. Strong family ties. Family involved in care-giving. May prefer to have poor prognosis discussed with family, not patient. Do not resuscitate orders and acceptance of terminal status may represent giving up and abandonment of the patient. Hospitalized patients are likely to be attended by family around the clock.	Pork, beef, chicken, rice, black beans, yucca, Cuban bread, avocados, tomatoes, mangos, plantains, guava, flan, Cuban espresso. A good appetite is associated with good health.	Kiss when greeting. A firm, slightly longer handshake than is customary among Anglos. Touching common during talking. Close personal space accepted. Animated speech. Public display of emotion acceptable. Silence may indicate lack of understanding or disagreement.	Western approach to illness prevails along with other theories of illness causality (spiritual, supernatural). People may be simultaneously using prayer, folk and/or herbal medicine, plus prescription medicines. Sharing of prescription meds is common. View healthcare providers as authority. Believe strongly that nutritional merit is essential in the healing process.	Both men and women express pain openly, though both may tolerate painful procedures without complaint. May believe that injections are more powerful than pills. Addiction fears common.
Ecuadorian Spanish Quechua-Indian 	Predominantly Catholic. Typically large families. Parents often live with grown children.	Wide variety depending on region--beef, poultry, pork, fish, rice, corn, yucca, potatoes, peanuts, bananas, plantains, beer.	Polite, reserved, respectful. May feel intimidated by physicians/health care team. Should be encouraged to ask questions. Modesty is highly valued, especially in women.	Pamper ill family members. Hospitalized patients are likely to be attended by family around the clock.	Stoic or expressive. Access to opioids for treating pain limited to the wealthy.
Filipino Filipino or Tagalog, Cebuano & other regional dialects English 	Predominately Catholic. Strong family ties. Some believe in evil spirits and supernatural powers of others (evil eye). Visible grieving behaviors such as crying and wailing expected and accepted by culture as a sign of respect, importance, and love of the deceased.	Rice, chicken, pork, beef, and fish, coconut, tomatoes, bananas. Mixed cuisine due to Malayo-Polynesian, Hispanic, Chinese, American, and other Asian influences.	Value and respect elders. May feel intimidated by physicians/health care team. Should be encouraged to ask questions.	May view illness as something outside their own control (natural forces or spiritual); therefore preventative medicine may not be valued and may not adhere to the treatment plan. Use home remedies such as teas, herbal medicines, body manipulation, massage, sleep. May use faith healers as well as Western medicine.	Quiet, reserved, stoic. Often use home remedies for treating pain.
Guatemalan Spanish, Mayan ancestral languages 	Predominately Catholic. Strong family ties. Value elders.	The basis of the Guatemalan diet is the tortilla. It is served with every meal, and is usually accompanied by black beans, plantains, rice, tamales.	Quiet, reserved, respectful. May feel intimidated by physicians/health care team. Should be encouraged to ask questions. Modesty is highly valued, especially in women.	Mainly use Western medicine in combination with home remedies, traditional healers, and/or over-the-counter drugs	Quiet, reserved, stoic. Access to opioids for treating pain limited to the wealthy.

Curb to Curb Patient Experience Cultural Competency Initiative Implementation Committee Framework



Baptist Health Diversity & Inclusion Strategic Plan

- Pillars of Excellence
 - Service
 - Quality
 - Financial
 - People
 - Growth
 - Community





**Baptist Health Diversity & Inclusion
Strategic Plan FY 2009-2012**

Pillar of Excellence	Strategic Goals	Measurement	Timeline	Champion	Results	TJC Standards
<u>Service</u>	Establish a Corporate Council to ensure sustainability and standardization of Diversity initiatives across Baptist Health					LD.03.01.01
	Ensure Baptist Health and Entity Strategic Plans include objectives and goals to address Diversity and Inclusion					LD.02.01.01
	Ensure Baptist Health's Leadership Team is educated on the business relationship between Diversity and Inclusion and the organization's Strategic Business Plan, to include the medical staff as an option available to them					HR.01.04.01
<u>Quality</u>	Complete Diversity and Inclusion inventory and analysis across Baptist Health, comparing to industry best practices					PI.04.01.01
<u>Financial</u>	Increase utilization of cost-effective, minority vendor partnerships across Baptist Health when appropriate					
<u>People</u>	Hardwire recognition and adoption of Diversity and Inclusion as a part of the culture of Baptist Health					
	Ensure under-represented groups are recruited and retained in staff and management positions across Baptist Health					LD.03.01.01 PI.04.01.01
	Diversity and Inclusion strategies are reflected in Baptist Health Human Resources Strategic Plan					LD.02.01.01
<u>Growth</u>	Establish and maintain competitive advantage through a diverse workforce staffing strategy that is reflective of the communities to be served by all future Baptist Health growth initiatives, including the new West Kendall Baptist Hospital (WKBH) and Baptist Outpatient Services (BOS) Medical Plazas					HR.01.04.01 RI.01.01.03
<u>Community</u>	Develop Diversity and Inclusion awareness campaign					

Service Excellence Standards and Expectations

STANDARD 1

Caring and Compassion

- Ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural and ethnic health beliefs, practices, preferred language, and spiritual needs.

STANDARD 2

Teamwork

- Support diversity within the team; promotes a sense of belonging and inclusiveness for team members; avoids negative stereotyping of individuals based on culture or ethnicity; is effective working through healthy conflict that may arise from differing viewpoints.

STANDARD 3

Privacy and Confidentiality

- Listen to patients from their cultural perspective; explains reasons for asking for personal information; acknowledge patient's concerns; recommend a course of action; negotiate a plan that takes into consideration patient's cultural norms and personal lifestyles

STANDARD 4

Effective Communication

- Ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records and that their language needs are met.

STANDARD 5

Safety

- Ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

STANDARD 6

Quality and Service Recovery

- Appreciates the ways culture may shape a clinical encounter and an inquiring approach that is alert and sensitive to cultural influences.

STANDARD 7

Cost Effectiveness

- Assist the organization to attract and retain a talented staff of varying backgrounds and skill sets to meet the needs of a multi-cultural patient population

BHSF Core Leadership Competencies

BHSF Performance Pillars	10 Core Competencies	Description of Competency in Action
People	Developing Direct Reports Building Effective Teams Values and Trust Organizational Agility	<i>Develops self and others to achieve potential; proactively develops diverse and inclusive talent pipeline</i> <i>Creates and encourages the development of inclusive, successful teams that embrace every individual's uniqueness</i> Acts with honor, whether actions are seen or unseen Effectively navigates the organization; a culturally savvy "go-to" person
Service	Customer Focus	All things begin with the customer
Quality and Safety	Drive for Results Priority Setting	Steadfastly pushes self and others to achieve results Knows what to concentrate on and when to do it
Growth	Strategic Agility	Is focused on the future and plans accordingly
Finance	Business Acumen	Understands the core business related to role and function
Community Benefit	Compassion	<i>Acts in a caring and inclusive way toward all individuals, regardless of relationship to them and without regard to their individual differences</i>

Baptist Health South Florida – Monthly Supervisory Meeting

Date:

Name:

Supervisor:

1. **LEM** – goals are established, prioritized, weighted, and approved for each leader.
 - Do we still have the correct prioritization of goals?
 - Are you aligning your time, energy and resources to weights on your evaluation – if not, why and at what risk?
 2. **90 Day Plan** – plan is created at the beginning of each quarter to assure progress on annual goals
 - Does the plan contain specific evidence based strategies?
 - Is the plan current?
 - Have you posted the plan on the communication board in the department, unit or work area?
 - Are you reviewing the plan at each staff meeting?
 - Have you communicated/ reinforced the plan when rounding on staff?
 3. **Monthly Report Card** – summary of results for each goal
 - Are results entered and up to date?
 - Where are your successes? What are your results?
 - Where are your gaps? Where are your results falling short of your expectations? What do you need from me to move those particular results?
 - Have you posted your results on the communication board in your department, unit or work area?
 - Are your goals and results communicated/reinforced when you round on your staff?
 4. **Linkage Grid and Learning Points from Leadership Development Institutes** – assures implementation of learning, communication, improvement, and ROI
 - Have LDI talking points/ messages been cascaded to staff members?
 - Have you completed assignments on time?
 - Do you transfer assignments from your Linkage Grid to your 90-day Plan to assure action?
 5. **Patient / Customer / Internal Customer Satisfaction**
 - What one key patient satisfaction priority are you working on to improve?
 - What one internal customer priority are you working to improve? How are you measuring progress?
- What diversity and inclusion initiative are you working on and how has it impacted the operations?**
- a. **rounding Logs**
 - Evidence of practice – leader brought logs completed since last meeting.

ve you learned about our organization by rounding?
working well for your staff?
igh questions are staff members asking you and how can I help to answer them?
t patient care leaders: What have patients been saying consistently in your area?

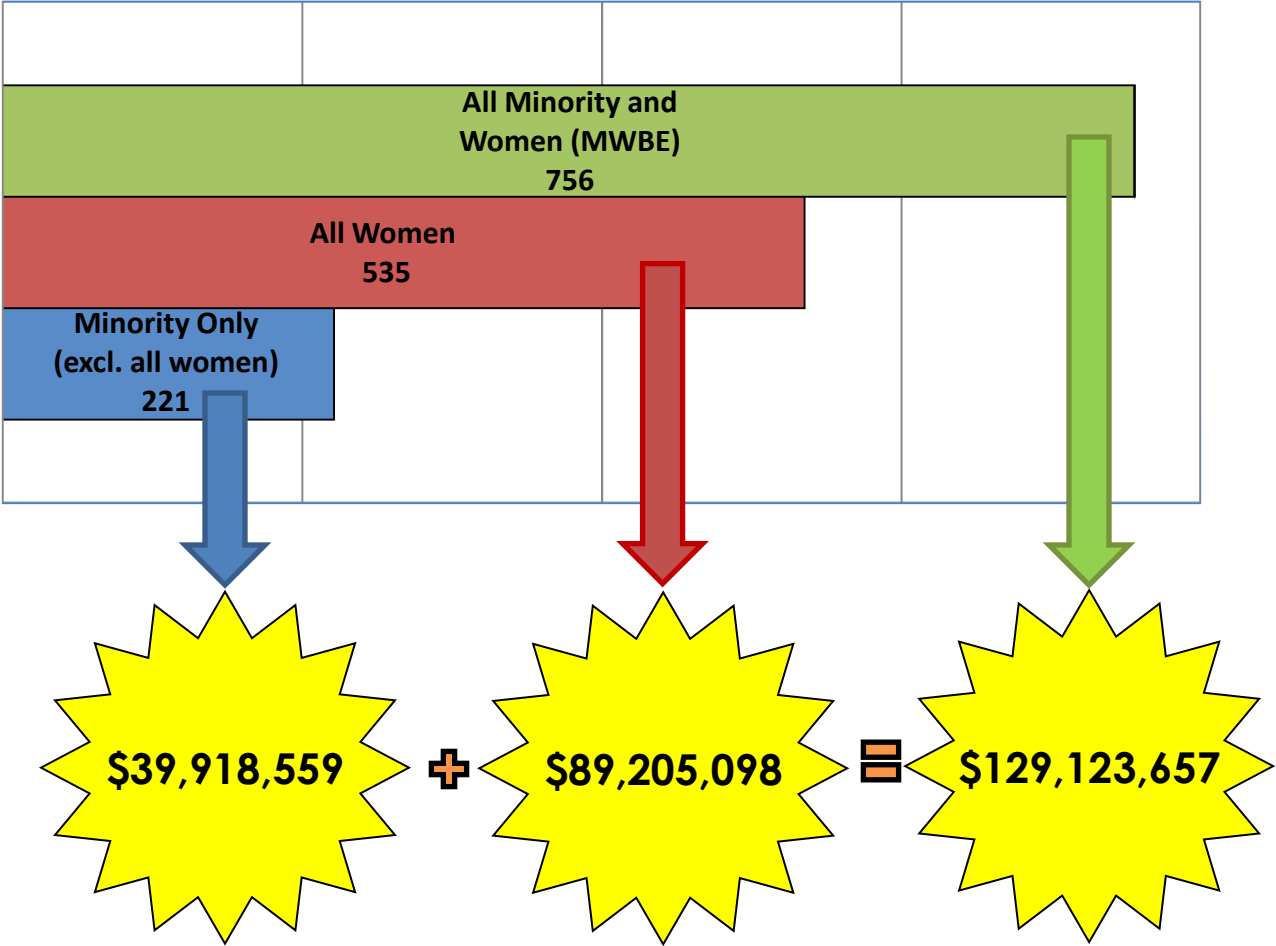
Notes

documentation of notes written/managed up to me since last meeting.
s been the reaction to these notes?
er ways have you acknowledged/ appreciated the work of your team?

ation

rcent of your staff attend your monthly staff meeting?
rcent of your staff attend Employee Forums?
e you doing to improve the attendance at both of the above?
u hired anyone since our last meeting? Tell me about the peer interview process for
son.
rcent of new staff members did you hire last month through peer interviewing?
you need to complete annual performance reviews on time?
about your last 30/90 day on boarding conversations with new staff. What are 1-2 things
e learned?
ne on the progress of your staff that is underachieving results. What do I need to know
re do you need my support?
are using our Standards to improve performance and employee satisfaction as well as
d, recognize and hold people accountable?
ne on your Gallup Action Plan – how are you using your staff members to develop/
nt/ communicate the plan in your work area?
ne things that you would like me to act on and/or pay attention to – what is your “What”
mprove
ues keep you up at night and how can I help you resolve them?

Supplier Diversity



SUPPLIER DIVERSITY



What Will Success Look Like?

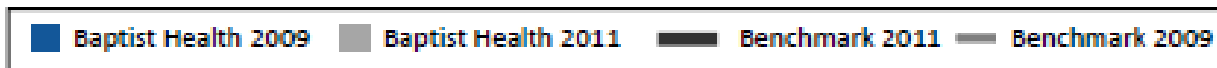
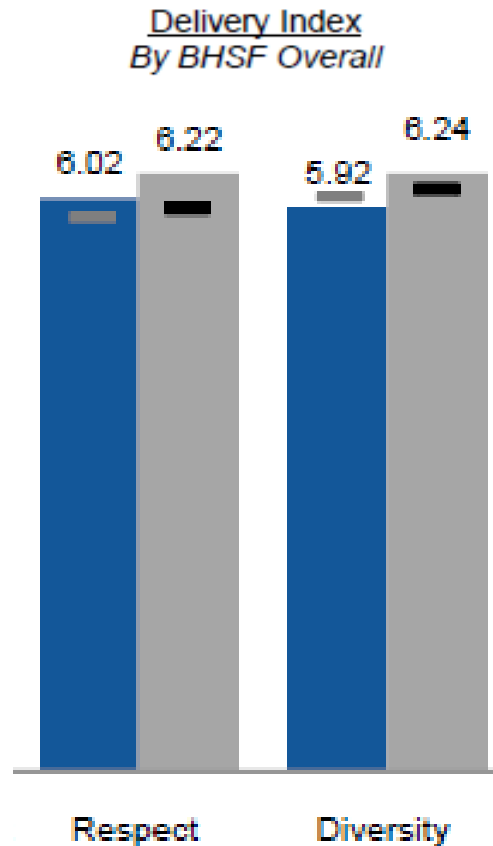
- **90th Percentile Press Ganey - Cultural and Ethnic Needs**
- **Meet TJC Cultural Competency Standards**
 - **2011 Full Compliance with Self Assessment**
 - **2012 Zero RFI an expectation**
- **Meet Patient and Family Centered Standards**
- **Increased volume of international patients**
- **75th Percentile in Gallup Survey Q13**
- **Maintain Fortune Top 100 Most Diverse Workforce Designation**
- **10% increase in MBE/WMBE Vendor Participation**

Impact to Date

2010 Employee Survey

CLC (Corporate Leadership Council)

**In a shift from 2009, Diversity now outperforms the benchmark.
Baptist Health is very committed to hiring and promoting workforce diversity**





Key Take Away

Cultural Competency Must Do:

- **Demonstrate sensitivity to patients' cultural and emotional needs**
- **Treat all patients with dignity and respect**
- **Provide trained personnel to appropriately interpret medical information and instructions**
- **Engage families in the care of the patients**

Health and happiness go hand in hand.

Fortune magazine has named Baptist Health one of "FORTUNE100 Best Companies to Work For." This is the 10th year Baptist Health has received this prestigious recognition.

We are first on Fortune's list of employers with the most diverse staff — a strength that enables us to care for our multicultural community with understanding and sensitivity. And, we are one of only six companies recognized for never having had a layoff.

Our philosophy is simple: We take good care of our employees so they can take good care of you.



**Baptist Health
South Florida**

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BAPTIST CHILDREN'S HOSPITAL • HOMESTEAD HOSPITAL • MARINERS HOSPITAL
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Questions?