



DEI: One Facility at a Time

Surgery center leaders can make change happen at the grassroots level.

Featuring Lor Lee, Surgical Care Associates' Sr. Director, Diversity, Inclusion & Belonging

There has been a significant increase in the number of organizations stepping into the diversity, inclusion and belonging (DIB) space in recent years. It's one thing for an organization to say they are committed to an issue and throw money in to help solve it, but what tools and resources are needed to achieve lasting and meaningful success? ASC leaders can establish strategies and programs and implement tools to ensure their facilities stay relevant in the changing communities they serve.

DIB is as important as managing a facility's finances or patient care because it fills the workforce pipeline with qualified candidates from underrepresented groups — the fastest growing segments of the nation's population — and ensures there is equitable access to care as well as equitable outcomes.

The best way to implement an effective DIBs strategy is a topic worthy of attention and action. Many of these important efforts focus on long-term goals and are taking place at large health systems and academic centers. The same conversations and initiatives need to happen at surgery centers to help drive diversity and inclusion in the workforce and to achieve equity in patient care.

Diversity is a reality. It's the here and now and we must both acknowledge and embrace what it brings. ASC leaders have the responsibility to create an inclusive environment and a place where employees see themselves being able to succeed, feel a sense of belonging, feel important and want to engage and contribute all they can to the organization.

Inspiring Engagement

What matters to employees? This is the first question I ask myself when I step into an organization. Hearing directly from staff members about issues that need to be solved and gathering ideas and input from them about how to best address those issues is critical to understanding what needs to be done and getting buy-in at all levels. This leads to an examination and definition of what DIB work means in individual facilities, what matters to the people who are doing the work, and important elements that need to be addressed to engage employees and establish the strategy.

Once a strategy has been identified, you must meet people where they are and equip them with the tools and resources they need to move forward to collectively advance DIB work across the organization. ASC leaders must use tools, data and dashboards, resources, trainings and education to identify and close gaps that exist in their workforce as part of their DIB strategy.

DIB is the heart of an organization and the right thing to do, but effective programs also have a positive business impact. For example, facilities that successfully address high turnover rates among minority employees can realize real savings from not having to repost and onboard replacement staff members.

On the patient care side, ASCs have an opportunity to understand and identify their role in solving health disparities and inequities that are rampant in today's society. Is there equitable utilization of surgical services across different demographic groups? Are certain population segments not being reached? What can be done to increase access to surgical care for lower socioeconomic populations? How can ASCs build relationships with the different communities they serve so they capture cases that otherwise might be done in a hospital? Can ASCs partner with hospitals and community health organizations to address hypertension, diabetes and the many comorbidities that become barriers for patients who want access outpatient surgical care? Failing to answer these questions risks leaving money on the table when certain segments of communities don't seek care, and ultimately puts ASCs at risk of failing to remain viable as the nation becomes more diverse.

Measuring Success

The old saying of what gets measured gets done is also true in the DIB space. In my previous work at a children's hospital in Minnesota, I worked across the organization to assess the quality of care that was provided to various patient groups. With the help of committed professionals across numerous departments — IT, HR, clinical and others — we built a mechanism to drill down to the individual patient panels of each provider to better understand the holes that existed in measures such as diabetes control and asthma control to target gaps in care more effectively. If you can't extract that type of data, you can't truly understand where disparities lie and where to start your work.

ASCs don't have a focus on population health and clinical teams spend limited time with patients, so facility leaders need to be creative in how they approach improving health equity and address disparities — and base their efforts on data that matters to ASCs. For example, it's essential to consider factors such as recovery times from the same types of surgeries, post-op admission rates and access to surgical services for the overall patient populations that are served. Armed with that data, ASC leaders can examine and disaggregate the care patients receive by factors such as race, ethnicity, gender, age and geographic region to see if there are major differences and take steps to address disparities.

It's important to know that there's not one single set of data that works for every facility. However, when establishing outcomes to track, you must be realistic and explore process-driven metrics. At an early stage, trying to understand what is needed and what your focus is will help set the foundation for success. For example, consider your facility's workforce from a diversity and inclusion perspective. Assess the demographics of leadership and staff, employee turnover and retention, and even which employees are taking advantage of employee development programs. Also look at your suppliers to determine what percentage of your business is given to organizations run by minorities, veterans or women.

To be effective in this space, ASC leaders must ensure their DIB efforts are not done in a silo. Understand that successful programs impact not only the culture from an employer perspective, but also have a real impact on the business of the organization. Efforts to identify and eliminate disparities must extend beyond the four walls of health care. I'm looking forward to diving in even further on that front. Although I'm still learning on my own journey and may not have all the answers, I truly believe many of them lie somewhere within the communities we serve. That's the beauty of this work and why I continue to be committed to it.

Link to full article:

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